



Client Tax Organizer

Please complete this Organizer. If you have any questions, call Moss Tax Service at 414-234-0395

1. Personal Information

Name		Soc. Sec. No	Date of Birth	Occupation	Work Phone
Taxpayer					
Spouse					
Street Address		City	State	Zip	Home Phone
Email Address					

	Taxpayer		Spouse		Marital Status	
Blind	Yes	No	Yes	No	Married	Married filing separate
Disabled	Yes	No	Yes	No	Single	
Pres. Campaign Fund	Yes	No	Yes	No	Widow(er), Date of Spouse's Death	_____

2. Dependents (Children and Others)

Name (First and Last)	Relationship	Date of Birth	Social Security Number	Months lived with you	Disabled	Full Time Student	Dependents Gross Income

Please answer the following questions to determine maximum deductions. Circle Yes or NO

1. Are you self-employed or do you receive hobby income?	Yes	No	11. Did you have any debts cancelled, forgiven, or refinanced?	Yes	No
2. Did you receive income from raising animals or crops?	Yes	No	12. Did you go through bankruptcy proceedings?	Yes	No
3. Did you receive rent from real estate or other property?	Yes	No	13. If you paid rent, how much? Was heat included?	\$ _____ Yes	Per _____ No
4. Did you receive income from gravel, timber, minerals, oil, gas, copyrights, patents?	Yes	No	14. Did you pay interest on a student loan for yourself, your spouse, or your dependent during this year?	Yes	No
5. Did you withdraw or write checks from a mutual fund?	Yes	No	15. Did you pay expenses for yourself, your spouse, or your dependent to attend classes beyond high school?	Yes	No
6. Do you have a foreign bank account, trust, or business?	Yes	No	16. Did you have any children under the of 19 or 19 to 23 year old students with unearned income of more that \$950?	Yes	No
7. Do you provide a home for or help support anyone not listed in section 2 above?	Yes	No	17. Did you purchase a new alternative technology vehicle or electric vehicle?	Yes	No
8. Did you receive any correspondence from the IRS or State Department of Taxation?	Yes	No	18. Did you install any energy property to your home residence or perform energy improvements?	Yes	No
9. Were there any births, deaths, marriages, divorces or adoptions in your immediate family?	Yes	No	19. Did you own \$50,000 or more in foreign financial assets?	Yes	No
10. Did you give a gift of more than \$13,000 to one or more people?	Yes	No			

3. Wages, Salary Income

Please include all W-2's

4. Interest Income

Please include all; 1099-INT, Form 1097-BTC and broker statements

5. Dividend Income

From Mutual Funds and Stocks. Attach 1099-DIV

6. Partnership, Trust, Estate Income

Include payers of partnership, limited partnership, S-Corp, trust or real estate income. Attach K-1

7. Property Sold

Include 1099-S and closing statements.

Property	Date Acquired	Cost and Improvements
Personal Residence		
Vacation Home		
Land		
Other		

Don't forget information on improvements, prior sales of home, and costs of new residence.

8. I.R.A (Individual Retirement Account)

Contributions for tax year income

	Amount	Date
Taxpayer		
Spouse		

Amounts withdrawn. Attach 1099-R and 5498

Plan Trustee Reason for Withdrawal Reinvested?

Plan Trustee	Reason for Withdrawal	Reinvested?
		Y or N
		Y or N
		Y or N
		Y or N

9. Pension, Annuity Income

Include 1099-R

Payer Reason for Withdrawal Reinvested?

Payer	Reason for Withdrawal	Reinvested?
		Y or N
		Y or N
		Y or N
		Y or N

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

Did you receive:	Taxpayer	Spouse
Social Security Benefits	Y or N	Y or N
Railroad Retirement	Y or N	Y or N

Include SSA 1099, RRB 1099

10. Investments Sold

Stocks, Bonds, Mutual Funds, Gold, Silver, Partnership interest. Include 1099-B and confirmation slips.

11. Other Income

List all other Income (including non Taxable)

- Alimony Received _____
- Child Support _____
- Scholarship (Grants) _____
- Unemp. Comp. Repaid _____
- Prizes, Bonuses, Awards _____
- Gambling, Lottery _____
- Unreported Tips _____
- Director/Educators Fee _____
- Commissions _____
- Jury Duty _____
- Workers Comp. _____
- Disability Income _____
- Veterans Pension _____
- State Income Tax Paid _____
- Other _____
- Other _____

12. Medical/Dental Expenses

- Medical Insurance Premium (paid by you) _____
- Prescription Drugs _____
- Insulin _____
- Glasses, Contacts _____
- Hearing Aids, Batteries _____
- Braces _____
- Medical Equip, Supplies _____
- Nursing Care _____
- Medical Therapy _____
- Hospital _____
- Doctor/Dental/Orthodon _____
- Mileage _____

13. Taxes Paid

- Real Property Tax (attach bills) _____
- Personal Property Tax _____
- Other _____

14. Interest Expenses

- Mortgage interest paid (include 1098) _____
- Interest paid to individual for your home _____
- Paid to: _____
- Name _____
- Address _____
- SSN _____
- Investment Interest _____
- Premiums paid or accrued for qualified mortgage insurance _____

15. Child and Other Dependent Care Expenses

Name of Care Provider	Address	SSN or Employer ID	Amount Paid

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

16. Investment-Related Expenses

Tax Preparation Fee _____
 Safe Deposit Box Rental _____
 Mutual Fund Fee _____
 Investment Counselor _____
 Other _____

17. Education Expenses

Students Name	Type of Expense	Amount

18. Charitable Contributions

Church _____
 United Way _____
 Scouts _____
 Telethons _____
 Wildlife Fund _____
 Salvation Army, Goodwill _____
 Other _____
 Other _____
 Non Cash _____
 Volunteer (no. of miles) _____

19. Job Related Moving Expenses

Date of move _____
 Move Household Goods _____
 Lodging During Move _____
 Travel to New Home (miles) _____

20. Business Travel

If you are not reimbursed for exact amount, give total
 Airfare, Train, etc. _____
 Lodging _____
 Meals _____
 Taxi, Car Rental _____
 Other _____
 Reimbursement Received _____

21. Other Deductions

Alimony Paid to _____
 Social Security # _____ \$ _____
 Student Interest Paid \$ _____
 Health Savings Account Contri. \$ _____
 Archer Med. Savings Acc. Contri. \$ _____

22. Employment Related Expenses That You Paid (Not self-employed)

Dues- Union, Professional _____
 Books, Subscriptions, Supplies _____
 Licenses _____
 Tools, Equipment, Safety _____
 Uniforms (include cleaning) _____
 Sales Expense, Gifts _____
 Tuition, Books (work related) _____
 Entertainment _____
 Office in home _____
 In Square Feet a)Total home _____
 b)Office _____
 c)Storage _____
 Rent _____
 Insurance _____
 Utilities _____
 Maintenance _____

23. Business Mileage

Do you have written records? Y N
 Did you sell or trade in a car used for business? Y N
 *If yes, attach a copy of purchase agreement
 Make/Year Vehicle _____
 Date Purchased _____
 Total miles (personal and bus) _____
 Business Miles (not to and from work) _____
 From first to second job _____
 Education (one way, work to school) _____
 Job Seeking _____
 Other Business _____
 Round Trip commuting distance _____
 Gas, Oil, Lubrication _____
 Batteries, Tires, etc. _____
 Repairs _____
 Wash _____
 Insurance _____
 Interest _____
 Lease payments _____
 Garage Rent _____

24. Questions, Comments and Other Information

25. Residence

Town _____ County _____
Village _____ School District _____
City _____

26. Direct Deposit of Refund

Would you like to have you refund(s) directly deposited into your account? Yes No

Account 1
Owner of the account Taxpayer Spouse Joint
Type of account (circle one)
Checking Savings Traditional IRA Roth IRA Archer MSA Savings
Coverdell Education Savings HSA Savings SEP IRA
Name of financial institution
Routing Number
Account Number

Account 2
Owner of the account Taxpayer Spouse Joint
Type of account (circle one)
Checking Savings Traditional IRA Roth IRA Archer MSA Savings
Coverdell Education Savings HSA Savings SEP IRA
Name of financial institution
Routing Number
Account Number

Account 3
Owner of the account Taxpayer Spouse Joint
Type of account (circle one)
Checking Savings Traditional IRA Roth IRA Archer MSA Savings
Coverdell Education Savings HSA Savings SEP IRA
Name of financial institution
Routing Number
Account Number

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 _____
Signature Signature

Thank you for choosing Moss Tax Service.