

# Client Tax Organizer<sup>1</sup>

## Cyndie Barone, CFP & Associates

Tax Preparation • Tax Planning • Life Insurance • Small Business Consulting • Other Services

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Name of Taxpayer			SS#		
First	M.I.	Last	Email		
Occupation	Date of birth		Blind or Disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Address	City		State	Zip	
New address since previous filing? <input type="checkbox"/> Yes <input type="checkbox"/> No	Home phone		Work or cell		
Name of Spouse			SS#		
First	M.I.	Last	Email		
Occupation	Date of birth		Blind or Disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No		
(Enter information below only if different from Taxpayer)					
Address	City		State	Zip	
New address since previous filing? <input type="checkbox"/> Yes <input type="checkbox"/> No	Home phone		Work or cell		
Filing status: <input type="checkbox"/> Single <input type="checkbox"/> Married Filing Jointly <input type="checkbox"/> Married Filing Separately <input type="checkbox"/> Widow(er) <input type="checkbox"/> Head of Household					
Were you divorced or separated during the year? <input type="checkbox"/> Yes <input type="checkbox"/> No			Were there any deaths in the family? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Names of dependent children</b>					
Child's full name	Social Security #	Date of birth	Months lived in home this year	Relationship	College student?
<b>Other dependents who lived with you</b>					
Name	Social Security #	Date of birth	Relationship	Income	

<sup>1</sup> If you are self employed, or have rental property, please use the corresponding worksheets and organizers.

## Questions

"You" refers to both taxpayer and spouse — enter "?" if unsure about a question.

<input type="checkbox"/> Yes <input type="checkbox"/> No	Were any children adopted?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have a divorce decree mandating which years you claim children?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you pay for college tuition for your children or take classes yourself?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you pay for child or dependent care so you could work or go to school?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you purchase a home during the year? If yes, attach copy of settlement statement.	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you sell a home? If yes attach closing statement.	
<input type="checkbox"/> Yes <input type="checkbox"/> No	If you sold a home, did you claim the First-Time Homebuyer Credit when it was purchased? If yes, provide details.	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have a mortgage or home equity loan?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you, or will you make contributions to an IRA, ROTH or other retirement plan not sponsored by your employer?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you roll over any amounts from a retirement account?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have any children who earned more than \$2,300 of investment income?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Will you be retiring next year or do you expect a large bonus or increase income?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you buy or sell a rental property?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you sell or transfer any stock? Please attach documents.	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you own interest in a partnership, corporation, or other venture? Please enclose K-1.	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you the recipient of income from a trust or estate? Please enclose K-1.	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Were you granted, or did you exercise, any employee stock options during the year?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you pay anyone for domestic services in your home? (Nanny)	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you install solar energy equipment in your home? If yes, provide details.	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you involved in a foreclosure, repossession, or had any debt (including credit cards) cancelled?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have a foreign investment or bank account with a combined value of \$10,000+ at any point during the year?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you give a gift of more than \$17,000 to any one person during the year?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you pay or receive alimony pursuant to decree prior to Dec 31, 2018 (Circle one)? Do not include child support.	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you pay tolls using a MA E-Z Pass account? (Please attach annual end-of-year statement).	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you buy monthly or weekly MBTA or CharlieCard commuter passes? Total spent: \$	
<input type="checkbox"/> Yes <input type="checkbox"/> No	If you live in MA, did you pay rent? Total spent: \$	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you receive cash or invested assets as part of an inheritance?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you receive any Social Security or Railroad Retirement benefits? (Please attach statements).	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you have any self-employment income?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you receive any unemployment income? (Please attach statement).	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you receive any gambling wins? (Please attach statements).	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you receive bank or bond interest income? (Please attach statements).	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you receive dividends from stocks, mutual fund or other investments? (Please attach statements).	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you receive a distribution from a retirement plan, annuity or pension? (Please attach statements).	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you make any estimated tax payments? If yes, please provide dates and amounts paid.	
<input type="checkbox"/> Yes <input type="checkbox"/> No	If you are due a refund, would you like it directly deposited into your bank account?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you receive any written notices from the IRS or state tax department during the year? (Please enclose).	

**State information** ☐ Full-year resident ☐ Part-year resident ☐ Nonresident State:

If part-year resident, please provide date moved in or out of the state and name of states below.

Date Moved to:	from	Date Moved Out of:	to
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## Itemized Deductions Worksheet

**Medical Expenses.** Include cost for dependents; do not include any expenses that were reimbursed by insurance or FSA/HSA. Don't include insurance premiums deducted from your paycheck.

Dentists	\$	Hospitals	\$
Doctors	\$	Insurance	\$
Equipment	\$	Prescriptions	\$
Eyeglasses	\$	Other	\$

Medical miles:

**Taxes Paid.** Do not include taxes paid for full or partial business or rental property.

Real estate tax — residence	\$
Real estate tax — other (not rental property)	\$
Personal property taxes or excise	\$
Balance paid from prior year returns	\$
Other	\$

**Charitable Contributions.** If over \$500 of in-kind (goods) charitable contributions, provide details of contributions. New rules require that the taxpayer retain documentation for all cash contributions.

Cash/Checks	\$
Noncash contributions (FMV). Clothing or household items must be in good used condition or better.	\$
Did you transfer funds from an IRA directly to a charity? <input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Charitable mileage	

**Casualty Losses** (complete only if event was declared National Disaster).

If you suffered any sudden, unexpected damage or loss of property, provide details to your tax preparer. ☐ Yes ☐ No

Misc Info:

## Other Deductions or Questions

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## Adjustments Worksheet

*Educator expenses.* Classroom expenses of teachers, counselors, and principals. Maximum \$300 each if both are educators. \$

## Estimated Tax Payments

<i>Installment</i>	<i>Date paid</i>	<i>Federal</i>	<i>Date paid</i>	<i>State</i>
First		\$		\$
Second		\$		\$
Third		\$		\$
Fourth		\$		\$
Amount applied from previous year refund?		\$		\$
<b>Total</b>		\$		\$

## Privacy Policy

The nature of our work requires us to collect certain nonpublic information. We collect financial and personal information from applications, worksheets, reporting statements, and other forms, as well as interviews and conversations with our clients and third parties (by your written permission only). Under our policy, all information we obtain about you will be provided by you or obtained with your permission.

Our firm has procedures and policies in place to protect your confidential information. We restrict access to your confidential information to those within our firm who need to know in order to provide you with services. We will not disclose your personal information to a third party without your permission, except where required by law. We maintain physical, electronic, and procedural safeguards in compliance with federal regulations that protect your personal information from unauthorized access.

## Tax Preparation Checklist

Please provide the following documentation:

- ☐ All Forms W-2 (wages), 1099-INT (interest), 1099-DIV (dividends), 1099-B (proceeds from broker or barter transactions), 1099-R (pensions and IRA distributions), Schedules K-1 from partnerships, S corporations, estates and trusts, and other income reporting statements.
- ☐ If you are a new client, provide copies of last year's tax returns.
- ☐ The completed Letter of Engagement.
- ☐ Copy of the closing statement if you bought or sold real estate.
- ☐ Mileage figures for any automobile expenses claimed, including total mileage, and business mileage.
- ☐ Detail of estimated tax payments made, if any.
- ☐ Income and deductions categorized on our worksheets or facsimile of such for business or rental activities.

## Tax Return Preparation

We will prepare your tax return based on information you provide. In the event your return is audited, you will be responsible for verifying the items reported. It is important that you review the return carefully before signing to make sure the information stated is correct. Unless otherwise stated, the services for preparation of your return do not include auditing, review, or any other verification or assurance.

## Contact Us

There are many events that occur during the year that can affect your tax situation. Preparation of your tax return involves summarizing transactions and events that occurred during the prior year. In most situations, treatment is firmly established at the time the transaction occurs. However, negative tax effects can be avoided by proper planning. Please contact us in advance if you have questions about the tax effects of a transaction or event, including the following:

- Pension or IRA distributions
- Significant change in income or deductions
- Job change
- Marriage
- Attainment of age 59 ½ or 72
- Sale or purchase of a business
- Sale or purchase of a residence or other real estate
- Retirement
- Notice from IRS or other revenue department
- Divorce or separation
- Self-employment
- Charitable contributions of property in excess of \$5,000