



CLIENT TAX PREPARATION ORGANIZER

Thank you for selecting Proactive Accounting & Tax Services to prepare your tax returns.

Please complete this client organizer to ensure we receive all tax documents/information needed to accurately complete your returns.

****WE ARE ASKING ALL CLIENTS TO PROVIDE THEIR TAX DOCUMENTS BY UPLOADING THEM SECURELY TO SHAREFILE. PLEASE CONTACT OUR OFFICE IF YOU HAVE NOT PREVIOUSLY RECEIVED AN INVITE TO SHAREFILE****

BEST CONTACT PHONE NUMBER _____

<p><u>TAXPAYER</u></p> <p>LAST NAME _____</p> <p>FIRST NAME _____</p> <p>CELL PHONE _____</p> <p>EMAIL ADDRESS _____</p>	<p><u>SPOUSE</u></p> <p>LAST NAME _____</p> <p>FIRST NAME _____</p> <p>CELL PHONE _____</p> <p>EMAIL ADDRESS _____</p>
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*****Please provide both taxpayer AND spouse (if applicable) email address & cell phone**

Have you moved since filing last year's tax return? If YES, when? _____ **Please list new address in the section below

Did you sell your home during the tax year? If YES, please provide the settlement statement and date of sale. _____

Has any of your contact information changed? If YES, please update information in the section below.

Have you renewed your Driver's License since filing last year's tax return? If YES, please provide a copy of your new license.

Are you a new client? If YES, please fill out the information below and provide a prior year Tax Return and copy of your Driver's License.

****Both the Taxpayer and Spouse (if applicable) must provide a copy of their Driver's License**

<p>SSN _____</p> <p>OCCUPATION _____</p> <p>DATE OF BIRTH _____</p> <p>WORK PHONE _____</p> <p>HOME PHONE _____</p> <p>ADDRESS: _____</p> <p>CITY: _____</p>	<p>SSN _____</p> <p>OCCUPATION _____</p> <p>DATE OF BIRTH _____</p> <p>WORK PHONE _____</p> <p>STATE: _____</p> <p>ZIP: _____</p>
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FEDERAL FILING STATUS

SINGLE _____ MARRIED FILING JOINTLY _____ MARRIED FILING SEPARATELY _____ HEAD OF HOUSEHOLD _____

QUALIFYING WIDOW(ER)--YEAR SPOUSE DIED _____

CAN TAXPAYER BE CLAIMED AS DEPENDENT OF ANOTHER PERSON? YES___ NO___

IF YES, WAS TAXPAYER CLAIMED AS DEPENDENT ON THAT PERSON'S RETURN? _____

CAN SPOUSE BE CLAIMED AS DEPENDENT OF ANOTHER PERSON? YES___ NO___

IF YES, WAS SPOUSE CLAIMED AS DEPENDENT ON THAT PERSON'S RETURN? _____

ARE YOU A U.S. CITIZEN , A U.S. NATIONAL OR LAWFULLY PRESENT IN THE UNITED STATES? YES___ NO___

PERSONAL INCOME TAX ESTIMATES PAID (Other than withholding) Please provide a copy of your checks.

DID YOU PAY ESTIMATED TAXES? (***Do not include prior year liability payments) YES_____ NO_____

	FEDERAL TAX PAID	DATE PAID	STATE TAX PAID	DATE PAID	LOCAL TAX PAID	DATE PAID
1st Quarter	\$					
2nd Quarter	\$					
3rd Quarter	\$					
4th Quarter	\$					

FINANCIAL INSTITUTION INFORMATION:

IF YOU ARE ENTITLED TO A FEDERAL OR STATE REFUND, PLEASE CHOOSE FROM THE BELOW OPTIONS:

***NOTE: If our office does not receive a copy of a voided check, our office will automatically request a paper refund check (if applicable). We require a voided check be sent to us each year to avoid any errors.**

- ____ Issue a check and mail to client's home
- ____ Direct Deposit into checking account *****Attach copy of voided check**
- ____ Credit to next year as prepaid taxes

*****ALL CLIENTS MUST ANSWER THE BELOW SECTION OF QUESTIONS AS REQUIRED BY THE IRS:**

AT ANY TIME DURING THE YEAR, DID YOU HAVE A FINANCIAL INTEREST IN OR SIGNATURE AUTHORITY OVER A FINANCIAL ACCOUNT (such as a bank account, securities account or brokerage account) LOCATED IN A FOREIGN COUNTRY? YES ___ NO ___

AT ANY TIME DURING THE YEAR, DID YOU BUY RECEIVE, SELL, EXCHANGE OR OTHERWISE ACQUIRE ANY FINANCIAL INTEREST IN ANY VIRTUAL CURRENCY (this includes cryptocurrencies)? YES ___ NO ___

DID YOU RECEIVE A FIRST ROUND STIMULUS CHECK/DIRECT DEPOSIT? ___ IF YES, HOW MUCH DID YOU RECEIVE? \$ _____

DID YOU RECEIVE A SECOND ROUND STIMULUS CHECK/DIRECT DEPOSIT? ___ IF YES, HOW MUCH DID YOU RECEIVE? \$ _____

***Please provide bank statements showing deposit amounts. If you received your second stimulus check in 2021, we still need to know the amount. Stimulus checks are NOT taxable.

DID YOU PURCHASE YOUR HEALTH INSURANCE THROUGH THE MARKET PLACE (healthcare.gov)? ___ IF YES, provide Form 1095-A

PERSONAL INCOME--PLEASE ANSWER AND PROVIDE THE FOLLOWING DOCUMENTATION OR FORMS IF APPLICABLE

Did you or your spouse receive employment income? ___ IF YES, provide Form W-2 from all of your employers.

Did you or your spouse receive Social Security Benefits? ___ IF YES, provide Form 1099 SSA.

Did you or your spouse receive Railroad Retirement Benefits? ___ IF YES, please provide Form 1099 RRB.

Did you or your spouse receive a distribution from an IRA, Pension, Annuity or other retirement plan? ___ IF YES, provide Form(s) 1099-R.

Did you take an early distribution due to COVID Hardship? ___ IF YES, please discuss with your tax preparer.

Did you or your spouse receive Unemployment Compensation or a state or local tax refund? ___ IF YES, provide Form(s) 1099-G.

Did you or your spouse have any lottery or gambling winnings? ___ IF YES, provide Form(s) W-2 G.

Did you or your spouse receive interest income from either a savings, brokerage or other account? ___ IF YES, provide Form(s) 1099-INT.

Did you or your spouse receive any dividend income? ___ IF YES, provide Form(s) 1099-DIV.

Do you or your spouse have any brokerage/investment accounts (ex. Fidelity, E-Trade, Charles Schwab, etc)? ___ IF YES, provide Form(s) 1099-B.

Do you or your spouse own a Pass-Through Business (LLC, S-Corp) or have Trust income? ___ IF YES, provide Form(s) K-1.

Did you or your spouse receive any Nonemployee Compensation? ___ IF YES, provide Form(s) 1099-NEC.

Did you receive the 1099-NEC as a single-owner business? ___ IF YES, you may need to complete our Schedule C Organizer.

Did you or your spouse receive Rental Income? ___ IF YES, provide Form(s) 1099-MISC and complete our Schedule E Organizer.

Did you or your spouse receive royalties, prizes, awards or other miscellaneous income? ___ IF YES, provide for 1099-MISC.

Did you or your spouse receive Jury Duty Pay? ___ IF YES, provide amount. \$ _____

Did you receive Alimony? ___ IF YES, provide any court documents along with the following:

Amount Received - \$ _____ Date of Divorce - _____ Payer's SSN _____ Payer's Name _____

ADJUSTMENTS & DEDUCTIONS TO INCOME--PLEASE PROVIDE THE FOLLOWING DOCUMENTS OR FORMS IF APPLICABLE

If you own a home or homes, please provide: Mortgage Interest Paid (Forms 1098) & Property Taxes Paid (County Bills)

Are you or your spouse a teacher with educator expenses? ___ IF YES, please provide receipts.

Did you or your spouse make a contribution to a Traditional or Roth IRA? ___ IF YES, provide documentation, statements & amount. \$ _____

Did you pay Alimony? ___ IF YES, provide any court documents along with the following:

Amount Paid - \$ _____ Date of Divorce - _____ Recipient's SSN _____ Recipient's Name _____

Do you or your spouse have an HSA Account? ___ IF YES, you must provide Forms 1099-SA AND 5498-SA.

Did you buy your own health insurance policy? (do not include amounts paid through an employer plan) ___ IF YES, provide annual premium paid. \$ _____

Did you pay medical or dental expenses? ___ IF YES, provide receipts, statements or other documentation. ***Limitations apply based on income

May Include: Doctor, Dentist, or Hospital Fees, prescriptions, labs, medical equip/supplies, vision expenses, long-term care fees, etc.

Did you suffer a Casualty or Theft Loss? ___ IF YES, please talk to your tax preparer about qualifying losses.

Did you make any CASH charitable contributions? ___ IF YES, you MUST provide letter from charity and/or copies of cancelled checks or receipts.

Did you donate any goods to a charity? ___ IF YES, you MUST provide donation slip that shows: DATE, TYPE OF GOODS, AND VALUE

****WE CANNOT LIST THESE DONATIONS ON YOUR TAX RETURN WITHOUT THE INFORMATION LISTED ABOVE****

Did you pay Student Loan Interest? ___ IF YES, provide Form 1098-E or other documentation from lender.

EDUCATION INFORMATION - PLEASE ANSWER & PROVIDE THE FOLLOWING DOCUMENTS OR FORMS IF APPLICABLE

Is the taxpayer or spouse a full-time student? ___ IF YES, taxpayer, spouse or both? _____

Does the taxpayer have Qualified Education Expenses? ___ IF YES, provide Form 1098-T.

Does the spouse have Qualified Education Expenses? ___ IF YES, provide Form 1098-T.

Did the taxpayer or spouse receive a distribution from an Education Saving Account? ___ IF YES, provide Form 1099-Q.

Did any dependents listed on the return have Qualified Education Expenses? ___ IF YES, provide Form 1098-T and fill in dependent info below.

Did any dependents listed on the return receive a distribution from an Education Saving Account? ___ IF YES, provide Form 1099-Q.

DEPENDENT / EIC / CHILD & DEPENDENT CARE CREDIT INFORMATION

FOR EACH DEPENDENT YOU MUST PROVIDE: First & Last Name, SSN, Relationship to TAXPAYER and Date of Birth.

****Please note, we may request a copy of each child's birth certificate if you qualify for certain tax credits.**

****To Claim a Dependent on your tax return, the dependent CANNOT claim themselves if/when filing their own tax return.**

Dependent Information:	Birthdate	Relationship	Child Care? Amount?	Tuition? Amount?
DEPENDENT 1. Name: _____ SSN: _____			Yes __ or No __ \$ _____	Yes __ or No __ \$ _____
DEPENDENT 2. Name: _____ SSN: _____			Yes __ or No __ \$ _____	Yes __ or No __ \$ _____
DEPENDENT 3. Name: _____ SSN: _____			Yes __ or No __ \$ _____	Yes __ or No __ \$ _____

Please provide the name, address and EIN of child care institution for each dependent with expense amount listed above.

CHILD CARE NAME	ADDRESS	CITY	ZIP	EIN #	AMOUNT

NOTES (Please include below any additional information that was not listed above or didn't fit in the space provided):
