

Client Tax Organizer

provided courtesy of

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Instructions:

- **Save** this PDF file to your computer hard drive or storage device.
- **Fill** in the fields that apply to your situation; re-saving the file periodically as you go.
- **Print** out the organizer when you have completed it.
- **Bring** it to our office at your scheduled tax appointment.
- **Notes:**
 - For your identity protection, we strongly urge you NOT to email this file to us once it is completed. Most email programs are unencrypted and have security vulnerabilities.
 - If you prefer to handwrite your information on this form, simply print it out, fill it in, and bring it with you to your next tax appointment.

Tax Organizer for _____ (year)

Please complete this organizer and bring it to your tax appointment. Your last year's tax return is an excellent guide for completing this organizer. Make a special note wherever you have additional information not on last year's return.

Personal Information

Taxpayer

Name _____
 Social Security # _____ Date of Birth _____
 Occupation _____
 Mailing Address _____
 City _____ ST _____ Zip _____
 Home Phone _____ Cell Phone _____
 E-mail Address _____

Spouse

Name _____
 Social Security # _____ Date of Birth _____
 Occupation _____

| | Taxpayer | | Spouse | | Marital Status | |
|----------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | Yes | No | Yes | No | Married | Single |
| Blind | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Disabled | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | Widow(er) | <input type="checkbox"/> |

Filing Jointly Yes No

Do you want to contribute \$3 to the Presidential Campaign Fund Yes No

Dependent Children (others)

| Name | Social Security Number | Date of Birth | Relationship | Dependent's Income |
|------|------------------------|---------------|--------------|--------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Please bring the following to your appointment:

Last year's tax return, unless we prepared it.

Copies of all W-2s, 1099s, supporting documents of income and expense.

The mailing label given to you on the IRS tax booklet, if any.

Please answer the following questions:

| | | | | |
|--|-----|--------------------------|----|--------------------------|
| Did you receive any notices from the IRS this past year? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Do you have a foreign bank account? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Did you pay to attend classes beyond high school? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Did you pay interest on a student loan this past year? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Did you receive any rental income from property? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Did you receive any farm income? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Do you have self-employment income or expense? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Were there any births, adoptions, or deaths in the family? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

Income

Wages (attach W-2s)

Name of Employer

Taxpayer

Spouse

Interest Income (attach 1099-INT)

Payor (bank, etc.)

Amount

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Dividends (attach 1099-Div)

Payor (company name)

Ordinary Div.

Capital Gain

Nontaxable

| | | | |
|-------|-------|-------|-------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Partnership, S-Corp., and Other Income (attach K-1)

List the sources

Real Estate Sold (vacation property, bare land, etc.)

| Description | Date Acquired | Date Sold | Selling Price | Cost |
|-------------|---------------|-----------|---------------|------|
| | | | | |
| | | | | |
| | | | | |

Investments Sold (stocks, bonds, mutual funds, other)

| Name | Date Acquired | Date Sold | Selling Price | Cost |
|------|---------------|-----------|---------------|------|
| | | | | |
| | | | | |
| | | | | |

Individual Retirement Account (IRA)

| Contributions for this past year | Amount | Roth | Regular |
|----------------------------------|--------|------|---------|
| Taxpayer | | | |
| Spouse | | | |

Withdrawals from IRA (attach 1099-R)

Reason for withdrawals:

Other Pension or Annuity Income (attach 1099-R)

| Payor | Reason for withdrawal |
|-------|-----------------------|
| | |
| | |
| | |
| | |

Other Income

| Source | Amount |
|-------------------------------------|--------|
| State income tax refund | |
| Commissions | |
| Unreported tips | |
| Installment sales payments received | |
| Alimony received | |
| Scholarships or grants | |
| Unemployment compensation | |
| Worker's compensation | |
| Disability income | |
| Other _____ | |

Expenses

Medical Expense (insurance, drugs, equipment, nursing, hospital, doctors, etc.)

| List type: | Amount |
|------------|--------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Did you and your family have health insurance for all twelve months of the tax year?
Yes No

If less than twelve months health coverage, please give brief reason:

Did you receive Form 1095-A, -B, or -C health insurance coverage?
Yes No

Taxes Paid (other than on W-2 wage statements)

| Type of tax | Amount |
|---|--------|
| Federal income tax estimates (Form 1040-ES) | _____ |
| State income tax | _____ |
| Real estate tax | _____ |
| Personal property tax | _____ |
| Other _____ | _____ |

Interest Paid

| | Amount |
|------------------------------------|--------|
| Mortgage paid to: _____ | _____ |
| Investment interest paid to: _____ | _____ |

Child or Other Dependent Care Expenses

Did you pay for dependent care this past year? Yes No

Details: (Care provider, social security number, amount)

Casualty or Theft Loss

Did you have property stolen or damaged by storm, water, fire, or accident this past year?

Yes No

Details: _____

Charitable Contributions

Paid by cash (check)

Organization: _____ Amount _____

Moving Expenses (job related)

Did you move this past year due to change in job locations?

Yes No

Details: _____

Employment Related Expenses (not reimbursed)

Did you buy tools, uniforms, licenses, or pay dues or educational expenses in relation to your work this past year?

Yes No

Details: _____

Investment Expenses

| Item | Amount |
|--------------------------|--------|
| Investment interest paid | _____ |
| Safe deposit box rent | _____ |
| Tax preparation fee | _____ |
| Other _____ | _____ |