

CLIENT ORGANIZER

Tax year _____

CLIENT NAME _____

INCOME INFORMATION

How many W-2's do you have for last year? (# of employers or jobs)

DID YOU RECEIVE ANY OF THE FOLLOWING?

Yes NO

Form 1095-A Health Insurance Statement from the Market Place		
Form 1095-B Health Insurance Statement from your employer		
Form 1095-C Health Insurance Statement from government agency (i.e. Medicaid/Medicare, CHIPs)		
Form 1098-T Tuition Statement		
Tips (for example, from working in restaurants)		
Interest from checking, savings or CD accounts (if yes, bring 1099-INT)		
Dividends from investments (if yes, bring 1099-DIV)		
Alimony payments		
Self-employment income, business or sub-contracted (1099Misc or K-1s)		
Capital gains/losses from sale of property (for example, sale of a house)		
Early withdrawals from IRA or retirement (if yes, bring 1099-R)		
Farm Income		
Rental Property Income		
Unemployment compensation (If yes, bring 1099-G)		
Social Security Benefits (If yes, bring 1099-SSA)		
Other income (for ex. gambling or Misc Income. If yes, bring W2-G or 1099-MISC)		

EXPENSE INFORMATION (Possible deductions/credits)**DID YOU PAY ANY OF THE FOLLOWING?**

Yes NO

IRA or 401(k) contributions –		
Student Loans		
Moving Expenses		
State or Local Taxes for previous year		
Alimony Payments Received		
Medical/Dental/Vision expense or medical insurance		
Mortgage interest/points and/or property tax		
Charitable contributions (Church Tithes or other Donations)		
Work/ job related expenses (for example, mileage, uniforms or union dues)		
Replacement costs (For Stolen or casualty lost property or items)		
Child or elderly care expenses (if yes, bring statement from care provider)		
Tuition or school expenses for you or your dependents – Form 1098T		

(Receipts/ledgers or proof of payment should be available to justify expenses)**PAYMENT INFORMATION**

Yes NO

Did you make any estimated tax payments?		
Did you apply any of your last year's tax refund to this year's tax liability?		