

Client Tax Organizer

provided courtesy of

Beacon Tax Advisors

Accounting & Business Service

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Instructions:

- **Save** this PDF file to your computer hard drive or storage device.
- **Fill** in the fields that apply to your situation; re-saving the file periodically as you go.
- **Print** out the organizer when you have completed it.
- **Bring** it to our office at your scheduled tax appointment.
- **Notes:**
 - For your identity protection, we strongly urge you NOT to email this file to us once it is completed. Most email programs are unencrypted and have security vulnerabilities.
 - If you prefer to handwrite your information on this form, simply print it out, fill it in, and bring it with you to your next tax appointment.

Tax Organizer for _____ (year)

Please complete this organizer and bring it to your tax appointment. Your last year's tax return is an excellent guide for completing this organizer. Make a special note wherever you have additional information not on last year's return.

Personal Information

Taxpayer

Name _____
Social Security # _____ Date of Birth _____
Occupation _____
Mailing Address _____
City _____ ST _____ Zip _____
Home Phone _____ Cell Phone _____
E-mail Address _____

Spouse

Name _____
Social Security # _____ Date of Birth _____
Occupation _____

| | Taxpayer | | Spouse | | Marital Status |
|----------|--------------------------|--------------------------|--------------------------|--------------------------|------------------------------------|
| | Yes | No | Yes | No | |
| Blind | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Married <input type="checkbox"/> |
| Disabled | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Single <input type="checkbox"/> |
| | | | | | Widow(er) <input type="checkbox"/> |

Filing Jointly Yes ☐ No ☐

Do you want to contribute \$3 to the Presidential Campaign Fund Yes ☐ No ☐

Dependent Children (others)

| Name | Social Security Number | Date of Birth | Relationship | Dependent's Income |
|------|------------------------|---------------|--------------|--------------------|
| | | | | |
| | | | | |
| | | | | |
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| | | | | |
| | | | | |

Please bring the following to your appointment:

Last year's tax return, unless we prepared it.

Copies of all W-2s, 1099s, supporting documents of income and expense.

The mailing label given to you on the IRS tax booklet, if any.

Please answer the following questions:

Did you receive any notices from the IRS this past year? Yes

Do you have a foreign bank account?

Did you pay to attend classes beyond high school?

Did you pay interest on a student loan this past year?

Did you receive any rental income from property?

Did you receive any farm income?

Do you have self-employment income or expense?

Were there any births, adoptions, or deaths in the family?

| | | | |
|-----|--------------------------|----|--------------------------|
| | <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 | <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 | <input type="checkbox"/> |

Income

Wages (attach W-2s)

Name of Employer

Taxpayer

Spouse

| | |
|--|--|
| | |
| | |

Interest Income (attach 1099-INT)

Payor (bank, etc.)

Amount

| | |
|--|--|
| | |
| | |
| | |
| | |
| | |

Dividends (attach 1099-Div)

Payor (company name)

Ordinary Div.

Capital Gain

Nontaxable

| | | | |
|--|--|--|--|
| | | | |
| | | | |
| | | | |
| | | | |

Partnership, S-Corp., and Other Income (attach K-1)

List the sources

| |
|--|
| |
| |
| |
| |

Real Estate Sold (vacation property, bare land, etc.)

| Description | Date Acquired | Date Sold | Selling Price | Cost |
|-------------|------------------|--------------|------------------|------|
| | | | | |
| | | | | |
| | | | | |

Investments Sold (stocks, bonds, mutual funds, other)

| Name | Date Acquired | Date Sold | Selling Price | Cost |
|------|------------------|--------------|------------------|------|
| | | | | |
| | | | | |
| | | | | |

Individual Retirement Account (IRA)

Contributions for this past year

Taxpayer

Spouse

| Amount | Roth | Regular |
|--------|--------------------------|--------------------------|
| | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> |

Withdrawals from IRA (attach 1099-R)

Reason for withdrawals:

Other Pension or Annuity Income (attach 1099-R)

Payor

Reason for withdrawal

| | |
|-------|-------|
| <hr/> | <hr/> |
| <hr/> | <hr/> |
| <hr/> | <hr/> |
| <hr/> | <hr/> |

Other Income

| Source | Amount |
|-------------------------------------|--------|
| State income tax refund | <hr/> |
| Commissions | <hr/> |
| Unreported tips | <hr/> |
| Installment sales payments received | <hr/> |
| Alimony received | <hr/> |
| Scholarships or grants | <hr/> |
| Unemployment compensation | <hr/> |
| Worker's compensation | <hr/> |
| Disability income | <hr/> |
| Other <hr/> | <hr/> |

Expenses

Medical Expense (insurance, drugs, equipment, nursing, hospital, doctors, etc.)

List type:

Amount

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Did you and your family have health insurance for all twelve months of the tax year?

Yes ☐ No ☐

If less than twelve months health coverage, please give brief reason:

Did you receive Form 1095-A, -B, or -C health insurance coverage?

Yes ☐ No ☐

Taxes Paid (other than on W-2 wage statements)

| Type of tax | Amount |
|---|--------|
| Federal income tax estimates (Form 1040-ES) | _____ |
| State income tax | _____ |
| Real estate tax | _____ |
| Personal property tax | _____ |
| Other _____ | _____ |

Interest Paid

Amount

Mortgage paid to: _____

Investment interest paid to: _____

Child or Other Dependent Care Expenses

Did you pay for dependent care this past year? Yes ☐ No ☐

Details: (Care provider, social security number, amount)

Casualty or Theft Loss

Did you have property stolen or damaged by storm, water, fire, or accident this past year?

Yes ☐ No ☐

Details: _____

Charitable Contributions

Paid by cash (check)

Organization: _____ Amount _____

Moving Expenses (job related)

Did you move this past year due to change in job locations?

Yes ☐ No ☐

Details: _____

Employment Related Expenses (not reimbursed)

Did you buy tools, uniforms, licenses, or pay dues or educational expenses in relation to your work this past year?

Yes ☐ No ☐

Details: _____

Investment Expenses

| Item | Amount |
|--------------------------|--------|
| Investment interest paid | _____ |
| Safe deposit box rent | _____ |
| Tax preparation fee | _____ |
| Other _____ | _____ |