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PROFESSIONAL TAX SERVICE



993 W. EDGEHILL RD.
SAN BERNARDINO, CA 92405



PHONE: 909-882-2000



FAX: 909-882-0804

CLIENT TAX ORGANIZER

Taxpayer Information

Taxpayer Last Name, First Name, M.I.: _____

Social Security #: _____

Spouse Last Name, First Name, M.I.: _____

Social Security #: _____

Verification and Signature

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 return for which I have adequate records.

Sign here: _____ Date: _____

Appointment Information

Please bring:

- Copy of last year's tax return if we are preparing prior years' tax returns (new clients only)
- All tax documents (W-2s, 1099s, 1099-Rs, K-1s, etc.)

Bring original documents which we will copy and return to you, or legible copies that you can leave with us.

Credit Card Authorization

Credit Card #: _____ Expiration Date: _____

3 digit code located on the back of card: _____

Type of Credit Card: Visa / MasterCard (Circle One)

I authorize Professional Tax Service to charge my credit card for the preparation of my tax return.

Credit Card Billing Address:

Street: _____

City: _____

State: _____ Zip Code: _____

Telephone: _____

Cardholder's Signature: _____ Date: _____

Tax returns will not be filed until payment is received in full.

Thank you.

Client Tax Organizer

Please complete this Organizer before your appointment. Please enter whole numbers only (no cents.)

1. Personal Information

	Last Name	First Name, M.I.	Social Security #	Birth Date	Occupation
Taxpayer					
Spouse					
Street Address			City	State	Zip
Home Phone	Work Phone	Cell Phone	Email		

	Taxpayer	Spouse	Marital Status	
Blind	___Yes ___No	___Yes ___No	___Married	Will file jointly ___Yes ___No
Disabled	___Yes ___No	___Yes ___No	___Single	
			Widow(er), Date of Spouse's Death	

2. Dependents (Children & Others)

Name (As Appears on Social Security card)	Relationship	Date of Birth	Social Security #	Lived With You Entire Year	Disabled	FullTime Student

3. Estimated Taxes Paid

	DatePaid	Federal	State
First Quarter			
Second Quarter			
Third Quarter			
Fourth Quarter			

4. Refund Direct Deposit

Bank Name	
Banking Routing Number (9-Digit Number)	_____
Account Number	
Account Type	☐ Checking ☐ Savings

5. Interest Income

Please attach 1099-INTs & brokerage statements.

[illegible]

6. Dividend Income from Mutual Funds and Stocks

Please attach 1099-DIVs for each item listed below.

[illegible]

7. Other Income

Please list all other income.

Payer/Source	Taxpayer	Spouse	Federal Tax Withheld
Alimony Received			
Prizes, Bonuses, Awards			
Jury Duty			
Worker's Compensation			
Social Security Benefits (Taxable Income)			
Medicare Premiums Withheld			
Unemployment Compensation Received			
Unemployment Compensation Repaid			
Gambling, Lottery			
Other Income			

8. Medical/Dental Expenses

To be deducted, medical expenses must exceed 7.5% of your adjusted gross income, and then only the amount that exceeds a 7.5% floor is deductible.
 Example: Your income is \$40,000 for the year; your medical expenses must exceed \$3,000.

	Amount		Amount
Acupuncture, Chiropractic		Lodging for Away-From-Home Medical Purposes	
Ambulance, Paramedics		Long-Term Care Insurance – Taxpayer	
Auto Travel for Medical Purposes	_____ miles	Long-Term Care Insurance – Spouse	
Braces		Medical Equipment, Supplies	
Doctors, Dentists (discretionary cosmetic surgery is not deductible)		Medical Insurance Premiums (paid by you)	
Glasses, Contact Lenses		Nursing Homes, Nursing Care	
Handicapped Modification to Home		Parking Fees for Medical Purposes	
Handicapped Placard		Prescription Drugs	
Hearing Aid, Batteries		Psychotherapy, Psychological Counseling	
Hospital		Other:	
Insulin			
Lab Fees & X-Rays		Insurance Reimbursement	()

9. Home Mortgage Interest

IF YOU HAVE PURCHASED, SOLD OR REFINANCED YOUR HOME THIS YEAR, PLEASE BRING YOUR ESCROW PAPERS WITH YOU.

Paid to Banks	Amount Paid
Mortgage Company: _____	
Mortgage Company: _____	
Mortgage Company: _____	
Home Equity Loan: _____	
Paid to Individuals	
Name: _____	Social Security # _____
Address: _____	Amount Paid: \$ _____
Name: _____	Social Security # _____
Address: _____	Amount Paid: \$ _____

10. Taxes Paid

Real Estate Taxes	
Auto License Fees (vehicle license fee portion only)	
Property taxes on investment property	
Personal property tax – boat, etc.	
Other Taxes:	

11. Alimony Paid

Do not include amount paid for child support. Child support is not deductible.

Name	Social Security Number	Amount Paid

12. Charitable Contributions**Cash Contributions**

Church	
Payroll Deduction	
United Way	
Cancer Society	
Red Cross	
Scouts	
Other (please list):	
Volunteer (no. of miles)	

Non-Cash Charitable Contributions

Description of Property Donated	Donee Name	Fair Market Value

13. Child & Dependent Care Expenses

Care must enable you to work (or look for work) or attend school FULL TIME. Care must be for a child under age 13 or a dependent who is physically or mentally incapable of self care.

Care Provider Name	Address City, State, Zip	Phone#	Identifying # SSN or EIN	Amount Paid	Name of child cared for

*If child care is for more than one child or dependent, please indicate how much was paid for **each** child or dependent.

14. Miscellaneous Itemized Deductions

	Taxpayer	Spouse
Business Telephone		
Cell Phone		
Credential Renewal & Transcripts		
Education Expense (Course Work)		
Internet		
Job Seeking Expense		
Professional Dues (CTA, NEA, etc)		
Professional Subscriptions		
Safety Deposit Box		
Safety Equipment		
Tax Return Preparation Fee		
Teaching Aids & Supplies		
Uniforms & Laundry		
Union Dues		
Work Tools		
Other (please list):		

15. Education Expenses – College or Other Continuing Education Expenses (Please provide all 1098-T forms)

Student's Name	Type of Expense	Year of School	Amount

Student Loan Interest Paid

Taxpayer: \$ _____ Spouse: \$ _____ Dependent(s): \$ _____