CLIENT TAX ORGANIZER

Phone: 206-783-6200 x4 **Mike@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 Copies of Driver Licenses or Photo IDs*

❑ *Provide Copies of Prior Year's Tax Returns*

DEPENDENTS

DEPENDENT INFORMATION	DEPENDENT 1	DEPENDENT 2	DEPENDENT 3	DEPENDENT 4
Dependent's first name and middle initial				
Dependent's last name				
Date of Birth *(Provide copies of birth certificates)*				
Social Security Number *(Provide copies of SS cards)*				
Relationship *(e.g. Son, Daughter, Grandchild)*				
Total months this year dependent lived in your home				

QUESTIONS REGARDING CHILD DEPENDENTS	DEPENDENT 1	DEPENDENT 2	DEPENDENT 3	DEPENDENT 4
Was your child a full time student for at least 5 months of the year?	❑Yes ❑No	❑Yes ❑No	❑Yes ❑No	❑Yes ❑No
Was your child disabled?	❑Yes ❑No	❑Yes ❑No	❑Yes ❑No	❑Yes ❑No
Was your child unmarried on December 31st?	❑Yes ❑No	❑Yes ❑No	❑Yes ❑No	❑Yes ❑No
Did you provide over half of your child's support and over half the costs of keeping up a home for the year?	❑Yes ❑No	❑Yes ❑No	❑Yes ❑No	❑Yes ❑No
Does your child have another parent who is not your spouse? *(Divorced or separated situation)*	❑Yes ❑No	❑Yes ❑No	❑Yes ❑No	❑Yes ❑No
In case of an audit, do you have documents that can prove your answers to these questions?	❑ Yes ❑ No			
Were any credits or deductions related to your dependents disallowed or reduced in a prior year?	❑ Yes ❑ No			

DIRECT DEPOSIT INFORMATION

BANK NAME ______________________

ROUTING ______________________ ❑ **CHECKING**

ACCOUNT ______________________ ❑ **SAVINGS**

TAX PREPARATION NOTES

____

____

____

____

INCOME

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

Taxpayer ____________

Spouse ____________

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

SALE OF STOCKS, BONDS, MUTUAL FUNDS, & CRYPTOCURRENCY

(Provide All 1099-B forms)

ALIMONY RECEIVED *(If Divorced Before 2019)* ____________

Date of Divorce or Separation Agreement ____________

PENSION/ANNUITY/IRA INCOME ____________

(Provide All 1099-R Forms) ____________

SELF EMPLOYED BUSINESS

*(Please complete the **Small Business Organizer** from my website)*

FOREIGN INCOME OR FOREIGN BANK ACCOUNTS? ____________

STATE INCOME TAX REFUND RECEIVED ____________

(Only if You Itemized Deductions Last Year)

SOCIAL SECURITY/RAILROAD RETIREMENT ____________

BENEFITS RECEIVED *(Forms 1099-SSA Needed)* ____________

UNEMPLOYMENT COMPENSATION ____________

(Provide 1099-G Forms)

PARTNERSHIP, S CORP, ESTATES, TRUSTS ____________

(Provide All K-1 Forms) ____________

RENTAL REAL ESTATE

*(Please complete the **Rental Real Estate Organizer** from my website)*

TAXABLE SCHOLARSHIP/FELLOWSHIP ____________

REAL ESTATE - SALE OR PURCHASE

(Provide All Closing Disclosures or Settlement Statements)

OTHER INCOME *(Please Detail)* ____________

______________________________ ____________

______________________________ ____________

DEDUCTIONS & CREDITS

HIGHER EDUCATION EXPENSES

Tuition & Required Fees *(Need Form 1098-T)* ____________

Course Required Books, Supplies, &

Equipment *(First 4 Years of College Only)* ____________

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

CHILD CARE EXPENSES *(Both Spouses Work or Attending School)*

Need the Name, Address, Tax ID #,and

Amount Paid for each child care provider. ____________

QUALIFIED ADOPTION EXPENSES ____________

MORTGAGE INTEREST PAID *(If used to buy, build, or improve house)*

Home Mortgage Interest ____________

2nd Home Mortgage Interest ____________

Mortgage Insurance Premiums ____________

Mortage Refinance *(Need Closing Disclosure)*

MEDICAL EXPENSES

Doctors, Dentists, Nurses, Hospitals ____________

Eyeglasses, Hearing Aids, Other Misc., etc. ____________

Health Insurance Premiums ____________

Medicare Parts B, C and D Premiums ____________

Long Term Care Insurance Premiums ____________

Prescription Drugs & Insulin ____________

Medical Miles Driven ________ x $0.21 ____________

TEACHER/EDUCATOR SUPPLIES ____________

HSA CONTRIBUTIONS *(Need 5498-SA and 1099-SA)* ____________

IRA CONTRIBUTIONS ____________

Type: ☐ Roth ☐ Traditional ☐ SEP ☐ SIMPLE

ALIMONY PAID *(If Divorced Before 2019)* ____________

Date of Divorce or Separation Agreement ____________

Recipient's Name:__________________ SSN: ____________

ENERGY EFFICIENT HOME IMPROVEMENTS ____________

HEALTH INSURANCE MARKETPLACE CREDIT *(Need All 1095-A Forms)*

STATE & LOCAL TAXES PAID

Real Estate Property Taxes ____________

Personal Property Tax *(e.g. Motorhome)* ____________

Additional State Income Tax Paid ____________

Sales Tax Paid *(Large Purchases, e.g. Boats)* ____________

CHARITABLE CONTRIBUTIONS *(Provide List if amounts are over $500)*

Amount Paid to Churches ____________

Amount Paid to Charities ____________

Mileage for Charity Work ________ x $0.14 ____________

Non-Cash Contributions *(Clothing,* ____________

Furniture, Appliances, Stocks, etc.) ____________

Donations Directly from IRA *(Over Age 70 1/2)* ____________

PLUG-IN ELECTRIC VEHICLE PURCHASE ____________

ESTIMATED TAX PAYMENTS

FEDERAL ESTIMATED TAX PAYMENTS

1st Quarter Payment: ____________

2nd Quarter Payment: ____________

3rd Quarter Payment: ____________

4th Quarter Payment: ____________