

Individual Income Tax Organizer

7/25/18

Cox Accounting & Tax Service

Phone: 231-744-3827 Fax: 231-744-5286 Email: info@coxaccounting.biz

Your phone numbers: _____ Alternate Phone#: _____ eMail: _____

Name	Address	Birth Date / /	SSN - -	Occupation	Disability %
Spouse (if married)	Address (if different)	Birth Date / /	SSN - -	Occupation	Disability %

Are you married: Y N If married do you want to file Jointly: Y N If no, did you live the last 6 months separate from your spouse: Y N
Do you have dependents living with you: Y N Do you pay more than 50% of household bills: Y N Were you divorced last year: Y N
Did you buy/sell a home last year: Y N Were there any deaths in the family: Y N Have you received any notices from IRS: Y N

Include all W2, 1099-Int, 1099-Div, 1099-B, 1099-R 1099-A-C Hlth, Unemployment and Social Security Statements and a copy of last years tax return
All form K-1 (partnership, s-corporations, estates and trusts) Business, Rental and Farming Income and Expenses listed on a sheet separately
All Property tax statements (paid or not paid), Mortgage interest statements and a listing of all personal deductions

Names of Dependents - Please include documentation of Child care and College tuition.

Name	Birth Date / /	SSN - -	Months in Home	Relationship	Child Care Y N	Coll. Student Y N	Disabled Y N	Claim Y N
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____

Did any of the Children have income over \$950: Y N Have you ever been denied an Earned Income Tax Credit in the past: Y N

List and attach College Tuition, Required fees, School attended and how many years they have attended for each eligible student

Any other people who lived with you

Name	Birth Date / /	SSN - -	Months in Home	Relationship	Disabled Y N	Individuals Income \$	Claim Y N
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

Health Insurance Name of Insurer: _____

Did you bring in your form 1095-(A,B, or C) Y N Did you receive a premium tax credit? Y N Amount per month _____

Circle any month *not* covered by qualified Health Insurance: Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

Did your employer offer affordable coverage? Y N Were you eligible for government health insurance? Y N Are you Exempt Y N

Questioner (Please include all associated forms for use on personal taxes)

Did you pay or receive alimony: Y N Paid/Received \$ _____ Paid or Received From: _____ SS# - -

Did you roll over any money from a retirement account: Y N If so, how much money was rolled over: \$ _____

Did you have any income from installment sales: Y N Did you purchase any energy-efficient items: Y N Please bring receipts

Did you sell or transfer any stocks or investment property: Y N Please attach a list of your cost in the investments sold as well as tax forms

Are you involved in bankruptcy, foreclosure, repossession, or had any debt (including credit cards) cancelled: Y N Include forms received

Were you or your spouse a member of the military or reserve component: Y N If yes please list un-reimbursed expenses and mileage

Did you work from home or use your vehicle for business: Y N List Square footage of home and office separately and utilities as well as mileage

Did you have any uninsured loss or theft of property or assets: Y N explain: _____

Did you own a business (farm), partnership, LLC, or corporation: Y N Business Name: _____ Type: _____

Did you adopt any children Y N Was it a foreign adoption or a special needs child: Y N What was your cost: \$ _____

Did you receive any inheritance: Y N Has or will a Trust or Estate return be filed: Y N Name of Estate or Trust _____

Did you make any major purchases that you paid sales tax on: Y N Items: _____ Sales Tax Pd. \$ _____

Do you pay rent: Y N Per Month: _____ Months: _____ Name & Address: _____

Do you have in your name or others names any foreign investment accounts? Y N If so, please list _____

Are you a resident of a city that collects city tax? Y N if you moved into or out of a city please list the date of your move and previous address

Date: / / Previous Address: _____