

**NON-BUSINESS CLIENT ORGANIZER**

Taxpayer (T) \_\_\_\_\_ Spouse (S) \_\_\_\_\_

Occupation (T) \_\_\_\_\_ Occupation (S) \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell (T) \_\_\_\_\_ Cell (S) \_\_\_\_\_

Email (T) \_\_\_\_\_ Email (S) \_\_\_\_\_ Text Yes \_\_\_\_\_ No \_\_\_\_\_

Check and provide forms or documents for the following:

W-2s _____	SSA-1099 _____	Brokerage Stmts _____
All 1095s _____	All K-1s _____	Health Ins. Confirm _____
All 1098s _____	IRA Value (T) _____	Child Care Credit _____
All 1099s _____	IRA Value (S) _____	Energy Credit _____

Check for income from these sources and provide documents:

Estates _____	Alimony/SSN _____	Rentals _____	Capital Gains _____
Trusts _____	Social Security _____	Farms _____	Worthless Stock _____
S Corps _____	Sole Proprietor _____	Barter _____	Foreign _____
Partnerships _____	Exempt Interest _____	Gambling _____	
LLCs _____	Debt Cancelled _____	Pensions _____	

Check the Pre-AGI (Adjusted Gross Income) Deductions that apply and provide documents:

IRA (T) _____	HSA (T) _____	Student Loan Int _____	Alimony/SSN _____
IRA (S) _____	HSA (S) _____	Educator Exp _____	Moving Exp _____
SEP (T) _____	SIMPLE (T) _____	SE Health Ins _____	CD Penalty _____
SEP (S) _____	SIMPLE (S) _____	Tuition & Fees _____	

Check the Itemized Deductions (Schedule A) that apply and provide support documents:

Medical _____	2 <sup>nd</sup> Mtg Int _____	Safe Dep Box _____
Medical Ins _____	Line of Credit Int _____	Home Office _____
Med Miles _____	Invest Int _____	Invest Fees _____
LT Care Ins(T) _____	Charity Cash _____	Gambling _____
LT Care Ins (S) _____	Charity Non-Cash _____	Job Hunting _____
RE Tx Home _____	Charity Miles _____	Teacher Supp _____
RE Tax Other _____	Dues/License _____	
Mtg Interest _____	Uniforms _____	

Check the Tax Credits that apply:

Child Care _____	Education _____	Foreign Tax _____
Child Credit _____	MD 529 Plan _____	Health Care _____

Estimated Tax Payments for Federal \_\_\_\_\_ Residence State \_\_\_\_\_ Other State \_\_\_\_\_ Local Area \_\_\_\_\_

Compliance Questions:

Does the Taxpayer have health insurance for household? _____	Any IRS or state letters received? _____
Does the Taxpayer have any foreign accounts? _____	Foreign accounts over \$10,000? _____
Can the Taxpayer substantiate mileage, travel & entertainment? _____	Required Minimum Distributions? _____

Things to consider:

\_\_\_\_\_ Update beneficiaries on insurance, investments, and retirement plans.  
 \_\_\_\_\_ Update wills, medical directives, and durable power of attorney.  
 \_\_\_\_\_ Seek advice before starting Social Security payment and retirement plans.