

# 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 did you receive hobby income? (attach Form 1099 NEC) <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 &amp; 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 in any virtual currency? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> |
|--|--|

3. Child & Other Dependent Care Expenses <span style="float: right;">** Also complete this section if you receive dependent care benefits from your employer **</span>			
Name of Care Provider	Address	Social Security No. or Employer ID	Amount Paid

4. Wage, Salary, Income:
Wage Income (Attach W-2):
Interest Income (Attach 1099-INT):
Dividend Income (Attach 1099-DIV):
Partnership, Trust, Estate Income (Attach K-1):

<b>5. Did you receive government stimulus payment in 2020?</b> (Economic Impact Payment)	<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, How Much? (Please provide IRS letter - Notice 1444)	\$ _____

6. Investments Sold <span style="float: right;">Stocks, Bonds, Mutual Funds, Gold, Silver, Partnership Interest (Attach 1099-B)</span>			
Investment	Date Acquired/Sold	Cost	Sale Price
	/		
	/		
	/		
	/		

7. Property Sold <span style="float: right;">Attach 1099-S and closing statements</span>		
Property	Date Acquired	Cost & Improvements
Vacation Home:		
Land:		
Other:		

8. 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

9. Pension, Annuity Income <span style="float: right;">(Attach 1099-R)</span>															
Payer*	Reason for Payment	Reinvested?													
		<input type="checkbox"/> YES <input type="checkbox"/> NO	* Provide statements from employer or insurance company with information on cost of or contributions to plan.  Did you receive: <table style="margin-left: 20px; border: none;"> <tr> <td></td> <td style="text-align: center;"><b>Taxpayer</b></td> <td></td> <td style="text-align: center;"><b>Spouse</b></td> </tr> <tr> <td>Social Security Benefits</td> <td><input type="checkbox"/> YES <input type="checkbox"/> NO</td> <td><input type="checkbox"/> YES <input type="checkbox"/> NO</td> <td><input type="checkbox"/> YES <input type="checkbox"/> NO</td> </tr> <tr> <td>Railroad Retirement</td> <td><input type="checkbox"/> YES <input type="checkbox"/> NO</td> <td><input type="checkbox"/> YES <input type="checkbox"/> NO</td> <td><input type="checkbox"/> YES <input type="checkbox"/> NO</td> </tr> </table> (Attach SSA 1099, RBB 1099)		<b>Taxpayer</b>		<b>Spouse</b>	Social Security Benefits	<input type="checkbox"/> YES <input type="checkbox"/> NO	<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	<input type="checkbox"/> YES <input type="checkbox"/> NO
	<b>Taxpayer</b>			<b>Spouse</b>											
Social Security Benefits	<input type="checkbox"/> YES <input type="checkbox"/> NO	<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		<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													

10. Other Income <span style="float: right;">List all other income (including non-taxable)</span>	
Alimony Received:	Commissions:
Divorce Agreement Finalized Before 12/31/18? <input type="checkbox"/> YES <input type="checkbox"/> NO	Jury Duty:
Debt Forgiveness (1099-C/1099-A):	Disability Income:
Unemployment Compensation (Repaid \$ _____):	Veteran's Pension:
Prizes, Bonuses, Awards:	Payments from Prior Installment Sale:
Gambling, Lottery (Expenses \$ _____):	State Income Tax Refund:
Unreported Tips:	Other:
Director / Executor's Fee:	Other:

11. 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):

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

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

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

15. Business Income/Expenses: (In lieu of filling in, please provide profit/loss statement)			
	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:	

16. 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:				

17. PPP/Grants (Payroll Protection Program)					
Did you receive any PPP/Grant funds?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Do you anticipate forgiveness?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If yes, how much?			If yes, how much?		

18. Rental Income/Expenses: (In lieu of filling in, please provide rental house and expense breakdown)	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:

19. Estimated Tax Paid			
Date Paid	Federal	State	Local

20. 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:	

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

22. Health Insurance Coverage	
<b>** The IRS requires that you report, on your tax return, certain information related to your health care coverage **</b>	
<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.

23. ID Information	Taxpayer	Spouse
Issue Date:		
Expiration Date:		
State of Issuance:		
ID Number:		

24. Questions, Comments, and Other Information	

25. 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 \_\_\_\_\_