

**General Information**

**TAX YEAR:**

**Taxpayer**

**Spouse**

First name

Middle Initial

Last Name

Suffix

Social Security Number

Date of Birth

Check (X) the phone number to list on the return

Home Phone

Work Phone

Cell Phone

Fax Number

Legally Blind

Totally Disabled

Claimed as a Dependent

Presidential Election Fund (\$3)

Occupation

E-mail Address

State of Residence as of 12/31

County of Residence as of 12/31

School District as of 12/31

If Part Year, Period of Residency \_\_\_\_\_ to \_\_\_\_\_

\_\_\_\_\_ to \_\_\_\_\_

**Filing Status**

Status as of 12/31

1. Single

2. Married filing jointly

3. Married filing separately  
(Enter spouse's name and SSN above)

4. Head of Household

5. Qualifying widow(er) with minor child

Status on prior year return:

Non-dependent name: \_\_\_\_\_

Non-dependent SSN: \_\_\_\_\_

Year Spouse Died \_\_\_\_\_

**Address**

Street \_\_\_\_\_

City \_\_\_\_\_

Apt/Suite: \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

We will provide a paper or PDF version of your return. Please indicate which you prefer:

Paper

PDF

Name

SSN

If any of the following items apply to you or your spouse, please mark "X" in the appropriate box and if possible, attach details.

**Basic Information**

**Yes No**

<input type="checkbox"/>	<input type="checkbox"/>	1. Did you marital status change since last year?
<input type="checkbox"/>	<input type="checkbox"/>	2. Are there any changes in your dependents from last year?
<input type="checkbox"/>	<input type="checkbox"/>	3. Did you have any children under 19 (24 if a full time student) receiving more than \$950 in investment income?
<input type="checkbox"/>	<input type="checkbox"/>	4. Are all your dependents either US residents or citizens?
<input type="checkbox"/>	<input type="checkbox"/>	5. Did you provide over half of the support for someone you aren't claiming as a dependent?
<input type="checkbox"/>	<input type="checkbox"/>	6. Are you being claimed (or eligible to be claimed) as a dependent on anyone else's return?
<input type="checkbox"/>	<input type="checkbox"/>	7. Were either you or your spouse in the military or National Guard?
<input type="checkbox"/>	<input type="checkbox"/>	8. Did you purchase or sell your principal residence?
<input type="checkbox"/>	<input type="checkbox"/>	9. Have you been notified by the IRS of changes to a prior year's return, or received any other tax correspondence?
<input type="checkbox"/>	<input type="checkbox"/>	10. Were there any changes to a prior year's income, deductions or credits?
<input type="checkbox"/>	<input type="checkbox"/>	11. Did you make gifts of more than \$13,000 to any one person?
<input type="checkbox"/>	<input type="checkbox"/>	12. Did you file Form 8839, Adoption Credit, in a previous year?
<input type="checkbox"/>	<input type="checkbox"/>	13. Did you claim a First-time Homebuyer Credit for a home purchased in a previous year?
<input type="checkbox"/>	<input type="checkbox"/>	14. Do you want to e-file your return?
<input type="checkbox"/>	<input type="checkbox"/>	15. If you have a refund, how do you want to receive it?
	<input type="checkbox"/>	Direct Deposit (please provide a voided check)
	<input type="checkbox"/>	Paper check through the mail
	<input type="checkbox"/>	Apply to next year's tax estimates
	<input type="checkbox"/>	16. If you owe taxes, how do you want to pay for them?
	<input type="checkbox"/>	Paper check sent with my return
	<input type="checkbox"/>	Electronic Transaction
	<input type="checkbox"/>	Credit Card

**Income**

**Yes No**

<input type="checkbox"/>	<input type="checkbox"/>	16. Did you have interest in or signature authority over a financial account in a foreign country?
<input type="checkbox"/>	<input type="checkbox"/>	17. Were you a grantor of or transferor to a foreign trust?
<input type="checkbox"/>	<input type="checkbox"/>	18. Did you receive income from a foreign source or pay taxes to a foreign government?
<input type="checkbox"/>	<input type="checkbox"/>	19. Did you barter your services for goods or services from someone else?
<input type="checkbox"/>	<input type="checkbox"/>	20. Did you receive any tax-exempt income, such as interest or dividends from municipal bonds or mutual funds?
<input type="checkbox"/>	<input type="checkbox"/>	21. Did you make a loan to someone at an interest rate below market rate?
<input type="checkbox"/>	<input type="checkbox"/>	22. Did you receive, or expect to receive, a Schedule K-1 (or substitute K-1) from a trust, estate, partnership or S-Corp?
<input type="checkbox"/>	<input type="checkbox"/>	23. Did you cash in any U.S. Savings Bonds?
<input type="checkbox"/>	<input type="checkbox"/>	24. Did you own an interest in a Real Estate Mortgage Investment Conduit (REMIC)?
<input type="checkbox"/>	<input type="checkbox"/>	25. Did you itemize your deductions in a previous year and receive a state or local refund, or a refund of any other deduction you itemized on your previous return? (If so, attach Form 1099-G)
<input type="checkbox"/>	<input type="checkbox"/>	26. Did you receive disability income?
<input type="checkbox"/>	<input type="checkbox"/>	27. Did you have gambling winnings? (If so, be sure to include all gambling expenses)
<input type="checkbox"/>	<input type="checkbox"/>	28. Did you receive any unemployment benefits?
<input type="checkbox"/>	<input type="checkbox"/>	29. During the most recent tax year, did you receive payments from a Long Term Care insurance contract?
<input type="checkbox"/>	<input type="checkbox"/>	30. Did you receive employer-provided adoption benefits for a previous year?
<input type="checkbox"/>	<input type="checkbox"/>	31. Did you receive any distributions from a retirement plan? (If so, attach all 1099-Rs)
<input type="checkbox"/>	<input type="checkbox"/>	32. Did you "roll over" a retirement plan distribution into another plan?
<input type="checkbox"/>	<input type="checkbox"/>	33. Did you receive Social Security Benefits?

Name

SSN

<input type="checkbox"/>	<input type="checkbox"/>	34. Did you convert a traditional IRA to a Roth IRA?
<input type="checkbox"/>	<input type="checkbox"/>	35. Did you exchange any securities and investments for something other than cash?
<input type="checkbox"/>	<input type="checkbox"/>	36. Did you have any short sales, commodity sales or straddles?
<input type="checkbox"/>	<input type="checkbox"/>	37. Did you receive a Form 2439?
<input type="checkbox"/>	<input type="checkbox"/>	38. Did you buy or sell any bonds?
<input type="checkbox"/>	<input type="checkbox"/>	39. Did you receive stock from a stock bonus plan with your employer?
<input type="checkbox"/>	<input type="checkbox"/>	40. Did you sell any other personal assets at a gain?
<input type="checkbox"/>	<input type="checkbox"/>	41. Did you sell any real estate (other than your home) during the year?
<input type="checkbox"/>	<input type="checkbox"/>	42. Did you sell any assets using the installment method?
<input type="checkbox"/>	<input type="checkbox"/>	43. Did you receive proceeds from a prior year installment sale?
<input type="checkbox"/>	<input type="checkbox"/>	44. Did you purchase rental property?
<input type="checkbox"/>	<input type="checkbox"/>	45. Did you exchange any property for other property?
<input type="checkbox"/>	<input type="checkbox"/>	46. Did you receive any income not reported in this organizer?

**Business and Rental Property Income**

**Yes No**

<input type="checkbox"/>	<input type="checkbox"/>	47. If you own rental property, do you qualify as a Real estate professional?
<input type="checkbox"/>	<input type="checkbox"/>	48. Did you start or acquire a new business?
<input type="checkbox"/>	<input type="checkbox"/>	49. did you sell any part of an existing business, or acquire business assets?
<input type="checkbox"/>	<input type="checkbox"/>	50. Did you cease operating any business or rental property?
<input type="checkbox"/>	<input type="checkbox"/>	51. Did you remove any of your business assets for personal use?

**Business and Rental Property Deductions**

**Yes No**

<input type="checkbox"/>	<input type="checkbox"/>	52. Did you use part of your home for business purposes?
<input type="checkbox"/>	<input type="checkbox"/>	53. Did you make any contributions to a Keogh or a self-employed SEP plan?
<input type="checkbox"/>	<input type="checkbox"/>	54. Do you pay for any health or long term care insurance through your business?
<input type="checkbox"/>	<input type="checkbox"/>	55. If you or your spouse are self employed, are either of you covered under an employer's health plan?
<input type="checkbox"/>	<input type="checkbox"/>	56. Did you purchase any furniture or equipment for your business?

**Other Deductions**

**Yes No**

<input type="checkbox"/>	<input type="checkbox"/>	57. Did you make any contribution, or plan to make contributions, to a traditional or Roth IRA?
<input type="checkbox"/>	<input type="checkbox"/>	58. Did you make any contributions to an HSA (Health Savings Account)?
<input type="checkbox"/>	<input type="checkbox"/>	59. Did you use your car on the job? (Other than to and from work?)
<input type="checkbox"/>	<input type="checkbox"/>	60. Did you work out of town for part of the year?
<input type="checkbox"/>	<input type="checkbox"/>	61. Did you incur any travel and entertainment expenses for business purposes?
<input type="checkbox"/>	<input type="checkbox"/>	62. Did you pay expenses for the care of your child or other dependent so you could work?
<input type="checkbox"/>	<input type="checkbox"/>	63. Did you lose property or have damage to a property due to a casualty, theft or condemnation?
<input type="checkbox"/>	<input type="checkbox"/>	64. Did any security become worthless during the year?
<input type="checkbox"/>	<input type="checkbox"/>	65. Did any debts become uncollectible during the year?
<input type="checkbox"/>	<input type="checkbox"/>	66. Did you purchase a "clean fuel" or electric hybrid vehicle?
<input type="checkbox"/>	<input type="checkbox"/>	67. Did you contribute less than an entire interest in any property to charity?
<input type="checkbox"/>	<input type="checkbox"/>	68. Did you refinance a mortgage or take out a home equity loan?
<input type="checkbox"/>	<input type="checkbox"/>	69. Did you incur moving expenses during the year due to a change in employment?
<input type="checkbox"/>	<input type="checkbox"/>	70. Did you pay any educational tuition or fees for you or a dependent?
<input type="checkbox"/>	<input type="checkbox"/>	71. Did you pay any student loan interest?
<input type="checkbox"/>	<input type="checkbox"/>	72. Did you make any federal or state estimated payments?
<input type="checkbox"/>	<input type="checkbox"/>	73. Did you make any energy efficiency improvements to your home?
<input type="checkbox"/>	<input type="checkbox"/>	74. Did you purchase a new motor vehicle after February 16, and pay excise tax on it?