



You will need:

- Picture ID (such as valid driver's license) for you and your spouse
Social security cards for all persons on your tax return
Dependents date of birth and relationship to child (ren)
Tax information such as Forms W-2, 1099, 1098, 1095

- Last year's Federal and State Returns if new client
I prefer my Tax Organizer Packet by Email Postal Mail
Are you a new client to our firm? Yes No
What is your preferred method of contact? Phone call Email Text

Please complete pages 1-4 of this form. If you have questions, please ask one of our team members for assistance.

You are responsible for the information on your return. Please provide complete and accurate information.

Part I - Your personal Information (if you are filing a joint return, enter your names in the same order as last year's return)

Form with fields for Taxpayer First Name, M.I., Last Name, Telephone Number, Email Address, U.S. Citizen?, Spouse First Name, M.I., Last Name, Telephone Number, Email Address, Spouse U.S. Citizen?, Mailing Address, Unit #, City, State, ZIP Code, Taxpayer date of birth, Taxpayer date of death, Taxpayer Occupation, Last year, were you (mark if yes): Totally and permanently disabled, Full-time Student, Legally Blind, Spouse date of birth, Spouse date of death, Spouse Occupation, Last year, was your spouse (mark if yes): Totally and permanently disabled, Full-time Student, Legally Blind.

Can anyone claim you or your spouse on their tax return? Yes No Active Military? Yes No

Have you or your spouse: Been a victim of tax identity theft & have an IRS PIN? Yes No (Provide PIN) Adopted a child? Yes No

Part II - Marital Status and Household Information

- 1. As of December 31, 2019, were you: Unmarried - Registered domestic partnerships, civil unions, or other formal relationships under state law. Married a. If yes, date of marriage? b. Did you live with your spouse any part of the last six months of 2019? Yes No Divorce - Date of final decree: Widowed - Year of spouse's death: Legally Separated - Date of separate maintenance agreement:

2. Do you have dependents? Yes No If Yes, list the names below of:

- everyone who lived with you last year (other than your spouse)
-anyone you supported but did not live with you last year

Child Tax Credit or EIC (Earned Income Credit): Please provide birth certificate, social security card, school records for each child and divorce decree (if applicable). The IRS requires these items for tax preparers.

Table with 10 columns: Name (first, last), Date of Birth, SS #, Relationship to you, # of months lived in the home, US Citizen?, Totally and Permanently Disabled, Full-Time College Student last year, Paid Childcare last year, Is this person a qualifying child/relative of any other person?, Did this person have income above \$1050?

Check appropriate box for each question in each section

Yes	No	Unsure	Part III – Income – 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? If yes, what was your total tips? Taxpayer \$ _____ Spouse \$ _____ 3. Scholarships? (Forms W-2, 1098-T) Were 100% used to pay tuition? <input type="checkbox"/> Yes <input type="checkbox"/> No *If yes, provide receipts. 4. Interest/Dividends from: checking/savings accounts, bonds, CDs, brokerage? (Forms 1099-INT, 1099-DIV) 5. Refund of state/local income taxes? (Form 1099-G) 6. Alimony income or separate maintenance payments? Amount: \$ _____ *Need Divorce Decree/Receipts. 7. Self-Employment income? (Form 1099-MISC, cash) 8. Cash/check payments for any work performed not reported on Forms W-2 or 1099? Amount: \$ _____ 9. Income (or loss) from the sale of Stocks, Bonds, or Real Estate? (Forms 1099-S, 1099-B, 1099-OID) 10. Disability income? (such as payments from insurance, or workers compensation) (Forms 1099-R, W-2) 11. Payments from Pensions, Annuities, and/or IRS? (Form 1099-R) If yes, # of accounts last year? _____ 12. Unemployment Compensation? (Form 1099-G) 13. Social Security or Railroad Retirement Benefits? (Form SSA-1099, RRB-1099) <input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse 14. Income (or loss) from Rental Property? *Provide Rent and deposit collected and expenses. 15. Were you granted, or did you exercise, any employee stock options? 16. Receive any income from an installment sale? 17. Other Income? (gambling, lottery, prizes, lawsuit awards, jury duty, Sch K-1, royalties, foreign income, Airbnb, Uber, etc.)? Specify: _____ 18. Will there be any significant changes in income or deductions next year, such as retirement?
Yes	No	Unsure	Part IV – Expenses/Deductions – Last Year, Did You (or Your Spouse) Pay:
			1. Alimony or separate maintenance payments? If yes, enter recipients SSN: _____ Amount? _____ 2. Contributions to a retirement account? <input type="checkbox"/> IRA <input type="checkbox"/> 401K <input type="checkbox"/> Roth IRA <input type="checkbox"/> Other _____ 3. College or post-secondary educational expenses for yourself, spouse, or dependents? *1098-T & receipts. 4. Unreimbursed employee business expenses? (State Tax Only)(Such as mileage) *Provide documentation. 5. Medical expenses? (including health insurance premiums) *Provide documentation. 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? *Provide receipts with cash/check amounts for cash & non-cash contributions. 9. Child or dependent care expenses, such as daycare? *Provide name, address, tax I.D. or SSN, & total paid. 10. Active Military moving expenses? (Hotel, Travel, Mileage, Storage, Moving Truck, Moving Supplies) 11. For supplies uses as an eligible educator (teacher, teacher’s aide, counselor, etc.)? *Documentation. 12. Expenses related to self-employment income or any other income you received? *Documentation. 13. Student loan interest? (Form 1098-E) 14. Any interest on a loan for a boat or RV that has living quarters? 15. Sales tax on major purchases, such as a car, plane, boat or home? *Provide receipts with sales tax included. 16. Have any uninsured loss to your property? *Provide documentation.
Yes	No	Unsure	Part V – Life Events/Taxes – Last Year, Did You (or Your Spouse):
			1. Have a Health Savings Account (H.S.A)? (Forms 5498-SA, 1099-SA, W-2 with code W in box 12) 2. Have debt from a mortgage or credit card cancelled/forgiven by a commercial lender? (1099-C, 1099-A) 3. Are you involved in bankruptcy, foreclosure, or repossession? *Provide documentation. 4. Buy, sell, or have a foreclosure of your home? (Form 1099-A) *Provide documentation. 5. Did you refinance a mortgage or take a home equity loan? *Provide closing statement. 6. Did you use mortgage loan proceeds for purposes other than to buy, build, or improve your home? 7. Did you pay a household employee (maid, nanny, etc) \$2,100 or more for domestic services in your home? 8. Have Earned Income Credit, Child Tax Credit, American opportunity Credit disallowed in a prior year? 9. Purchase and install energy efficient home items (AC, Roof, Windows, etc.)? *Provide receipt & certification. 10. Live in an area that was affected by a natural disaster? If yes, where? _____ 11. Were there any deaths in the family? *Provide Death Certificates. 12. Receive the First Time Homebuyers Credit in 2008? 13. File a federal return last year containing a “capital loss carryover” on Form 1040 Schedule D? 14. Were you a citizen of or live in a foreign country (Country(s) and Dates: _____), or receive income from a foreign investment, have a foreign bank account, or have foreign sourced contracts? 15. Do you own a business or interest in a partnership, corporation, LLC, farming activities, or other venture? 16. Make estimated tax payments or apply last year’s refund to this year’s tax? *Provide documentation. 17. Have you received any notice from the IRS or state revenue department with the past year? *Provide copy

Check appropriate box for each question in each section

Yes	No	Unsure	Part VI – Health Care Coverage – Last Year, Did You, Your Spouse, or Dependent (s):
			1. Have health care coverage? Was it through your employer? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If no, who provided it?</i> _____ 2. Receive one or more of these forms? (Check the box) <input type="checkbox"/> Form 1095-B from Insurer <input type="checkbox"/> Form 1095-C from Employer 3. Have coverage through the Marketplace (Exchange) (i.e. Obamacare)? <i>*Provide Form 1095-A from Marketplace</i> 3a. (A) If yes, were advance credit payments made to reduce the cost of your healthcare bill? 3b. (A) If yes, is everyone listed on your Form 1095-A being claimed on this tax return? 4. Have an exemption granted by the Marketplace? <i>*Provide the Marketplace letter sent to you in the mail.</i>

Visit <http://www.healthcare.gov/> or call 1-800-318-2596 for more information on health insurance options and assistance.

If advance payments of the premium tax credit were paid on your behalf to help pay your health insurance premiums, you should report life changes, such as income, marital status, or family size changes to your Marketplace. Reporting changes will help to make sure you are getting the proper amount of advance payments.

Part VII – Additional Information and Questions Related to the Preparation of Your Return

1. Presidential Election Campaign Fund *(If you check a box, your tax or refund will not change).*
Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. You Spouse
2. If you are due a refund, would you like it directly deposited into your bank account? Yes No
Name of Bank: _____
 Checking Savings Routing Number: _____ Account Number: _____
3. If you have a balance due, would you like to make a payment directly from your bank account? Yes No
Name of Bank: _____
 Checking Savings Routing Number: _____ Account Number: _____
4. If you have a balance due, would you like to setup an installment agreement with the IRS? Yes No Maybe
Proposed Payment: With return: \$ _____; \$ Monthly: \$ _____; Date(1st-28th): _____. Existing IRS Amount Owed? \$ _____
5. Would you like to allow your tax preparer or another person to discuss your return with the IRS? Yes No
6. Have you been, or are you currently engaged, in an IRS Recognized Abusive Transaction, an IRS Listed Transaction, or an IRS Substantially Similar Transaction? Yes No *If yes, please describe:* _____

7. Resident state as of 12/31? _____ Were you a: Full-year Part-year Non-resident
8. If part-year, please provide states with the dates lived in each: _____

Additional comments or questions:



General Engagement Letter for Individual Tax Return Preparation

This letter is to inform you, the taxpayer, of the services we will provide you, and the responsibilities you have for preparation of your tax return.

Tax Return Preparation

- We will prepare your 2019 federal, state and local tax returns based on information you provide. Services for preparation of your return do not include auditing or verification of information provided by you.
- This engagement does not include any audit or examination of your books or records. In the event your return is audited, you will be responsible for verifying the items reported.
- You must review the return carefully before signing to make sure the information is correct.
- The tax return preparation fee does not include bookkeeping.
- Fees must be paid before your tax return is delivered to you or filed for you. This engagement starts upon payment of the deposit due. If you terminate this engagement before completion, you agree to pay a fee for work completed. A retainer is required for preparation of late returns.
- Fees charged for tax return preparation do not include audit representation or preparing materials to respond to correspondence from taxing authorities.
- Preparation fees cover tax preparation only and does not include tax forecasting or tax planning. Additional assistance and consultation following the finalization of the tax return is considered a separate engagement and will be billed at our current billable rates.
- The engagement to prepare your 2019 tax returns terminates upon (1) the earlier of the delivery of your completed returns and original documents to you or (2) within 180 days of the signing of this engagement. We are not responsible for original taxpayer supporting documents after this engagement terminates. Please store your supporting documents and copies of your tax returns in a secure place for at least seven years.

Taxpayer Responsibilities

- You agree to fully complete the Tax Organizer and Intake Form and to provide us all income and deductible expense information. If you receive additional information after we begin working on your return, you will contact us immediately to ensure your completed tax returns contain all relevant information.
- You affirm that all expenses or other deduction amounts are accurate and that you have all required supporting written records. In some cases, we will ask to review your documentation.
- You must be able to provide written records of all items included on your return if audited by either the IRS or state tax authority. We can provide guidance concerning what evidence is acceptable.

Privacy Policy. The nature of our work requires us to collect certain nonpublic personal information about you from various sources. We collect financial and personal information from applications, worksheets, reporting statements, and other forms, as well as interviews and conversations with our clients and affiliates. We may also review banking and credit card information about our clients in the performance of receipt of payment. Under our policy, all information we obtain about you will be provided by you or obtained with your permission.

Our firm has procedures and policies in place to protect your confidential information. We restrict access to your confidential information to those within our firm who need to know in order to provide you with services. We will not disclose your personal information to any third party without your express permission, except where required by law. We maintain physical, electronic, and procedural safeguards in compliance with federal regulations that protect your personal information from unauthorized access. Please contact us with any questions regarding our privacy policy.

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. I agree to the terms of this engagement letter and Exhibit A incorporated by reference.

Taxpayer Signature Date: _____

Spouse Signature Date: _____