



# INCOME TAX GUIDE AND ORGANIZER

This booklet will assist you in collecting the necessary information to prepare your tax return accurately. Given the nature of tax laws this year, please include as much of the requested information as possible. This will help optimize your potential tax savings opportunities.

Please include all W-2 and 1099 forms, and any name & address labels provided by the government. If you are a new client, also include your 2020 tax return.

### Please read and sign below after completing this tax organizer

I have gathered and submitted the information contained in this questionnaire and to the best of my knowledge it is true, correct, and complete.

(Please Sign) \_\_\_\_\_ (Date) \_\_\_\_\_

## PERSONAL DATA

TAXPAYER AND SPOUSE				DEPENDENTS				
<b>TAXPAYER (OR SINGLE)</b>		<b>SPOUSE</b>		Last Name (First, Initial & Last)		D.O.B.	X if post-secondary student ↓ Social Security no.	# of mos. lived in your home ↓ Relationship ↓
Last Name		Last Name						
First Name & Initial		First Name & Initial						
Occupation		Occupation						
Phone (Home)	(Work)	Phone (Home)	(Work)					
Soc. Sec. #	Date of Birth	Soc. Sec. #	Date of Birth					
Mailing Address <input type="checkbox"/> Check if address is new			County	Social Security numbers are required for all dependents. If filing Head of Household and qualifying person is your child but not your dependent above, enter child's name here _____				
City, State, & Zip		Email Address		If filing Head of Household and qualifying person is your child but not your dependent above, 1. Did your name, address, or marital status change during the year? <input type="checkbox"/> Yes <input type="checkbox"/> No 2. Are you being claimed as a dependent on another tax return? <input type="checkbox"/> Yes <input type="checkbox"/> No 3. Are you (or your spouse) blind or permanently disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No 4. Did you claim children above that don't live with you? <input type="checkbox"/> Yes <input type="checkbox"/> No 5. Did you carry forward or incur any adoption expenses during the year? <input type="checkbox"/> Yes <input type="checkbox"/> No				

## GENERAL QUESTIONNAIRE

<p>1. Were you notified by the IRS or STATE of a change to any prior year tax return? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>2. Are any of your claimed dependents not residents or citizens of the U.S.? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>3. Did you make any gifts of over \$15,000 to any individual? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>4. Do you have any foreign income or foreign bank accounts? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>5. Did you have living expenses in a foreign country as a result of income earned abroad? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>6. Do you have any worthless stocks, uncollectible bad debts, or were a victim of a ponzi scheme? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>7. Did you become disabled during the year? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>8. Are you a handicapped employee? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>9. Did you receive any distribution from an IRA, profit sharing or pension plan? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>10. Have you used bartering to exchange any goods or services? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>11. Have you or your dependents taken a distribution from a Qualified Tuition Program (QTP) or 529 program during the year? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>12. Did you receive any insurance or other reimbursement from a prior year casualty, theft loss or medical deduction? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>13. Did you start a new business during the year or do you expect to start one this coming year? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>14. Did you pay anyone (over 18) \$2,200 or more to work at your home during the calendar year? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>15. Did you donate a partial interest in any goods to charitable organizations? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>16. Do you have children under age 19 with investment income (age 24 if dependent student)? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>17. Do you expect any significant changes in income, withholding taxes or your tax liability for the coming year? Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>18. Did you receive any source of income that is not listed in this booklet? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>19. Do you wish to designate \$3.00 of your taxes to the Presidential Campaign Fund? You: Yes <input type="checkbox"/> No <input type="checkbox"/> Spouse: Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>20. Do you have a Medical or Health Savings Account (MSA or HSA)? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>21. Did you buy, sell, or use any digital currency during the year? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>22. If you are age 72 or older, have you started your mandatory retirement savings withdrawals? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>23. Did you receive employer provided educational assistance or transportation benefits? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>24. Did you pay long term healthcare insurance premiums or receive benefits during the year? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>25. Are you a school teacher who paid for classroom materials without reimbursement? Please provide a recap of expenses for potential deduction. Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>26. If you would like your refund deposited directly into your bank account, please attach a voided check or deposit slip. (up to 3 accounts) Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>27. Did you purchase any energy efficient equipment (hybrid car, AC, furnace, etc.)? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>28. Did you or your spouse have qualified military combat pay? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>29. Do you own bonds that qualify for the Gulf, Renewable Energy or Build America bond credits? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>30. Did you purchase a new home this year? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>31. If over age 72, did you make a direct contribution to a charity from an IRA? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>32. Did you make any major purchases during the year requiring payment of sales tax (including any new vehicles)? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>33. Did you revise a prior year divorce decree that includes alimony? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>34. Did you receive any premium health insurance credits during the year? Yes <input type="checkbox"/> No <input type="checkbox"/></p>
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# DEDUCTIONS

List only amounts that have actually been paid during the year. Save all canceled checks and receipts for a period of at least 3 years. You may round off to the nearest dollar. Please circle any deduction that is a disproportionate amount for only you or only your spouse (It may be to your advantage to file separately).

<b>MEDICAL</b>	Only the amount of unreimbursed medical expenses that exceeds 7.5% of adjusted gross income is allowed.		
<b>Description of Medical Expenses</b>		<b>Amount</b>	
Doctors, Dentists, Clinics, Hospitals, Nurses, Etc.			
Prescriptions & Drugs (doctor prescribed only)			
Insulin (general drugs not allowed)			
Eye Glasses / Contact Lenses			
Hearing Aids, Supplies, & Other Medical Aids			
X-Ray / Lab Fees			
Ambulance, Paramedic			
Nurses (board & room)			
Equipment (prescribed & rented)			
Nursing Home Medical Care			
Medicare Part B Service Payments			
Smoking Cessation Program			
Other:			
Other:			
Other:			
<b>Medical Insurance</b> Code: Pre-Tax = P, After Tax = A, Unsure = U			
<b>Important:</b> Provide proof of health insurance (Form 1095 or equiv.)			
Insurance — paid by you			
Group Health Plans (deduct from salary)			
Medicare Premiums			
Other Insurance (long-term healthcare, MSA, other)			
<b>Summary Total (Optional)</b>			
<b>Lodging</b> (while away from home)			
<b>Transportation</b> (total miles driven for medical reasons or actual cost)			

<b>TAXES</b>		
<b>Description of Taxes Paid</b>	<b>State</b>	<b>Amount</b>
Real Estate Taxes, Home (include if you itemize or not)		
Real Estate Taxes, Other (not included on rental schedule)		
Property Tax Rebates (if any)		
Personal Property Taxes (if any)		
Property Taxes (if any)		
Auto Licenses (not a deduction in all states)		
State or Local Income Taxes (if not listed elsewhere)		
Sales Tax / Other		
<small>If you paid any special assessments or substantial sales tax, please attach supporting documents.</small>		

<b>CASUALTY/THEFT LOSSES</b>			<input type="checkbox"/> loss must be in a federally declared disaster area.
Only the TOTAL NET RESULT that exceeds 10% of adjusted gross income is allowed.			
Fire, Storm, Theft, and Auto Damage — If more than one, provide similar detail for each.			
Date Acquired	Date Acquired	Cost or Basis	Insurance Paid
Describe How and/or What Happened	Date of Loss	Mkt. Value Before	
		Mkt. Value After	

<b>CONTRIBUTIONS</b>	Receipts or canceled checks are now required for all cash donations.
<b>Cash Contributions</b> (must have receipts for all donations)	
<b>Amount</b>	
Church / Temple (name)	
Cancer / Heart / Easter / Christmas Seals, etc. (attach list if more than one)	
Red Cross / United Way / YMCA / YWCA (attach list if more than one)	
Public TV / Radio	
Veteran's Organization (name)	
Schools (name and describe)	
Other:	
<b>Summary Total (Optional)</b> — A summary total for cash/check contributions may be used. Political contributions are not deductible. Deduct value of gift received for any contributions.	
<b>Non-Cash Contributions</b> — Property, Clothing, Furniture, Food, etc. Attach explanation listing name & address of donee organization, items donated, date of donation, and fair market value. If total value of a single donation exceeds \$500, explain the method used to arrive at value (items over \$5,000 require an appraisal). If you donated a vehicle, please attach Form 1098-C received from the charity.	
<b>Volunteer Work</b> — Mileage & Parking. Attach explanation listing date, name & address of donee organization, activity performed, miles driven, and parking fees.	

<b>INTEREST</b>		Amounts, names, and Social Security numbers must match Form 1098 issued by financial institutions	
<b>Mortgage Interest, Principal Residence</b>	Paid to Financial Institution (Form 1098)		
	Paid to Individual (List name, address, Social Security Number below)		
	Name	Address	Social Security Number
<b>Mortgage Interest, Principal Residence</b>	Paid to Financial Institution (Form 1098)		
	Paid to Individual (List name, address, Social Security Number below)		
	Name	Address	Social Security Number
Did you acquire a new mortgage or borrow on an existing mortgage during the year? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what is your combined mortgage debt? \$			
Points paid to acquire new mortgage (if not included above)			
Home Equity Loan Interest (used to buy, build, or substantially improve a qualified resident)			
Student Loan Interest (attach Form 1098-E + details: for whom, loan date, loan purpose)			
Other:			
Other:			
Deductible Investment Interest			
<small>Note: Personal interest from credit cards, department stores, autos, bank loans, etc., is not deductible.</small>			

<b>CHILD AND DEPENDENT CARE</b>			<input type="checkbox"/> if you have employer provided dependent care benefits.
<input checked="" type="checkbox"/> if required to be gainfully employed (or a full-time student), or if service performed in your home (nanny).			
<b>Name/Address of Provider</b>		<b>Soc. Sec. or ID Number</b>	<b>Amount Paid</b>
Federal ID No. if required to file IRS wages reports		<b>Total Paid During the Year</b> \$	
		<b>No. Children Under Age 13</b> #	
<small>Use Form W-10 for provider details. Allocate expenses by dependent. Attach details if more space is needed.</small>			

# RETIREMENT CONTRIBUTIONS

<input checked="" type="checkbox"/> if covered by a retirement plan at work	Date	Traditional IRA	SEP/SIMPLE	Roth IRA	If you want the maximum allowable deduction, write MAX in the money column(s). You will be informed of amount to deposit.	List total value of ALL IRAs on 12/31/21	
Single or Taxpayer	/ /					Single or Taxpayer	
Spouse	/ /					Spouse	

# HIGHER EDUCATION EXPENSES

Note: Many of your higher education expenses qualify for special tax credits and deductions. Others may qualify as exclusions from income for tax-free and/or penalty-free withdrawals from your tax-deferred savings accounts. Please provide information individually for each student and include all 1099-Q forms.

Note:  if student is attending less than 1/2 time

	1st Student	2nd Student	3rd Student
<b>Code</b> (T=Taxpayer, S=Spouse, D1=Dependent 1, D2=Dependent 2)			
	<b>Amount</b>	<b>Amount</b>	<b>Amount</b>
Tuition			
Fees, Books, Supplies			
Other:			
Other:			

Other Expenses (Enter amounts as these expenses may qualify for tax/penalty-free IRA withdrawals, student loan interest deduction, or U.S. Savings Bond Interest Income Exclusion)

	1st Student	2nd Student	3rd Student
Room and Board			
Amount of any Grants, Scholarships			

### JOB RELATED EDUCATION

(May only be available at the state level.)

Miles Driven	Taxpayer	Spouse
Room and Board		
Books and Supplies		
Seminar Fees		

Address Service Requested

# IMPORTANT

## Tax Questionnaire Enclosed

### BUSINESS EXPENSES

**How to use:** Use this area to summarize your Schedule C sole proprietor business expenses. Provide financials if available. **Business Owner:** Taxpayer  Spouse  Both

**Type of Business** \_\_\_\_\_ **Total Revenue** \_\_\_\_\_

Business Expense (if more lines needed, continue on separate page)					
Advertising	EE Benefits	Repair & Maint.	Other:		
Car/Truck Expenses	Insurance	Supplies	Other:		
Commission Fees	Legal/Prof. Services	Taxes/Licenses	Other:		
Contract Labor	Office	Meals	Did you purchase any business equipment during the year? Yes <input type="checkbox"/> No <input type="checkbox"/> (If yes, attach details)		
Depletion	Pension/Profit Shar.	Utilities			
Depreciation	Rent or Lease	Wages	<b>Total Business Expenses</b>	\$	

**Vehicle Expense** (If both taxpayer and spouse have deductions, use Vehicle 1 for taxpayer, Vehicle 2 for spouse)

	Vehicle 1	Vehicle 2		Vehicle 1	Vehicle 2		Vehicle 1	Vehicle 2
Gas & Oil			Licenses			Washing/Lube		
Insurance			Repair/Maint.			Other:		
Lease Payments			Tires/Accessories			Other:		
Vehicle 1			Date Placed in Service	Make	Year	Model	Cost or Basis	<input type="checkbox"/> X if New This Year
Vehicle 2			/ /					Furnish details on newly acquired vehicles and trade-in or disposition of old vehicle.

**Travel Expenses** — Away from home (days gone overnight \_\_\_\_\_) Taxpayer  Spouse

Transportation		Auto Rental	
Lodging		Cabs, Bus, etc.	

Vehicle Mileage Detail		Vehicle 1	Vehicle 2
<input type="checkbox"/> X if another vehicle is available for personal use.	A. End of Year	+	
Subtract B from A for (1), Total Miles Driven.	B. Beginning of Year	-	
List Business Mile (2), from driving log.	1. Total Miles Driven	=	
Subtract 2 from 1 to get personal miles (3).	2. Business Miles	-	
Divide line 2 by line 1 for percent of business use.	3. Personal Miles	=	
No. round-trip miles from home to work _____	% Business Use (Line 2 ÷ Line 1) =		%
Number of days worked last year _____			%

I have adequate records and sufficient written evidence to support the use of listed vehicles and deductions listed above.  
(Please Sign) \_\_\_\_\_

### HOME OFFICE

**Type of Business** \_\_\_\_\_ **Justified business use for:** Taxpayer  Spouse  Both

Date Acquired Home	Cost of Land	Taxes
Sq. Footage of Living Area (1)	Cost of Home	Insurance
Sq. Footage of Office Area (2) (incl. inventory & sample storage)	Cost of Improvements	Maintenance
% Office Area [(2) ÷ (1)]	Utilities	Daycare Provider # of Hours
	Interest (mortgage, home equity loan)	Other