

CLIENT TAX ORGANIZER

Tax Year _____



**LASKEY
COSTELLO**
Certified Public Accountants

Please complete this questionnaire before your appointment and bring the following:

- Last year's tax return (new clients only)
- All statements (W-2s, 1099s, etc.)
- Prior year clients, only fill in changes on section 1 and 2
- Copy of Driver's License
- To utilize our client portal, please provide an email address

1. Personal Information				
Name	Social Security No.	Date of Birth	Occupation	Work Phone
Taxpayer:				
Spouse:				
Street Address	City	State	Zip	Home/Cell Phone
Taxpayer E-mail:				
Spouse E-mail:				

	<u>Taxpayer</u>		<u>Spouse</u>		<u>Marital Status</u>
Blind	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Married	Will file jointly <input type="checkbox"/> YES <input type="checkbox"/> NO
Disabled	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Single	Date of Divorce _____
Pres. Campaign Fund	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Widow(er)	Date of Spouse's Death _____

2. Dependents (Children & Others)							
Name (First, Initial, Last)	Relationship	Date of Birth	Social Security Number	Months Lived With you	Dis-abled	Full Time Student	Dependant's Gross Income

- | | |
|--|--|
| <p>1. Are you self-employed or do you receive hobby income? (attach Form 1099 Misc) <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>2. Did you receive rent from real estate or other property? (if yes, provide listing of income & expenses) <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>3. Do you have a foreign bank account, trust, or business? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>4. Did you refinance your main home or other property? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>5. Were there any births, deaths, marriages or adoptions in your immediate family? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>6. Did you give a gift of more than \$15,000 to one or more people? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> | <p>7. Did you receive a distribution from a qualified state tuition program? (If yes, please provide a 1099-Q) <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>8. Did you receive any investment income that was not reported on 1099 Forms? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>9. Did you have any debt forgiven or property foreclosed upon? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>10. Did you receive, sell, send, exchange, or otherwise acquire any financial interest on any virtual currency? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> |
|--|--|

3. Child & Other Dependent Care Expenses ** Also complete this section if you receive dependent care benefits from your employer **			
Name of Care Provider	Address	Social Security No. or Employer ID	Amount Paid

4. Wage, Salary, Income	Employer (Attach W-2's)

5. Interest Income	Payer (Attach 1099-INT)

6. Dividend Income	From Mutual Funds & Stocks (Attach 1099-DIV)

7. Partnership, Trust, Estate Income
List payers of partnership, limited partnership, S-Corporation, trust, or estate income (Attach K-1)

8. Investments Sold	Stocks, Bonds, Mutual Funds, Gold, Silver, Partnership Interest (Attach 1099-B)		
Investment	Date Acquired/Sold	Cost	Sale Price
	/		
	/		
	/		
	/		

9. Property Sold	Attach 1099-S and closing statements	
Property	Date Acquired	Cost & Improvements
Vacation Home:		
Land:		
Other:		

10. I.R.A. (Individual Retirement Account)					
Contributions for tax year income	Amounts withdrawn (Attach 1099-R & 5498)				
Amount	Date	Roth (Y/N)	Plan Trustee	Reason for Withdrawal	Reinvested?
Taxpayer:					<input type="checkbox"/> YES <input type="checkbox"/> NO
Spouse:					<input type="checkbox"/> YES <input type="checkbox"/> NO

11. Pension, Annuity Income	(Attach 1099-R)		
Payer*:	Reason for Payment	Reinvested?	* Provide statements from employer or insurance company with information on cost of or contributions to plan. Did you receive: <u>Taxpayer</u> <u>Spouse</u> Social Security Benefits <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO Railroad Retirement <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO (Attach SSA 1099, RBB 1099)
		<input type="checkbox"/> YES <input type="checkbox"/> NO	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	

12. Other Income	List all other income (including non-taxable)
Alimony Received:	Commissions:
Divorce Agreement Finalized Before 12/31/18? <input type="checkbox"/> YES <input type="checkbox"/> NO	Jury Duty:
Scholarships (Grants):	Workers' Compensation:
Unemployment Compensation (Repaid \$ _____):	Disability Income:
Prizes, Bonuses, Awards:	Veteran's Pension:
Gambling, Lottery (Expenses \$ _____):	Payments from Prior Installment Sale:
Unreported Tips:	State Income Tax Refund:
Director / Executor's Fee:	Other:

13. Medical/Dental Expenses	
Prescription Drugs	Nursing Care / Medical Therapy
Long-Term Care Premiums	Medical Insurance Premiums (After-Tax)
Glasses, Contacts	Hospital
Hearing Aids, Batteries	Doctor/Dental/Orthodontist
Medical Equipment, Supplies	Mileage (No. of miles)

14. Taxes Paid
Real Property Tax:
Personal Property Tax:
Other:

15. Interest Expense
Mortgage Interest (attach 1098)
Interest paid to individual for your home:
• Paid to:
• Name:
• Address:
• Social Security No.:
Investment interest:

16. Charitable Contributions
Cash:
Non-Cash, Please provide details:
Charitable Mileage (No. of Miles):

17. Business Income/Expenses:			
	Amount \$		Amount \$
Business Income		Rent or Lease	
Cost of Good Sold		Repairs/Maintenance	
Inventory (Start of Year)		Supplies	
Inventory (End of Year)		Taxes & Licenses	
Advertising		Travel & Meals	
Insurance		Utilities	
Interest		Other:	
Legal & Professional		Other:	
Home Office (square Feet)		Other:	
Home (square feet)		Other:	
Office Expenses		Other:	

18. Business Mileage					
Do you have written records?	YES	NO	Did you sell or trade-in a car used for business?	YES	NO
Make/Year of Vehicle:			Gas, Oil, Lubrication:		
Date Purchased:			Batteries, Tires, etc.:		
Total Miles (Personal & Business)			Repairs:		
Business Miles (Not To and From Work)			Wash:		
Insurance:			Garage Rent:		
Lease Payments:			Other:		

19. Rental Income/Expenses:	Property Address:		
	Amount \$		Amount \$
Rental Income		Repairs	
Advertising		Supplies	
Mileage		Taxes	
Cleaning & Maintenance		Utilities	
Insurance		Other:	
Legal/Professional Fees		Other:	
Management Fees		Other:	
Mortgage Interest		Other:	

20. Estimated Tax Paid			
Date Paid	Federal	State	Local

21. Other Deductions	
Alimony Paid To:	
Divorce Final Prior to December 31, 2018?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Social Security No.:	
Student Loan Interest Paid:	
Contributions to College Savings Plan/529 Plan:	

22. College Education Expenses (Attach 1098-T)		
Student's Name	Type of Expense	Amount

23. Health Insurance Coverage	
** The IRS requires that you report, on your tax return, certain information related to your health care coverage **	
<input type="checkbox"/> YES <input type="checkbox"/> NO	Did you have health care coverage with a government Marketplace (Exchange). If so, provide the Form 1095-A issued by the Marketplace. In some family situations, you may have more than one 1095-A.
<input type="checkbox"/> YES <input type="checkbox"/> NO	Are you claiming someone on your return who was included on another taxpayer's policy with a Marketplace? If so, you will also need to provide a copy of that taxpayer's 1095-A.
<input type="checkbox"/> YES <input type="checkbox"/> NO	Did one of your dependants file a return for the current tax year? If so, provide a copy of their return.

24. ID Information
Issue Date:
Expiration Date:
State of Issuance:
ID Number:

25. Questions, Comments, and Other Information

26. Refund Information	
Would you like your refund directly deposited into your bank account? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Account Type:	Checking Savings
Your Account Number:	
Bank Routing Number:	

To the best of my knowledge the enclosed information is correct and includes all income, deductions, and other information necessary for the preparation of this year's income tax returns for which I have adequate records.

Name (Print) _____ Signature _____ Date _____
 Name (Print) _____ Signature _____ Date _____