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Client Tax Organizer

For the year January 1 – December 31, 20_____.

| | | | |
|----------------------|----------------------|----------------------|----------------------|
| Taxpayer Last Name | First Name | M.I. | Social Security # |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Spouse Last Name | First Name | M.I. | Social Security # |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Verification and Signature:

To the best of my knowledge the enclosed information is correct and includes all income, deductions, and other information necessary for the preparation of this year's income tax return for which I have adequate records.

Sign here  _____ Date _____
_____ Date _____

Appointment

Date and time of appointment: _____

Please bring:

- Copies of two preceding years' tax returns (new clients only)
- All tax documents (W-2s, 1099s, 1099-Rs, K-1s, etc.)

Bring original documents which we will copy and return to you, or legible copies that you can leave with us.

Credit Card Authorization

Credit Card #: _____ - _____ - _____ - _____ Expiration Date ____/____

3 digit code located on the back of credit card: _____

Type of Credit Card: Visa MasterCard (Circle One)

I, _____ (full name as appears on the credit card) authorize Professional Tax Service to charge my credit card for monies I owe Professional Tax Service for services rendered in preparation of my tax return.

Credit Card Billing Address:

Street: _____

City: _____ State: _____

Zip Code: _____

Telephone: (_____) _____

Cardholder's Signature

Date

Tax returns will not be filed until payment is received in full.
Thank you

7. Other Income

Please list all other income.

| Payer/Source | Taxpayer | Spouse | Federal Tax Withheld |
|---|----------|--------|----------------------|
| Alimony Received | | | |
| Prizes, Bonuses, Awards | | | |
| Jury Duty | | | |
| Worker's Compensation | | | |
| Social Security Benefits (Taxable Income) | | | |
| Medicare Premiums Withheld | | | |
| Unemployment Compensation Received | | | |
| Unemployment Compensation Repaid | | | |
| Gambling, Lottery | | | |
| Other Income | | | |
| | | | |
| | | | |

8. Medical/Dental Expenses

To be deducted, medical expenses must exceed 7.5% of your adjusted gross income, and then only the amount that exceeds a 7.5% floor is deductible. Example: Your income is \$40,000 for the year; your medical expenses must exceed \$3,000.

| | Amount | | Amount |
|--|-------------|---|-----------|
| Acupuncture, Chiropractic | | Lodging for Away-From-Home Medical Purposes | |
| Ambulance, Paramedics | | Long-Term Care Insurance – Taxpayer | |
| Auto Travel for Medical Purposes | _____ miles | Long-Term Care Insurance – Spouse | |
| Braces | | Medical Equipment, Supplies | |
| Doctors, Dentists (discretionary cosmetic surgery is not deductible) | | Medical Insurance Premiums (paid by you) | |
| Glasses, Contact Lenses | | Nursing Homes, Nursing Care | |
| Handicapped Modification to Home | | Parking Fees for Medical Purposes | |
| Handicapped Placard | | Prescription Drugs | |
| Hearing Aid, Batteries | | Psychotherapy, Psychological Counseling | |
| Hospital | | Other: | |
| Insulin | | | |
| Lab Fees & X-Rays | | Insurance Reimbursement | () |

9. Home Mortgage Interest

IF YOU HAVE PURCHASED, SOLD OR REFINANCED YOUR HOME THIS YEAR, PLEASE BRING YOUR ESCROW PAPERS WITH YOU.

| Paid to Banks | Amount Paid |
|-------------------------|-------------------------|
| Mortgage Company: _____ | |
| Mortgage Company: _____ | |
| Mortgage Company: _____ | |
| Home Equity Loan: _____ | |
| Paid to Individuals | |
| Name: _____ | Social Security # _____ |
| Address: _____ | Amount Paid: \$ _____ |
| Name: _____ | Social Security # _____ |
| Address: _____ | Amount Paid: \$ _____ |

10. Taxes Paid

| | |
|--|--|
| Real Estate Taxes | |
| Auto License Fees (vehicle license fee portion only) | |
| Property taxes on investment property | |
| Personal property tax – boat, etc. | |
| State Income Tax (We calculate) | |
| Other Taxes: | |
| | |
| | |

11. Alimony Paid

Do not include amount paid for child support. Child support is not deductible.

| Name | Social Security Number | Amount Paid |
|------|------------------------|-------------|
| | | |

12. Charitable Contributions

Cash Contributions

| | |
|--------------------------|--|
| Church | |
| Payroll Deduction | |
| United Way | |
| Cancer Society | |
| Red Cross | |
| Scouts | |
| Other (please list): | |
| | |
| | |
| Volunteer (no. of miles) | |

Non-Cash Charitable Contributions

| Description of Property Donated | Donee Name | Fair Market Value |
|---------------------------------|------------|-------------------|
| | | |
| | | |
| | | |

13. Child & Dependent Care Expenses

Care must enable you to work (or look for work) or attend school FULL TIME. Care must be for a child under age 13 or a dependent who is physically or mentally incapable of self care.

| Care Provider Name | Address City, State, Zip | Phone # | Identifying # SSN or EIN | Amount Paid | Name of child cared for |
|--------------------|-----------------------------|---------|-----------------------------|-------------|-------------------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

*If child care is for more than one child or dependent, please indicate how much was paid for **each** child or dependent.

14. Miscellaneous Itemized Deductions

| | Taxpayer | Spouse |
|-----------------------------------|----------|--------|
| Business Telephone | | |
| Cell Phone | | |
| Credential Renewal & Transcripts | | |
| Education Expense (Course Work) | | |
| Internet/DSL | | |
| Job Seeking Expense | | |
| Professional Dues (CTA, NEA, etc) | | |
| Professional Subscriptions | | |
| Safety Deposit Box | | |
| Safety Equipment | | |
| Tax Return Preparation Fee | | |
| Teaching Aids & Supplies | | |
| Uniforms & Laundry | | |
| Union Dues | | |
| Work Tools | | |
| Other (please list): | | |
| | | |

15. Education Expenses – College or Other Continuing Education Expenses

| Student's Name | Type of Expense | Year of School | Amount |
|----------------|-----------------|----------------|--------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Student Loan Interest Paid

Taxpayer: \$ _____ Spouse: \$ _____ Dependent(s): \$ _____