

You must complete this Organizer before your appointment (or dropping off/ mailing in your documents) so the information can be entered into our system. **I.R.S. has new Due Diligence Requirements for Tax Preparers and Taxpayers must provide this information for the Return. WE WILL NOT "USE THE SAME NUMBERS AS LAST YEAR"**. Specialized Employment Worksheets are available for those who are self-employed or in the military, or for allowable State deductions.

Personal Information

	Name	Soc. Sec. No.	Date of Birth	Occupation/Title	Work Phone
Taxpayer:	_____	_____	_____	_____	_____
Spouse:	_____	_____	_____	_____	_____
Street/Mailing Address, City, State, Zip Code:					

Email Address:				Taxpayer Cell: _____	
				Spouse Cell: _____	
				House Phone: _____	

Name, Date of Birth, and SSN or ALL Dependants Being Claimed

First and Last Name on Social Security Card	Date of Birth	Soc. Sec. No.	Day Care	Relationship
_____	_____	_____	yes/no	_____
_____	_____	_____	yes/no	_____
_____	_____	_____	yes/no	_____
_____	_____	_____	yes/no	_____

The checklist of documents needed for your tax return is on the appointment reminder form

INCOME

OTHER INCOME (IN ADDITION TO THE FORMS LISTEN ON THE APPOINTMENT REMINDER)

Alimony Received (If Order is Prior to January 1, 2019) _____

Executor's Fees (Estate/Probate) _____

Other (Please Specify) _____

Reductions to Income

Alimony Paid to _____ SSN _____ Amount Paid _____ Year of Court Order _____

IF YOUR ALIMONY WAS ORDERED OR MODIFIED AFTER JANUARY 1, 2019, IT IS NO LONGER DEDUCTIBLE BY THE PAYOR, OR INCOME TO THE PAYEE

Job Related Moving Expenses [Military Personnel Only] (if more than 50 miles)

Date of Move _____	Cost of Lodging _____
Miles From Old Home to New Workplace _____	Cost of Moving Household Goods _____
Miles From New Home to New Workplace _____	

Student Loan Interest Paid (1098-E) _____

Other (Please Specify) _____

CHILD & OTHER DEPENDENT CARE:

Name of Care Provider	Address	Telephone Number	SSN/Employer ID	Amount Paid
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Deductions/Expenses

MEDICAL/DENTAL/VISION EXPENSES:

Medical Insurance Premiums Paid (Not Paid Through Payroll Deduction) _____
Doctor & Hospital Co-pays _____
Prescription Drugs/Insulin _____
Medical Equipment/Supplies _____
Therapy/Nursing Care _____
Hearing Aids/Batteries _____
Dentist/Orthodontia/Braces _____
Vision/Glasses/Contacts _____
Other (Please Specify) _____
Other (Please Specify) _____
Mileage for Medical/Dental/Vision/Hospitalizations _____

TAXES PAID:

Real Property Taxes If Not Paid Through Escrow (Attach Bill/Statement) _____
DMV Fees (Registration Fees) _____
Luxury Tax (Boats, Jet Skis) _____
Sales Taxes on Large Purchases (Vehicles, Home Improvement) _____

CHARITIES/DONATIONS:

Church. Mission Trips _____
School Fundraisers _____
Youth Programs _____
Other **Cash** Charities (Please Specify) _____
Other **Cash** Charities (Please Specify) _____
Other **Cash** Charities (Please Specify) _____

The value of any non-cash donations is the same as if you were to sell the items at a yard/garage sale. Do no use original purchase price

Non Cash Donations (Please Specify Organization) _____
Non Cash Donations (Please Specify Organization) _____

EDUCATION EXPENSES:

Student **MUST** have 1098-T (Tuition Statement). The Student can print the information off the Student's School Blackboard/Portal. **NO 1098-T - NO EDUCATION EXPENSE!**

Student's Name	Name of College/University	Amount
_____	_____	_____
_____	_____	_____

Direct Deposit/Direct Payment Bank Account Information

Do you want your Refunds *or* Payments to the Federal/State deposited to or paid from your account(s): yes ___ no ___

	Account 1	Account 2
Bank/Credit Union Name	_____	_____
Routing Number	_____	_____
Account Number	_____	_____
Type of Account (circle)	Checking Savings	Checking Savings