

Documents Needed To Complete Your Return

(Collect the documents that apply to your situation)

- Social Security Card(s)
- Driver's License(s)
- Dependents' Social Security Numbers & Dates of Birth
- Federal and State Tax Wage Statements (W-2, 1099)
- Health Care
- Pension or Retirement Income
- Interest and Dividend Income
- State Income Tax Refund
- Social Security Unemployment
- Commissions Received/Paid
- Sales of Stocks or Bonds
- Self-Employed Business Income & Expenses
- Income and Expenses from Rentals
- Lottery or Gambling Winnings
- Lottery or Gambling Losses
- Income from Partnerships, S Corporations, Trusts, and Estates
- IRA Contributions
- Alimony Paid or Received
- Child Care Expenses and Provider
- Medical, Eye Care, and Dental Expenses
- Cash and Noncash Charitable Donations
- Record of Purchase or Sale of Residence –
- Mortgage or Home Equity Loan Interest Paid
- Real Estate and Personal Property Taxes Paid
- State or Local Sales Taxes Paid
- Un-reimbursed Employment-Related Expenses
- Job-Related Educational Expenses
- Tuition and Education Fees
- Student Loan Interest
- Casualty or Theft Losses
- Estimated Taxes
- Foreign Taxes Paid

2015 INDIVIDUAL TAX ORGANIZER

DATE:	PREVIOUS CLIENT <input type="checkbox"/> or NEW CLIENT <input type="checkbox"/>
TAX PRO:	REFERRED BY:
FILING STATUS (SELECT ONE)	
SINGLE <input type="checkbox"/> MARRIED FILING JOINTLY <input type="checkbox"/> MARRIED FILING SEPARATE <input type="checkbox"/> HEAD OF HOUSEHOLD <input type="checkbox"/> QUALIFYING WIDOW <input type="checkbox"/>	

CLIENT INFORMATION			
NAME:	SSN:	DATE OF BIRTH:	
PHONE #:	EMAIL:		
DRIVERS LICENSE STATE:	DRIVERS LICENSE#:	DL ISSUE DATE:	DL EXPIRATION DATE:
STREET ADDRESS:			
CITY:	STATE:	ZIP:	
MARITAL STATUS:		OCCUPATION:	
BANK NAME:		CHECKING or SAVINGS	
BANK ACCOUNT NUMBER:		BANK ROUTING NUMBER:	

SPOUSE INFORMATION			
NAME:	SSN:	DATE OF BIRTH:	
PHONE #:	EMAIL:		
DRIVERS LICENSE STATE:	DRIVERS LICENSE#:	DL ISSUE DATE:	DL EXPIRATION DATE:
STREET ADDRESS:			
CITY:	STATE:	ZIP:	
MARITAL STATUS:		OCCUPATION:	
BANK NAME:		CHECKING <input type="checkbox"/> or SAVINGS <input type="checkbox"/>	
BANK ACCOUNT NUMBER:		BANK ROUTING NUMBER:	

DEPENDENT INFORMATION (PLEASE LIST ALL DEPENDENTS)

NAME:		DATE OF BIRTH:
RELATIONSHIP:	SSN:	# OF MONTHS THIS CHILD LIVED WITH YOU.

NAME:		DATE OF BIRTH:
RELATIONSHIP:	SSN:	# OF MONTHS THIS CHILD LIVED WITH YOU.

NAME:		DATE OF BIRTH:
RELATIONSHIP:	SSN:	# OF MONTHS THIS CHILD LIVED WITH YOU.

NAME:		DATE OF BIRTH:
RELATIONSHIP:	SSN:	# OF MONTHS THIS CHILD LIVED WITH YOU.

DEPENDENT CARE EXPENSES:

CHILD CARE PROVIDER:	<input type="checkbox"/> SSN OR <input type="checkbox"/> EIN
----------------------	--

STREET ADDRESS:		
-----------------	--	--

CITY:	STATE:	ZIP:
-------	--------	------

EDUCATION INFORMATION

SCHOOL ATTENDED:		
------------------	--	--

STREET ADDRESS:		
-----------------	--	--

CITY:	STATE:	ZIP:
-------	--------	------

HEALTH CARE SURVEY

Check any of the following which describes how you (an any other family members on this return) received health care coverage in 2014:

A. Received health care coverage through employer for entire year (including COBRA coverage)	A <input type="checkbox"/>
B. Received health care coverage from the government such as Medicaid, Medicare, Veterans benefits, and any other governmental health care program for the entire year.	B <input type="checkbox"/>
C. Purchased private health insurance (not through the "Marketplace") for the entire year.	C <input type="checkbox"/>
D. Purchased health insurance through the "Marketplace" (Form 1095-A)	D <input type="checkbox"/>
E. At least one family member (including taxpayer) did not have health care coverage at anytime during the year.	E <input type="checkbox"/>

FINANCIAL SURVEY	
Are you an IRS agent, associate, affiliate, or informant?	YES <input type="checkbox"/> or NO <input type="checkbox"/>
Do you owe any government entity?	YES <input type="checkbox"/> or NO <input type="checkbox"/>
Have you filed all your prior year taxes?	YES <input type="checkbox"/> or NO <input type="checkbox"/>
Did you get a refund last year?	YES <input type="checkbox"/> or NO <input type="checkbox"/>
Do you have health insurance?	YES <input type="checkbox"/> or NO <input type="checkbox"/>
Would you like to have a health and life insurance assessment?	YES <input type="checkbox"/> or NO <input type="checkbox"/>
Are you interested in debt elimination and credit restoration?	YES <input type="checkbox"/> or NO <input type="checkbox"/>
Do you have a 401k or retirement account?	YES <input type="checkbox"/> or NO <input type="checkbox"/>
Do you own a home?	YES <input type="checkbox"/> or NO <input type="checkbox"/>

EXPENSE WORKSHEET			
EDUCATION EXPENSES		SELF EMPLOYED BUSINESS EXPENSES	
Student Loan Interest	\$	Legal & Professional Services	\$
Post-Secondary Tuition/Fees	\$	Advertising Expenses	\$
Other Job Training	\$	Car/Truck Mileage	\$
MEDICAL EXPENSES		Office Expenses	\$
Prescription Drugs	\$	Rent/Lease Expense	\$
Medical Insurance	\$	Utilities/Telephone	\$
Dental Insurance	\$	Repairs & Maintenance	\$
Long Term Care Insurance	\$	Supplies	\$
Hospital & Emergency Bills	\$	Taxes & Licenses	\$
Lab & X-Ray Expenses	\$	Business Meals & Entertainment	\$
In-Home Health Care/Nurses	\$	Misc. Business Expenses	\$
Glasses & Contact Lenses	\$	Tools	\$
Hearing Aids & Batteries	\$	MISCELLANEOUS EXPENSES	
Orthopedic Shoes	\$	Employment/Job Seeking Expenses	\$
Canes/Crutches/Braces	\$	Unreimbursed Uniforms & Cleaning	\$
Wheel Chairs	\$	Unreimbursed Work Tools	\$
Other Medical Transportation	\$	Unreimbursed Work Shoes/Gloves	\$
Other Misc. Medical Expenses	\$	Tax Preparation Fees	\$
TAXES PAID		Safe Deposit Box	\$

Real Estate Taxes	\$	Investment Expenses	\$
Personal Property Taxes	\$	Unreimbursed Cell Phone	\$
State Income Taxes	\$	Legal Fees	\$
INTEREST PAID		Hobby Expenses	\$
Home Mortgage Interest	\$	Miles to 2 nd Job Location	\$
Points Paid at Closing	\$	Educator Expenses	\$
Closing Cost Paid	\$	Unreimbursed Business Travel	\$
Investment Interest	\$	Parking/Tolls	\$
Business Loan Interest	\$		
Business Car Loan Interest	\$	ADDITIONAL DEDUCTIONS NOT LISTED	
CASUALTY LOSSES			\$
Accident/Fire/Theft/Disaster	\$		\$
VOLUNTEER WORK EXPENSES			\$
Religious/Charitable Organization	\$		\$
Mileage	\$		\$
GAMBLING LOSSES			\$
Gambling Losses	\$		\$
CHARITABLE CONTRIBUTIONS			\$
Value of Furniture or Clothing	\$		\$
Religious Offerings	\$		\$
Goodwill/Salvation Army	\$		\$
Value of Car Donation	\$		\$
Misc. Contributions	\$		\$
DISCLAIMER: I CERTIFY THAT MY ANSWERS ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.			
TAXPAYER:			DATE:
SPOUSE:			DATE: