

**Mary Sharp, CPA
Client Tax Organizer**

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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			
E-Mail Address			
Work Phone			
Home Phone			
Cell Phone			
Home Address			
City, State, Zip			

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) Maximum Deductions Questionnaire

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	10. Did you pay anyone for domestic service in your home?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Did your address change during the year?	<input type="checkbox"/> Yes <input type="checkbox"/> No	11. Did you pay anyone for childcare services?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Were there any changes in dependents?	<input type="checkbox"/> Yes <input type="checkbox"/> No	12. Did you receive a distribution form or make a contribution to a retirement plan (401k, IRA, etc.?)	<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	13. Did you give a gift of more than \$14,000 to one or more people?	<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	14. Did you go through bankruptcy, foreclosure, or repossession proceedings?	<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	15. Did you incur a loss because of damaged or stolen property?	<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	16. Were you notified or audited by either the IRS or State taxing agency?	<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	17. Did you work from a home office or use your car for business?	<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	18. Did you buy any internet merchandise for which you did not pay sales/use tax?	<input type="checkbox"/> Yes <input type="checkbox"/> No

6) Documentation <i>(If any of the following are applicable, please include)</i>	
• 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"/>
• Interest Income (1099 INT)	<input type="checkbox"/>
• Dividend Income (1099DIV)	<input type="checkbox"/>
• Partnership, Trust, Estate (K1)	<input type="checkbox"/>
• Real Estate Transactions (1099s, Final Closing Statement)	<input type="checkbox"/>
• Investment Income - Brokerage Statement	<input type="checkbox"/>
• Tuition Statement (1098T)	<input type="checkbox"/>
• Health Insurance (1095A, 1095B, 1095C)	<input type="checkbox"/>
• Other documents you've received, documents which you have questions about?	<input type="checkbox"/>

7) Other Income		8) Adjustments to Income	
Income	Amount	Income Adjustment	Amount
Alimony Received	\$	Alimony Paid	\$
Gambling / Lottery Winnings	\$	Name:	
Jury Duty	\$	Social Security #	
Disability Income	\$	IRA/SEP Contributions - Taxpayer	\$
State Income Tax Refund	\$	IRA/SEP Contributions - Spouse	\$
Other	\$	Educator Expenses	\$
Other	\$	Student Loan Interest	\$
Other	\$	Health Savings Account	\$

9) Medical / Dental Expenses		10) 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	\$	Other	\$
Hearing Aids, Batteries	\$		

11) Interest Expense		Expense	Amount
Braces	\$	Mortgage Interest Paid <i>(attach 1098's)</i>	\$
Medical Equipment, Supplies	\$	Mortgage Insurance Premiums	\$
Nursing Care	\$	Mortgage Interest Paid to an Individual <i>(home)</i>	\$
Physical Therapy	\$	Name:	
Hospital	\$	Address:	
Doctor / Dental / Orthodontist	\$	City, State, Zip:	
Mileage	\$	Social Security #	
Other	\$	Investment Interest	\$
Other	\$		

12) Casualty / Theft Loss		13) Day Care Expenses	
Expense	Amount	Providers	
Location of Property:		Provider Name #1:	
Description of Property:		Address:	
Amount of Damage	\$	City, State, Zip:	
Insurance Reimbursement	\$	Phone #:	EIN / SS#:
Repair Costs	\$	Child:	Amount Paid \$
Federal Grants Received	\$	Child:	Amount Paid \$
Other	\$	Provider Name #2:	
		Address:	
		City, State, Zip:	
		Phone #:	EIN / SS#
		Child:	Amount Paid \$
		Child:	Amount Paid \$

14) Education Expenses				
Student Name		Social Security Number		Expense
15) Charitable Contributions (Receipts Required)		16) Miscellaneous / Unreimbursed Expenses		
Expense	Amount	Taxes	Amount	
Church	\$	Dues - Union, Professional	\$	
United Way	\$	Books, Subscriptions, Supplies	\$	
Scouts	\$	Licenses	\$	
Telethons	\$	Tools, Equipment, Safety Equipment	\$	
University, Public TV / Radio	\$	Uniforms (Including Cleaning)	\$	
Heart, Lung, Cancer, etc.	\$	Sales Expense, Gifts	\$	
Wildlife Fund, Humane Society	\$	Tuition, Books (Work Related)	\$	
Salvation Army, Goodwill (Cash Donations)	\$	Entertainment	\$	
Other	\$	Tax Preparation Fee	\$	
Non-Cash Donations:		Safe Deposit Box	\$	
Charity Name		IRA Custodial Fees	\$	
Address:		Advisory Fees	\$	
City, State, Zip:		Job Search Expense	\$	
Description of Goods		Moving of Household Goods (Job Related)	\$	
Value of goods (Thrift Shop Value)	\$		\$	
Charity Name			\$	
Address:			\$	
City, State, Zip:			\$	
Description of Goods			\$	
Value of Goods (Thrift Shop Value)	\$		\$	
Volunteer Mileage			\$	
17) Questions / Additional Information				