

**CLIENT TAX ORGANIZER
ALL YELLOW FIELDS ARE FILLABLE**

NAMES: TAXPAYER _____ SOC. SEC# _____ DATE OF BIRTH _____
 SPOUSE _____ SOC. SEC# _____ DATE OF BIRTH _____
 TELEPHONE NO.: (WORK) _____ (HOME) _____
 EMAIL: _____

PLEASE REMEMBER TO BRING/FORWARD THE FOLLOWING:

- All W-2's, 1099's and Sch K-1's, mortgage statements received
- If sold stock, copies of the buy and sell tickets
- If you purchased or refinanced a house the closing statements
- If you sold a house please call the office for required documents

PERSONAL DATA

- Did your marital status change during the year yes/ no
- Any change in dependents this year yes/ no
- Did you move during the year (possible moving deduction) yes/ no
- Did you or your spouse reach age 65 yes/ no
- Did you or your spouse reach 70 1/2 years old yes/ no
- Did you receive a pension or IRA distribution (attach 1099's) yes/ no
- Did you roll over an IRA to a Roth IRA yes/ no Amount \$ _____
- Did you sustain a casualty loss yes/ no
- Did you purchase or sell real estate yes/ no
- Will you make a contribution to Keogh, Traditional or Roth IRA's yes/ no
- Contribution to a 529b Plan yes/ no State _____ Amount \$ _____

DEPENDENTS: EXEMPTION IS NOT ALLOWED WITHOUT SOCIAL SECURITY NUMBER

| <u>NAME</u> | <u>DATE OF BIRTH</u> | <u>SOC. SEC. #</u> | <u>COLLEGE STUDENT(Y/N)</u> <u>FINISHED 2 YRS(Y/N)</u> | <u>TUTION/FEES</u> |
|-------------|----------------------|--------------------|---|--------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

INCOME

ALIMONY PAID/RECEIVED \$ _____
 NAME _____ S.S. # _____
 SOCIAL SECURITY RECEIVED \$ _____
 UNEMPLOYMENT RECEIVED \$ _____
 MUNICIPAL INTEREST RECEIVED \$ _____
 PENSION/IRA CONTRIBUTION \$ _____
 HEALTH INS. PREMIUMS PAID IF SELF EMPLOYED \$ _____

CHILD CARE WITHOUT ID# DEDUCTION NOT ALLOWED

| <u>DEPENDENT</u> | <u>ORG. NAME/ADDRESS</u> | <u>ID #</u> | <u>AMOUNT</u> |
|------------------|--------------------------|-------------|---------------|
| | | | |
| | | | |

EDUCATION EXPENSE

STUDENT LOAN INTEREST PAID \$ _____
 TEACHERS CLASSROOM EXPENSES \$ _____

ITEMIZED DEDUCTIONS

MEDICAL:

HEALTH INS. PREMIUMS _____
 MEDICINES AND DRUGS _____
 LONG TERM CARE PREMIUMS _____
 DOCTORS, DENTISTS ,ETC. _____
 MEDICAL TRAVEL # MILES _____
 PARK.,TOLLS _____

TAXES: (ENTER ESTIMATES PAID BELOW)

ADDTL. STATE PYTS. _____
 REAL ESTATE TAXES:
 PRIME RESIDENCE _____
 SECOND RESIDENCE _____
 INTANGIBLE TAX PAID _____

CONTRIBUTIONS:(ALL CONTRIBUTIONS GREATER THAN \$250 REQUIRE A RECEIPT FROM ORGANIZATION)

TEMPLE/CHURCH _____
 UNITED WAY _____
 OTHER: _____

INTEREST:

HOME MTGE. _____
 HOME EQUITY _____
 SECOND HOME _____
 POINTS PAID _____
 INVESTMENT INTEREST
 Pd to: _____ Amt. _____
 IF MTGE. PAID TO AN INDIVIDUAL:
 NAME _____
 S.S. # _____

NON CASH:
 (1) DONEE _____
 DESCRIPTION _____
 VALUE _____

MISCELLANEOUS:

UNION/PROF. DUES _____
 TAX PREP FEE _____
 SAFE DEP. RENTAL _____
 WORK CLOTHES _____
 PROF. JOURNALS _____
 TEACHER EXPENSES _____

WORK TOOLS _____
 WORK UNIFORMS _____
 UNIFORM LAUNDRY _____
 CONTINUING EDUCATION:
 PAID TO _____
 AMOUNT _____

BUSINESS EXPENSES:

AUTOMOBILE:
 MILEAGE _____
 COMMUTING MILE. _____
 LEASE PYT. _____
 INSURANCE _____
 REPAIRS/GAS _____
 TOLLS/PARK _____
 OTHER _____

OTHER:
 ENTERTAINMENT _____
 JOURNALS _____
 OFFICE _____
 TELEPHONE _____
 OTHER _____

ESTIMATE PAYMENTS (PLEASE FILL IN)

PRIOR YEAR OVERPAYMENT APPLIED -DID YOU RECEIVE A NOTICE OF CHANGE ? YES/NO AMT. _____

| | DATE | AMT | DATE | AMT | DATE | AMT | DATE | AMT |
|---------|------|-----|------|-----|------|-----|------|-----|
| FEDERAL | | | | | | | | |
| STATE | | | | | | | | |

NEW JERSEY RESIDENTS:

Number of Dependent College Students: _____
Tenants: Rent Paid _____
Homeowners: Lot _____
 Block _____

NEW YORK RESIDENTS:

County of Residence _____
 School District _____
 College Tuition Savings Deduction _____

DIRECT DEPOSIT OF REFUND

Name of Financial Institution _____ Savings ___ Checking ___

Routing Number _____

Account Number _____

MOVING EXPENSES

Transportation of household items _____

Travel to new location

Airfare _____

Mileage _____

Hotels while in Transit _____

OTHER INFORMATION AND COMMENTS

AFTR FILLING IN THE ORGANIZER PLEASE EMAIL OR FAX BACK TO THE OFFICE

Email: al@aaccpa.com