



TAX + BUSINESS SERVICES

12803 Venice Blvd, Los Angeles Ca 90066 • Tel: 310-398-3231
 4340 Genesee Ave #205, San Diego Ca 92117 • Tel: 858-279-1640
 Fax: 310-398-5641 • www.taxplus.com

Comprehensive Client Tax Organizer

**(Includes Review for: Itemized Deductions – Schedule A & Unreimbursed Employee Expenses (State Only),
 Schedule C – Self-Employed Income and Deductions, and Schedule E- Rental Property Income and Expenses)**

Please complete this Organizer before your appointment. Prior year clients can request a Personalized Organizer.

PERSONAL INFORMATION

Name		Social Security No.	Date of Birth	Occupation	Main Phone Number
Taxpayer:					
Spouse:					
Street Address:		City:	State:	Zip:	Alternate Phone Number
Taxpayer Email Address:			Spouse Email Address:		
Taxpayer ID/Driver's License:			Spouse ID/Driver's License:		

	Taxpayer	Spouse	Marital Status	
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	
Presidential Fund	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Head of Household (Requires a qualifying dependent)	
IPPIN- Identity Protection PIN <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<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 _____	

DEPENDENTS (CHILDREN & OTHERS)

Name (First, Last)	Relationship	Date of Birth	Social Security No.	Months Lived with You	Disabled	Full Time Student	Dependent's Gross Income
					<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	

CHILD AND OTHER DEPENDENT CARE EXPENSES

Name of Care Provider	Address	Soc. Sec. No. (SSN) or Employer ID (EIN)	Amount Paid Dependent #1	Amount Paid Dependent #2	Amount Paid Dependent #3

*Also complete the above section if you received dependent care benefits from your employer, or if you contributed to a pre-tax account.

Please Provide for your appointment:

<input type="checkbox"/> Last Year's Tax Return (New Clients Only)	
Please provide us with any current year income forms:	
<input type="checkbox"/> Form W-2: Wages <input type="checkbox"/> Form 1098: Mortgage Interest <input type="checkbox"/> Form 1099-B: Proceeds from Broker and Barter Transactions <input type="checkbox"/> Form 1099-INT: Interest earned and received <input type="checkbox"/> Form 1099-DIV: Dividends <input type="checkbox"/> Form 1099-NEC: Non-Employee Compensation <input type="checkbox"/> Form 1099-R: Retirement Distributions <input type="checkbox"/> Form SSA-1099: Social Security Benefits <input type="checkbox"/> Schedule K-1: Partner's Share of Income, Deductions, Credits <input type="checkbox"/> Other Entity Income: Trust, S-Corp, etc.	<input type="checkbox"/> Form W-2G: Certain Gambling Winnings <input type="checkbox"/> Form 1098-E: Student Loan Interest <input type="checkbox"/> Form 1098-T: Tuition Statement <input type="checkbox"/> Form 1099-MISC: Miscellaneous Income <input type="checkbox"/> Form 1099-C: Cancellation of Debt <input type="checkbox"/> Form 1099-G: Government Payments <input type="checkbox"/> Form 1099-S: Proceeds from Real Estate Transactions <input type="checkbox"/> Form RRB-1099: Railroad Retirement Benefits <input type="checkbox"/> Form 5498: IRA Retirement Contributions <input type="checkbox"/> Other Sources of Income: Crypto, Hobby, Foreign...

Please answer the following questions to determine maximum deductions:

Question	Yes	No
1. Are you self-employed or do you receive hobby income? If yes, complete Schedule C section.	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you have an Entity? If yes, what type? _____	<input type="checkbox"/>	<input type="checkbox"/>
3. Did you receive rent from real estate or other property? If yes, complete Schedule E section.	<input type="checkbox"/>	<input type="checkbox"/>
4. Did you withdraw from a retirement plan? If yes, provide Form 1099-R.	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you have a foreign bank account, trust or business?	<input type="checkbox"/>	<input type="checkbox"/>
6. Do you provide a home for or help support anyone not listed in the Dependent section above?	<input type="checkbox"/>	<input type="checkbox"/>
7. Did you receive any correspondence from the IRS, State, or other Taxation Division?	<input type="checkbox"/>	<input type="checkbox"/>
8. Were there any births, deaths, marriages, divorces or adoptions in your immediate family?	<input type="checkbox"/>	<input type="checkbox"/>
9. Did you give a gift of more than \$16,000 to one or more people?	<input type="checkbox"/>	<input type="checkbox"/>
10. Did you have any debts cancelled, forgiven, or refinanced? If yes, provide Form 1099-C.	<input type="checkbox"/>	<input type="checkbox"/>
11. Did you go through bankruptcy proceedings?	<input type="checkbox"/>	<input type="checkbox"/>
12. Did you pay interest on a student loan for yourself, your spouse, or your dependent during the year? If yes, provide Form 1098-E.	<input type="checkbox"/>	<input type="checkbox"/>
13. Did you pay expenses for yourself, your spouse, or your dependent to attend higher education? If yes, provide Form 1098-T.	<input type="checkbox"/>	<input type="checkbox"/>
14. Did you take any retirement distributions in 2020 that you opted to split across three years?	<input type="checkbox"/>	<input type="checkbox"/>
15. Did your dependents have any income, whether it was earned or unearned?	<input type="checkbox"/>	<input type="checkbox"/>
16. Did you purchase a new vehicle or electric vehicle?	<input type="checkbox"/>	<input type="checkbox"/>
17. Did you install any energy improvements to your residence such as solar water heaters, or solar panels?	<input type="checkbox"/>	<input type="checkbox"/>
18. Did you move residence for job related purposes? (Military Only)	<input type="checkbox"/>	<input type="checkbox"/>
19. Can anyone else claim any of your dependents? If yes, how are they related to your dependent?	<input type="checkbox"/>	<input type="checkbox"/>
20. Do you have anything else about your situation that you'd like to share? If yes, please provide it in the Notes section.	<input type="checkbox"/>	<input type="checkbox"/>

WAGES & SALARY INCOME

Provide W-2 Form

Employer	Taxpayer	Spouse
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

INTEREST & INVESTMENT INCOME

Provide 1099-INT and 1099-B: Broker Statements Form

Payer	Amount	Taxpayer	Spouse
	\$	<input type="checkbox"/>	<input type="checkbox"/>
	\$	<input type="checkbox"/>	<input type="checkbox"/>
	\$	<input type="checkbox"/>	<input type="checkbox"/>
	\$	<input type="checkbox"/>	<input type="checkbox"/>

DIVIDEND INCOME

Provide Form 1099-DIV From Mutual Funds and Stocks

Payer	Ordinary Gains	Capital Gains	Non-Taxable	Taxpayer	Spouse
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

PARTNERSHIP, TRUST, ESTATE INCOME

List payers of Partnership, Limited Partnership, S-Corporation, Trust, or Estate Income – Provide K-1

Payer	Taxpayer	Spouse
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

PROPERTY SOLD

Provide Form 1099-S and Final Closing Statements for Purchase and Sale

Property	Date Acquired	Date Sold	Purchase Cost	Improvements	Sale Price
Personal Residence			\$	\$	\$
Vacation Home			\$	\$	\$
Land			\$	\$	\$
Income/Rental			\$	\$	\$
Other			\$	\$	\$

RETIREMENT PLANS

Contributions for current tax year. Provide Form 5498.

	Type	Amount	Date
Taxpayer		\$	
Spouse		\$	

Amounts withdrawn (Distributions) from Pensions, Annuities, and other retirement plans. Provide Form 1099-R.

Payer	Amount	Reason for Withdrawal	Reinvested?
	\$		<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

GOVERNMENT PAYMENTS

Provide SSA-1099, RRB 1099, 1099-G or W-2 Form.

Payer	Amount	Taxpayer	Spouse
Social Security Benefits	\$		
Railroads Retirement Benefits	\$		
In-Home Supportive Services (IHSS)	\$		
Unemployment Benefits (EDD)	\$		

OTHER SOURCES OF INCOME

List All Other Income (Including Non-Taxable)

Type of Income	Amount	Notes
Alimony Received	\$	Pursuant to the Tax Cuts and Jobs Act (TCJA) rules
Commissions	\$	
Director/Executer's Fee	\$	
Disability Income	\$	Potentially taxable if not of retirement age
Gambling, Lottery Winnings	\$	Provide W-2G Forms and amount of wagers
Jury Duty	\$	
Legal Settlement	\$	Specify what settlement payment was for
Payments from Prior Installment Sales	\$	
Prizes, Bonuses, Awards	\$	Provide 1099-Misc Form
Scholarships (General)	\$	
State Income Tax Refund	\$	
Veteran's Pension	\$	
Other	\$	

ADJUSTMENTS TO INCOME

Adjustment	Amount	Taxpayer	Spouse
Alimony Paid (TCJA rules)	\$	<input type="checkbox"/>	<input type="checkbox"/>
Educator Expenses	\$	<input type="checkbox"/>	<input type="checkbox"/>
IRA Deduction	\$	<input type="checkbox"/>	<input type="checkbox"/>
Moving Expenses (Military only)	\$	<input type="checkbox"/>	<input type="checkbox"/>
Student Loan Interest Deduction	\$	<input type="checkbox"/>	<input type="checkbox"/>
Other	\$	<input type="checkbox"/>	<input type="checkbox"/>
Other	\$	<input type="checkbox"/>	<input type="checkbox"/>

Itemized Personal Deductions – Schedule A
(Includes a review for Unreimbursed Employee Expenses – State Only Purposes)

Medical Expenses Paid

Generally Must Exceed 7.5% of Income

Type of Healthcare Information Form (1095-A Covered CA, 1095-B, or 1095-C Form Employer Coverage)	<input type="checkbox"/> 1095-A & 3895 (State) <input type="checkbox"/> 1095-B <input type="checkbox"/> 1095-C (Please Provide Health Coverage Form for Tax Preparation)	
Medical Expense	Amount	Notes
Ambulance	\$	
Dental Costs (Braces, Cleaning, Visits...)	\$	
Doctor Costs (Consult, Primary Care, Specialists...)	\$	
Glasses (Including Contacts and any other Vision costs)	\$	
Group Health Insurance Deducted From Pay	\$	
Hearing Aids (Including Battery and visit costs)	\$	
Hospital Costs (Including ER, Urgent Care and Surgeries)	\$	
Insurance Premiums Paid by You (Including Medicare)	\$	
Lab and X-Ray	\$	
Medical Equipment and Supplies	\$	
Medical Home Improvements (Wheelchair ramp, railings...)	\$	
Medical Mileage (Number of miles)		
Medical Therapy	\$	
Medical Travel (Lodging, Meals, Other Transportation)	\$	
Nursing Home, Nursing Care, Assisted Living	\$	
Physical Therapy	\$	
Prescription Drugs (no "over-the-counter" drugs)	\$	
Psychotherapy, Psychological Counseling	\$	
Other	\$	
Other	\$	
Other	\$	

Taxes Paid

Real Estate:	Home	\$
	Other	\$
Vehicle License Fees:		\$
	Number of Vehicles	
Personal Property Tax (Boat, Plane, Etc.)		\$
State Income Tax Paid (Provide Canceled Checks*):		
*You may take either the general sales taxes or state and local income taxes deduction, but not both.		
	Balance Due on Last Year's State Return	\$
	Extension Payment on Last Year's State Return	\$
	Payment on a Prior Year's State Return	\$
	Last Year's 4 th Est. Paid to State Jan. of tax year	\$
Other		\$
Other		\$
Other		\$

Home Mortgage Interest Paid

Not for a rental property	Primary Residence	Second Home
First Loan:		
Paid to a Bank, S&L, Etc.	\$	\$
Paid to an Individual (Must List Below)	\$	\$
Name:	SS#	Address:
Second Loan:		
Paid to Bank, S&L, Etc.	\$	\$
Paid to an Individual (Must List Below)	\$	\$
Name:	SS#	Address:
Home Equity Loan		\$
If Form 1098 was issued in another's social security number enter that person's name and SS#		
Name:	SS#	
Did you refinance during the year?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Does your home equity loan exceed \$100,000	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Does the sum of all home mortgages exceed \$1,100,000?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Does the sum of all home mortgages exceed \$1,750,000?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Charitable Contributions

Written verification is required for each contribution of \$250 or more to any one organization. Do not include political or legislative action contributions, raffle or lottery tickets, or amounts paid for bingo or similar games.

Cash Contributions	Amount
Church, Temple	\$
Government Organizations	\$
Payroll Deductions	\$
Red Cross, Cancer	\$
Scouts	\$
School, College	\$
United Way	\$
Other	\$
Other	\$
Non-Cash Contributions	Value
Provide a detailed list of items if total amount is more than \$500. The list must include, for each item; cost, fair market value, date acquired, date contributed, and name and address of organization donated to.	
Clothing, Furniture, etc. Donated	\$
Other	\$
Other	\$

Casualty or Theft Losses (Federally Declared Disaster Areas Only)

Generally Must Exceed 10% of Income

Type of Loss:	
Date of Loss:	
Fair Market Value Before Loss	\$
Fair Market Value After Loss	\$
Was Loss Covered by Insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Amount Reimbursed by Insurance	\$

Investment & Other Expenses

IRA & Keogh Fees Paid By You	\$
Investment Counsel Fees	\$
Publications & Journals (For Investment Use)	\$
Safe Deposit Box	\$
Tax Preparation & Consultation Fees	\$
Telephone, Office Supplies (For Investment Use)	\$
Other	\$
Other	\$
Interest Paid (For Investments, such as land, stocks, etc.)	
Paid To	Reason for Loan
	\$
	\$
	\$
	\$

Unreimbursed Employee Expenses (State Only Purposes)

Business expenses must be based on receipts and records which should document: the business purpose, date, time, place and amount.			
Unreimbursed Expense	Amount	Notes	
Advertising	\$		
Books and Publications	\$		
Business Equipment Purchased During The Current Year			
Date Purchased	Description	Amount	Notes
<i>e.g. 9/5/2022</i>	<i>e.g. Video Equipment</i>	\$3,000	<i>Depreciation Section 179</i>
		\$	
		\$	
		\$	
		\$	
		\$	
Business Gifts**	\$		
**Gifts are limited to \$25 per person per year. You may not deduct these expenses unless they are documented.			
Business Meals and Entertainment*	\$		
*For business meals and entertainment, you must also document that (1) you discussed business during the meal, or (2) you had a substantial and bonafide business discussion or activity before or after the meal/entertainment, or (3) you are alone while out of town (enter out of town expenses in Travel section below). You must record the name and business relationship of each person entertained.			
Commissions	\$		
Employment Related Education and Seminars	\$		
Insurance (Not Life)	\$		
Interest:		\$	
	Mortgage Paid to Banks	\$	
	Other	\$	
Internet (and/or Cable)	\$		
Legal and Professional Services	\$		
P.O. Box	\$		
Postage and Delivery	\$		
Professional Dues and Memberships	\$		
Professional Licenses	\$		
Promotional/Publicity	\$		
Rent or Lease:		\$	
	Machinery/Equipment	\$	
	Office Space, Storage, Etc.	\$	
Repairs	\$		
Research	\$		
Software	\$		
Supplies:		\$	
	Office Supplies	\$	
	Other Supplies	\$	
Telephone:		\$	
	Home	\$	
	Cell	\$	
	Other	\$	
Union Dues	\$		
Web Services	\$		
Other/Miscellaneous	\$		

Travel Expenses	Amount	Notes
Airfare, Train, Bus	\$	
Auto Rental, Tax, Etc	\$	
Laundry	\$	
Lodging	\$	
Meals and Entertainment	\$	
Passport/Visa Fees	\$	
Tips	\$	
Other Expense	\$	
Other Expense	\$	

Industry Specific Expenses	Amount	Notes
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	

Home Office Expenses	Amount	Notes
To qualify, a home office must be used exclusively and on a regular basis (a) as your principle place of business, or (b) by patients, clients, or customers in meetings or dealing with you in the normal course of business.		
Total Square Feet of Home		
Square Feet of Office		
Square Feet of Storage		
Insurance (Homeowner's/Renter's)	\$	
Maintenance and Repairs	\$	
Management, Condo Fees	\$	
Mortgage Interest	\$	
Property Tax	\$	
Rent*	\$	
Utilities:		
Gas	\$	
Water & Power	\$	
Other	\$	
Other	\$	

Business Automobile Expenses*	Amount	Notes
*Commuting expenses are not deductible		
Vehicle Make, Model and Year:	<input type="checkbox"/> Own vehicle (even if financed) <input type="checkbox"/> Lease ____	Cost of Vehicle ____ Date Purchased
Automobile Mileage:		
Total Mileage (Include personal and commuting mileage)	_____	
Business Mileage	_____	
Actual Expenses:	Amount	Notes
Auto License (other than personal property taxes)	\$	
Gasoline and Oil	\$	
Insurance (auto)	\$	
Interest (car loan)	\$	
Parking fees and tolls	\$	
Repairs	\$	
Tires	\$	
Value of employer-provided vehicle on Form W-2	\$	
Vehicle rent or lease payments	\$	
Other	\$	

Other Itemized Deductions		
*Do not enter expenses you have listed elsewhere	Amount	Notes
Gambling Losses (Limited to Winnings)	\$	
Other	\$	

Notes:

Self Employed Business Income and Expenses – Schedule C

(Can also be used for Corp and S-Corp)

***Are you doing business in the City of Los Angeles?** If so, *you must register* with the City of L.A. and file a *Business Tax Registration Renewal* by 02/28 each year. Otherwise, you may be subject to penalties!
 (This includes LLC's, S-Corps, C-Corps, Sole Proprietorships, fictitious business names (DBAs), Partnerships, etc...)

Income	Amount	Notes
Gross Receipts or Sales (Including Form 1099-NEC)	\$	
Returns and Allowances	\$	
Other	\$	
Other	\$	

Expenses	Amount	Notes
Costs of Good Sold (COGS)- Inventory and Merchandise Expenses (If applicable; Typically for Retail Sales)		
Cost of Inventory at Beginning of Year	\$	
Cost of Merchandise Purchased	\$	
Cost of Inventory at End of Year	\$	

Expenses	Amount	Notes
Business expenses must be based on receipts and records which should document: the business purpose, date, time, place and amount.		
Advertising	\$	
Bad Debt	\$	
Bank Charges	\$	
Books and Publications	\$	
Business Equipment Purchased During This Year		
Date Purchased	Description	Amount
<i>e.g. 9/5/2022</i>	<i>e.g. Video Equipment</i>	<i>\$3,000</i>
		<i>Depreciate/179</i>
		\$
		\$
		\$
		\$
		\$
Business Gifts**	\$	
**Gifts are limited to \$25 per person per year. You may not deduct these expenses unless they are documented.		
Business Meals and Entertainment*	\$	
*For business meals and entertainment, you must also document that (1) you discussed business during the meal, (2) you had a substantial and bonafide business discussion or activity before or after the meal/entertainment, or (3) you are alone while out of county (enter out of county expenses in the Travel section below). You must record the name and business relationship of each person entertained.		
Commissions (Provide 1099-NEC Forms Issued, if any)	\$	
Contract Labor (Provide 1099-NEC Forms Issued, if any)	\$	
Education and Seminars	\$	
Health Insurance Premiums (Provide State Exchange forms: 1095-A, 1095-B, or 1095-C)	\$	
Health Savings Account (HSA)	\$	
Insurance (Not Life) e.g. Business or liability insurance	\$	
Interest:		
Mortgage Paid to Banks	\$	
Other Business Interest	\$	
Internet (and/or Cable)	\$	
Merchant Fees	\$	
Legal and Professional Services	\$	
Payroll: (Provide all Payroll Reports)		
Wages Paid	\$	
Other Payroll Expenses	\$	
P.O. Box	\$	
Postage and Delivery	\$	
Professional Dues and Memberships	\$	
Professional Licenses	\$	
Promotional/Publicity	\$	
Rent or Lease:		
Machinery/Equipment	\$	
Office Space, Storage, Etc.	\$	
Repairs	\$	
Research	\$	
Retirement Account Contributions:		
Deductible	\$	
Non-Deductible	\$	

Software		\$	
Supplies:			
	Office Supplies	\$	
	Other Supplies	\$	
Taxes:			
	City Business Tax	\$	
	Sales Tax	\$	
	Property Tax	\$	
	Other Tax	\$	
Telephone:			
	Home	\$	
	Cell	\$	
	Other	\$	
Union Dues		\$	
Utilities:	(Enter Home Office Utilities in Home Office Section)		
	Gas	\$	
	Water and Power	\$	
Web Services		\$	
Website		\$	
Other		\$	
Other		\$	
Other		\$	

Travel Expenses	Amount	Notes
Airfare, Bus, Ridesharing/Taxi, Train	\$	
Auto Rental	\$	
Laundry	\$	
Lodging	\$	
Meals and Tips	\$	
Passport/Visa Fees	\$	
Other	\$	
Other	\$	
Other	\$	

Industry Specific Expenses	Amount	Notes
	\$	
	\$	
	\$	
	\$	
	\$	

Home Office Expenses	Amount	Notes
To qualify, a home office must be used exclusively and on a regular basis (a) as your principal place of business, or (b) by patients, clients, or customers in meetings or dealing with you in the normal course of business.		
Total Square Feet of Home		
Square Feet of Office		
Square Feet of Storage		
Insurance (Homeowner's, Renter's, etc.)	\$	
Management and/or Condo Fees	\$	
Maintenance and Repairs	\$	
Mortgage Interest	\$	
Property Tax	\$	
Rent	\$	
Utilities		
	Gas	\$
	Water and Power	\$
Other	\$	
Other	\$	
Other	\$	

Business Automobile Expenses*	Amount	Notes
*Commuting expenses are not deductible		
Vehicle Make, Model and Year: _____	<input type="checkbox"/> Own vehicle (even if financed) <input type="checkbox"/> Lease _____	Cost of Vehicle _____ Date Purchased _____
Automobile Mileage:		
Total Mileage (Include personal and commuting mileage)	_____	
Business Mileage	_____	
Actual Expenses:	Amount	Notes
Auto License (other than personal property taxes)	\$ _____	
Gasoline and Oil	\$ _____	
Insurance (auto)	\$ _____	
Interest (car loan)	\$ _____	
Parking fees and tolls	\$ _____	
Repairs	\$ _____	
Tires	\$ _____	
Value of employer-provided vehicle on Form W-2	\$ _____	
Vehicle rent or lease payments	\$ _____	
Other	\$ _____	

Estimated Payments Made	Date	Federal Amount	State Amount
Payment #1	04/18/2022	\$ _____	\$ _____
Payment #2	06/15/2022	\$ _____	\$ _____
Payment #3	09/15/2022	\$ _____	\$ _____
Payment #4	01/17/2023	\$ _____	\$ _____

Notes:

Rental Property Organizer – Schedule E (Supplemental Income and Loss From Rental Real Estate)

Property Address: _____	State: _____	Zip Code: _____
Property Description:		
<input type="checkbox"/> Single Family Residential <input type="checkbox"/> Multi-Family Residential <input type="checkbox"/> Vacation/Short-Term Rental		
<input type="checkbox"/> Commercial <input type="checkbox"/> Land <input type="checkbox"/> Royalties <input type="checkbox"/> Self-Rental <input type="checkbox"/> Other: _____		
Ownership Percentage: _____%	Business Use Percentage: _____%	
Disposition of Activity:		
<input type="checkbox"/> Entire Disposition <input type="checkbox"/> Entire Disposition of Passive Activity <input type="checkbox"/> Sold on Installment Basis		

Purchase Information	Sale Information
Date: _____	Date: _____
Purchase Price: \$ _____	Selling Price: \$ _____
Building Value: \$ _____	Building Value: \$ _____
Land Value: \$ _____	Land Value: \$ _____
Expenses Related to Sale:	

Income Source	Amount	Notes
Rents	\$ _____	
Other	\$ _____	

Expenses	Amount	Notes
Advertising	\$ _____	
Auto		
Mileage	_____ Total _____ Business	
Actual Vehicle Expenses	\$ _____	
Cleaning and Maintenance	\$ _____	
Commissions	\$ _____	
Improvements	\$ _____	
Insurance (Homeowner's, Umbrella, EQ..)	\$ _____	
Legal and Other Professional Fees	\$ _____	

Management Fees	\$	
Mortgage Interest	\$	
Other Mortgage Interest	\$	
Other Interest	\$	
Qualified Mortgage Insurance	\$	
Refinancing Points Paid (Homeowner's or Community Fees)	\$	
Repairs	\$	
Supplies	\$	
Taxes	\$	
Travel	\$	
Utilities	\$	
Other	\$	
Other	\$	
Other	\$	
Other	\$	

Notes:

DIRECT DEPOSIT OF REFUND

Would you like to have your refund(s) directly deposited into your account? (The IRS will allow you to deposit your federal tax refund into up to two different bank accounts. If yes, please provide the banking information.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
---	--

Account 1

Owner of Account:	<input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Joint
Type of Account:	<input type="checkbox"/> Checking <input type="checkbox"/> Traditional Savings <input type="checkbox"/> Traditional IRA <input type="checkbox"/> Roth IRA <input type="checkbox"/> Archer MSA Savings <input type="checkbox"/> Coverdell Education Savings <input type="checkbox"/> HSA Savings <input type="checkbox"/> SEP IRA
Name of Financial Institution:	
Financial Institution Routing Transit Number:	
Your Account Number:	

Account 2

Owner of Account:	<input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Joint
Type of Account:	<input type="checkbox"/> Checking <input type="checkbox"/> Traditional Savings <input type="checkbox"/> Traditional IRA <input type="checkbox"/> Roth IRA <input type="checkbox"/> Archer MSA Savings <input type="checkbox"/> Coverdell Education Savings <input type="checkbox"/> HSA Savings <input type="checkbox"/> SEP IRA
Name of Financial Institution:	
Financial Institution Routing Transit Number:	
Your Account Number:	

To the best of my knowledge the information enclosed in this client tax organizer 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.

Taxpayer Date

Spouse Date