

Mary Sharp, CPA
Client Tax Organizer
(Short Form)

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

1) Personal Information

TAX YEAR:	Taxpayer	Spouse
First Name & Middle Name		
Last Name		
Social Security Number		
Date of Birth		
Occupation		
Updated Contact Info: (E-Mail, Phone, Address..)		

2) Dependents (Children & Others)

Dependent Name	Relationship	Date of Birth	Social Security Number	Mths Lived with you	Disabled	Full Time Student	Dependent's Gross Income

3) Direct Deposit

Name of Bank	Routing #	Account #	Account Type
			<input type="checkbox"/> Checking <input type="checkbox"/> Savings

4) Estimated Tax Payments

Federal Amount		State Amount	
Q1 - April	\$	Q1 - April	\$
Q2 - June	\$	Q2 - June	\$
Q3 - September	\$	Q3 - September	\$
Q4 - January	\$	Q4 - January	\$

5) Other Income

Income	Amount
Alimony Received	\$
Gambling / Lottery Winnings	\$
Jury Duty	\$
Disability Income	\$
State Income Tax Refund	\$
Other	\$
Other	\$
Other	\$

6) Adjustments to Income

Income Adjustment	Amount
Alimony Paid	\$
Name:	
Social Security #	
IRA/SEP Contributions - Taxpayer	\$
IRA/SEP Contributions - Spouse	\$
Educator Expenses	\$
Student Loan Interest	\$
Health Savings Account	\$

7) Documentation (If any of the following are applicable, please include)

• Wages, Salary Income (W2s)	<input type="checkbox"/>	• Pensions, Annuities, Profit Sharing, IRA's (1099R)	<input type="checkbox"/>
• Social Security Benefits (SSA 1099)	<input type="checkbox"/>	• Self Employment Income & Exp (1099MISC, 1099K)	<input type="checkbox"/>
• Interest Income (1099 INT)	<input type="checkbox"/>	• Investment Income - Brokerage Statement	<input type="checkbox"/>
• Dividend Income (1099DIV)	<input type="checkbox"/>	• Health Insurance (1095A, 1095B, 1095C)	<input type="checkbox"/>
• Partnership, S-Corp, Trust, Estate (K1)	<input type="checkbox"/>	• Real Estate Transactions	<input type="checkbox"/>
• Tuition Statement (1098T)	<input type="checkbox"/>	(1099s, Final Closing Statement)	

8) Medical / Dental Expenses		9) Taxes Paid	
Expense	Amount	Tax	Amount
Medical Insurance Premiums <i>(paid by you)</i>	\$	Real Property Tax <i>(attach bills)</i>	\$
Long Term Care Insurance	\$	Personal Property Tax <i>(DMV)</i>	\$
Prescription Drugs	\$	Other	\$
Glasses, Contacts	\$	10) Interest Expense	
Hearing Aids, Batteries	\$	Expense	Amount
Braces	\$	Mortgage Interest Paid <i>(attach 1098's)</i>	\$
Medical Equipment, Supplies	\$	Mortgage Interest Paid to an Individual <i>(home)</i>	\$
Nursing Care	\$	Name:	
Physical Therapy	\$	Address:	
Hospital	\$	City, State, Zip:	
Doctor / Dental / Orthodontist	\$	Social Security #	
Mileage	\$	Investment Interest <i>(margin accounts)</i>	\$
Other	\$	Other	\$

11) Education Expenses		
Student Name	Social Security Number	Expense
		\$
		\$
		\$

12) Child Care Expense		13) Miscellaneous / Unreimbursed Expenses	
Expense	Amount	Taxes	Amount
Provider Name:		Tax Preparation Fee	\$
Address:		Safe Deposit Box	\$
City, State, Zip:		IRA Custodial Fees	\$
Phone:		Advisory Fees	\$
FEIN/SSN:		Job Search Expense	\$
Amount Paid	\$	Moving of Household Goods <i>(Job Related)</i>	\$
		Gambling Losses	\$
		Dues - Union, Professional	\$
		Books, Subscriptions, Supplies	\$
		Licenses	\$
		Tools, Equipment, Safety Equipment	\$
		Uniforms <i>(Including Cleaning)</i>	\$
		Tuition, Books <i>(Work Related)</i>	\$
		Unreimbursed Business Miles	\$

14) Charitable Contributions <i>(Receipts Required)</i>	
Expense	Amount
Church	\$
United Way <i>(W2)</i>	\$
Other	\$
Other	\$
Provide list of Non-Cash Donations <i>(Name of organization & value)</i> <input type="checkbox"/>	
Volunteer Mileage	

15) Foreign Accounts	
Did you own any foreign bank accounts that had a balance of \$10K or more at any time during the year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did you own any foreign financial assests (stock, contracts, notes) valued at \$50K or more at any time during the year?	<input type="checkbox"/> Yes <input type="checkbox"/> No

16) CA Use Tax		
Total Internet and out of state purchases that were not charged sales tax		\$
The sales tax rate in Santa Barbara County is 8%. Were there any internet or out of state purchases which were charged sales tax at a reduced rate? <i>(If so, please provide total purchase amount and amount charged for sales tax.)</i>	Total Purchase Amount	Sales Tax Charged
	\$	\$

17) Questions / Additional Information	