PERSONAL INCOME TAX RETURN ORGANIZER

Filling Status: ___Single ___MFJ ___MFS ___Head of Household

Did you have an event life changing last year? If yes, please provide information below

Married date:__________________ Divorced date:________________ Death-TP/SP date:__________

TAXPAYER	SPOUSE
Name	Name
Occupation	Occupation
SSN or ITIN	SSN or ITIN
IRS IP PIN (Identity Protection)	IRS IP PIN (Identity Protection)
Date of Birth	Date of Birth
Home or Cell #	Home or Cell #
Work Phone #	Work Phone #
Email	Email
Address	Address

Dependents

NAME OF DEPENDENT As appears in SS Card	SOCIAL SECURITY #	DATE OF BIRTH	RELATIONSHIP TO TAXPAYER	CHILDCARE PAID? STATEMENT	COLLEGE STUDENT? 1098T

Did any of the children have unearned income above $1,100 for the year? Yes___ No____

Did you bring documentation to prove that your child lived with you in the United States for more than half of the year? Yes___ No___ (School records, medical records, Daycare records)

Has the EITC (Earned Income Tax Credit) or CTC (Child Tax Credit) disallowed or reduced in a previous year? Yes___ No___

Did you pay tuition for a dependent or yourself? Yes___ No___ (provide form 1098T)

Did you pay interest on a student loan for yourself, your spouse or your dependents? Yes___ No____ (provide form 1098E)

The following items may affect your tax return. Please answer carefully. If married filing jointly, questions apply to you and your spouse.

YES	NO	QUESTION
		Have you received any notice from the IRS or State within the past year?
		Are you involved in bankruptcy, foreclosure, repossession, or had any debt (including credit cards) cancelled?
		Do you own or have financial interest in a foreign bank or financial account?
		At any time during this year, did you: (a) receive (as a reward, or payment for property or services); or (b) sell, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)?
		Did you sell or transfer any stock?
		Did you, your spouse and your dependents have health care coverage? **Did you receive Form 1095-A (Health Coverage thru the marketplace)** Form 1095-A needed to file return.
		Did you sell any real estate this year?
		Did you, or do you plan to, contribute money before tax due date to an IRA?
		Did you receive income from a sharing/gig economy activity (e.g. Airbnb, Uber, etc)?
		Did you make charitable contributions? If yes, Letters required for contributions $250 or more.
		Would you like to allow your tax preparer to discuss your return with the IRS?

Questions?

Please, write down questions that you have and that could affect your Income Tax Return

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Tax Preparation Checklist

- If you are a new client, provide copies of last year's tax returns.
- Copy of Taxpayer's (spouse if married) Driver License
- School or medical records for your dependents
- All Forms W2 (wages), W2G (Gambling)
- All Forms 1099-G (Unemployment), 1099-NEC (Non-Employee Compensation), 1099 MISC (other income), 1099-B (Investment), 1099-K (Merchant), 1099-INT (Interest), 1099-DIV (Dividends), 1099-R (Retirement), 1099-SSA (Social Security Statement), 1099-C (Cancellation of debt)
- K-1 from partnerships, S corporations, estates and trusts, and other income reporting statements, including all copies provided from the payer.
- Form 1095-A (for health insurance purchased through a public exchange)
- Marriage or Death certificate if any of these events happened to you in current tax year.

- All Forms 1098-T (Tuition), 1098-E (Student Loan interest), 1098 (Mortgage payments)
- Childcare provider payments (letterhead with name, address, EIN, phone of provider)
- Copies of escrow statements, and California Form 593 if you sold any real estate this year.

Additional for Business Income

- Mileage figures for any automobile expenses claimed, including total mileage, commuting mileage, and business mileage.
- Income and deductions categorized for your business (we can provide Sch C worksheet)
- Income and deductions categorized for each rental activity (we can provide Sch E worksheet)

Tax Refund- Direct Deposit Information

This information must be entered prior to meeting with your Tax Preparer

Routing Number (9 digits) __________________________ Acct #________________________ ___CK __SAV

BANK NAME____

TAXPAYER RESPONSIBILITIES

- You agree to provide us with all income and deductible expense information. Additional information after your tax return is filed requires fee for amendment.
- You affirm that all expenses or other deduction amounts are accurate and that you have all required supporting written records.
- 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.
- You must review the return carefully before signing to make sure the information is correct.
- Fees must be paid before your tax return is delivered to you. If you terminate this engagement before completion, you agree to pay a fee for work completed (up to tax preparation fee).
- A retainer is required for the preparation of late returns.
- You should keep a copy of your tax return and any related tax documents. Additional fee for copies requested in the future.

Signatures. By signing below, you acknowledge that you have read, understand, and accept your obligations and responsibilities. For a joint return, both taxpayers must sign.

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Taxpayer Spouse Date

PRIVACY POLICY

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 a third party without your written consent, 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.