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# **Client Tax Organizer**

For the year January 1 – December 31, 20\_\_\_\_\_. 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 \_\_\_\_\_ Date Appointment Date and time of appointment: Please bring: Copies of two preceding 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 credit card:\_\_\_\_\_ Type of Credit Card: Visa MasterCard (Circle One) \_\_\_\_\_ (full name as appears on the credit card) authorize Professional Tax Service to charge my credit card for monies I owe Professional Tax Service for services rendered in preparation of my tax return. Credit Card Billing Address: City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: Telephone: ( ) Cardholder's Signature Date

Client Tax Organizer

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

1. Personal In	formation								
			First Name, M.I.	Social	Security #	Birth Date	Occup	Occupation	
Taxpayer									
Spouse Street Address				City			tate Zip		
Street Address				City		31	tate Zip		
Home Phone	'	Work Phone	(	Cell Phone	Em	nail	•		
Taxpayer           Blind         Yes         No           Disabled         Yes         No		Spouse Yes Yes	e No No	Marital Status  _NoMarried Will file jointly _NoSingleWidow(er), Date of Spouse		YesNo 's Death			
	(0) !!!								
2. Dependents	s (Children & Ot	thers)		<del></del>				1	
(As Appea	Name irs on Social Securi	ity card)	Relationship	Date of Birth	Social Secu	Months urity # Lived With You	Disabled	Full Time Student	
2 F-4:4- 17	Favor Delet								
3. Estimated	axes Paid	Dot- F	Poid		Fodorol		Ctata		
First Quarter		Date F	- aıu		Federal		State		
Second Quarter									
Third Quarter									
Fourth Quarter									
4. Refund Dir	ect Deposit								
Bank Name	N								
	y Number (9-Digit N	Number)				<del></del>	<del></del>		
	Account Number								
Account Type	Account Type Checking Savings								
5. Interest Inc	ome								
Please attach 10	099-INTs & brokera	age statements.							
	Payer		T/S/J	Bank or Credit	U.S. Bond	s/ Federal T	ax Mu	nicipal or	
	гаусі		1/3/3	Union	T-Bills	Withheld		k-Exempt	
6. Dividend Income from Mutual Funds and Stocks									
Please attach 1099-DIVs for each item listed below.									
Payer		T/S/J	Total ordinary Qualif Dividends Divide (Box 1a) (Box		s Distribution	on Fed	deral Tax /ithheld		
				(DOX 10)	(Box 1b)	(DOX Za	/		
					<del> </del>				
					1				
			+						

### 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.	
State Income Tax (We calculate)	
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 Con	tributions				
Church							
Payroll Deduction							
United Way							
Cancer Society							
Red Cross							
Scouts							
Other (please list):							
Volunteer (no. of miles)							
		Non-Cash Charita					
Description of Property	Donated		Donee	Name		F	air Market Value
13. Child & Dependent Care Ex	vnoncoc						
Care must enable you to work (or loc		achael ELILL TIME	Cara must be	for a shild under age 1°	2 0 0 0	onondont	who is physically or
mentally incapable of self care.	ok for work) or attend	SCHOOLFULL HIME.	Care must be	e for a child under age 13	or a d	ependent	wno is physically or
Care Provider Name	Address	В	hone #	Identifying #	Λmo	unt Paid	Name of child cared
Care Provider Name	City, State, Zi	ip P	none #	SSN or EIN	AIIIO	uni Paid	for
*If child care is for more than one chi	ild or dependent, plea	se indicate how mu	ch was paid f	or <b>each</b> child or depende	ent.		
			on mao paia i	or cach orma or asperial			
14. Miscellaneous Itemized De	ductions						
				Taypayar			Spouse
Desire de Talanhana				Taxpayer			Spouse
Business Telephone Cell Phone							
Credential Renewal & Transcripts							
Education Expense (Course Work)							
Internet/DSL							
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):							
45.51 (1.5.01)	011 0		_				
15. Education Expenses – Coll	lege or Other Cont	tinuing Educatio	n Expenses	5			
Student's Name	Type of	Expense	,	Year of School			Amount
L							
Children I can lutare at Date							
Student Loan Interest Paid				_			
Taxpayer: \$	Spouse	e: \$		Dependen	t(s): \$_		<del></del>