

Tax Year \_\_\_\_\_

# Client Tax Organizer

Tax Return Appointment: Date: \_\_\_\_\_ Time: \_\_\_\_\_

Please complete this Organizer before your appointment. Include all statements (W-2s, 1099s, etc.)

1. Personal Information		Taxpayer		Spouse	
First name & Initial					
Last name					
Social Security number					
Date of birth					
Occupation					
E-mail address					
Work phone		Cell		Work	
Home phone		Fax		Home	
Address				Apt/Suite	
City			State		ZIP

Taxpayer Legally Blind . . . . .  Yes  No      Spouse Legally Blind . . . . .  Yes  No  
 Taxpayer Disabled . . . . .  Yes  No      Spouse Disabled . . . . .  Yes  No  
 Pres. Campaign Fund (Taxpayer) . . . . .  Yes  No      Pres. Campaign Fund (Spouse) . . . . .  Yes  No  
 Filing status: Single  Head of Household  Married filing joint  Married filing separate  Widower  Year of Spouse death? \_\_\_\_\_

2. Dependents (Children & Others)							
Name	Relationship	Date of Birth	Social Security Number	Months Lived With You	Disabled	Full Time Student	Dependent's Gross Income

Please answer the following questions to determine maximum deductions:

- |   |  |  |  |
|---|--|--|--|
| 1. Did your marital status change during the year?  | <input type="checkbox"/> Yes <input type="checkbox"/> No | 12. Did you receive a distribution from or make a contribution to a retirement plan (401(k), IRA, etc.)? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Did your address change during the year?   | <input type="checkbox"/> Yes <input type="checkbox"/> No | 13. Did you give a gift of more than \$13,000 to one or more people?                                     | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Were there any changes in dependents?  | <input type="checkbox"/> Yes <input type="checkbox"/> No | 14. Did you go through bankruptcy, foreclosure, or repossession proceedings?                             | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Did you receive unreported tip income of \$20 or more in any month?                                      | <input type="checkbox"/> Yes <input type="checkbox"/> No | 15. Did you incur a loss because of damaged or stolen property?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Did you receive any unemployment or disability income?   | <input type="checkbox"/> Yes <input type="checkbox"/> No | 16. Were you notified or audited by either the IRS or State taxing agency?                               | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Did you buy or sell any stocks, bonds or other investment property?                                      | <input type="checkbox"/> Yes <input type="checkbox"/> No | 17. Did you work from a home office or use your car for business?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. Did you purchase, sell, or refinance your principal home or second home, or take out a home equity loan? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 18. May the IRS discuss your tax return with your preparer?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. Did you convert part or all of your traditional/SEP/SIMPLE IRA to a ROTH IRA?                            | <input type="checkbox"/> Yes <input type="checkbox"/> No | 19. Were you a citizen of, have income from, or live in a foreign country?                               | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9. Could you be claimed as a dependent on another person's tax return?                                      | <input type="checkbox"/> Yes <input type="checkbox"/> No | 20. Do you want to electronically file your tax return?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 10. Did you pay anyone for domestic services in your home?  | <input type="checkbox"/> Yes <input type="checkbox"/> No | 21. Did you buy any internet merchandise for which you did not pay sales/use tax?                        | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 11. Did you pay anyone for childcare services?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |  |

**Jason Schuh CPA**  
**215 Airport Road**  
**Bismarck ND 58504**  
**Tel: (701) 258-1201 Fax: (701) 258-4248**  
**info@schuhcpa.com**



### 13. Medical/Dental Expenses

Medical insurance premiums (paid by you) . . . \_\_\_\_\_  
Long Term Care insurance . . . . . \_\_\_\_\_  
Prescription drugs . . . . . \_\_\_\_\_  
Glasses, contacts . . . . . \_\_\_\_\_  
Hearing aids, batteries . . . . . \_\_\_\_\_  
Braces . . . . . \_\_\_\_\_  
Medical equipment, supplies . . . . . \_\_\_\_\_  
Nursing care . . . . . \_\_\_\_\_  
Medical therapy . . . . . \_\_\_\_\_  
Hospital . . . . . \_\_\_\_\_  
Doctor/Dental/Orthodontist . . . . . \_\_\_\_\_  
Mileage (no. of miles) \_\_\_\_\_

### 14. Taxes Paid

Real property tax (attach bills) . . . . . \_\_\_\_\_  
Personal property tax . . . . . \_\_\_\_\_  
Other: \_\_\_\_\_

### 15. Interest Expense

Mortgage interest paid (attach 1098's) . . . . . \_\_\_\_\_  
Interest paid to individual for your home  
(attach amortization schedule) . . . . . \_\_\_\_\_  
Paid to:  
Name \_\_\_\_\_  
Address \_\_\_\_\_  
Social Security No. \_\_\_\_\_  
Investment interest . . . . . \_\_\_\_\_

### 16. 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 . . . . . \_\_\_\_\_

### 17. Estimated Tax Payments

	Federal Amount		State Amount
LY - Jan 15	_____	LY - Jan 15	_____
Q1 - Apr 15	_____	Q1 - Apr 15	_____
Q2 - Jun 15	_____	Q2 - Jun 15	_____
Q3 - Sep 15	_____	Q3 - Sep 15	_____
Q4 - Jan 15	_____	Q4 - Jan 15	_____

### 18. Charitable Contributions (receipts required)

Church . . . . . \_\_\_\_\_  
United Way . . . . . \_\_\_\_\_  
Scouts . . . . . \_\_\_\_\_  
Telethons . . . . . \_\_\_\_\_  
University, Public TV/Radio . . . . . \_\_\_\_\_  
Heart, Lung, Cancer, etc. . . . . \_\_\_\_\_  
Wildlife Fund., Humane society . . . . . \_\_\_\_\_  
Salvation Army, Goodwill . . . . . \_\_\_\_\_  
Other: \_\_\_\_\_  
Non-Cash \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Value of goods (attach list if more than one) \_\_\_\_\_  
Volunteer mileage . . . . . \_\_\_\_\_

### 19. Miscellaneous/Unreimbursed Expenses

Dues - union, professional . . . . . \_\_\_\_\_  
Books, subscriptions, supplies . . . . . \_\_\_\_\_  
Licenses . . . . . \_\_\_\_\_  
Tools, equipment, safety equipment . . . . . \_\_\_\_\_  
Uniforms (including cleaning) . . . . . \_\_\_\_\_  
Sales expense, gifts . . . . . \_\_\_\_\_  
Tuition, Books (work related) . . . . . \_\_\_\_\_  
Entertainment . . . . . \_\_\_\_\_  
Tax preparation fee . . . . . \_\_\_\_\_  
Safe deposit box . . . . . \_\_\_\_\_  
IRA custodial fees . . . . . \_\_\_\_\_  
Investment periodicals, advisory fees . . . . . \_\_\_\_\_  
Job search expense . . . . . \_\_\_\_\_  
Moving of household goods (job related) . . . . . \_\_\_\_\_  
Other: \_\_\_\_\_  
Other: \_\_\_\_\_

### 20. Day Care Expense (Form 2441)

Provider #1 \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/ZIP \_\_\_\_\_  
EIN/SS# \_\_\_\_\_ Amt Pd \_\_\_\_\_  
Provider #2 \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/ZIP \_\_\_\_\_  
EIN/SS# \_\_\_\_\_ Amt Pd \_\_\_\_\_  
Children cared for \_\_\_\_\_

**Self Employment Information**

**Business Name**

<b>Total Sales</b>		Taxpayer <input type="checkbox"/>	Spouse <input type="checkbox"/>
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<b>Expenses</b>			
Advertising		Repairs Expense	
Commissions/Fees		Supplies Expense	
Dues & Publications		Taxes	
Interest Expense		Travel Expense	
Insurance		Meals & Entertainment	
Legal & Professional Fees		Telephone	
Office Expense		Utilities	
Rent (office) Expense		Wages (gross W-2)	
Equipment Rental Expense		Postage	
Auto Expense		Bank Charges	
Auto (miles)		Tools & Equipment	
		Uniforms	

<b>Assets Purchased</b>			<b>Notes</b>
Date	Amount	Asset	

<b>Cost of Goods Sold</b>	
Inventory at beginning of year	Material & supplies
Purchases	Other:
Cost of items for personal use	Other:
Cost of labor	Inventory at end of year

<b>Rental Income</b>	Property #1	Property #2	Property #3	Property #4
Address				
City/State				
<b>Rent Received</b>				
<b>Expenses</b>				
Advertising				
Auto & Travel				
Auto Miles				
Cleaning & Maintenance				
Commissions Paid				
Grounds & Gardening				
Insurance				
Interest Expense				
Legal & Professional				
Management Fees				
Repairs & Maintenance				
Supplies				
Taxes				
Utilities				
Association Dues				
Pest Control				
Other:				
Other:				
Other:				
Other:				
Other:				
Other:				