



GUIRGUIS ACCOUNTING SERVICES

www.guirguistax.com-Phone: (516) 422-1118.Fax: (516)387-1194 Email:info@guirguistax.com

Tax Organizer

Please print and fill in the required information, provide complete and accurate information

➤ Personal Information

1-First name	M.I.	Last name	Are you U.S. citizen or permanent resident? <input type="checkbox"/> YES <input type="checkbox"/> NO
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Your Social Security number or Tax ID number
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2-Spouse's first name	M.I.	Last name	Is your spouse a U.S. citizen or permanent resident? <input type="checkbox"/> YES <input type="checkbox"/> NO
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Your spouse's Social Security number or Tax ID number

3-Mailing address	Apt#	City	State	ZIP code	County	Foreign address <input type="checkbox"/> YES <input type="checkbox"/> NO Country:
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4-Telephone numbers(s)	Email address
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5- Your Date of Birth	6-Occupation	7-Last year was you * Full-time student <input type="checkbox"/> YES <input type="checkbox"/> NO *Disabled or blind <input type="checkbox"/> YES <input type="checkbox"/> NO
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8- Your spouse's Date of Birth	9-Your spouse's Occupation	10-Last year was your spouse * Full-time student <input type="checkbox"/> YES <input type="checkbox"/> NO *Disabled or blind <input type="checkbox"/> YES <input type="checkbox"/> NO
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➤ Filing Status (As of December 31 of last year)

Single	<input type="checkbox"/>	
Married	<input type="checkbox"/>	
Married filing separately	<input type="checkbox"/>	Spouse's Social Security Number: - -
Head of household	<input type="checkbox"/>	
Qualified widow(er)	<input type="checkbox"/>	Year of spouse's death



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➤ **Dependents**

Name	DOB	SSN#	Relationship	Months at home	Student	U.S. citizen

➤ **Income**

YES NO Last year, did you or your spouse RECEIVE?

YES	NO	Last year, did you or your spouse RECEIVE?
		1. Wages or Salary? (Form W-2) If yes, how many jobs did you have last year
		2. Tip Income (not reported)? How much \$
		3. Scholarships? (Forms W-2, 1098-T)
		4. Interest/Dividends from checking/savings accounts, bonds, CDs, brokerage? (Forms 1099-INT, 1099-DIV) How many forms(s)
		5. Refund of state/local income taxes? (Form 1099-G)
		6. Alimony income (received)? How much \$
		7. Self-Employment income? (Form 1099-MISC, cash)
		8. Cash/check payments for any work performed not reported on Forms W-2 or 1099? How much \$
		9. Income (or loss) from the sale of Stocks, Bonds or Real Estate? (including your home) (Forms 1099-S,1099-B)
		10 Disability income? (such as payments from insurance, or workers compensation) (Forms 1099-R, W-2)
		11. Distribution from Pensions, Annuities, and/or IRA? (Form 1099-R)
		12. Unemployment compensation? (Form 1099-G)
		13. Social Security or Railroad Retirement Benefits? (Forms SSA-1099, RRB-1099)
		14. Income (or loss) from Rental Property?
		15. Other income? (Gambling, lottery, prizes, awards, jury duty, Sch K1, etc.) (Forms W-2G) Specify.....

➤ **Expenses**

YES NO Last year, did you or your spouse PAY?

YES	NO	Last year, did you or your spouse PAY?
		1. Alimony? If yes, what is the recipient's SSN
		2. Contributions to a retirement account? How much \$..... Account type.....
		3. Post-secondary educational expenses for yourself, spouse or dependents? (Form 1098-T)
		4. Unreimbursed employee business expenses? (such as uniforms or mileage)
		5. Medical expenses? (including health insurance premiums)
		6. Home mortgage interest? (Form 1098)
		7. Real estate taxes for your home or personal property taxes for your vehicle? (Form 1098)
		8. Charitable contributions How much \$ To who
		9. Child or dependent care expenses such as daycare?
		10. Expenses related to self-employment income or any other income you received?



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➤ Others

YES NO Last year, did you or your spouse?

		1. (HSA) Have a Health Savings Account? (Forms 5498-SA, 1099-SA)
		2. Have debt from a mortgage or credit card canceled/forgiven by a commercial lender? (Forms 1099-C, 1099-A)
		3. Have Earned Income Credit (EIC) disallowed in a prior year? Which tax year?
		4. Purchase and install energy-efficient home items? (windows, furnace, insulation, etc.)
		5. Receive the First Time Homebuyers Credit in 2008?
		6. Pay any student loan interest? (Form 1098-E)
		7. Make estimated tax payments or apply last year's refund to this year's tax? If so how much? \$.....
		8. File a federal return last year containing a "capital loss carryover" on Form 1040 Schedule D? How much \$



YES NO Last year, did you or your spouse?

		1. Health care coverage for you, your spouse, and all qualifying dependents? (Forms W-2, 1099 SSA and Form 1095 series)
		2. Receive an advance payment from the Marketplace to help you pay for your monthly health care payments? (Form 1095A)

Had Health Care Coverage	Full Year	None	Market	Exam	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Taxpayer																
Spouse																
Dependent																
Dependent																
Dependent																

➤ Additional Information (for direct deposit)

Bank Name:

Name on the account:

Bank routing number:

Bank account number

Checking Saving

Please review all information for accuracy before submitting, initial and upload it to our secure upload portal

Thank you for your business!

Initial here: