## D. R ACCOUNTING & TAX SERVICES

# **Client Tax Organizer**

Please complete this Organizer before your appointment. Prior year clients should use the proforma Organizer provided.

1. Pei	rsonal Information									
	Name		Soc. Se	nc No	Date	of Birth	Occupation	, ,	Work Pho	one
Taxpayer			300. 36	c. No.	Date	, Birdi	Occupation	•	WOIK PIIC	Jile
Spouse	Librara.			0:1-		01-1-	710		I DI.	
Street Ad	Idress			City		State	ZIP	'	Home Pho	one
Email Add	dress				•					
Blind Disabled Pres. Car	Taxpayer  Yes No	Yes	No No No	Marital S  Mari Sing Wide	ried le	Date of Spo	Will file jo		Yes	No
2. De	pendents (Children & Oth	ers)								
	Name (First, Last)	Relationship	Date of Birth	Social S Num		Months Lived With You	Disabled	Full Time Student	Depend Gro	ss
Please pro	ovide for your appointment									
	year's tax return (new clients of	• •		ll statemer	nts (W-2	s, 1098s, 10	099s, etc)			
	e and address label (from gover swer the following questions to		•							
	u self-employed or do you	aotoriiiio maximam		Ware the	ro ony h	irths, death				
	e hobby income?	Yes* N	lo	_		es or adop		Г	$\neg$	
-	u receive income from			in your in	nmediat	e family?		L	Yes	No
3. Did yo	g animals or crops? u receive rent from real		lo.	to one or i	more pe	ople?	an \$14,000	L	Yes	No
	or other property? u receive income from		11.	Did you ha		debts canc	elled, forgiv	ren,	Yes	No
gravel,	, timber, minerals, oil, gas, ghts, patents?	Yes* N			throug	h bankrupt	су	[	Yes	No
-	u withdraw or write	□vee □v	40	•	•	t. how muc	h did you p	av?		
6. Do you	s from a mutual fund?		••	(b) Was h	-	•	<b>,</b> P	[	Yes	No
7. Do you help su	nt, trust, or business? I provide a home for or Ipport anyone not listed tion 2 above?		lo	yourself, y during the	our spo year?	use, or you	dent loan fo r dependen		Yes	☐ No
-	u receive any correspondence he IRS or State Department ation?	Yes		spouse, o	r your de	nses for you ependent to gh school?		[	Yes	☐ No

16. Did you have healthcare coverage (health insurance) for you, your spouse and dependents during 2014? If yes, include Forms 1095-A, 1095-B, and 1095-C.				No	19	Did you install at residence such a generators or fu- improvements se						
17. Did you have any o 19 or 19 to 23 year unearned income of		of	Yes	No		windows, insulat central air condi				Yes		No
18. Did you purchase a technology vehicle	a new alternative or electric vehicle?		Yes	No	20	Did you own \$50 financial assets?	-	ore in foreign		Yes		No
3. Wage, Salary	Income				21	I. Have you or you an identity theft digit identity pro	protection	PIN by the IRS		-	_	
Attach W-2s:								Taxpayer	_		Spo	ouse
Employer		Taxpay	yer	Spouse			0.11					
		-				7. Property						
		_			ĺ	Attach 1099-S and	•					
		-  -				Property Personal Residen		Date Acquire	ed	Cost 8	Imp.	
		-				Vacation Home	ice"					
		- П		П		Land						
				_		Other						
					l.	* Provide informat	tion on imi	rovements nri	or sale	s of hor		
4. Interest Inco						and cost of a ne (Job-Related Mo	w residend				,	
Attach 1099-INT, Form Payer	1 1097-BTC & broker s		s Amou	ınt		8. I.R.A. (Ind	lividual F	Retirement A	cct )			
1 dyci			Aiiiou				iiviadai i		lootij			
						Contributions for t	•		_			for oth
						T	Aı	nount	<u>D</u>	ate		
Tax Exempt						Taxpayer Spouse						
						Amounts withdraw	vn. Attach	1099-R & 5498				
5. Dividend Inco	ome					Plan Trustee		Reason for Withdrawal		Reinv	ested	ł?
From Mutual Funds &	Stocks - Attach 1099-	DIV								Yes	$\overline{\Box}$	No
		apital	N	lon-						Yes		No
Payer	Ordinary G	ains	Ta	xable						Yes		No
										Yes	;	No
						9. Pension,	Appuits	Incomo				
						ŕ	Armuity					
						Attach 1099-R Payer*		Reason for Withdrawal		Reinv	ested	1?
										Yes	;	No
6 Partnershin	Trust, Estate Inco	nme								Yes		No
or runanoromp,	Truct, Lotato IIIo	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							-	Yes		No
List payers of partners or estate income - Atta	• • •	ip, S-corp	oratio	on, trust,		* Provide stateme company with in contributions to	formation		urance	Yes	i	∣ No
				-		Did you receive:		Taxpayer		Spe	ouse	
						Social Security	/ Renefite		No	Yes	$\overline{}$	No
						Railroad Retire	•	$\neg$	No	Yes		No
						544 116416		55			· Ш	,

Attach SSA 1099, RRB 1099

#### 10. Investments Sold

Stocks, Bonds, Mutual Funds, Gold, Silver, Partnership interest - Attach 1099-B & confirmation slips

Investment	Date Acquired/Sold	Cost	Sale Price
	/		
	/		
	/		
	/		

	,		
11. Other Income	14. Interest Expense		
List All Other Income (including non-taxable)	Mortgage interest paid (attack Interest paid to individual for y	-	
Alimony Received	 home (include amortization s		
Child Support	 Paid to:	,	
Scholarship (Grants)	 Name		
Unemployment Compensation (repaid)	 Address		
Prizes, Bonuses, Awards	 Social Security No.		
Gambling, Lottery (expenses)	Investment Interest	-	
Unreported Tips	 Premiums paid or accrued for	qualified	
Director / Executor's Fee	 mortgage insurance	quamou	
Commissions	 mortgage madranee		
Jury Duty	 		
Worker's Compensation	 15. Casualty/Theft Lo	SS	
Disability Income			
Veteran's Pension	 For property damaged by stor		•
Payments from Prior Installment Sale	 Location of Property		
State Income Tax Refund			
	 Description of Property		
Other Other			
Other			Federally Declared
12. Medical/Dental Expenses  Medical Insurance Premiums	Amount of Damage Insurance Reimbursement Repair Costs	Other	Disaster Losses
(paid by you)	 Federal Grants Received		
Prescription Drugs			
Insulin	 16. Charitable Contril	nutions	
Glasses, Contacts			
Hearing Aids, Batteries Braces		Other	
Medical Equipment, Supplies	 Church		
Nursing Care	 United Wav		
Medical Therapy	 Scouts		
Hospital	 Telethons		
Doctor/Dental/Orthodontist	 University, Public TV/Radio		
Mileage (no. of miles)	 - · ·		
	Heart, Lung, Cancer, etc.		
	Wildlife Fund		
13. Taxes Paid	Salvation Army, Goodwill Other		
Real Property Tax (attach bills)	 Non-Cash		
Personal Property Tax Other	 Volunteer (no. of miles)	@ .14	

### 17. Child & Other Dependent Care Expenses

Name of Care Provider	Address	Soc. Sec. No. or Employer ID	Amount Paid

Also complete this section if you receive dependent care benefits from your employer.

Licenses Tools, Equipment, Safety Equipment Uniforms (include cleaning) Sales Expense, Gifts Suttion, Books (work related) Entertainment Office in home: In Square a) Total home Feet b) Office c) Storage Rent Insurance Utilities Maintenance  Tax Preparation Fee  Other Business Round Trip commuting distance Gas, Oil, Lubrication Batteries, Tires, etc. Repairs Wash Insurance I			
Move Household Goods Lodging During Move Travel to New Home (no. of miles)  19. Employment Related Expenses That You Paid (Not self-employed)  Dues - Union, Professional Books, Subscriptions, Supplies Licenses Tools, Equipment, Safety Equipment Uniforms (include cleaning) Sales Expense, Giffs Tuition, Books (work related) Entertainment Office in home: In Square a) Total home Feet b) Office c) Storage Rent Insurance Utilities Maintenance  20. Investment-Related Expenses Tax Preparation Fee  Did you sell or trade in a car used for business? Did you sell or trade in a car used for business? In yes, attach a copy of purchase agreement Make/Year Vehicle Date purchased Total miles (personal & business) Business miles (not to and from work) From first to second job Education (one way, work to school) Job Seeking Other Business Round Trip commuting distance Gas, Oil, Lubrication Batteries, Tires, etc. Repairs Wash Insurance Insurance Interest Lease payments Garage Rent  If you are not reimbursed for exact amount, give total expenses. Airfare, Train, etc.	18. Job-Related Moving Expenses	21. Business Mileage	
Lodging During Move Travel to New Home (no. of miles)  19. Employment Related Expenses That You Paid (Not self-employed)  Dues - Union, Professional Books, Subscriptions, Supplies Licenses Tools, Equipment, Safety Equipment Uniforms (include cleaning) Sales Expense, Gifts Tuition, Books (work related) Entertainment Office in home: In Square a) Total home Feet b) Office c) Storage Rent Insurance Utilities Maintenance  20. Investment-Related Expenses  Tax Preparation Fee  If you are not reimbursed for exact amount, give total expenses.  Airfare, Train, etc.	Date of move	Do you have written records?	Yes No
Travel to New Home (no. of miles)  If yes, attach a copy of purchase agreement  Make/Year Vehicle  Date purchased Total miles (personal & business) Business miles (not to and from work) From first to second job Education (one way, work to school) Job Seeking Other Business Round Trip commuting distance Gas, Oil, Lubrication Batterias, Tires, etc. Repairs Uniforms (include cleaning) Sales Expense, Gifts Tuition, Books (work related) Entertainment Office in home: In Square a) Total home In Square a) Total home Insurance Utilities Rent Insurance Utilities Maintenance  20. Investment-Related Expenses  Tax Preparation Fee  If you are not reimbursed for exact amount, give total expenses.  Airfare, Train, etc.	Move Household Goods		
19. Employment Related Expenses That You Paid (Not self-employed)  Dues - Union, Professional Books, Subscriptions, Supplies Licenses Tools, Equipment, Safety Equipment Uniforms (include cleaning) Sales Expense, Gifts Tuition, Books (work related) Entertainment Office in home: In Square a) Total home Feet b) Office c) Storage Rent Insurance Utilities Maintenance  20. Investment-Related Expenses  Tax Preparation Fee  Make/Year Vehicle Date Make/Year Vehicle Date purchased Total miles (personal & business) Business miles (not to and from work) From first to second job Education (one way, work to school) Job Seeking Other Business Round Trip commuting distance Gas, Oil, Lubrication Batteries, Tires, etc. Repairs Wash Office in home: Insurance Insurance Interest Lease payments Garage Rent  If you are not reimbursed for exact amount, give total expenses.		for business?	Yes No
19. Employment Related Expenses That You Paid (Not self-employed)  Dues - Union, Professional Books, Subscriptions, Supplies Licenses Tools, Equipment, Safety Equipment Uniforms (include cleaning) Sales Expense, Gifts Tuition, Books (work related) Entertainment Office in home: In Square a) Total home Feet b) Office c) Storage Rent Insurance Utilities Maintenance  20. Investment-Related Expenses  Tax Preparation Fee  Date purchased Total miles (personal & business) Business miles (not to and from work) From first to second job Education (one way, work to school) Job Seeking Other Business Round Trip commuting distance Gas, Oil, Lubrication Batteries, Tires, etc. Repairs Wash Insurance Interest Lease payments Garage Rent  If you are not reimbursed for exact amount, give total expenses.  Airfare, Train, etc.	Travel to New Home (no. of miles)	If yes, attach a copy of purchase agreement	
Total miles (personal & business)  Business miles (not to and from work)  From first to second job  Education (one way, work to school)  Job Seeking  Other Business  Round Trip commuting distance  Gas, Oil, Lubrication  Batteries, Tires, etc.  Repairs  Wash  Insurance  Utilities  Maintenance  Total miles (personal & business)  Business miles (not to and from work)  From first to second job  Education (one way, work to school)  Job Seeking  Other Business  Round Trip commuting distance  Gas, Oil, Lubrication  Batteries, Tires, etc.  Repairs  Wash  Insurance  Interest  Lease payments  Garage Rent  If you are not reimbursed for exact amount, give total expenses.  Airfare, Train, etc.		Make/Year Vehicle	
(Not self-employed)  Dues - Union, Professional Books, Subscriptions, Supplies Licenses Tools, Equipment, Safety Equipment Uniforms (include cleaning) Sales Expense, Gifts Tuition, Books (work related) Entertainment Office in home: In Square a) Total home Feet b) Office c) Storage Rent Insurance Utilities Maintenance  20. Investment-Related Expenses  Tax Preparation Fee  Total miles (personal & business) Business miles (not to and from work) From first to second job Education (one way, work to school) Job Seeking Other Business Round Trip commuting distance Gas, Oil, Lubrication Batteries, Tires, etc. Repairs Wash Insurance Insurance Interest Lease payments Garage Rent  If you are not reimbursed for exact amount, give total expenses.  Airfare, Train, etc.	19. Employment Related Expenses That You Paid	·	
Dues - Union, Professional Books, Subscriptions, Supplies Licenses Round Trip commuting distance Gas, Oil, Lubrication Batteries, Tires, etc. Repairs Licenses Licens	• •	-	
Dues - Union, Professional Books, Subscriptions, Supplies Licenses Tools, Equipment, Safety Equipment Uniforms (include cleaning) Sales Expense, Gifts Tuition, Books (work related) Entertainment Office in home: In Square a) Total home Feet b) Office c) Storage Rent Insurance Utilities Maintenance  20. Investment-Related Expenses  Education (one way, work to school) Job Seeking Other Business Round Trip commuting distance Gas, Oil, Lubrication Batteries, Tires, etc. Repairs Wash Insurance Insurance Interest Lease payments Garage Rent  22. Business Travel  If you are not reimbursed for exact amount, give total expenses.  Airfare, Train, etc.	, , ,		
Books, Subscriptions, Supplies Licenses Licenses Job Seeking Other Business Round Trip commuting distance Gas, Oil, Lubrication Batteries, Tires, etc. Repairs Wash Office in home: In Square a) Total home Feet b) Office c) Storage Rent Insurance Utilities Maintenance  20. Investment-Related Expenses  Job Seeking Other Business Round Trip commuting distance Gas, Oil, Lubrication Batteries, Tires, etc. Repairs Wash Insurance Insurance Insurance Interest Lease payments Garage Rent  22. Business Travel  If you are not reimbursed for exact amount, give total expenses.  Airfare, Train, etc.	Dues - Union, Professional	•	
Licenses Tools, Equipment, Safety Equipment Uniforms (include cleaning) Sales Expense, Gifts Suition, Books (work related) Entertainment Office in home: In Square a) Total home Feet b) Office c) Storage Rent Insurance Utilities Maintenance  Tax Preparation Fee  Other Business Round Trip commuting distance Gas, Oil, Lubrication Batteries, Tires, etc. Repairs Wash Insurance I	Books, Subscriptions, Supplies		
Tools, Equipment, Safety Equipment Uniforms (include cleaning) Sales Expense, Gifts Tuition, Books (work related) Entertainment Office in home: In Square a) Total home	Licenses	•	
Uniforms (include cleaning)  Sales Expense, Gifts  Tuition, Books (work related)  Entertainment  Office in home:  In Square a) Total home	Tools, Equipment, Safety Equipment	<del></del>	
Sales Expense, Gifts Tuition, Books (work related) Entertainment Office in home: In Square a) Total home	Uniforms (include cleaning)	•	
Turtion, Books (work related)  Entertainment Office in home: In Square a) Total home	Sales Expense, Gifts		
Entertainment Office in home: In Square a) Total home	Tuition, Books (work related)		
Office in home:  In Square a) Total home	Entertainment	•	
In Square a) Total home   Interest   Lease payments   Garage Rent    Rent   Insurance   Utilities   Maintenance    20. Investment-Related Expenses   Interest   Lease payments   Garage Rent    22. Business Travel    If you are not reimbursed for exact amount, give total expenses.  Airfare, Train, etc.	Office in home:		
Feet b) Office Lease payments c) Storage Bent	In Square a) Total home		
C) Storage  Rent Insurance Utilities Maintenance  20. Investment-Related Expenses  Tax Preparation Fee  Garage Rent  22. Business Travel  If you are not reimbursed for exact amount, give total expenses.  Airfare, Train, etc.			
Rent Insurance Utilities Maintenance  20. Investment-Related Expenses  Tax Preparation Fee  Airfare, Train, etc.		• •	
Utilities Maintenance  20. Investment-Related Expenses  If you are not reimbursed for exact amount, give total expenses.  Airfare, Train, etc.		Garage Rent	
Maintenance  20. Investment-Related Expenses  If you are not reimbursed for exact amount, give total expenses.  Airfare, Train, etc.	Insurance		
22. Business Travel  22. Business Travel  If you are not reimbursed for exact amount, give total expenses.  Airfare, Train, etc.	Utilities		
20. Investment-Related Expenses  If you are not reimbursed for exact amount, give total expenses.  Airfare, Train, etc.	Maintenance	_	
20. Investment-Related Expenses  If you are not reimbursed for exact amount, give total expenses.  Airfare, Train, etc.		22. Business Travel	
Tax Preparation Fee Airfare. Train. etc.	20. Investment-Related Expenses		
Airtare, Train, etc.		If you are not reimbursed for exact amount, give	total expenses.
	•	— Airfare, Train, etc.	
Loaging	Safe Deposit Box Rental		
Mutual Fund Fee ———— Meals (no. of days )	· · · · · · · · · · · · · · · · · · ·		
Investment Counselor — Taxi, Car Rental		<del></del>	
Other Other	Other		
Reimbursement Received		Reimbursement Received	

23. Estimated Tax Paid					24. Other Deductions					
Due Date	Date Paid	Federal	State	Social S Student Health S	Security No. Interest Paid Savings Account		\$ \$ \$			
25. Education	n Expenses			26.	Questions, C	comments, & C	Other Infor	mation		
Student's Name		f Expense	Amount	_						
				_						
				_						
				_						
				Resider						
				Town			/			
							I District			
27. Direct De	posit of Refun	nd / or Saving	s Bond Pu	rchases						
•	w you to deposit yo		-	ance	_	_				
Owner of account						Taxpayer	Spouse	Joi		
Type of account		Checking Archer MSA Sa	avings	Traditional Sa Coverdell Edu	avings ucation Savings	Tradition HSA Sav	Ī	Roth IR		
Name of financial in	stitution									
Financial Institution	Routing Transit I	Number (if know	n)							
Your account numb	er						_			
ACCOUNT 2										
Owner of account						Taxpayer	Spouse	Joi		
Type of account		Checking Archer MSA Sa	avings	Traditional Sa Coverdell Edu	avings ucation Savings	Tradition HSA Sav	Ī	Roth IR		
Name of financial in	stitution									
Financial Institution	Routing Transit I	Number (if know	n)							
Your account numb	er						_			

#### **ACCOUNT 3** Taxpayer **Spouse** Joint Owner of account **Roth IRA** Type of account Checking Traditional Savings **Traditional IRA HSA Savings Archer MSA Savings Coverdell Education Savings** SEP IRA Name of financial institution Financial Institution Routing Transit Number (if known) Your account number Would you like to purchase Series I Savings bonds with a portion of your refund? If so, please answer the following: Amount used for bond purchases for yourself (and spouse if filing jointly). Amount used to buy bonds for someone else (or yourself only or spouse only if filing jointly). Owner's name Co-owner or Beneficiary's X if name is for **Bond purchase Amount** name if applicable a beneficiary

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

Taxpayer Date Spouse Date