

Tax Return Appointment: Date: _____ Time: _____ PM

Please complete this Organizer before your appointment. Include all statements (W-2s, 1099s, etc.)

1. Personal Information		Taxpayer		Spouse	
First name & Initial					
Last name					
Social Security number					
Date of birth					
Occupation					
E-mail address					
Work phone	Cell		Work	Cell	
Home phone	Fax		Home	Fax	
Address				Apt/Suite	
City				State	ZIP

Taxpayer Legally Blind Yes No Spouse Legally Blind Yes No
 Taxpayer Disabled Yes No Spouse Disabled Yes No
 Pres. Campaign Fund (Taxpayer) Yes No Pres. Campaign Fund (Spouse) Yes No
Filing status: Single Head of Household Married filing joint Married filing separate Widower Year of Spouse death? _____

2. Dependents (Children & Others)							
Name	Relationship	Date of Birth	Social Security Number	Months Lived With You	Disabled	Full Time Student	Dependent's Gross Income

Please answer the following questions to determine maximum deductions:

- | | |
|---|--|
| <p>1. Did your marital status change during the year? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2. Did your address change during the year? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>3. Were there any changes in dependents? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>4. Did you receive unreported tip income of \$20 or more in any month? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>5. Did you receive any unemployment or disability income? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>6. Did you buy or sell any stocks, bonds or other investment property? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>7. Did you purchase, sell, or refinance your principal home or second home, or take out a home equity loan? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>8. Did you convert part or all of your traditional/SEP/SIMPLE IRA to a ROTH IRA? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>9. Could you be claimed as a dependent on another person's tax return? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>10. Did you pay anyone for domestic services in your home? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>11. Did you pay anyone for childcare services? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> | <p>12. Did you receive a distribution from or make a contribution to a retirement plan (401(k), IRA, etc.)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>13. Did you give a gift of more than \$14,000 to one or more people? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>14. Did you go through bankruptcy, foreclosure, or repossession proceedings? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>15. Did you incur a loss because of damaged or stolen property? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>16. Were you notified or audited by either the IRS or State taxing agency? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>17. Did you work from a home office or use your car for business? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>18. May the IRS discuss your tax return with your preparer? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>19. Were you a citizen of, have income from, or live in a foreign country? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>20. Do you want to electronically file your tax return? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>21. Did you buy any internet merchandise for which you did not pay sales/use tax? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>22. Health Insurance. Did you have ACA compliant health insurance during the year? <input type="checkbox"/> Yes <input type="checkbox"/> No
(Attach Form 1095-A, 1095-B, and/or 1095-C)</p> |
|---|--|

Myrtle Beach CPAs
Parker Hunter Skipper
1551 21st. Ave. North Ste.15
Myrtle Beach, SC 29577
Tel: (843) 448-4221 Fax (843)448-6039

13. Medical/Dental Expenses

Medical insurance premiums (paid by you) . . . _____
 Long Term Care insurance _____
 Prescription drugs _____
 Glasses, contacts _____
 Hearing aids, batteries _____
 Braces _____
 Medical equipment, supplies _____
 Nursing care _____
 Medical therapy _____
 Hospital _____
 Doctor/Dental/Orthodontist _____
 Mileage _____

14. Taxes Paid

Real property tax (attach bills) _____
 Personal property tax _____
 Other: _____

15. Interest Expense

Mortgage interest paid (attach 1098's) _____
 Interest paid to individual for your home
 (attach amortization schedule) _____
 Paid to:
 Name _____
 Address _____
 Social Security No. _____
 Investment interest _____

16. Casualty/Theft Loss

For property damaged by storm, water, fire, accident, or stolen.
 Location of property _____
 Description of property _____
 Amount of damage _____
 Insurance reimbursement _____
 Repair costs _____
 Federal grants received _____

17. Estimated Tax Payments

Federal Amount		State Amount	
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	_____

18. Charitable Contributions (receipts required)

Church _____
 United Way _____
 Scouts _____
 Telethons _____
 University, Public TV/Radio _____
 Heart, Lung, Cancer, etc. _____
 Wildlife Fund., Humane society _____
 Salvation Army, Goodwill _____
 Other: _____
 Non-Cash _____
 Address _____
 City/State/Zip _____
 Value of goods (attach list if more than one) _____
 Volunteer mileage _____

19. Miscellaneous/Unreimbursed Expenses

Dues - union, professional _____
 Books, subscriptions, supplies _____
 Licenses _____
 Tools, equipment, safety equipment _____
 Uniforms (including cleaning) _____
 Sales expense, gifts _____
 Tuition, Books (work related) _____
 Entertainment _____
 Tax preparation fee _____
 Safe deposit box _____
 IRA custodial fees _____
 Investment periodicals, advisory fees _____
 Job search expense _____
 Moving of household goods (job related) _____
 Other: _____
 Other: _____

20. Day Care Expense (Form 2441)

Provider #1 _____
 Address _____
 City/State/ZIP _____
 EIN/SS# _____ Amt Pd _____
 Provider #2 _____
 Address _____
 City/State/ZIP _____
 EIN/SS# _____ Amt Pd _____
 Children cared for _____

Self Employment Information

Business Name _____

Total Sales		Taxpayer <input type="checkbox"/>	Spouse <input type="checkbox"/>
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Expenses			
Advertising		Repairs Expense	
Commissions/Fees		Supplies Expense	
Dues & Publications		Taxes	
Interest Expense		Travel Expense	
Insurance		Meals & Entertainment	
Legal & Professional Fees		Telephone	
Office Expense		Utilities	
Rent (office) Expense		Wages (gross W-2)	
Equipment Rental Expense		Postage	
Auto Expense		Bank Charges	
Auto Mileage		Tools & Equipment	
		Uniforms	

Assets Purchased			Notes
Date	Amount	Asset	

Cost of Goods Sold	
Inventory at beginning of year	Material & supplies
Purchases	Other:
Cost of items for personal use	Other:
Cost of labor	Inventory at end of year

Rental Income	Property #1	Property #2	Property #3	Property #4
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:				
Other:				
Other:				
Other:				