



Julie K Wiedner CPA, PC

Individual Client Tax Organizer

Please complete this Organizer before your appointment.

TAX YEAR BEING FILED: _____

YOU WILL NEED:

- * Tax Information (ALL forms: W-2, 1099, 1098, etc...)
* Social Security Cards and ITIN letters for all persons on your return
* Valid Driver's License for you and your spouse

YOU ARE RESPONSIBLE FOR ALL INFORMATION ON YOUR RETURN. PLEASE PROVIDE COMPLETE AND ACCURATE INFORMATION.

Personal Information

** PLEASE PROVIDE COPIES OF SOCIAL SECURITY CARDS & DRIVER'S LICENSES

as names and numbers must match the social security cards

Taxpayer Information

Last Name, First Name, Middle Initial, Suffix, Social Security Number, Date of Birth, Occupation, Work Phone, Cell Phone, E-Mail Address, Driver's License, State, ID #, Issue date, Expiration date, State of Residency, Part Year Dates

Spouse Information

Last Name, First Name, Middle Initial, Suffix, Social Security Number, Date of Birth, Occupation, Work Phone, Cell Phone, E-Mail Address, Driver's License, State, ID #, Issue date, Expiration date, State of Residency, Part Year Dates

Legally Blind, Totally and Permanently Disabled, Are you a U.S. Citizen?, Can anyone claim you on their tax return?, Identity Theft Victim: IPPIN, Full Time Student, Presidential Campaign Fund

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Healthcare Coverage: 12 Mths, Months Covered

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Home Address, City, State, Zip, Home Number, Fax Number

Marital Status:

- Married filing Separately
Married Filing Jointly
Single
Window(er): Date of Spouse's Death

Divorced: Date of final decree _____

E-File

Direct Deposit

IRS Pmt Draft

Bank Name _____

Routing number _____

Account number _____

Account Type _____ (Please provide a voided check)

Draft Date: _____ Return Balance Due: _____

Dependents (Children & Others) Information

PLEASE PROVIDE COPIES OF SOCIAL SECURITY CARDS

as names and numbers must match the social security cards

First Name	MI	Social Security Number**	Date of Birth	Months Lived w/Taxpayer	Child Care Expense
Last Name	Suffix	Relationship	<input type="checkbox"/> Disabled	<input type="checkbox"/> Full Time Student	Dependent's Gross Income

_____	_____	_____	<input type="checkbox"/> Disabled	<input type="checkbox"/> Full Time Student	_____
_____	_____	_____	<input type="checkbox"/> Disabled	<input type="checkbox"/> Full Time Student	_____
		Healthcare Coverage:	12 Mths	Months Covered: _____	
_____	_____	_____	<input type="checkbox"/> Disabled	<input type="checkbox"/> Full Time Student	_____
_____	_____	_____	<input type="checkbox"/> Disabled	<input type="checkbox"/> Full Time Student	_____
		Healthcare Coverage:	12 Mths	Months Covered: _____	
_____	_____	_____	<input type="checkbox"/> Disabled	<input type="checkbox"/> Full Time Student	_____
_____	_____	_____	<input type="checkbox"/> Disabled	<input type="checkbox"/> Full Time Student	_____
		Healthcare Coverage:	12 Mths	Months Covered: _____	
_____	_____	_____	<input type="checkbox"/> Disabled	<input type="checkbox"/> Full Time Student	_____
_____	_____	_____	<input type="checkbox"/> Disabled	<input type="checkbox"/> Full Time Student	_____
		Healthcare Coverage:	12 Mths	Months Covered: _____	

Earned Income Credit Information (please provide copies of SOCIAL SECURITY CARDS)

- Is the taxpayer or spouse a qualifying child for EIC for another person?
- Was the taxpayer's (and spouse if married filing jointly) home in the US for more than half the tax year?
- Does your SS Card contain "Not Valid for Employment"?
- Was EIC disallowed or reduced in a previous year and are you required to file form 8862 this year?
- Were you notified by the IRS that EIC cannot be claimed in tax year or if you are ineligible to claim EIC in tax year for any other reason?

Child Tax Credit Information

- Are the dependents claimed above a qualifying child for another person?
- Did the dependents reside in your home for more than half the tax year?
- Did you provide more than 50% of the dependents support?
- Do you have documentation to support your residency and support claim?
- Did you sign or receive Form 8332, Release/Revocation of Claim to Exemption for Child by Custodial Parent?
- Was the credit disallowed or reduced in prior years?

Tuition Credit Information (American Opportunity Tax Credit/AOTC)

- Did you receive Form 1098-T?
- Do you have substantiation for the qualified tuition and related expenses?
- If a student, are you claimed as a dependent on another taxpayers return?
- Was the credit disallowed or reduced in prior years?

Copies of Items to Provide for your appointment: (please state if copies or if originals that need to be returned)

- Last year's tax return
- ALL STATEMENTS:**
 - * W-2s
 - * 1099-R ~ Distribution from Pensions, Annuities, Retirement, Profit Sharing, IRAs, etc...
 - * SSA-1099 ~ Social Security/Railroad Benefits
 - * 1099 Misc ~ Miscellaneous Income
 - * 1099-INT ~ Interest Income
 - * 1099-DIV ~ Dividend Income
 - * 1099-B, 1099-S ~ Sales of stock, bonds, Real Estate, etc...
 - * 1099-G ~ Certain government Payments
 - * 1099-K ~ Merchant Card and Third Party-Network Payments
 - * 1099-Q ~ Payments from Qualified Education Programs
 - * 1099-A ~ Mortgage Foreclosure/Cancellation of Debt
 - * W-2G ~ Gambling or Lottery winnings
 - * Sch K-1 ~ Partnership, S-Corporation, Trust or Estate Income
 - * 1099*INT/DIV/B ~ Investment Records (Brokerage Statements)
 - Purchase/Sales Agreements (all closing documents)
 - * F1098 - Mortgage Interest
 - * Property tax RECEIPTS (amounts actually paid during year)
 - Purchases/Sales Agreements (all closing documents)
 - Purchase documents for basis of Stocks and IRAs
 - Investment Records (Broker Statements)
 - * 1099-C ~ Cancellation of Debt
 - * F1098-T: Tuition
 - * F1095 - A/B/C: Healthcare coverage Statements
 - * 8965 ~ Health Care Exemption Coverage
 - Virtual Currency
 - Economic Impact Payment (EIP - Stimulus)
 - Advanced Child Tax Credit
- OTHER INCOME:**
 - Alimony, Jury Duty, unreported tips, disability income
 - Business, Rentals, Farm
 - Farm Records (see employment related expense listing)
 - Trust Records (if own a trust and need to file Federal Form 1041, please include legal documents)
- ADJUSTMENTS TO INCOME:**
 - * F1098-T ~ Education Tuition and Fees: Attach all Forms and a list of your qualified education expenses
 - Child & Other Dependent Care Expenses: **Please provide the Name, Address, ID Number and amount paid**
 - * F5498 ~ Deductible Retirement Plan Contributions (Traditional IRA, Roth IRA, SEP, Keogh, 401(k), or SIMPLE)
 - ***** 5498: NON DEDUCTIBLE Retirement Plan Contributions (ROTH IRA)
 - Self Employment Health Insurance: F1095-A or F1095-B
 - * 5498-SA: Health Savings Account
 - * 1099-SA: Health Savings Account
 - * 1098-E - Student Loan Interest
 - Educator Expenses
- ITEMIZED DEDUCTIONS:**
 - Medical/Dental Expenses (out of pocket expenses and miles driven for medical purposes)
 - Property Taxes **paid during the current calendar year**
 - * F1098 ~ Mortgage Interest Expense

- Charitable Contributions: **Need proof of payment, itemized listing w/values, and for the donation**
- Receipt from Qualified Organization with statement that nothing was received in exchange**

Casualty/Theft losses

- Unreimbursed Employment Related Expenses (see non inclusive listing as examples)
- * written records of business mileage
- * total miles (personal & business) ~ odometer readings
- * commuting distance
- * Business related gas, oil, maintenance expenses, etc...
- * insurance
- * toll/parking charges
- * Union and Professional Dues
- * tax preparation fees
- * business related meals
- * professional subscriptions
- * business supplies
- * equipment (original cost, depreciation, etc...)
- * business phone/cell phone/fax, etc...
- * home office (bus sq ft & total house sq ft)
- * safe deposit box rental
- * parking fees, tolls, etc...

- Prior year carryovers (capital loss, credits, charitable contributions, etc...)
- Estimated and Extension Taxes Paid (**amount paid and date mailed**)

* 1Q ES	\$	_____	_____
* 2Q ES	\$	_____	_____
*3Q ES	\$	_____	_____
*4Q ES	\$	_____	_____
* Extension	\$	_____	_____

General Questions: (mark box if yes)

- Changes in Personal Information
 - * Marital Status
 - * Dependents
- Do you want to allow your tax preparer to discuss this year's return with the IRS?
- Do you or your spouse plan to retire in the current year?
- Were you or your spouse a member of the U.S. Armed Forces during the tax year being filed?
- Were you or your spouse employed out of the U.S. during the tax year being filed? (Please give dates)
- Did you incur adoption expenses during the tax year being filed?
- Were you notified by the IRS or state taxing authority of any changes to a prior year's return?
- Were there any changes to a prior year's income, deductions, credits, etc which would require filing an amended return?
- Did you have any foreign income or pay any foreign taxes in the tax year being filed?
- Do you have an FBAR account?
- At any time during the tax year, did you have an interest in or a signature or other authority over a bank account, or other financial account in a foreign country? If yes, enter the name of the foreign country: _____
- Were you the grantor of or transferor to a foreign trust which existed during the tax year, whether or not you have any beneficial interest in?
- If you or your spouse are self-employed, are either of you eligible to participate in an employer's health plan at another job?
- Did your employer pay premiums on the life insurance in excess of \$50,000 where the proceeds are payable to the beneficiaries named by you?
- Did you contribute to or receive distributions from a Health Savings Account (HSA)?
- Did you add energy efficient property to your home in the tax year being filed? (solar energy, solar water heating, fuel cell, small wind energy, etc...)
- Did you start paying mortgage insurance premiums in the tax year being filed?
- Did you purchase a motor vehicle or boat in the tax year being filed? (Attach documentation showing sales tax paid)
- Did you purchase a Hybrid Vehicle in the tax year being filed?
- Did you or your spouse make gifts of over \$15,000 to an individual or contribute to a prepaid tuition plan?
- Did you make gifts to a trust?
- If there were dues paid to an association, was any portion required to be non-deductible due to political lobbying by the association?
- Did you make a loan at an interest rate below market rate?
- Did you pay any individual for services in the tax year being filed that qualify for F1099? Did you file F1099/F1096 for those services?**
- Did you receive stock from a stock bonus plan with your employer?
- Did you buy or sell any stocks or bonds in the tax year being filed?
- Did you surrender any U.S. Savings Bonds during the tax year being filed?
- Did you use the proceeds from Series EE or I U.S. Savings Bonds purchased after 1989 to pay for higher education expenses?
- Did you start a business, purchase rental property or farm, or acquire interests in partnerships or S-Corporations?
- Do you have any investments for which you were not personally "at risk"?
- Did you sell property or equipment on installment sales in the tax year being filed?
- Did you do a "like-kind" exchange of property in the tax year being filed?
- Did you make a cash contribution to a qualified 501(c)(3) where you received any benefit?
- Did you have any sales or other exchanges of virtual currency?**
- Did you make contributions to a traditional IRA, ROTH IRA, SIMPLE IRA, or SEP IRA?
- Did you roll over a traditional IRA to a ROTH IRA?
- Please provide the source of the Health Insurance and number of Months for each taxpayer and dependents (even for those who could be dependents)

To the best of my knowledge, the enclosed information 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's Signature: _____

Date: _____

Spouse's Signature: _____

Date: _____