

# 2021 Client Tax Organizer & Virtual Interview

Please complete this Organizer before your appointment.



	Name	Soc. Sec. No.	Date of Birth	Occupation	Work Phone
Taxpayer					
Spouse					
Street Address		City	State	ZIP	Home Phone
Email Address					

	<u>Taxpayer</u>		<u>Spouse</u>		<u>Marital Status</u>	<u>Will File Jointly</u>	
Blind	Yes	No	Yes	No	Married	Yes	No
Disabled	Yes	No	Yes	No	Single		
Pres. Campaign Fund	Yes	No	Yes	No	Widow(er), Date of Spouse's Death _____		



Name (First, Last)	Relationship	Date of Birth	Social Security Number	Months Lived With You	Disabled	Full Time Student	Dependent's Gross Income	ID Protection PIN

Has your marital status changed?	Yes	No	Were either you or your spouse enlisted in the military or National Guard?	Yes	No
Were you in a Registered Domestic Partnership, civil union, or same-sex marriage during 2021?	Yes	No	If you or your spouse are self-employed, are either of you covered under an employer's health plan at another job?	Yes	No
Did you receive any foreign income or pay any foreign taxes?	Yes	No	Did you file Form 8839, Adoption Credit, in a previous year or incur adoption expenses in 2021?	Yes	No
Did you receive interest from a bank account or other financial account based in a foreign country?	Yes	No	Did you claim a First-time Homebuyer Credit for a home purchase in 2008?	Yes	No
Were you the grantor of or transferor to a foreign trust?	Yes	No	Was there a disposition or change in use of your main home for which you claimed the First-time Homebuyer Credit?	Yes	No

Did you receive proceeds from an installment sale?	Yes	No	Were there any births, deaths, marriages, divorces, or adoptions in your immediate family?	Yes	No
Did you make a loan at an interest rate below market rate?	Yes	No	Did you give a gift of more than \$15,000 to one or more people?	Yes	No
Were there any changes to a prior year's income, deductions, or credits?	Yes	No	Did you have any debts canceled, forgiven, or refinanced?	Yes	No
Did your employer pay premiums of life insurance in excess of \$50,000?	Yes	No	Did you go through bankruptcy proceedings?	Yes	No
Did you refinance a mortgage or take out a home equity loan?	Yes	No	(a) If you paid rent, how much did you pay?		
Did you make any contributions to HAS (Health Savings Account) in 2021?	Yes	No	(b) Was heat included?	Yes	No
Did you receive an early distribution for a Coronavirus (CARES Act) qualified distribution?	Yes	No	Did you pay interest on a student loan for yourself, your spouse, or your dependent to attend classes beyond high school?	Yes	No
Did you receive an early distribution for a qualified birth or adoption distribution?	Yes	No	Did you have healthcare coverage (health insurance) for you, your spouse, and dependents during this tax season? If yes, include Forms 1095-A, 1095-B, and 1095-C.	Yes	No
Did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency?	Yes	No	Did you receive stock from a stock bonus plan with your employer?	Yes	No
Are you self-employed or do you receive hobby income?	Yes	No	Did you start a business, purchase a rental property or farm, or acquire interests in partnerships or S-corporations?	Yes	No
Did you receive income from raising animals or crops?	Yes	No	Did you own any investments for which you were not personally at risk?	Yes	No
Did you receive income from gravel, timber, minerals, oil, gas, copyrights, patents?	Yes	No	Did you own any interest in a Real Estate Mortgage Investment Conduit (REMIC)?	Yes	No
Did you withdraw or write checks from a mutual fund?	Yes	No	Did you sell any property or equipment on installments?	Yes	No
Do you have a foreign bank account, trust, or business?	Yes	No	Did you incur any business-related educational expenses?	Yes	No
Do you provide a home for or help support anyone not listed in Section 2 above?	Yes	No	Did you purchase any special fuels for non-highway use?	Yes	No
Did you receive any correspondence from the IRS or State Department of Taxation?	Yes	No	Did you make any contribution to a Keogh or self-employed SEP, SIMPLE or Qualified plan?	Yes	No

Did you have healthcare coverage (health insurance) for you, your spouse and dependents during this tax season? If yes, include Forms 1095-A, 1095-B, and 1095-C.  Yes  No

Did you apply for an exemption through the Marketplace /Exchange? If so, provide the exemption certificate number. \_\_\_\_\_

Did you have any children under the age of 19 or 19 to 23 year old students with unearned income of more than \$1100?  Yes  No

### 3. Wage, Salary Income

Attach W-2s:

Employer	Taxpayer	Spouse
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

### 4. Interest Income

Attach 1099-INT, Form 1097-BTC & broker statements

Payer	Amount
Tax Exempt	

### 5. Dividend Income

From Mutual Funds & Stocks - Attach 1099-DIV

Payer	Ordinary	Capital Gains	Non-Taxable

### 6. Partnership, Trust, Estate Income

List payers of partnership, limited partnership, S-corporation, trust, or estate income - Attach K-1

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Did you purchase a new alternative technology vehicle or electric vehicle?  Yes  No

Did you install any energy property to your residence such as solar water heaters, generators or fuel cells or energy efficient improvements such as exterior doors or windows, insulation, heat pumps, furnaces, central air conditioners or water heaters?  Yes  No

Did you own \$50,000 or more in foreign financial assets?  Yes  No

Have you or your spouse been a victim of identity theft and given an identity theft protection PIN by the IRS? If yes, enter the six digit identity protection PIN number.

\_\_\_\_\_ Taxpayer \_\_\_\_\_ Spouse

### 7. Property Sold

Attach 1099-S and closing statements

Property	Date Acquired	Cost & Imp.
Personal Residence*		
Vacation Home		
Land		
Other		

\* Provide information on improvements, prior sales of home, and cost of a new residence. Also see Section 17 (Job-Related Moving).

### 8. I.R.A. (Individual Retirement Acct.)

Contributions for tax year income

Taxpayer	Amount	Date	for
			Roth
Spouse			<input type="checkbox"/>

Amounts withdrawn. Attach 1099-R & 5498

Plan Trustee	Reason for Withdrawal	Reinvested?	
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No

### 9. Pension, Annuity Income

Attach 1099-R

Payer*	Reason for Withdrawal	Reinvested?	
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No

\* Provide statements from employer or insurance company with information on cost of or contributions to plan.

Did you receive:

	Taxpayer	Spouse
Social Security Benefits	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Railroad Retirement	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

## 10. Investments Sold

Stocks, Bonds, Mutual Funds, Gold, Silver, Partnership interest - Attach 1099-B & confirmation slips

Investment	Date Acquired/Sold	Cost	Sale Price
	/		
	/		
	/		
	/		

## 11. Other Income

List All Other Income (including non-taxable)

Alimony Received \_\_\_\_\_  
 Child Support \_\_\_\_\_  
 Scholarship (Grants) \_\_\_\_\_  
 Unemployment Compensation (repaid) \_\_\_\_\_  
 Prizes, Bonuses, Awards \_\_\_\_\_  
 Gambling, Lottery (expenses) \_\_\_\_\_  
 Unreported Tips \_\_\_\_\_  
 Director / Executor's Fee \_\_\_\_\_  
 Commissions \_\_\_\_\_  
 Jury Duty \_\_\_\_\_  
 Worker's Compensation \_\_\_\_\_  
 Disability Income \_\_\_\_\_  
 Veteran's Pension \_\_\_\_\_  
 Payments from Prior Installment Sale \_\_\_\_\_  
 State Income Tax Refund \_\_\_\_\_  
 Economic Impact Payment 3 (Third Stimulus) \_\_\_\_\_  
 Business Income? Attach Expense Summary \_\_\_\_\_  
 Rental Income? Attach Expense Summary \_\_\_\_\_

## 12. Medical/Dental Expenses

Medical Insurance Premiums (paid by you) \_\_\_\_\_  
 Prescription Drugs \_\_\_\_\_  
 Insulin \_\_\_\_\_  
 Glasses, Contacts \_\_\_\_\_  
 Hearing Aids, Batteries \_\_\_\_\_  
 Braces \_\_\_\_\_  
 Medical Equipment, Supplies \_\_\_\_\_  
 Nursing Care \_\_\_\_\_  
 Medical Therapy \_\_\_\_\_  
 Hospital \_\_\_\_\_  
 Doctor/Dental/Orthodontist \_\_\_\_\_  
 Mileage (no. of miles) \_\_\_\_\_

## 13. Taxes Paid

Real Property Tax (attach bills) \_\_\_\_\_  
 Personal Property Tax \_\_\_\_\_  
 Other \_\_\_\_\_

## 14. Interest Expense

Mortgage interest paid (attach 1098) \_\_\_\_\_  
 Interest paid to individual for your home (include amortization schedule) \_\_\_\_\_  
 Paid to:  
     Name \_\_\_\_\_  
     Address \_\_\_\_\_  
     Social Security No. \_\_\_\_\_  
 Investment Interest \_\_\_\_\_  
 Premiums paid or accrued for qualified mortgage insurance \_\_\_\_\_

## 15. Casualty/Theft Loss

For property damaged by storm, water, fire, accident, or stolen.

Location of Property \_\_\_\_\_  
 Description of Property \_\_\_\_\_

	Other	Federally Declared Disaster Losses
Amount of Damage	_____	_____
Insurance Reimbursement	_____	_____
Repair Costs	_____	_____
Federal Grants Received	_____	_____

## 16. Charitable Contributions

	Other
Church	_____
United Way	_____
Scouts	_____
Telethons	_____
University, Public TV/Radio	_____
Heart, Lung, Cancer, etc.	_____
Wildlife Fund	_____
Salvation Army, Goodwill	_____
Other	_____
Non-Cash	_____
Volunteer (no. of miles)	_____ @ .14 _____

## 17. Child & Other Dependent Care Expenses

Name of Care Provider	Address	Soc. Sec. No. or Employer ID	Amount Paid

Also complete this section if you receive dependent care benefits from your employer.

## 18. Job-Related Moving Expenses

if you are a member of the Armed Forces on active duty and moving due to a permanent change of station due to a military order. \_\_\_\_\_

Date of move \_\_\_\_\_

Move Household Goods \_\_\_\_\_

Lodging During Move \_\_\_\_\_

Travel to New Home (no. of miles) \_\_\_\_\_

## 19. Employment Related Expenses That You Paid (Not self-employed)

if Armed Forces reservist, a qualified performing artist, a fee-basis state or local government official, or an individual with a disability claiming impairment-related work expenses. \_\_\_\_\_

Dues - Union, Professional \_\_\_\_\_

Books, Subscriptions, Supplies \_\_\_\_\_

Licenses \_\_\_\_\_

Tools, Equipment, Safety Equipment \_\_\_\_\_

Uniforms (include cleaning) \_\_\_\_\_

Sales Expense, Gifts \_\_\_\_\_

Tuition, Books (work related) \_\_\_\_\_

Entertainment \_\_\_\_\_

Office in home:

In Square a) Total home \_\_\_\_\_

Feet b) Office \_\_\_\_\_

c) Storage \_\_\_\_\_

Rent \_\_\_\_\_

Insurance \_\_\_\_\_

Utilities \_\_\_\_\_

Maintenance \_\_\_\_\_

## 20. Investment-Related Expenses State use only

Tax Preparation Fee \_\_\_\_\_

Safe Deposit Box Rental \_\_\_\_\_

Mutual Fund Fee \_\_\_\_\_

Investment Counselor \_\_\_\_\_

Other \_\_\_\_\_

## 21. Business Mileage

Do you have written records?  Yes  No

Did you sell or trade in a car used for business?  Yes  No

If yes, attach a copy of purchase agreement

Make/Year Vehicle \_\_\_\_\_

Date purchased \_\_\_\_\_

Total miles (personal & business) \_\_\_\_\_

Business miles (not to and from work) \_\_\_\_\_

From first to second job \_\_\_\_\_

Education (one way, work to school) \_\_\_\_\_

Job Seeking \_\_\_\_\_

Other Business \_\_\_\_\_

Round Trip commuting distance \_\_\_\_\_

Gas, Oil, Lubrication \_\_\_\_\_

Batteries, Tires, etc. \_\_\_\_\_

Repairs \_\_\_\_\_

Wash \_\_\_\_\_

Insurance \_\_\_\_\_

Interest \_\_\_\_\_

Lease payments \_\_\_\_\_

Garage Rent \_\_\_\_\_

## 22. Business Travel

If you are not reimbursed for exact amount, give total expenses.

Airfare, Train, etc. \_\_\_\_\_

Lodging \_\_\_\_\_

Meals (no. of days \_\_\_\_\_ ) \_\_\_\_\_

Taxi, Car Rental \_\_\_\_\_

Other \_\_\_\_\_

Reimbursement Received \_\_\_\_\_

**23. Estimated Tax Paid**

Due Date	Date Paid	Federal	State

**25. Education Expenses**

Student's Name	Type of Expense	Amount

**24. Other Deductions**

Alimony Paid to \_\_\_\_\_  
 Social Security No. \_\_\_\_\_ \$ \_\_\_\_\_  
 Student Interest Paid \$ \_\_\_\_\_  
 Health Savings Account Contributions \$ \_\_\_\_\_  
 Archer Medical Savings Acct. Contributions \$ \_\_\_\_\_

**26. Questions, Comments, & Other Information**

Residence:  
 Town \_\_\_\_\_ County \_\_\_\_\_  
 Village \_\_\_\_\_ School District \_\_\_\_\_  
 City \_\_\_\_\_

**27. Direct Deposit of Refund / or Savings Bond Purchases**

Would you like to have your refund(s) directly deposited into your account?  Yes  No  
*(The IRS will allow you to deposit your federal tax refund into up to three different accounts. If so, please provide the following information.)*

**ACCOUNT 1**

Owner of account  Taxpayer  Spouse  Joint  
 Type of account  Checking  Traditional Savings  Traditional IRA  Roth IRA  
 Treasury Direct  Archer MSA Savings  Coverdell Education Savings  HSA Savings  SEP IRA  
 Name of financial institution \_\_\_\_\_  
 Financial Institution Routing Transit Number (if known) \_\_\_\_\_  
 Your account number \_\_\_\_\_

**ACCOUNT 2**

Owner of account  Taxpayer  Spouse  Joint  
 Type of account  Checking  Traditional Savings  Traditional IRA  Roth IRA  
 Treasury Direct  Archer MSA Savings  Coverdell Education Savings  HSA Savings  SEP IRA  
 Name of financial institution \_\_\_\_\_  
 Financial Institution Routing Transit Number (if known) \_\_\_\_\_  
 Your account number \_\_\_\_\_

