TOMMY DO INCOME TAX SERVICES
CLIENT TAX ORGANIZER

Phone: 206-783-6200 x5 Tommy@pacifictaxservice.com

PERSONAL INFORMATION

TAXPAYER:

First Name ____ M.I. ____ Last Name ____ Soc. Sec. # ____

Occupation ____ Birthdate ____ Cell Phone ____ Other Phone ____

Email Address ____

SPOUSE:

First Name ____ M.I. ____ Last Name ____ Soc. Sec. # ____

Occupation ____ Birthdate ____ Cell Phone ____ Other Phone ____

Email Address ____

ADDRESS: ____

City ____ State ____ Zip ____

- ☐ *Provide Copy of Driver Licenses or Photo IDs*
- ☐ *Provide Copy of Prior Year's Tax Return*
- ☐ *Check here if your address, phone number, or email has changed*

DEPENDENT QUESTIONNAIRE

DEPENDENT INFORMATION	**DEPENDENT 1**	**DEPENDENT 2**	**DEPENDENT 3**	**DEPENDENT 4**
Dependent's first name and middle initial				
Dependent's last name				
Date of Birth				
Social Security Number				
Relationship (e.g. Son, Daughter, Grandchild)				
Months lived in your home (0-12)				

INCOME

SALARIES & WAGES *(Provide All W-2s)*

Taxpayer ____

Spouse ____

INT. & DIV. LIST *(Provide All Forms 1099-INT & 1099-DIV)*

____ ____

____ ____

SALE OF STOCKS, BONDS, & MUTUAL FUNDS

(Provide All Forms 1099-B)

ALIMONY RECEIVED *(If Divorced Before 2019)* ____

Date of Divorce or Separation Agreement ____

PENSION OR IRA DISTRIBUTIONS ____

(Provide All Forms 1099-R) ____

SELF-EMPLOYMENT INCOME

(Complete the Small Business Organizer)

STATE INCOME TAX REFUND RECEIVED ____

(Only if You Itemized Deductions Prior Year)

SOCIAL SECURITY BENEFITS ____

(Provide All Forms 1099-SSA)

UNEMPLOYMENT BENEFITS ____

(Provide All Forms 1099-G)

PARTNERSHIP, S CORP, ESTATES, TRUSTS ____

(Provide All K-1s)

RENTAL PROPERTY INCOME

(Complete the Rental Real Estate Organizer)

TAXABLE SCHOLARSHIP/FELLOWSHIP INCOME ____

REAL ESTATE TRANSACTIONS

(Provide Closing Stmt for purchase, sale or refi) ____

OTHER INCOME *(Please Describe)*

____ ____

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CREDITS & ADJUSTMENTS TO INCOME

HIGHER EDUCATION EXPENSES

Tuition & Required Fees *(Provide Form 1098-T)* ______________

Required Books, Supplies, Equipment ______________

STUDENT LOAN INTEREST PAID *(Form 1098-E)* ______________

CHILD CARE EXPENSES ______________

Name ______________________________

Address ______________________________

____

Tax ID # ______________

TEACHER/EDUCATOR SUPPLIES ______________

HSA CONTRIBUTIONS *(Provide 5498-SA & 1099-SA)* ______________

IRA CONTRIBUTIONS ______________

Type: ☐ Roth ☐ Traditional ☐ SEP ☐ SIMPLE

ALIMONY PAID *(If Divorced Finalized Before 2019)* ______________

Date of Agreement ______________

Recipient's Name:_________________ SSN: ______________

SOLAR ENERGY SYSTEMS INSTALLED ______________

HEALTH INSURANCE MARKETPLACE CREDIT *(Provide Form 1095-A)*

QUALIFIED ADOPTION EXPENSES ______________

ITEMIZED DEDUCTIONS

MEDICAL EXPENSES

Doctors, Dentists, Hospitals ______________

Eyeglasses & Hearing Aids ______________

Health Insurance Premiums ______________

Medicare Premiums ______________

Long Term Care Insurance Premiums ______________

Prescription Drugs & Insulin ______________

Medical Miles Driven ______________

MORTGAGE INTEREST PAID

Home Mortgage Interest ______________

2nd Mortgage Interest ______________

Vacation Home/2nd Home Interest ______________

Mortgage Insurance Premiums ______________

IMPORTANT: *If you bought, sold, or refinanced a property, please include your closing statement.*

TAXES

Property Taxes ______________

Personal Property / RTA Taxes ______________

Additional State Income Tax ______________

Sales Tax on Major Purchases *(e.g. Boats, Vehicles, Motorhomes, Home Remodel)* ______________

CHARITABLE CONTRIBUTIONS

Cash Contributions to Religious Organizations ______________

Cash Contribution to Charities ______________

Mileage for Charity Work ______________

Non-Cash Contributions
(Clothing, Furniture, Appliances, Stocks, etc.) ______________

IMPORTANT: *If your total donations exceed $500, please provide the names of the charities.*

ESTIMATED TAX PAYMENTS

FEDERAL ESTIMATED TAX PAYMENTS

1st Quarter Payment ______________

2nd Quarter Payment ______________

3rd Quarter Payment ______________

4th Quarter Payment ______________

DIRECT DEPOSIT REFUND

REFUND/TAXES OWED DELIVERY METHOD

☐ Mail check ☐ Direct Deposit/Debit Pymt Date ______________

BANK NAME ______________________

ROUTING ______________________ ☐ **CHECKING**

ACCOUNT ______________________ ☐ **SAVINGS**