

CLIENT TAX ORGANIZER

Tax Year _____



**LASKEY
COSTELLO**
Certified Public Accountants

The client tax organizer is for your reference and can be used to remind you of the important tax documents and information needed to complete your tax return.

You must provide a current email address and driver's license information.

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

- | | |
|---|---|
| <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 \$17,000 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> <p>12. Did you purchase an electric vehicle? <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:
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: 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	

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)			
	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. 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:	

18. Estimated Tax Paid			
Date Paid	Federal	State	Local

19. 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:	

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

21. 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.

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

23. Questions, Comments, and Other Information	

24. 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 _____