

TAX ORGANIZER FOR YEAR _____ APPT DATE _____ In Person _____

CLIENT INFORMATION

Taxpayer Name _____ Spouse Name _____

Taxpayer SS# _____ Spouse SS# _____

Taxpayer Date of Birth _____ Spouse Date of Birth _____

Taxpayer Occupation _____ Spouse Occupation _____

Taxpayer Driver's License # _____ Date Issued _____ Date Expires _____

Spouse Driver's License # _____ Date Issued _____ Date Expires _____

Taxpayer Phone # _____ Spouse Telephone # _____

Taxpayer Email _____ Spouse Email _____

Address _____

City, State, ZIP _____

Bank Name _____ Routing# _____ Account# _____

DEPENDENTS

Name _____ SS# _____ DOB _____

Name _____ SS# _____ DOB _____

ESTIMATED PAYMENTS

(Do not include withholdings from W2 and other income sources)

1st Quarter - Federal \$ _____ Colorado \$ _____ Date Paid _____

2nd Quarter - Federal \$ _____ Colorado \$ _____ Date Paid _____

3rd Quarter - Federal \$ _____ Colorado \$ _____ Date Paid _____

4th Quarter - Federal \$ _____ Colorado \$ _____ Date Paid _____

MISCELLANEOUS

Do you have foreign bank accounts or foreign income yes _____ no _____

Did you start a new business during the year yes _____ no _____

Did you buy or sell digital currency yes _____ no _____

Are you a schoolteacher that paid for supplies not reimbursed yes _____ no _____

Did you buy or sell a home (bring closing documents) yes _____ no _____

Did you revise a prior year divorce decree w/ alimony yes _____ no _____

INCOME

Please include documentation for the following forms (when applicable)

W2's

1099-Misc / 1099-NEC / 1099G

1099R (pension, annuity, IRA, retirement and profit sharing)

1099INT (interest)

1099DIV (dividends)

1099SA (distribution from Health Savings Account)

SSA-1099 (Social Security annual statement)

Composite reports from brokerage (JP Morgan, Charles Schwab, Fidelity, ETrade etc)

K1's (partnership, corporations, estate & trusts)

DEDUCTIONS

Medical Expenses:

Health Insurance Premium \$ _____ Medicare Premium direct \$ _____

Doctor Copay & Deductibles) \$ _____ Prescriptions \$ _____

Long Term Care Premium – Taxpayer \$ _____ Spouse \$ _____

of miles driven for medical _____

Form 1095A if applicable – if purchased through Colorado Marketplace

Interest & Taxes:

Mortgage Interest statement (1098)

Property taxes for 2021 paid in 2022 (often included on 1098 mtg statement)

Vehicle registrations paid in 2022

Charitable Deductions:

Cash, check and credit card \$ _____ (if multiple include list or other documentation)

Non-cash (clothing and household \$ _____ (if over \$500 include documentation)

Volunteer mileage _____

Child Care Expenses: (prefer documentation from provider)

Provider Name _____ Provider FEIN/SSN# _____

Provider Address _____ Amount Paid \$ _____

Education: (please provide following documents when applicable)

1098-T (tuition statement)

1098-E (interest paid on student loans)

1099-Q (distribution from qualified tuition plan) 529 Contributions (year end statement)