**Tax Organizer**

**Please print and fill in the requirement information. Please provide complete and accurate information**

* **Personal Information**

|  |  |  |  |
| --- | --- | --- | --- |
| 1-First name | M.I. | Last name | Are you U.S. citizen?  YES NO |

|  |
| --- |
| Your Social security number or Tax ID number |

|  |  |  |  |
| --- | --- | --- | --- |
| 2-Spouse’s first name | M.I. | Last name | Is your spouse a U.S. citizen?  YES NO |

|  |
| --- |
| Your spouse’s Social security number or Tax ID number |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 3-Mailing address | Apt# | City | State | ZIP code | County | Foreign address  YES NO  Country: |

|  |  |
| --- | --- |
| 4-Telephone numbers(s) | Email address |

|  |  |  |
| --- | --- | --- |
| 5- Your Date of Birth | 6-Occupation | 7-Last year were you  \* Full time student YES NO  \*Disabled or blind YES NO |

|  |  |  |
| --- | --- | --- |
| 8- Your spouse’s Date of Birth | 9-Your spouse’s Occupation | 10-Last year were your spouse  \* Full time student YES NO  \*Disabled or blind YES NO |

* **Filing Status *(As of December 31 of last year)***

|  |
| --- |
| **Single**    **Married**  **Married filing separately** **Spouse’s Social Security Number:** …\_..\_....  **Head of household**  **Qualified widow(er)** **Year of spouse’s death….** |

* **Dependents**

Name DOB SSN# Relationship Months at home Student U.S. citizen

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
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|  |  |  |  |  |  |  |

* **Income**

|  |  |  |
| --- | --- | --- |
| YES | NO | Last year, did you or your spouse RECEIVE? |
|  |  | 1. Wages or Salary? (Form W-2) If yes, how many jobs did you have last year ……………… |
|  |  | 2. Tip Income (not reported)? How much $ ………………………. |
|  |  | 3. Scholarships? (Forms W-2, 1098-T) |
|  |  | 4. Interest/Dividends from: checking/savings accounts, bonds, CDs, brokerage? (Forms 1099-INT, 1099-DIV) How many forms(s) ……………… |
|  |  | 5. Refund of state/local income taxes? (Form 1099-G) |
|  |  | 6. Alimony income (received)? How much $ ……………… |
|  |  | 7. Self-Employment income? (Form 1099-MISC, cash) |
|  |  | 8. Cash/check payments for any work performed not reported on Forms W-2 or 1099? How much $ ……………….. |
|  |  | 9. Income (or loss) from the sale of Stocks, Bonds or Real Estate? (including your home) (Forms 1099-S,1099-B) |
|  |  | 10 Disability income? (such as payments from insurance, or workers compensation) (Forms 1099-R, W-2) |
|  |  | 11. Distribution from Pensions, Annuities, and/or IRA? (Form 1099-R) |
|  |  | 12. Unemployment compensation? (Form 1099-G) |
|  |  | 13. Social Security or Railroad Retirement Benefits? (Forms SSA-1099, RRB-1099) |
|  |  | 14. Income (or loss) from Rental Property? |
|  |  | 15. Other income? (Gambling, lottery, prizes, awards, jury duty, Sch K1, etc.) (Forms W-2G) Specify…………………… |

* **Expenses**

|  |  |  |
| --- | --- | --- |
| YES | NO | Last year, did you or your spouse PAY? |
|  |  | 1. Alimony? If yes, what is the recipient’s SSN ………………………….. |
|  |  | 2. Contributions to a retirement account? How much $.............. Account type.............. |
|  |  | 3. Post secondary educational expenses for yourself, spouse or dependents? (Form 1098-T) |
|  |  | 4. Unreimbursed employee business expenses? (such as uniforms or mileage) |
|  |  | 5. Medical expenses? (including health insurance premiums) |
|  |  | 6. Home mortgage interest? (Form 1098) |
|  |  | 7. Real estate taxes for your home or personal property taxes for your vehicle? (Form 1098) |
|  |  | 8. Charitable contributions How much $ …………….. To who ………………………….. |
|  |  | 9. Child or dependent care expenses such as daycare? |
|  |  | 10. Expenses related to self-employment income or any other income you received? |

* **Others**

|  |  |  |
| --- | --- | --- |
| YES | NO | Last year, did you or your spouse? |
|  |  | 1. (HSA) Have a Health Savings Account? (Forms 5498-SA, 1099-SA) |
|  |  | 2. Have debt from a mortgage or credit card cancelled/forgiven by a commercial lender? (Forms 1099-C, 1099-A) |
|  |  | 3. Have Earned Income Credit (EIC) disallowed in a prior year? Which tax year? ……….. |
|  |  | 4. Purchase and install energy-efficient home items? (windows, furnace, insulation, etc.) |
|  |  | 5. Receive the First Time Homebuyers Credit in 2008? |
|  |  | 6. Pay any student loan interest? (Form 1098-E) |
|  |  | 7. Make estimated tax payments or apply last year’s refund to this year’s tax? If so how much? $.......................... |
|  |  | 8. File a federal return last year containing a “capital loss carryover” on Form 1040 Schedule D? How much $ ………………….. |

***ACA***

|  |  |  |
| --- | --- | --- |
| **YES** | **NO** | **Last year, did you or your spouse?** |
|  |  | **1. Health care coverage for you, your spouse, and all qualifying dependents? (Forms W-2, 1099 SSA and Form 1095 series**) |
|  |  | **2. Receive an advance payment from the Marketplace to help you pay for your monthly health care payments? (Form 1095A)** |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Had Health Care Coverage** | **Full Year** | **None** | **Market** | ***Exam*** | **Jan** | **Feb** | **Mar** | **Apr** | **May** | **Jun** | **Jul** | **Aug** | **Sep** | **Oct** | **Nov** | **Dec** |
| **Taxpayer** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Spouse** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Dependent** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Dependent** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Dependent** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Dependent** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

* **Additional Information ( for direct deposit)**

**Bank Name:** ……………………………………………………..

**Name on the account:** ………………………….………..

**Bank routing number:** ………………………..………..

**Bank account number** ………………………………..  **Checking Saving**

**Please review all information for accuracy before submitting, initial and upload it to our secure upload portal**

***Thank you for your business!* Initial here:** ………………