

Client Tax Organizer

Tax Year _____

Please complete this Questionnaire before your appointment and bring the following:

- Last year's tax return (new clients only)
- All statements (W-2s, 1099s, etc)

1. Personal Information					
Name (First, Initial, Last)		Soc. Sec. No.	Date of Birth	Occupation	Work Phone
Taxpayer					
Spouse					
Street Address		City	State	Zip	Home Phone
Taxpayer E-mail Address				Cell Phone	
Spouse E-mail Address				Cell Phone	

	<u>Taxpayer</u>	<u>Spouse</u>	<u>Marital Status</u>	
Blind	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Married	Will File Jointly <input type="checkbox"/> Yes <input type="checkbox"/> No
Disabled	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Single	Date of Divorce _____
Pres Campaign Fund	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Widow(er)	Date of Spouse's Death _____

2. Dependents (Children & Others)							
Name (First, Initial, Last)	Relationship	Date of Birth	Social Security Number (Required)	Months Lived With You ^(b)	<input type="checkbox"/> If Disabled	<input checked="" type="checkbox"/> If Full Time Student	Dependent's Gross Income

^(b)Away at school, hospitalized, etc, counts as living with you

1 Are you self-employed or do you receive hobby income?	<input type="checkbox"/> Yes* <input type="checkbox"/> No	11 Did you give a gift of more than \$13,000 to one or more people?	<input type="checkbox"/> Yes <input type="checkbox"/> No									
2 Did you receive income from raising animals or crops?	<input type="checkbox"/> Yes* <input type="checkbox"/> No	12 Did you have any debt forgiven or property foreclosed upon?	<input type="checkbox"/> Yes <input type="checkbox"/> No									
3 Did you receive rent from real estate or other property?	<input type="checkbox"/> Yes* <input type="checkbox"/> No	13 (a) If you paid rent, how much did you pay?	_____									
4 Did you receive income from gravel, timber, minerals, oil, gas, copyrights, patents?	<input type="checkbox"/> Yes* <input type="checkbox"/> No	(b) Was heat included?	<input type="checkbox"/> Yes <input type="checkbox"/> No									
5 Did you withdraw or write checks from a mutual fund?	<input type="checkbox"/> Yes <input type="checkbox"/> No	14 Did you pay interest on a student loan for yourself, spouse, or a dependent?	<input type="checkbox"/> Yes <input type="checkbox"/> No									
6 Do you have an ownership interest in or signature authority over a foreign financial, bank or securities account?	<input type="checkbox"/> Yes <input type="checkbox"/> No	15 Did you pay post-secondary education expenses for yourself, spouse, or dependents?	<input type="checkbox"/> Yes <input type="checkbox"/> No									
7 Did you refinance your main home or other property?	<input type="checkbox"/> Yes <input type="checkbox"/> No	16 Did you receive distribution from a qualified state tuition program?	<input type="checkbox"/> Yes <input type="checkbox"/> No									
8 Do you provide a home or help support anyone not listed in Section 2 above?	<input type="checkbox"/> Yes <input type="checkbox"/> No	17 Would you like your tax return filed electronically?	<input type="checkbox"/> Yes <input type="checkbox"/> No									
9 Did you receive any correspondence from the IRS or State Department of Taxation?	<input type="checkbox"/> Yes <input type="checkbox"/> No	18 Would you like your refund directly deposited into your bank account?	<input type="checkbox"/> Yes <input type="checkbox"/> No									
10 Were there any births, deaths, marriages, divorces or adoptions in your immediate family?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<table border="1"> <tr> <td>Account Type:</td> <td>Checking <input type="checkbox"/></td> <td>Savings <input type="checkbox"/></td> </tr> <tr> <td>Your Account Number:</td> <td colspan="2"> </td> </tr> <tr> <td>Bank Routing Number:</td> <td colspan="2"> </td> </tr> </table>		Account Type:	Checking <input type="checkbox"/>	Savings <input type="checkbox"/>	Your Account Number:			Bank Routing Number:		
Account Type:	Checking <input type="checkbox"/>	Savings <input type="checkbox"/>										
Your Account Number:												
Bank Routing Number:												

* Contact us for further instructions

3. Wage, Salary Income

Attach W-2s:

Employer	Taxpayer	Spouse
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>

4. Interest Income

Attach 1099-INT & broker statements

Payer's Name	Taxpayer	Spouse
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
Tax Exempt	<input type="checkbox"/>	<input type="checkbox"/>

5. Dividend Income

From Mutual Funds & Stocks — Attach 1099-DIV

Payer's Name	Taxpayer	Spouse
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>

6. Partnership, Trust, Estate Income

List payers of partnership, limited partnership, S-corporation, trust, or estate income — Attach K-1

7. Investments Sold

Stocks, Bonds, Mutual Funds, Gold, Silver, Partnership interest — Attach 1099-B & list the transactions below or provide a broker's statement with the same information.

Investment	✓ If Inherited	Date Acquired	Date Sold	Cost or Basis	Sale Price

8. Property Sold

Attach 1099-S and closing statements

Property	Date Acquired	Cost plus Improvements
Personal Residence*		
Vacation Home		
Land		
Other		

- ✓ If previous home was sold before May 7, 1997
- ✓ If previous home was sold within 2 years
- ✓ If office-in-the-home was claimed for this home
- ✓ If the home was previously a rental

Also see Section 17 (Job-Related Moving)

9. I.R.A. (Individual Retirement Acct.)

Contributions for tax year income — Please provide 5498 if available

	Contribution Amount	Date Contributed ⁽²⁾	✓ If a Roth IRA
Taxpayer			
Spouse			

⁽²⁾ IRA contributions can be made up to the April due date for the tax return

Amounts Withdrawn — Attach 1099-R

Plan Trustee	Reason for Withdrawal	Rolled Over Within 60 Days?
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No

10. Pension, Annuity Income

Attach 1099-R Payer*	Reason for Withdrawal	Rolled Over Within 60 Days?
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No

* If you made post-tax (non-deductible) contributions to the plan, please provide employer or insurance company verification statements

Did you receive:	Taxpayer	Spouse
Social Security Benefits	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Railroad Retirement	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Attach SSA-1099, RRB-1099

11. Other Income

List All Other Income (including non-taxable)

Alimony Received _____
 Child Support _____
 Scholarship (grants) _____
 Unemployment Compensation _____
 Amount Repaid _____
 Prizes, Bonuses, Awards _____
 Gambling, Lottery Income _____
 Gambling Losses _____
 Unreported Tips and Gratuities _____
 Director / Executor's Fee _____
 Commissions _____
 Jury Duty Pay _____
 Worker's Compensation _____
 Disability Income _____
 Veteran's Pension _____
 Payments from Prior Installment Sale _____
 State Income Tax Refund _____
 Other _____

12. Medical/Dental Expenses

	Filer	Spouse
Long-term Care Premiums	_____	_____
Medicare Premiums	_____	_____
(not payroll tax)	_____	_____
Med & Dental Insurance Premiums	_____	_____
Prescription Drugs, Insulin	_____	_____
Eye Exam, Glasses, Contacts	_____	_____
Hearing Aids, Batteries	_____	_____
Handicapped Home Modifications	_____	_____
Medical Equipment, Supplies	_____	_____
Medical Therapy	_____	_____
Hospital and Nursing Homes	_____	_____
Doctor, Dentist, Christian Science	_____	_____
Practitioner, Nursing Care, etc	_____	_____
Mileage	_____	_____ mi

13. Taxes Paid

Real Property Tax (attach bills) _____
 Personal Property Tax _____
 Other Taxes _____

14. Interest Expense

1st & 2nd Home Mortgage Interest
 (attach 1098) _____
 Home Interest Paid to an Individual _____
 Paid to: _____ SSN: _____
 Address: _____
 2nd Home (Motor Home, Boat) _____
 Investment Interest _____

15. Casualty/Theft Loss

For property damaged by storm, water, fire, accident, or stolen

Location of Property _____

Description of Property _____

Amount of Damage _____

Insurance Reimbursement _____

Repair Costs _____

Federal Grants Received _____

16. Charitable Contributions

Note: All cash charitable contributions must be documented with either a bank record or written verification from the charity

House of Worship _____

United Way _____

Scouts, Heart, Cancer, etc _____

Note: Household and clothing items must be in good or better condition. A written receipt is required for donations of \$250 or more, and a detailed list should be included with your return if the total exceeds \$500

Non-Cash (clothing & household items) _____

Vehicle Donation (provide copy of 1098-C) _____

Out-of-Pocket Charitable Expenses _____

Explain: _____

Volunteer Auto Travel _____ mi

17. Job-Related Moving Expenses

Miles from Old Residence to New Job (A) _____

Miles from Old Residence to Old Job (B) _____

(A) minus (B) (must be 50 miles or more) _____

Cost to Move Household Goods _____

Lodging En Route (do not include meals) _____

Automobile Travel _____ mi

18. Employment-Related Expenses That You Paid (Not self-employed)

Dues — Union, Professional _____

Books, Subscriptions, Supplies _____

Licenses _____

Tools, Equipment, Safety Equipment _____

Uniforms (include cleaning) _____

Sales Expense, Gifts _____

Tuition, Books (work related) _____

Entertainment _____

Office in home: _____

In Square a) Total home _____

Feet b) Office _____

c) Storage _____

Rent _____

Insurance _____

Utilities _____

Maintenance _____

19. Child & Other Dependent Care Expenses

Name of Care Provider	Address	Soc Sec No. or Employer ID	Amount Paid

Also complete this section if you receive dependent care benefits from your employer

20. Business Mileage

- If you have evidence to support your vehicle deductions
- If the evidence is written
- If you sold or traded a vehicle used for business
If yes, please attach a copy of the new vehicle purchase agreement

Total Miles for Year (personal & business) _____ mi
 Business Miles (not to and from work) _____ mi
 From First to Second Job _____ mi
 Education (one way, work to school) _____ mi
 Job Seeking _____ mi
 Other Business _____ mi
 Round Trip commuting distance _____ mi
 Gas, Oil, Lubrication _____
 Repairs, Batteries, Tires, etc _____
 Wash, Wax _____
 Insurance _____
 Vehicle Loan Interest _____
 Lease Payments _____
 License, Personal Property Tax _____

21. Business Travel

If you are not reimbursed for the exact amount, give total expenses

Airfare, Train, etc _____
 Baggage Handling, Tips, etc _____
 Lodging (do not include meals) _____
 Meals (no. of days) _____
 Taxi, Car Rental _____
 Other: _____
 Reimbursement Received _____

22. Investment-Related Expenses

Tax Preparation Fee _____
 Safe Deposit Box Rental _____
 Mutual Fund Fee _____
 Investment Counselor _____
 Other _____

23. Estimated Tax Paid

Due Date	Date Paid	Federal	State

24. Other Deductions

Alimony Paid to _____
 Social Security No. _____ \$ _____
 Student Loan Interest Paid _____ \$ _____

25. Education Expenses

Student's Name	Type of Expense	Amount

26. Questions, Comments, & Other Information

Residence:
 Town _____ County _____
 Village _____ School District _____
 City _____

To the best of my knowledge the enclosed information 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.

 _____ Date _____
 _____ Date _____

Schulman & Black, LLP, CPA's
 475 Route 304
 New City, NY 10956

Phone: (845) 638-4600
 Fax: (845) 638-4757
 Email: info@sbcopa.net

SCHEDULE C - PROFIT OR(LOSS) FROM SOLE PROPRIETORSHIP, BUSINESS OR PROFESSION

BUSINESS NAME: _____ EMPLOYER ID #: _____

BUSINESS ADDRESS: _____

MAIN BUSINESS ACTIVITY: _____ PRODUCT: _____

INCOME

Gross Receipts/Sales: _____ Returns/Allowances: _____

DEDUCTIONS			
AMOUNT		AMOUNT	
Advertising		Rent: Equipment	
Bad Debts		Vehicle	
Bank Service Charges		Office Space	
Car, Truck Expenses		Repairs & Maintenance	
Commissions		Taxes	
Contract Labor		Licenses	
Dues & Publications		Travel Expenses	
Employee Benefits		Entertainment	
Freight		Telephone	
Insurance		Utilities	
Interest on indebtedness		Wages	
Professional Fees		OTHER (List):	
Laundry/ Office Cleaning			
Office Supplies/ Postage			

OTHER EXPENSES		OFFICE/ IN-HOUSE EXPENSES	
Description	AMOUNT	Description	AMOUNT
		Electricity	
		Heat	
		Insurance	
		Repairs & Maintenance - Whole House	
		Repairs & Maintenance - Office Only	
		Rent	
		OTHER (List):	

EQUIPMENT - PURCHASES		
Description	Purchase Date	AMOUNT

Total Sq. Ft. or Rooms in House/ Apt.
Sq. Feet or Rooms Used in Business
Day Care Center: _____ Employee: _____
Area Used Regularly, Exclusively for Business: Yes No
Area Used for Employer's Convenience: Yes No

RECORDKEEPING:

All taxpayers are required to keep permanent and accurate records that clearly reflect income and deductions
 These records must be kept for at least 3 years
 Generally, a cancelled check is an adequate record, but receipts should be obtained where possible
 A daily diary may be useful in substantiating a deduction

