

This organizer helps us to prepare accurate & timely tax returns. Please take time to review and complete all that applies to you. Thank you!

Client Name _____		Best Phone # _____		Email _____			
BASIC INFORMATION (If left blank, we assume a NO answer) Please provide details at bottom of page to all YES responses					yes	no	
Did you change your mail address or residence since we prepared your last tax return?							
Any possible change in dependents claimed compared to prior year, if yes, please provide details and explain why.							
Any changes in your filing status? Got married, filing separately, or finalized a divorce?							
Direct Deposit Information			Estimated Taxes Paid (not for Real Estate taxes)				
If we should use the bank info provided to us last year, then please initial here _____. (Note: Attach a voided check and complete below <u>Only</u> if account is different than last year) Bank Name: _____ Deposit to (check one) <input type="checkbox"/> Checking <input type="checkbox"/> Savings			Due Date	Federal Taxes		State Taxes	
				Date Pd	Amount	Date Pd	Amount
			APRIL				
			JUNE				
			SEPT.				
JAN.							
			College Education Costs (We must have 1098-T tax forms)				
			College Student's Name		Circle Years completed		
Mass. Commuter Deduction: Enter annual, <u>non-reimbursed</u> costs for: Mass FAST LANE \$ _____ MBTA passes: \$ _____					1 2 3 4 5+		
					1 2 3 4 5+		
Day Care Expenses			Rent you paid to a Landlord (a Mass State return deduction only)				
You may be entitled to a tax credit for expenses paid for a qualifying dependent age 12 or younger. We must have all the information below.			Landlord's Name(s)				
Name of qualifying children			Total Paid for year				
1. _____							
2. _____							
Individuals or organization expenses paid to:			MASS. HEALTH CARE ACT: If you do not provide us with a 1099-HC as proof of Health Coverage or complete below, then we will assume that you do not have coverage and are subject to the prevailing penalty. If you were insured <i>but cannot provide us with a 1099-HC</i> as proof then enter: Name of Health Insurer: _____ Months insured: _____ insurance company Subscriber #: _____ fed id#: _____				
Name & address		Tax id# or SS#				Amt. Paid	
ITEMIZED DEDUCTIONS							
NOTE: Unless requested, there is no need to provide us with receipts of your deductions, keep for your records							
MORTGAGE INTEREST PAID		Primary Residence	Vacation Home or Other	MEDICAL & DENTAL EXPENSES (NOTE: deductibility starts only when total medical below exceeds 7.5% of your gross income)			
1 ST Mortgage Interest				Health and/or Dental Insurance and Hospital & Dr. bills, etc. (Note: do not include Medicare paid via Social Security)			
2 ND Mortgage Interest				Prescribed drugs, glasses, contacts, medical equipment, etc.			
Home Equity Interest				All other medical related expenses: explain in notes below			
REAL ESTATE TAXES PAID				Energy efficient home improvements: provide us with receipts			
MA. CIRCUIT BREAKER CREDIT: If you were 65 or older during the year, enter your real estate taxes paid above and complete the following information. We will check your eligibility based on your income: Property Tax Assessed Value: \$ _____ Water/Sewer paid: \$ _____				Union Dues Paid (total including spouse if applicable)			
				Safety Equipment and Uniforms (i.e., helmets, boots, uniforms)			
				Professional subscriptions, journals etc.			
Charitable CONTRIBUTIONS (political campaigns are not deductible)				Investment: safe deposit, investment pubs. , IRA fees etc.			
For example, total of Church, United Way, & Other qualified Charitable Organizations. <i>NOTE: IRS states cannot deduct any amount of a cash contribution unless you have proof</i>				VEHICLE EXCISE TAX (total paid for all vehicles)			
				GAMBLING LOSSES (deductible only up to amount of wins claimed & only if you will be using itemized deductions)			
Non-cash Items (clothing, etc.) NOTE: if over \$500 we must have completed receipts to complete the required tax form				MORTGAGE POINTS PAID (circle one: new or refinance) new mortgage term length: _____ years Date of re-finance: _____ points paid: _____			
Notes for the TAX PREPARER (use a separate sheet if necessary)							

PROVIDE US with ALL Tax reporting documents for income including W-2, 1099-INT & DIV, 1099-SSA / 1099-RRB Social Security and Railroad Retirement benefits, 1099-R, 1099-G, 1099-B and for deductions including 1098 mortgage interest, 1098-T college tuition, etc.