

Tax Organizer

	Service	es lax c	71 6	jan	izer				
Name:	First	M.I.	Last	t		DOB	Phone	 }	
Taxpay		MI Las		-		DOB	Phone		
Spouse		MI Las			DOB	Phone			
Address	: Street, City	, State, ZIP				1			
Street				City		State	State ZIP		
Marital Status:				Please check if applicable:			<u>Taxpayer</u>	<u>Spouse</u>	
☐ Single/Never Married				Are you a US Citizen?					
	☐ Married Live together in 2019? ☐				ou blind?				
	☐ Divorced Date: date of divorce				ou disabled?				
⊔ Wid	☐ Widowed Date: date of death				Are you a full-time student?				
		_		Are y	ou a dependent	?			
	lent Informat	•		200	Detetionation	NA (l	I Disable d	00	
First N	ame M.I.	Last Name	L	OOB	Relationship	Months in home	Disabled	Student	
First	MI I	Last	DOI	R	Relationship	Months			
First		Last	DOI		Relationship	Months			
First		Last	DOI		Relationship	Months			
First		Last	DOI		Relationship	Months			
Healthcare Information:									
☐ Did anyone purchase insurance through Healthcare.gov or a state marketplace like									
	MNsure.org? (Plans would have a "metal" level of Bronze, Silver, Gold, or Platinum)								
		•					,		
	Income Information:								
	= - in your results may be an emproyee many for an your many in								
	Did you receive any wages or tips not reported on Form W-2?								
	Did you receive any scholarships?								
	Did you receive interest or dividends from a bank account, bond, CD, or brokerage?								
	Did you receive a refund of state/local taxes and itemize deductions that tax year?								
	Did you receive alimony or spousal/separate maintenance payments?								
	Did you receive any income as an independent contractor or from self-employment?								
	Did you receive payment for work not reported on a W-2 or 1099 such as cash or check?								
	Did you own or start a business during the year?								
	Did you sell any stocks, bonds, real estate, or other property?								
	Did you receive any payments related to a disability?								

Did you receive any payments from a retirement account, pension, or annuity?

Did you receive any other income not listed above? Please bring information regarding the

Did you receive any Social Security or Railroad Retirement Benefits?

Did you receive unemployment compensation?

income to your appointment.

Did you receive any payments from rental property?

Did you receive any prizes, awards, or gambling winnings?



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Expense Information:

	Did you make any alimony or spousal/separate maintenance payments? Need recipient's SSN.
	Did you make any contributions to a retirement account? Need type of account and amount.
	Did you pay any college or post-secondary educational expenses for yourself or a dependent?
	Did you make any student loan payments towards a loan you are legally responsible to pay?
	Did you pay any medical expenses including health insurance premiums?
	Did you pay any state or local taxes such as property or income taxes?
	Did you pay any mortgage interest on a primary or secondary home?
	Did you make any charitable contributions in the year? In-kind donations over \$500 require
	greater documentation of the items donated and may require an appraisal.
	Did you pay for any child or dependent care such as daycare?
	Did you purchase any supplies to be used as an eligible educator such as teacher or counselor?
	Did you have expenses related to self-employment or independent contractor income?
	Did you have expenses related to income not listed above?
Life E	vents:
	Did you contribute to or receive distributions from a Health Savings Account or other medical
	savings account?
	Did you contribute to or receive distributions from an Education Savings Account?
	Did you have any debt forgiven or cancelled during the year?
	Did you file a return with a "capital loss carryover" last year?
	Did you live in a federally designated disaster area?
	Did you receive the First Time Homebuyers Credit in 2008?
	Did you make any estimated tax payments or apply your last year's refund to this year's taxes?
	Are you a member of a federally recognized Indian tribe?
	Did you move during the year?
	Did you adopt a child?
	Have you ever had the Earned Income Credit, Child Tax Credit, or American Opportunity Credit
	disallowed in a prior year?
	Have you received a letter from the IRS or a state taxing authority?
Foreig	gn Accounts:
	Are you the signatory or have a financial interest in an account or asset located outside the US?
	Did you receive any income from a foreign source?
	Did you pay taxes on income to a foreign country?
	Was the aggregate value of your foreign accounts over \$10,000 at any time in the year?
Refun	d or Payment Due:
	Do you want your refund directly deposited into your bank account?
	☐ Do want to split your refund between accounts or purchase savings bonds?
	Do you want any amount due directly debited from your account?