

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"/> 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"/> 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"/> 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

- | | |
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| <p>1. Are you self-employed or did you receive hobby income? (attach Form 1099 NEC/1099-K) <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 \$16,000 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> <p>11. Did you complete any residential energy efficiency improvements? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> |
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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:
Wage Income (Attach W-2):
Interest Income (Attach 1099-INT):
Dividend Income (Attach 1099-DIV):
Partnership, Trust, Estate Income (Attach K-1):

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

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

7. 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
						<input type="checkbox"/> YES <input type="checkbox"/> NO
Spouse:						<input type="checkbox"/> YES <input type="checkbox"/> NO

8. 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	

9. 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:
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:

10. 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):

11. Health Savings Account			
Did you contribute to an HSA outside of employment contributions? (If yes, please attach 5498-SA)	<input type="checkbox"/> YES <input type="checkbox"/> NO	Did you take a distribution from an HSA? (If yes, please attach 1099-SA)	<input type="checkbox"/> YES <input type="checkbox"/> NO
		Were all distributions for medical expenses?	<input type="checkbox"/> YES <input type="checkbox"/> NO

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)			
	<i>Amount \$</i>		<i>Amount \$</i>
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)	
Were any PPP loans forgiven in 2022? (If yes, please provide forgiveness letter)	<input type="checkbox"/> YES <input type="checkbox"/> NO

18. Rental Income/Expenses: (In lieu of filling in, please provide rental house and expense breakdown)	Property Address:	
	<i>Amount \$</i>	<i>Amount \$</i>
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 (please attach 1098-e):	
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	
** 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.

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 _____