



AVALON BOOKKEEPING  
& TAX SERVICES

## Client Tax Organizer Worksheet

The Client Tax Organizer Worksheet asks about pertinent tax items necessary for preparing the most accurate tax return possible. Please answer all applicable questions and attach a statement when necessary for additional information not provided in the worksheet.

### Names

Taxpayer	Spouse
Social Security #	Social Security #
Birth Date	Birth Date
Occupation	Occupation

### Current Address

Street Address	
Mailing Address	
Home Telephone	Work Telephone
County	Email Address

### Dependent Children

Full Name	Full Name	Full Name
Birth Date	Birth Date	Birth Date
Social Security #	Social Security #	Social Security #

### Other Dependents (less than \$1,000 gross income)

Full Name	Relationship	Social Security #
Full Name	Relationship	Social Security #
Full Name	Relationship	Social Security #

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## Yes/No Questions

Please check the appropriate box and include all necessary details.

Yes      No

### Personal Information

- Did your marital status change during the year?  
If yes, please explain: \_\_\_\_\_
- Did your address change from last year?
- Can you be claimed as a dependent by another taxpayer?

### Dependent Information

- Were there any changes in dependents from the prior year?  
If yes, please explain: \_\_\_\_\_
- Do you have any children under age 14 with unearned income in excess of \$1500?

### Purchases, Sales and Debt Information

- Did you start a new business or purchase rental property during the year?
- Did you acquire a new or additional interest in a partnership or S Corporation?
- Did you sell, exchange, or purchase any real estate during the year?
- Did you acquire or dispose of any stock during the year?
- Did you take out a home equity loan this year?
- Did you refinance a principal residence or second home this year?
- Did you sell an existing business, rental, or other property this year?

### Income Information

- Did you have any foreign income or pay any foreign taxes during the year?
- Did you receive any income from property sold prior to this year?
- Did you receive any lump-sum payment from a pension, profit sharing or 401(k) plan?
- Did you make any withdrawals from an IRA, Keogh, SIMPLE, or SEP account?
- Did you make any withdrawals from an education savings/529 Plan account?
- Did you receive any disability income during the year?
- Did any of your life insurance policies mature, or did you surrender any policies?
- Did you cash any Series EE or I U.S. Savings bonds issued after 1989?

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## Yes/No Questions

Please check the appropriate box and include all necessary details.

Yes      No

### Itemized Deduction Information

- |                          |                          |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Did you incur a casualty or theft loss during the year?                         |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have evidence to substantiate charitable contributions of \$250 or more? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you make any non-cash charitable contributions (clothing, furniture, etc.)? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you have an expense account or allowance during the year?                   |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you use your car on the job, for other than commuting?                      |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you work out of town for part of the year?                                  |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you have any educational expenses during the year?                          |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you have any expenses related to seeking a new job during the year?         |

### Economic Stimulus Payment

- |                          |                          |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive an Economic Stimulus payment? If yes, in what amount? \$ _____ |
|--------------------------|--------------------------|--|

### Miscellaneous Information

- |                          |                          |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive an advance Child Tax Credit payment from the IRS?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you make gifts of more than \$11,000 to any individual?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you engage in any bartering transactions?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you covered by a pension or retirement plan?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you incur moving costs because of a job change?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Were you a grantor or transferor for a foreign trust, have an interest in or a signature or other authority over a bank account, securities account, or other financial account in a foreign country? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive correspondence from the State or the IRS?<br>If yes, please explain: _____  |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you want to allocate \$3 to the Presidential Election Campaign Fund?<br>Checking yes will not change your tax or reduce your refund.   |

# Client Tax Organizer Worksheet

## Estimated Tax Payments You Have Made

	1st Quarter 4/15	2nd Quarter 6/15	3rd Quarter 9/15	4th Quarter 1/15
Federal				
State				

## Salary Income (Form W-2 Must Be Attached)

Employer's Name \_\_\_\_\_ Gross Amount \$ \_\_\_\_\_

Employer's Name \_\_\_\_\_ Gross Amount \$ \_\_\_\_\_

Employer's Name \_\_\_\_\_ Gross Amount \$ \_\_\_\_\_

Employer's Name \_\_\_\_\_ Gross Amount \$ \_\_\_\_\_

## Interest Income (Attach Form 1099int)

Received From \_\_\_\_\_ Gross Amount \$ \_\_\_\_\_

Received From \_\_\_\_\_ Gross Amount \$ \_\_\_\_\_

Received From \_\_\_\_\_ Gross Amount \$ \_\_\_\_\_

Received From \_\_\_\_\_ Gross Amount \$ \_\_\_\_\_

## Dividends (Attach Form 1099div)

Received From \_\_\_\_\_ Gross Amount \$ \_\_\_\_\_

Received From \_\_\_\_\_ Gross Amount \$ \_\_\_\_\_

Received From \_\_\_\_\_ Gross Amount \$ \_\_\_\_\_

Received From \_\_\_\_\_ Gross Amount \$ \_\_\_\_\_

## Client Tax Organizer Worksheet

Name of Stock	Date Purchased	Date Sold	Purchase Price	Selling Price

### Child Care Expenses

Amount \$ \_\_\_\_\_ Number of children cared for \_\_\_\_\_ Were services performed in your house?  Yes  No

Name of Provider \_\_\_\_\_

Address \_\_\_\_\_ Federal ID # (SSN) \_\_\_\_\_

### Other Income

State Income Tax Refund \$ \_\_\_\_\_ Unemployment Compensation \$ \_\_\_\_\_

Gambling/Lottery Winnings \$ \_\_\_\_\_ Social Security – Taxpayer \$ \_\_\_\_\_  
(Attach Form W-2G)

Social Security – Spouse \$ \_\_\_\_\_

Gambling/Lottery Losses \$ \_\_\_\_\_ Pensions/Retirement Plan \$ \_\_\_\_\_

### Business Income

Partnerships (Attach K-1) \$ \_\_\_\_\_

Subchapter S Corporation (Attach K-1) \$ \_\_\_\_\_

Sole Proprietorship (Schedule C) \$ \_\_\_\_\_

(Call for additional form)

Farm Income (Attach Detail) \$ \_\_\_\_\_

### Taxes

Real Estate Tax (Personal residence, land, lots, second homes) \$ \_\_\_\_\_

Personal Property Taxes (Vehicle, county taxes) \$ \_\_\_\_\_

Other Taxes (Including foreign investments) \$ \_\_\_\_\_

# Client Tax Organizer Worksheet

## Medical Expenses

Insurance Premiums \$ \_\_\_\_\_ (Health, Dental, Long Term)

Medicine & Prescriptions \$ \_\_\_\_\_ Miles Driven for Medical Care \$ \_\_\_\_\_

Physicians & Dentists \$ \_\_\_\_\_ Other Medical Transportation \$ \_\_\_\_\_

Eye Glasses, Lab Fees, etc. \$ \_\_\_\_\_ Insurance Reimbursements \$ \_\_\_\_\_

## Interest Paid

Home Mortgage Paid to \_\_\_\_\_ Gross Amount \$ \_\_\_\_\_

Home  2nd Home  Rental

Home Mortgage Paid to \_\_\_\_\_ Gross Amount \$ \_\_\_\_\_

Home  2nd Home  Rental

Points Paid \_\_\_\_\_ Other \_\_\_\_\_

Was the mortgage re-financed this year?  Yes  No (Attach closing documents)

## Contributions (Attach List If Necessary)

Paid to \_\_\_\_\_ Gross Amount \$ \_\_\_\_\_

Non-Cash Contributions (Attach statement/receipt from charity) Gross Amount \$ \_\_\_\_\_

## Miscellaneous & Non-Reimbursed Business Expenses

Tax Preparation \$ \_\_\_\_\_ Safety Deposit Box \$ \_\_\_\_\_

Uniforms \$ \_\_\_\_\_ Union & Professional Dues \$ \_\_\_\_\_

Tools \$ \_\_\_\_\_ Professional Books/Magazines \$ \_\_\_\_\_

Car Business Miles \_\_\_\_\_ Type of Auto/Truck \_\_\_\_\_

## Other Credits

Taxpayer IRA Contributions  Traditional  Roth \$ \_\_\_\_\_

Spouse IRA Contributions  Traditional  Roth \$ \_\_\_\_\_

Student Loan Interest \$ \_\_\_\_\_ Moving Expenses \$ \_\_\_\_\_

Rental Home \$ \_\_\_\_\_ Tools or Equipment \$ \_\_\_\_\_

Losses Due to Storms, Theft or Casualty Not Reimbursed by Insurance \$ \_\_\_\_\_

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## **Declaration**

I have reviewed the information given to Avalon Bookkeeping & Tax Services on this form. To the best of my knowledge it is true, correct, complete, and can be used in the preparation of my Income Tax Return.

Signature \_\_\_\_\_ Date \_\_\_\_\_