

**PERSONAL INFORMATION ORGANIZER**  
Please complete this Organizer before your appointment.

**1. PERSONAL INFORMATION**

Name		SSN or ITIN	Date of Birth	Date of Death	Occupation	Blind	Disabled
Taxpayer						<input type="checkbox"/>	<input type="checkbox"/>
Spouse						<input type="checkbox"/>	<input type="checkbox"/>
Street Address		Apt.	City or town	State	Zip Code	County	
Foreign country		Foreign province/state			Foreign postal code		
E-mail Address(es)				Home Phone	Mobile Phone		

**2. FILING STATUS**

Single                       Check if parent (or someone else) can claim you as a dependent on their return.  
 Married Filing Joint  
 Married Filing Separate       Check if you lived apart from your spouse  
 Head of Household  
 Qualifying Widow(er)      Year spouse died: \_\_\_\_\_

**3. DEPENDENTS**

Name	Relationship	Date of Birth	SSN or ITIN	Months Lived With You	Disabled	Full Time Student	Dependent's Gross Income	Child Care Expenses Paid
					<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. REFUND INFORMATION**

1. Would you like to have any refunds directly deposited into your bank account? . . . . .  Yes  No

<b>Bank Account</b> Ownership <input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Joint Type <input type="checkbox"/> Checking <input type="checkbox"/> Savings Bank name _____ Routing number _____ Account number _____ Account outside the jurisdiction of the United States? <input type="checkbox"/> Yes	<b>Bank Account</b> Ownership <input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Joint Type <input type="checkbox"/> Checking <input type="checkbox"/> Savings Bank name _____ Routing number _____ Account number _____ Account outside the jurisdiction of the United States? <input type="checkbox"/> Yes
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**5. IDENTIFICATION INFORMATION**

<b>Taxpayer</b> Type of ID: <input type="checkbox"/> Driver's license <input type="checkbox"/> State-issued ID <input type="checkbox"/> No ID ID number _____ Location of issuance _____ Issue date _____ Expiration date _____	<b>Spouse</b> Type of ID: <input type="checkbox"/> Driver's license <input type="checkbox"/> State-issued ID <input type="checkbox"/> No ID ID number _____ Location of issuance _____ Issue date _____ Expiration date _____
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**6. HEALTH CARE INFORMATION**

Please indicate where you received your health insurance from for all members of your tax household.

Employer       Government-Sponsored Marketplace       Private Exchange (Individual Insurance Company)



## INCOME ORGANIZER

Please complete this Organizer before your appointment.  
Business, Farm and Rental and Royalty Income or Loss Organizers are on separate pages.

### 1. WAGE AND SALARY INFORMATION

Attach W-2s:

Employer Name	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"/>

Unreported tip income received: . . . . . \_\_\_\_\_

### 2. INTEREST AND DIVIDEND INCOME

Attach 1099-INT, 1099-DIV or other statements

Payer Name	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"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>

### 3. RETIREMENT DISTRIBUTIONS

Attach 1099-R & 5498

Payer Name	Roth IRA	Other IRA	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"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Attach SSA 1099 or RRB 1099

	Yes	No
Did you receive social security benefits? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive railroad retirement benefits? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>

### 4. SCHEDULE K-1 INCOME (1065, 1120-S AND 1041)

Attach K-1s:

Payer Name	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"/>

### 5. CAPITAL GAINS AND LOSSES

Attach 1099-Bs:

Payer Name	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"/>

### 6. OTHER INCOME

Description	Amount
State income tax refund	_____
Alimony received	_____
Date of original divorce/separation agreement	_____
Unemployment compensation	_____
Gambling winnings	_____
Jury pay	_____
Hobby income	_____
Scholarships (grants)	_____
NOL Carryforward	_____
Child support	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

### 7. MISCELLANEOUS INCOME QUESTIONS

1. Did you sell your home? . . . . .	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Did you earn any foreign income or pay any foreign taxes? . . . . .	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Do you have a health savings account (HSA), Archer MSA or Medicare Advantage (MA) MSA? . . . . .	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Did you have a financial account in a foreign country (i.e. bank account, securities account, etc.)? . . . . .	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, did the aggregate value of all financial accounts exceed \$10,000 at any time during 2019? . . . . .	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Did you have any debt forgiven (i.e. student loans, home mortgage, etc.)? . . . . .	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? . . . . .	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**BUSINESS INCOME AND EXPENSES (Schedule C)**

Indicate the owner of this business:  Taxpayer  Spouse  Joint

Business Name: \_\_\_\_\_

Business product or service: \_\_\_\_\_

Business Address: \_\_\_\_\_

City, State, and Zip Code: \_\_\_\_\_

Did you start or acquire this business  Yes  No

Accounting Method:  Cash  Accrual  Other (describe) \_\_\_\_\_

Method used to value inventory:  Cost  Lower of cost or market  Other (describe) \_\_\_\_\_

Income and Cost of Goods Sold	- Amount	Amount
Gross receipts or sales . . . . .		
Returns and allowances . . . . .		
Other income (enclose description) . . . . .		
Inventory at beginning of year . . . . .		
Purchases less cost of items withdrawn for personal use . . . . .		
Cost of labor . . . . .		
Materials and supplies . . . . .		
Other costs . . . . .		
Inventory at end of year . . . . .		

Expenses	Amount	Amount	Wages	Amount	Amount
Advertising . . . . .			Other: _____		
Commissions and fees . . . . .					
Contract labor . . . . .					
Depletion . . . . .					
Employee benefits . . . . .					
Insurance (other than health) . . . . .					
Mortgage interest . . . . .					
Other interest . . . . .					
Legal and professional fees . . . . .					
Office expenses . . . . .					
Pension and profit sharing . . . . .					
Rent - Vehicle, machinery . . . . .					
Rent - Other . . . . .					
Repairs and maintenance . . . . .					
Supplies . . . . .					
Taxes and licenses . . . . .					
Travel . . . . .					
Meals and entertainment . . . . .					
Utilities . . . . .					

**Vehicle Information**

Vehicle description \_\_\_\_\_ Date placed in service \_\_\_\_\_ Cost or basis \_\_\_\_\_

Business miles \_\_\_\_\_ Commuting miles \_\_\_\_\_ Other miles \_\_\_\_\_

Actual expenses such as gas, oil, repairs, etc \_\_\_\_\_ Parking fees and tolls \_\_\_\_\_

**Sales, Purchases, and Disposition of Assets** (New clients, enclose detailed listing of all depreciable assets.)

Asset description	Date acquired	Purchase price	Date sold	Sales Price

**Business Use of Home**

Area used exclusively for business \_\_\_\_\_ Total area of home \_\_\_\_\_

Was the home used as a day care facility?  Yes  No Date home placed in service \_\_\_\_\_

Casualty losses \_\_\_\_\_ Insurance \_\_\_\_\_ Rent \_\_\_\_\_

Mortgage interest \_\_\_\_\_ Repairs and maintenance \_\_\_\_\_ FMV of home \_\_\_\_\_

Real estate taxes paid \_\_\_\_\_ Utilities and other expenses \_\_\_\_\_ Value of land \_\_\_\_\_

Carryover of unallowed expenses  Yes  No (if yes, enter amount) \_\_\_\_\_



**RENTAL AND ROYALTY INCOME AND EXPENSES** (Schedule E, pg 1)

Indicate the owner of this property:     Taxpayer     Spouse     Joint

Description of property \_\_\_\_\_  
 Location of property \_\_\_\_\_

Did you or your family use this property during the tax year for personal purposes for more than the greater of: (a) 14 days, or (b) 10% of the total days rented at fair market value?     Yes     No

Did you meet the Active Participation requirements for this property?     Yes     No  
(To meet these requirements, you must have participated in making management decisions or arranged for others to provide services in a significant and bona fide sense. Such management decisions include approving new tenants, deciding on rental terms, approving repair expenditures, or other similar decisions)

Was this property fully disposed of     Yes     No

Income	Amount	Amount
Rents received . . . . .		
Royalties received . . . . .		

Expenses	Amount	Amount
Advertising . . . . .		
Cleaning and maintenance . . . . .		
Commissions . . . . .		
Insurance . . . . .		
Legal and other professional fees . . . . .		
Management fees . . . . .		
Mortgage interest paid to banks . . . . .		
Other interest . . . . .		
Repairs . . . . .		
Supplies . . . . .		
Taxes . . . . .		
Utilities . . . . .		
Other _____		
_____		
_____		
_____		
Amortization . . . . .		
Section 481(a) adjustment . . . . .		

**Vehicle Information**

Vehicle description \_\_\_\_\_ Date placed in service \_\_\_\_\_ Cost or basis \_\_\_\_\_

Business miles \_\_\_\_\_ Commuting miles \_\_\_\_\_ Other miles \_\_\_\_\_

Actual expenses such as gas, oil, repairs, etc \_\_\_\_\_ Parking fees and tolls \_\_\_\_\_

Travel expenses \_\_\_\_\_

**Sales, Purchases, and Disposition of Assets**  
(New clients, enclose detailed listing of all depreciable assets.)

Asset description	Date acquired	Purchase price	Date sold	Sales price



## DEDUCTIONS ORGANIZER

Please complete this Organizer before your appointment.  
Itemized Deduction Organizers are on separate pages.

### 1. EDUCATION

Attach 1098-Ts, 1098-E's and 1099-Q's:

Student Name	Educational Institution	Fr	So	Jr	Sr	Oth	Tuition & Fees	Student Loan Interest Paid	Books, Supplies & Equipment	529 Plan
_____	_____	<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"/>	<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"/>

### 2. JOB-RELATED MOVING EXPENSES

Description	Amount
Lodging . . . . .	_____
Gas and Oil . . . . .	_____
Mileage . . . . .	_____
Other . . . . .	_____
Miles from old home to your new workplace	_____
Miles from old home to old workplace . . . . .	_____
Member of the Armed Forces? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No

### 3. IRA CONTRIBUTIONS

Description	Amount
Contributions to a Traditional IRA . . . . .	_____
Contributions to a ROTH IRA . . . . .	_____

### 4. OTHER DEDUCTIONS

Description	Amount
Educator expenses . . . . .	_____
Alimony paid Rec. SSN: _____	_____
Date of original divorce/separation _____	
Health Savings Account contributions . . . . .	_____
Archer Medical Savings Account contributions	_____
Jury duty repayment to employer . . . . .	_____
Foreign qualified housing expenses . . . . .	_____
Contributions to College 529 Savings Plan . . . . .	_____
Qualified business net (loss) carryover from 2018	_____
Qualified REIT dividends and PTP net (loss) carryover	_____
_____	_____
_____	_____
_____	_____

### 5. MISCELLANEOUS DEDUCTION QUESTIONS

1. Did you purchase an item(s) during 2019 for which you paid a large amount of sales tax? . . . . .  Yes  No
2. Did you refinance a mortgage . . . . .  Yes  No





**ITEMIZED DEDUCTIONS (continued)**

**Casualty and Theft Losses** (for property damaged by storm, water, fire, accident, or theft)

Enclose supporting documentation of what is written here, i.e. insurance reimbursement, receipts for cost of repairs.  
 (If additional losses were incurred, please attach a separate sheet of paper with these details.)

Location of property: \_\_\_\_\_ Residential property  Business property   
 Description of property: \_\_\_\_\_ Federal Disaster   
 Date of loss: \_\_\_\_\_ FEMA disaster declaration # \_\_\_\_\_

Amount of damage \_\_\_\_\_ Cost basis of property \_\_\_\_\_ Repair Costs \_\_\_\_\_  
 Insurance reimbursement \_\_\_\_\_ FMV of property before loss \_\_\_\_\_ Other \_\_\_\_\_  
 Federal monies received \_\_\_\_\_ FMV of property after loss \_\_\_\_\_ Other \_\_\_\_\_

**Unreimbursed Employee Business Expenses**

(If any depreciable assets were sold (including the vehicle), please see worksheet below)

Dues (related to job) \_\_\_\_\_  
 Subscriptions related to your work \_\_\_\_\_  
 Licenses and regulatory fees \_\_\_\_\_  
 Tools and supplies used in your work \_\_\_\_\_  
 Work clothes, uniforms if required \_\_\_\_\_  
 Medical exams required by your employer \_\_\_\_\_  
 Work related education (books, tuition) \_\_\_\_\_  
 Legal fees related to your job \_\_\_\_\_  
 Job search expenses (current occupation) \_\_\_\_\_

**Vehicle Information**  
 Vehicle description \_\_\_\_\_  
 Date placed in service \_\_\_\_\_  
 Cost or basis \_\_\_\_\_

**Miles of vehicle**  
 Business miles \_\_\_\_\_  
 Commuting miles \_\_\_\_\_  
 Other miles \_\_\_\_\_

**\*In home office:**  
 Total square footage \_\_\_\_\_  
 Office square footage \_\_\_\_\_  
 Office square footage \_\_\_\_\_  
 Rent . . . . . \_\_\_\_\_  
 Insurance . . . . . \_\_\_\_\_  
 Utilities . . . . . \_\_\_\_\_  
 Repairs/Maintenance \_\_\_\_\_

**Expenses**  
 Actual expenses \_\_\_\_\_  
 (gas, oil, repairs, etc)  
 Parking fees and tolls \_\_\_\_\_  
 Travel expenses \_\_\_\_\_

\*Questions relating to mortgage interest, taxes, and casualty losses were asked previously

**Sales, Purchases, and Disposition of Assets**

(New clients, enclose detailed listing of all depreciable assets.)

T S	Asset description	Date acquired	Purchase price	Date sold	Sales price

**Investment Related Expenses**

Tax preparation fees \_\_\_\_\_  
 Safe deposit box \_\_\_\_\_  
 Custodial, trust admin fees \_\_\_\_\_  
 Fees to collect interest and dividends \_\_\_\_\_  
 Tax advice not related to investment income \_\_\_\_\_  
 Legal fees related to producing taxable income \_\_\_\_\_  
 Other \_\_\_\_\_  
 Other \_\_\_\_\_  
 Other \_\_\_\_\_

**Other Misc. Deductions**

Gambling losses \_\_\_\_\_  
 Estate tax deduction (in respect of a decedent) \_\_\_\_\_  
 Portfolio from Schedule K-1 \_\_\_\_\_  
 Unrecovered investment in a pension \_\_\_\_\_  
 Amortizable premium on taxable bonds \_\_\_\_\_  
 Disabled persons work expenses \_\_\_\_\_  
 Other \_\_\_\_\_  
 Other \_\_\_\_\_  
 Other \_\_\_\_\_

**CREDITS AND PAYMENTS ORGANIZER**  
Please complete this Organizer before your appointment.

**1. CHILD CARE CREDIT**

Attach Daycare Provider Statement(s):

Care Provider Name	Address	Tax-Exempt	Telephone Number	Identification Number	Amount Paid
_____	_____	<input type="checkbox"/>	_____	_____	_____
_____	_____	<input type="checkbox"/>	_____	_____	_____
_____	_____	<input type="checkbox"/>	_____	_____	_____
_____	_____	<input type="checkbox"/>	_____	_____	_____

**2. RESIDENTIAL ENERGY CREDIT**

Description	Amount	Description	Amount
Solar electric property . . . . .	_____	Metal or asphalt roof . . . . .	_____
Solar water heating . . . . .	_____	Exterior windows and skylights . . . . .	_____
Small wind energy . . . . .	_____	Electric heat pump or central air conditioner . . . . .	_____
Geothermal heat pump . . . . .	_____	Natural gas, propane or oil water heater . . . . .	_____
Fuel cell property . . . . .	_____	Biomass fuel stove . . . . .	_____
Insulation material . . . . .	_____	Natural gas, propane or oil furnace . . . . .	_____
Exterior doors . . . . .	_____	Advanced main air circulating fan . . . . .	_____

1. Were the qualified improvements for your main home in the United States? . . . . .  Yes  No  
 2. Were any of the improvements related to the construction of this main home? . . . . .  Yes  No

**3. MISCELLANEOUS CREDIT QUESTIONS**

1. Did you pay any expenses related to the adoption of an eligible child? . . . . .  Yes  No  
 2. Are you currently repaying the First-Time Homebuyer Credit? . . . . .  Yes  No  
 3. Do you (and your spouse) have a social security number that allows you to work and is valid? . . . . .  Yes  No  
 4. Were you issued a Mortgage Credit Certificate (MCC) by a state or local governmental unit or agency? . . . . .  Yes  No

**4. ESTIMATED TAX PAYMENTS**

Federal estimated payments	Date Paid	Amount Paid
Applied from 2018 federal refund . . . . .	_____	_____
1st quarter payment . . . . .	_____	_____
2nd quarter payment . . . . .	_____	_____
3rd quarter payment . . . . .	_____	_____
4th quarter payment . . . . .	_____	_____

State estimated payments	State Name: _____	Date Paid	Amount Paid
Applied from 2018 state refund . . . . .		_____	_____
1st quarter payment . . . . .		_____	_____
2nd quarter payment . . . . .		_____	_____
3rd quarter payment . . . . .		_____	_____
4th quarter payment . . . . .		_____	_____

Local estimated payments	Locality Name: _____	Date Paid	Amount Paid
Applied from 2018 local refund . . . . .		_____	_____
1st quarter payment . . . . .		_____	_____
2nd quarter payment . . . . .		_____	_____
3rd quarter payment . . . . .		_____	_____
4th quarter payment . . . . .		_____	_____