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IN TIME ALL GOOD THINGS COME™

2021 CLIENT TAX ORGANIZER

1. Personal Information

	Name	Soc. Sec. No.	Date of Birth	Occupation
Taxpayer				
Spouse				

Street Address	City	State	ZIP	Best Contact No.

	Taxpayer	Spouse	Marital Status	Will file jointly?
Blind	☐ Yes ☐ No	☐ Yes ☐ No	☐ Married	☐ Yes
Disabled	☐ Yes ☐ No	☐ Yes ☐ No	☐ Single	☐ No
Pres. Campaign Fund	☐ Yes ☐ No	☐ Yes ☐ No	☐ Widow(er), Date of Spouse's Death ____________	

2. Dependants (Children & Others)

Name (First, Last)	Relationship	Date of Birth	Social Security Number	Months Lived With You	Disabled	Full Time Student	Dependent's Gross Income

Please provide: **- Last year's tax return (new clients only)** **- Copy of Driver's License (new clients only)**
- All statements (W-2s, 1099s, etc.) **- Amount of stimulus payments received in 2020:** ____________

Please answer the following questions to determine maximum deductions

1. Are you self-employed or do you receive hobby income? ☐ Yes ☐ No
2. Did you receive, sell, send, exchange or acquire any virtual currency? ☐ Yes ☐ No
3. Did you receive rent from real estate or other property? ☐ Yes ☐ No
4. Did you receive income from gravel, timber, minerals, oil, gas, copyrights, patents? ☐ Yes ☐ No
5. Did you make any withdrawals from a pension or IRA? ☐ Yes ☐ No
6. Did you contribute to an IRA or Roth IRA? ☐ Yes ☐ No
7. Did you provide a home for or help support anyone not listed in Section 2 above? ☐ Yes ☐ No
8. Did you receive any correspondence from the IRS or State Department or Taxation? ☐ Yes ☐ No
9. Did you give a gift of more than $15,000 to one or more people? ☐ Yes ☐ No
10. Did you have any debts canceled, forgiven or refinanced? ☐ Yes ☐ No
11. Did you go through bankruptcy proceedings? ☐ Yes ☐ No
12. Did you purchase, sell or refinance any property? ☐ Yes ☐ No
13. Did you pay interest on a student loan for yourself, your spouse or your dependent during the year? ☐ Yes ☐ No
14. Did you pay expenses for yourself, your spouse or your dependent to attend classes beyond high school? ☐ Yes ☐ No
15. Did you have any children under age 24 with unearned income of more than $2,200? ☐ Yes ☐ No
16. Did you purchase a new "hybrid", alternative technology vehicle or electric vehicle? ☐ Yes ☐ No
17. Did you install any energy efficiency improvements to your residence such as solar, exterior doors or windows, insulation, heat pumps, furnace, central air conditioning or water heaters? ☐ Yes ☐ No

3. Wage, Salary Income

Attach W-2s:

Employer	Taxpayer	Spouse
	☐	☐
	☐	☐
	☐	☐
	☐	☐
	☐	☐
	☐	☐
	☐	☐

4. Interest Income

Attach 1099-INT & Broker Statements

Payer	Amount

5. Dividend Income

From Mutual Funds & Stocks - **Attach 1099-DIV**

Payer	Ordinary	Capital Gains	Non-Taxable

6. Partnership, Trust, Estate Income

List payers of partnership, limited partnership, S-corporation, trust, or estate income - **Attach K-1**

8. Property Sold

Attach 1099-S & Closing Statements

Property	Date Acquired	Cost & Imp.
Personal Residence*		
Vacation Home		
Land		
Other		

*Provide information on improvements, prior sales of home, and cost of a new residence. Also see Section 17 (Job-Related Moving).

9. I.R.A. (Individual Retirement Acct.)

Contributions for tax year income

	Amount	Date	U for Roth
Taxpayer			
Spouse			

Amounts withdrawn. **Attach 1099-R & 5498**

Plan Trustee	Reason for Withdrawal	Reinvested?
		☐ Yes ☐ No
		☐ Yes ☐ No
		☐ Yes ☐ No
		☐ Yes ☐ No

10. Pension, Annuity Income

Attach 1099-R

Payer*	Reason for Withdrawal	Reinvested?
		☐ Yes ☐ No
		☐ Yes ☐ No
		☐ Yes ☐ No
		☐ Yes ☐ No

*Provide statements from employer or insurance company with information on cost of or contributions to plan.

Did you receive:

	Taxpayer	Spouse
Social Security Benefits **(Attach SSA-1099)**	☐ Yes ☐ No	☐ Yes ☐ No
Railroad Retirement **(Attach RRB-1099)**	☐ Yes ☐ No	☐ Yes ☐ No

7. Investments Sold

Stocks, Bonds, Mutual Funds, Gold, Silver, Partnership interest - **Attach 1099-B**

Investment	Date Acquired/Sold	Cost	Sale Price

11. Wage, Salary Income

List all other taxable income.

- Alimony Received ______
- Scholarship (Grants) ______
- Unemployment Compensation **(Attach 1099-G)** ______
- Prizes, Bonuses, Awards **(Attach 1099-Misc)** ______
- Gambling, Lottery **(Attach W-2G)** ______
- Unreported Tips ______
- Director / Executor's Fee ______
- Commissions ______
- Jury Duty ______
- Canceled Debt **(Attach 1099-C)** ______
- Disability Income ______
- Veteran's Pension ______
- Payments from Prior Installment Sale ______
- State Income Tax Refund **(Attach 1099-G)** ______
- Other ______ ______
- Other ______ ______

12. Medical/Dental Expenses (Only provide if in excess of 7.5% of your income)

- Medical Insurance Premiums (paid by you) ______
- Prescription Drugs ______
- Insulin ______
- Glasses, Contacts ______
- Hearing Aids, Batteries ______
- Medical Equipment, Supplies ______
- Nursing Care ______
- Medical Therapy ______
- Hospital ______
- Doctor/Dental/Orthodontist ______
- Mileage (no. of miles) ______
- Long-Term Care Premiums ______

13. Medical & Health Insurance

Were you and your family covered by health insurance for all 12 months of last year? ☐ Yes ☐ No

Do you have Marketplace insurance from the Affordable Healthcare Act (Covered CA)?* ☐ Yes ☐ No

If yes, provide form 1095-A.

Note: CA mandates all residents enroll in a qualified health insurance coverage or face a penalty

14. Taxes Paid

- Real Property Taxes (attach bills) ______
- Personal Property Tax (Car Tags, etc.) ______
- Sales Tax Paid ______
- Other: ______

15. Interest Expense

- Mortgage interest paid **(Attach 1098-INT)** ______
- Interest paid to individual for your home (include amortization schedule) ______

Paid to:

- Name ______
- Address ______
- Social Security No. ______

- Investment interest ______
- Premiums paid or accrued for qualified mortgage insurance ______

16. Charitable Contributions

Cash (cash,check, credit card)

- Church ______
- United Way, Heart, Lung, Cancer, etc. ______
- University, Public TV/Radio, Museums ______
- Other: ______ ______

Non-Cash

- Salvation Army, Goodwill, etc. ______
- Car Donation **(Attach 1098-C)** ______
- Other: ______
- Volunteer (no. of miles driven) ______

17. Job-Related Moving Expenses (MILITARY & STATE ONLY)

- Date of Move: ______
- Travel to New Home (no. of miles) ______
- Move Household Goods ($) ______
- Lodging During Move ($) ______

18. Employment Related Expenses That You Paid (Not self- employed) STATE ONLY

- Dues - Union, Professional ______
- Books, Subscriptions, Publications ______
- Licenses ______
- Supplies, Postage ______
- Computer, Tablet, Software ______
- Tools, Equipment, Safety Equipment ______
- Uniforms (include cleaning) ______
- Gifts ($25 each max) ______
- Continuing Education, Tuition, Reference ______
- Meals, Entertainment ______
- Telephone, Internet ______
- Other: ______ ______

Office in home:

In Square Feet			
Total Home	______	Rent	______
Office	______	Insurance	______
Storage	______	Utilities	______
		Maintenance	______

19. Child & Other Dependent Care Expenses

Name of Care Provider	Address	Phone No.	Soc. Sec. No or Employer ID	Amount Paid

Also complete this section if you receive dependent care benefits from your employer

20. Business Mileage (STATE ONLY)

Do you have written records? ☐ Yes ☐ No

Did you sell/trade in a car used for business and purchase/lease a new one? ☐ Yes ☐ No

If yes, attach a copy of purchase agreement

Make/Year Vehicle ________

Date Purchased/Leased ________

Total Miles (personal & business) ________

Business Miles (not to and from work) ________

- From first to second job ________
- Education (one way, work to school) ________
- Job seeking ________
- Other business ________

Commuting Distance ________

Gas, Oil, Lubrication, Repairs ________

Batteries, Tires, etc. ________

Registration ________

Wash ________

Insurance ________

Interest ________

Lease Payments ________

Parking/Tolls ________

21. Business Travel (STATE ONLY)

If you are not reimbursed for exact amount, give total expenses.

Airfare, Train, etc. ________

Lodging ________

Meals ________

Taxi, Car Rental, Uber, etc. ________

Other: ________________ ________

Reimbursement Received ________

22. Miscellaneous Expenses (STATE ONLY)

Tax Preparation Fee ________

Safe Deposit Box Rental ________

Mutual Fund Fee ________

Investment Counselor ________

Job Seeking Expense ________

Other: ________________ ________

23. Estimated Tax Paid

Date Paid	Federal	State

24. Other Deductions

Alimony Recipient Name ________________

Social Security No. ________________

Alimony Amount Paid ________

Agreement Date ________

HSA/Archer Medical Savings Acct. Contributions ________

Gambling Losses (up to winnings amount) ________

25. Educational Expenses

Tuition and Fees **(Attach 1098-T for each school)**

Student's Name	Type of Expense	Amount

Student Loan Interest Paid

Lender	Taxpayer Name	Amount

26. Residence Info. (Not applicable in CA)

Town ________________________

Village ________________________

City ________________________

County ________________________

School District ________________________

27. Direct Deposit of Refund

Would you like to have your refund(s) directly deposited to your account?
(If so, please provide the following information.)

☐ Yes ☐ No

Owner of account: ☐ Taxpayer ☐ Spouse ☐ Joint Type of account: ☐ Checking ☐ Savings

Name of Financial Institution: ______________________________

Routing Transit Number: ______________________ Account Number: ______________________

28. Additional Information

Please provide any additional information or any specific questions/comments that we should be alerted to.

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