## Tax Year

## Client Tax Organizer

Please	Tax Return Appoi e complete this Organizer before		Date	-	ude all :	stat	ements (W-2s 1	Time:		P	<u>M</u>	
	Personal Information			Taxpaye			0110113 (** 23, 1		Spous	se.		
First	name & Initial											
Last r	name											
	al Security number											
	of birth										· · · · · · · · · · · · · · · · · · ·	
	pation											
	uil address		<del></del>								4. 4	
	phone		Cell				Work			Cell		
	e phone		Fax				Home			-		
Addre			1 dx				Home			Fax		
	555							24-4		Apt/S		
City								State		ZII		
Pres.	ayer Legally Blind	[			No No No at M	1arrie	Spouse Lega Spouse Disa Pres. Campa ed filing separate	bled lign Fund (S		• • •	Yes Yes Yes Spouse de	No No No Path?
2.	Dependents (Children 8	Others	s)		Date		Social Leison	Month			1	<u></u>
	Name		Rela	ationship	Date of Birth		Social Security Number	Month Lived W You	/ith Disa	bled	Full Time Student	Dependent's Gross Income
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		<del>/</del>	-			-			-	_		
			1			-				_		
					L							
	e answer the following questio	ns to dete	ermin	e maxin								
du	d your marital status change iring the year?	_ [	Yes		INO	12.	Did you receive a make a contribution plan (401(k), IRA,	on to a retire			Yes	☐ No
	d your address change during the year		∟ Yes		No	13	Did you give a gift		ın			
	ere there any changes in dependents d you receive unreported tip income of		_ Yes		No		\$14,000 to one or				Yes	No
\$2	20 or more in any month?		Yes		No	14.	Did you go throug foreclosure, or rep			nas?	Yes	No
	d you receive any unemployment or sability income?		Yes		No	15.	Did you incur a lo damaged or stole	ss because		3	Yes	No
	d you buy or sell any stocks, bonds or her investment property?		Yes		No	16.	Were you notified the IRS or State to	or audited b			Yes	☐ No
pr	id you purchase, sell, or refinance you incipal home or second home, or take at a home equity loan?		Yes		No	17.	Did you work from use your car for b	a home offi			Yes	☐ No
8. Di	id you convert part or all of your aditional/SEP/SIMPLE IRA to a ROTH	IRA?	Yes		No		May the IRS discu with your prepared	r?			Yes	☐ No
9. Co	ould you be claimed as a dependent on the person's tax return?		Yes		No		Were you a citizen from, or live in a for	oreign count	ry?		Yes	☐ No
10. Di	id you pay anyone for domestic ervices in your home?		Yes		No		Do you want to el- your tax return?				Yes	☐ No
11. Di	id you pay anyone for childcare		Yes		No		Did you buy any in for which you did	not pay sale	s/use ta:	k?	Yes	☐ No
36	SI VIDOS :					22.	compliant health i (Attach Form 109	nsurance du	ring the		Yes	☐ No

Myrtle Beach CPAs
Parker Hunter Skipper
1551 21st. Ave. North Ste.15
Myrtle Beach, SC 29577

Tel: (843) 448-4221 Fax (843)448-6039

3. Wage, Salary Income	8. Dividend Ir	ncome		
Attach Form(s) W-2's  Employer name  TP SP	Attach Form(s) 109 Form 1099-DIV Payer		y Capital ga	sin Tax-exempt?
4. Pensions, Annuities, Profit Sharing, IRA's, etc.				
Attach Form(s) 1099-R  1099-R Paver name  TP SP	9. Property S	old		
1099-R Payer name  TP SP  TP SP  TO S	Attach Form(s) 10		statements Date acquired	Cost & Imp
				4
Attach Form(s) SSA-1099 Taxpayer Spouse  Social Security benefits  Railroad Retirement benefits	10. Other Inc	ome		
Medicare D premiums w/h  Medicare D premiums w/h	Alimony received . Gambling/lottery winn	ings		
6. Interest Income  Attach Form(s) 1099-INT & Broker statements  1099-INT Payer name  Tax-exempt? Amount			••• —	ACC. No.
	11. Adjustmen			2
	Alimony paid	s - Taxpayer	SS#	
7. Partnership, Trust, Estate Income  Attach Form(s) K-1	Educator expenses Student loan interest Health Savings Accou	unt	• • • • • • • • • • • • • • • • • • • •	
12. Investments Sold		· 14 Species and 15 - First 12 Fig. 19	4-1-1 - 1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	or the different region
Attach Form(s) 1099-B & confirmation slips			-	
Investment	Date acquired	Date Sold	Cost	Sale Price
			-	

13. Wedical/Dental Expenses	18. Charitable Contributions (receipts required)
Medical insurance premiums (paid by you)	Church
Long Term Care insurance	
Prescription drugs	Scouts
Glasses, contacts	Telethons
Hearing aids, batteries	University, Public TV/Radio
Braces	Heart, Lung, Cancer, etc.
Medical equipment, supplies	Wildlife Fund., Humane society
Nursing care	Salvation Army, Goodwill
Medical therapy	Other:
Hospital	Non-Cash
Doctor/Dental/Orthodontist	Address
Mileage —————	City/State/Zip
Willeage	Value of goods (attach list if more than one)
14. Taxes Paid	Volunteer mileage
14. Taxes I alu	
Real property tax (attach bills)	19. Miscellaneous/Unreimbursed Expenses
Other:	Dues - union, professional
Oules.	Books, subscriptions, supplies
15. Interest Expense	Licenses
•	Tools, equipment, safety equipment
Mortgage interest paid (attach 1098's)	Uniforms (including cleaning)
Interest paid to individual for your home (attach amortization schedule)	Sales expense, gifts
Paid to:	Tuition, Books (work related)
Name	Entertainment
Address	Tax preparation fee
Social Security No	Safe deposit box
Investment interest	IRA custodial fees
mivestificate and a second a second and a second a second and a second a second and	Investment periodicals, advisory fees
16. Casualty/Theft Loss	Job search expense
	Moving of household goods (job related)
For property damaged by storm, water, fire, accident, or stolen.	Other:
Location of property	Other:
Location of property	
Description of property	20. Day Care Expense (Form 2441)
Description of property	Provider #1
Amount of damage	Address
Insurance reimbursement	City/State/ZIP
Repair costs	EIN/SS# Amt Pd
Federal grants received	Provider #2
1 cociai granis reserved	Address
17. Estimated Tax Payments	City/State/ZIP
Federal State	EIN/SS# Amt Pd
Amount Amount	Children cared for
LY - Jan 15 LY - Jan 15	
Q1 - Apr 15 Q1 - Apr 15	
Q2 - Jun 15 Q2 - Jun 15	
Q3 - Sep 15 Q3 - Sep 15	

Q4 - Jan 15

Q4 - Jan 15

Address City/State Rent Received Expenses Advertising Auto & Travel Auto Miles Cleaning & Maintenance Commissions Paid Grounds & Gardening Insurance Interest Expense Legal & Professional Management Fees Repairs & Maintenance Supplies Taxes Utilities Association Dues Pest Control Other: Other: Other:		loyment Inform	1	Business I						
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