



Client: \_\_\_\_\_

**CONFIDENTIAL**  
**PERSONAL TAX ORGANIZER**

Please call for an appointment at your earliest convenience. The information requested on this form is essential in preparing your income tax return. Please complete as much of this form as possible. Call if we may be of assistance.

For Taxable Year: \_\_\_\_\_

A	PERSONAL DATA
Your Name: _____	
Occupation: _____	
SS No: _____ Birth Date: _____	
Blind: Yes ___ No ___	
Spouse's Name: _____	
Occupation: _____	
SS No: _____ Birth Date: _____	
Blind: Yes ___ No ___	
Street: _____	
City: _____ State: _____ Zip: _____	
Home Phone: (____) _____ City School District: _____	
Work Phone: (____) _____ Cell Phone: (____) _____	
E-mail Address: _____	
Driver's License or State-Issued ID Number: _____ State: _____	
Expiration Date (Mo/Da/Yr): _____ Issue Date (Mo/Da/Yr): _____	

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

B	DEPENDENT CHILDREN - List all unmarried children supported by you						
Name	Soc. Sec. Number	Relationship	Date of Birth	Income	Source of Income	Was Tax Return Filed?	Claim Self on Return?

C	OTHER DEPENDENTS					
Name	Soc. Sec. Number	Relationship	Date of Birth	Months Lived in Home	Amount of Support	
					By You	By Others

CHECKLIST		
YES	NO	The checklist below could lead to helpful deductions. Please check and provide supporting information
<input type="checkbox"/>	<input type="checkbox"/>	Any births, adoptions, marriages, divorces or deaths in your immediate family during the past year?
<input type="checkbox"/>	<input type="checkbox"/>	Did you help support anyone (other than your own children)? If so, list in Section C.
<input type="checkbox"/>	<input type="checkbox"/>	Do you travel between job locations on the same day? (See Section M)
<input type="checkbox"/>	<input type="checkbox"/>	Did you use your car on the job other than to and from work? _____ Miles
<input type="checkbox"/>	<input type="checkbox"/>	Do you have any special licenses, permits, certificates, etc., for your job? (See Section M)
<input type="checkbox"/>	<input type="checkbox"/>	Did you purchase a new vehicle in 2020? Amount of sales tax paid: _____
<input type="checkbox"/>	<input type="checkbox"/>	Do you have losses from previous years to carry forward?
<input type="checkbox"/>	<input type="checkbox"/>	Do you have rental property? If yes, please complete Section L.
<input type="checkbox"/>	<input type="checkbox"/>	Do you have a business? If yes, please complete Section N.
<input type="checkbox"/>	<input type="checkbox"/>	Did you buy any business equipment? If yes, please complete Section O.
<input type="checkbox"/>	<input type="checkbox"/>	Did you sell any securities or property or have any become worthless? See Section R.

### CHECKLIST - Cont'd

<b>YES</b>	<b>NO</b>	
<input type="checkbox"/>	<input type="checkbox"/>	Did you incur employee expenses on your job? Complete Section P.
<input type="checkbox"/>	<input type="checkbox"/>	Did you have child or dependent care to enable you to work or attend school full time? Complete Section Q.
<input type="checkbox"/>	<input type="checkbox"/>	Did you have income or loss from pensions, annuities, social security, estates, partnerships or any other sources? Please have statements available and complete Section G.
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive alimony? Amount: \$ _____ Date of Agreement: _____
<input type="checkbox"/>	<input type="checkbox"/>	Did you pay alimony? Amount paid: \$ _____ Date of Agreement: _____
		To Whom: _____ SS#: _____
<input type="checkbox"/>	<input type="checkbox"/>	Did you pay estimated tax? See Section D.
<input type="checkbox"/>	<input type="checkbox"/>	Did you pay additional State tax last April 15? Amount: \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive a distribution from a pension or profit sharing plan?
<input type="checkbox"/>	<input type="checkbox"/>	Do you have a foreign bank account?
<input type="checkbox"/>	<input type="checkbox"/>	Did you buy or sell real estate last year? Bring Settlement Sheets for purchase and sale.
<input type="checkbox"/>	<input type="checkbox"/>	Did you pay college tuition for yourself, spouse or dependents? Complete Section S.
<input type="checkbox"/>	<input type="checkbox"/>	Did you refinance your home? Bring loan papers.
<input type="checkbox"/>	<input type="checkbox"/>	Do you wish to designate \$3.00 of your taxes to the Presidential Campaign Fund? This neither increases nor decreases your tax.
<input type="checkbox"/>	<input type="checkbox"/>	Are you or your spouse permanently and totally disabled?

D	ESTIMATED TAXES PAID & CREDITS			
	Date Paid	Federal	State	Local
Prior Yr. 4 <sup>th</sup> Qtr.				
Prior Yr. Credit				
First Quarter				
Second Quarter				
Third Quarter				
Fourth Quarter				

E	DIVIDENDS RECEIVED	
Source (Please have statements available)	Amount	

F	INTEREST INCOME	
Source (Please have statements available)	Amount	
U.S. Government Interest		
Other Non-Taxable Interest		
Seller Financed Mortgage		
Payer's Name: _____		
Payer's SS Number: _____		

G	OTHER INCOME	
List All Sources Including Those That Are Not Taxable		
Source (Please have statements available)	Amount	
State Income Tax Refunds Received		
Alimony Received		
Unemployment Compensation		
Worker's Compensation or SDI		
Social Security (Filer)		
Social Security (Spouse)		
Tips Received		
Partnerships (Bring Forms K-1)		
S Corporation (Bring Form K-1)		
Pensions		
Self-Employment (Schedule C or use Section N)		
Scholarships or Fellowships		
Jury Duty		
Other:		

H	MEDICAL EXPENSES	
Hospital & Medical/Dental Insurance Premiums		
Medicare Insurance Premiums (w/h from Soc. Sec.)		
Prescription Drugs (only)		
Other Medicines (for specific illnesses)		
Physician, Dentist, etc.		
Hospital		
Travel for Medical Purposes _____ miles		
Parking Fees for Medical Reasons		
Taxi: _____ Bus: _____ Plane: _____		
Ambulance		
Medical Equipment and Prosthetic Devices		
Lab & X-ray (not included with doctor & hospital)		
Glasses		
Hearing Aids & Batteries		
Special Therapy		
Insurance Reimbursement (only for amounts listed above)		

I	INTEREST PAID	
Home Mortgage Interest: _____	Term of Loan _____	
	Date of Loan _____	
	Points Paid to Acquire Loan _____	
If mortgage paid to individual, give:		
Name: _____		
Address: _____		
SS No.: _____		
Did you purchase a new home in 2020?		
Date of Purchase: _____ (Please Attach Settlement Sheet.)		

J	TAXES	
Real Estate Taxes - Residence		
Real Estate Taxes - Other		
Personal Property Tax (Boat, Plane, etc.)		

K	CONTRIBUTIONS	
Church: _____	Payroll Deduction: _____	
Other: _____		
Expenses in connection with a charitable organization, explain: _____		
Travel for Charitable Work: Miles _____		
Did you donate any property to an organization? Value of goods donated: _____		

<b>L RENTAL INCOME &amp; EXPENSES</b>				
Property	Address			
1				
2				
3				
Property:	1	2	3	
Income				
Advertising				
Auto Travel (Miles)				
Cleaning				
Commissions & Salaries				
Gardening & Landscape				
Insurance				
Interest (1)				
Interest (2)				
Licenses				
Condo or Management Fees				
Repairs: Carpentry, Hardware				
Electrical				
Paint & Decoration				
Plumbing				
Roofing				
Misc. Repairs				
Supplies				
Taxes				
Telephone (Toll Calls Only)				
Utilities				
Other				
Other				
List cost of property as well as replacement items and major repairs or improvements in Section P				

<b>M MISCELLANEOUS (for state purposes only)</b>			
	Filer	Spouse	
Union Dues and Professional Dues			
Tools, Supplies and Safety Equipment			
Work Related Licenses, Fees, etc.			
Uniforms: Purchase _____ Cleaning _____			
Business Journals, Books, etc.			
Business Insurance (not life, medical or disability)			
Unreimbursed Business Travel:			
Travel to Professional Meetings.....	Mi.	Mi.	
Travel between 1 <sup>st</sup> & 2 <sup>nd</sup> Job	Mi.	Mi.	
Telephone (Business Toll Calls only)			
Employment Related Schooling or Seminars:			
Tuition/Fee _____ Books/Supplies: _____			
Parking _____ Miles from Job to School _____			
Political Contribution			

<b>N SELF EMPLOYED BUSINESS INCOME AND EXPENSES</b>					
	Filer	Spouse		Filer	Spouse
Gross Income					
Returns & Refunds					
Cost of Inventory at Beginning of Year					
Cost of Merchandise Purchased					
Cost of Items for Personal Use					
Cost of Inventory at End of Year					
Expense	Filer	Spouse	Expense	Filer	Spouse
Advertising			Postage		
Bank Charges			Property Taxes		
Commissions			Business Meals		
Dues			Rent		
Entertainment			Repairs		
Freight			Sales Taxes		
Insurance			Seminars & Trng.		
Interest			Supplies		
Janitorial			Telephone		
Legal & Acctg.			Utilities		
Licenses			Vehicle		
Maintenance			Wages		
Payroll Taxes			Other _____		

**For travel & business expenses related to self-employment, please complete Section O**

<b>O EMPLOYEE TRAVEL &amp; BUSINESS EXPENSES (for state purposes only)</b>			
	Filer	Spouse	
Total Miles Auto Driven, Personal & Business			
Total Business Miles Driven (see Note 1)			
Parking Fees & Tools			
<b>AUTOMOBILE EXPENSES (If using actual expenses):</b>			
Original Cost			
Date Purchased			
Gasoline, Oil, Lubrication			
Repairs			
Tires, Batteries, etc.			
Insurance			
License & Taxes			
Interest			
Other			
Lease Payments			
<b>OTHER TRAVEL EXPENSES (see Note 2)</b>			
Air Fare			
Auto Rental			
Local Transportation			
Lodging & Tips			
Meals & Tips			
Other			
<b>OTHER EXPENSES</b>			
Office Rent			
Telephone			
Stationery, Supplies			
Printing			
Entertainment (see Note 2)			
Dues/Subscriptions			
Gifts (see Note 2)			
Other:			

O EMPLOYEE TRAVEL & BUSINESS EXPENSES (Cont'd)		
Reimbursement received from employer for above expenses NOT included in W2 wages		
Is auto owned or leased?		
Do you have evidence to support the business claimed above?		
Is the evidence written?		
HOME OFFICE EXPENSES If qualified (see Note 3 below)		
Square Footage of Office		
Total Square Footage of Home		
Utilities		
Insurance		
Interest 1		
Interest 2		
Maintenance		
Real Estate Taxes		
Casualty Losses		
Other		
(1) Based on log or other records. (2) Deductions of this nature must be documented as follows: Name, Business Relationship, Date and Time, Place and Amount. Gifts are generally limited to \$25.00 per person. You may not deduct these expenses unless documented. (3) To qualify for the "Office in the Home", that portion of the home must be used EXCLUSIVELY and ON A REGULAR BASIS as (a) Your principal place of business or, (b) A place of business that is used by patients, clients, or customers in meeting or dealing with you in the normal course of business.		

P BUILDINGS, VEHICLES, EQUIPMENT ETC., PURCHASED OR LEASED FOR BUSINESS		
Description	Date Purch./Leased	Cost

Q CHILD & DEPENDENT CARE	
Name of Child or Dependent:	
Paid To (Name & Address Required)	Amount Paid
Name	
Address	
Tax Payer ID Number	
Name	
Address	
Tax Payer ID Number	

R SECURITIES & PROPERTY SOLD				
Description	Date Acquired	Date Sold	Selling Price	Original Cost

S EDUCATION CREDIT	
Did you pay college tuition for yourself, spouse or dependents? Please attach Form 1098-T.	
Amount paid for tuition, related fees and required course materials: \$ _____	
Who were expenses incurred for? _____	
Year in school: _____	

T 529 PLAN	
Did you receive a distribution from a 529 plan? _____	
Did you contribute to a 529 plan? _____	
Amount contributed: _____	
Name & social security number of person for whom contributions were made: _____	

U IRA	
Did you convert your Traditional IRA to a Roth IRA? Yes _____ No _____	
Did you contribute any monies to a Traditional IRA? Amount contributed: Yours: _____ Spouse: _____	
Did you contribute any monies to a Roth IRA? Amount contributed: Yours: _____ Spouse: _____	
Are you or your spouse covered by another retirement plan? Yes _____ No _____	
Did you rollover any funds from one plan to another? Yes _____ No _____	
Did you receive any distributions or early withdrawals from any plan? Yes _____ No _____	

V USE TAX	
When Pennsylvania sales tax is not charged by a seller (usually out of state businesses or internet vendors) on a taxable item or service delivered into or used in PA, the consumer is required by law to report and remit use tax to the Department of Revenue.	
Please list any purchases (along with amounts) you made on taxable goods or services where sales tax was not collected by the vendor: _____ _____	

W QUALIFYING HEALTH CARE COVERAGE	
Did you have healthcare coverage for you, your spouse, and any dependents for the entire year? Yes No	
If Yes, include all Forms 1095-A, 1095-B, and 1095-C.	
Did you apply for an exemption through the Marketplace? Yes No	
If Yes, provide the Exemption Certificate Number: _____	
Are any of your dependents required to file a tax return? If so, please provide a copy of the return.	

<p><b>Please have the following information available at the time of your appointment:</b></p> <ul style="list-style-type: none"> <li>• A copy of last year's tax return (if you are a new client)</li> <li>• All income statements (W-2s, 1099's, etc.)</li> <li>• Business and rental income and expenses</li> <li>• Settlement Sheets for property bought, sold or refinanced</li> </ul>
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