





This organizer is designed to assist you in gathering the information required for preparation of your individual income tax returns.

Please complete all applicable sections. Also, please provide details and documentation as requested (documents may be provided electronically).

The Internal Revenue Service (IRS) matches information returns/forms with amounts reported on tax returns. A negligence penalty may be assessed when income is underreported or when deductions are overstated. Accordingly, all information returns reflecting amounts reported to the IRS are also mailed or delivered to taxpayers in an envelope clearly marked "Important Tax Documents Enclosed" and should be submitted with this organizer. Include the following, if applicable:

- W-2 (wages) - 1099-R (retirement) - 1099-INT (interest) - 1099-DIV (dividends) - 1099-B (brokerage sales) - 1099-MISC (rents, etc.) - 1099 (any other) - 1095-A, 1095-B, 1095-C (health insurance) - 1098-T (education)

- Schedules K-1 (Forms 1065, 1120S, 1041)

- Annual brokerage statements - 1098 (mortgage interest)

- 8886 (reportable transactions)

- Closing Disclosure (real estate sales/purchases)

- Copies of any tax elections or revocations in effect

- Other information statements

In addition, please provide a copy of your (and your spouse's, if applicable) driver's license (front and back). This information may be needed to electronically file your tax return.

Also, enclosed is an engagement letter which explains the services that will be provided to you. Please sign a copy of the engagement letter and return it in the enclosed envelope. Keep the other copy for your records.

The filing deadline for	your income tax return is	. Your completed tax organizer needs to be received no
later than	. Any information received	d after that date may require an extension to be filed for this return.
subject to late-payme	• • •	paid with that extension. Any taxes not paid by the filing deadline may be n't pay a reasonable estimate of your tax liability, your extension may be
require you to sign a	•	requested or ineligible for e-file. The request to opt out of e-filing may authority(ies). We look forward to providing services to you. Should you e to contact
Email		Phone
If you are uncertain of	the appropriate response for any of	the requested items, please consult the contact above.
Certification:		
The undersigned certion		lge, that the information documented in and provided with this
Certified by (taxpayer)		
Certified by (spouse)		(if applicable)

If we did not prepare your prior year returns, provide a copy of federal and state returns for the three previous years.

If we did not prepare your prior year returns, do we have permission to contact your predecessor tax return preparer?

Yes	Ν	lo
-----	---	----

If permission is granted, please provi	de the predecessor's	contact informa	tion				
Taxpayer's name Social Securit		ty number		Occupatio	on		
Spouse's name Social Securi		ity number		Occupation	on		
Home address							
City, town, or post office	County	State		Zip code	School district		
Telephone number	Telephone nu	mber (taxpayer)		Telephone number (spouse)			
Home	Office			Office			
Email (T)	Fax			Fax			
Email (S)	Mobile			Mobile			
Taxpayer citizenship/visa status							
Spouse citizenship/visa status							
Taxpayer date of birth		Blind?	Yes	No			
Spouse date of birth		Blind?	Yes	No			
► Dependent children who lived with							
Full name		Social Security	number	Relationship	Birth date		

► Other dependents:									
Full name	Social Security number	Relationship	Birth date	# months resided in your home	% support furnished				
Please answer the following que	stions and submit de	etails for any questio	n answered "yes.	n	Yes	No			
▶ 1) Will the address on your cu			n on your prior ye	ear returns?	•	••••••••••			
▶ 2) Did any births, adoptions, r			s occur related to	VOIL VOIIT SPOUSE					
or any of your dependents		no, arvoroco or acatr	o occur related to	you, your opouce					
If yes, provide details.									
▶ 3) Were there any changes in	dependents from th	e prior year? If yes, p	rovide details.						
▶ 4) Are you entitled to a depen	dency exemption du	ue to a divorce decre	e?						
▶ 5) Did any of your dependents	s have unearned inco	ome of \$1,100 or mo	re (\$350 if self-en	nployed)?					
	If yes, do you want us to prepare your child's tax return? Note that unearned income can no longer be included on the parent's tax return.								
▶ 6) Are any dependent children	n married and filing a	a joint return with the	ir spouse?						
▶ 7) Did any dependent child 19 year?	7) Did any dependent child 19-23 years of age attend school full time for less than five months during the year?								
which you have not already	8) Has the IRS, or any state or local taxing agency, notified you of changes to a prior year's tax return in which you have not already notified us (including a partnership or LLC in which you have an investment)? If yes, provide copies of all notices or correspondence received.								
	9) Did you receive any income from any legal proceedings, cancelation of student loans or other indebtedness during the year? If yes, provide details.								
▶ 10) Did you acquire, use, disp	▶ 10) Did you acquire, use, dispose of or hold any virtual currency (such as bitcoin)?								
11) Did you make gift(s) to any person that total more than \$15,000 this year? The gift(s) could have been made directly, indirectly or to a trust.									
▶ 12) Did you make any discour	▶ 12) Did you make any discounted gifts or gifts of future interest to any person or trust?								

	Federal		State (name)		
Prior year overpayment applied	Date paid	Amount paid	Date paid	Amount paid	
1st quarter					
2nd quarter					
3rd quarter					
4th quarter					

Yes No

- 13) Did you have any interest in, or signature or other authority over, a bank, securities or other financial account in a foreign country? If yes and the aggregate value of all of your accounts exceeded U.S. \$10,000 at any time during the year, complete the following:
- 14) Did you have an interest in specified foreign financial assets valued at more than \$50,000 on the last day of the tax year or more than \$75,000 at any time during the tax year? Please include assets not previously listed for FinCEN 114 reporting.

				Yes	No
▶ 15)			e, pay any foreign taxes that are not reflected on an enclosed 1099, or file orting or tax forms?	•••••	
	Provide detail	ls			
▶ 16)	Were you the	grantor, transf	eror or beneficiary of a foreign trust?		
▶ 17)	-		id you have income from, more than one state during the year? If so, required to file tax returns and may also owe taxes in those states.	••••••	
 18)	Do you file use	e tax returns ii	n any states?	• • • • • • • • • • • • • • • • • • • •	
▶ 19)	Do you have a online or from		es/use tax for tax year 2019 (such as from goods you purchased	• • • • • • • • • • • • • • • • • • • •	
▶ 20)	Do you and/or	r your spouse	want to designate \$3 to the Presidential Election Campaign Fund?	••••••	
	Taxpayer	Yes	No		
	Spouse	Yes	No		
▶ 21)	Do you wish to	o contribute to	any state fund(s)? If yes, indicate amount(s) and which fund(s):	•••••	
 ▶ 22)		19? Minimum	your household maintain minimum essential health coverage for all essential coverage includes employer-sponsored health insurance aid or Tricare.		
			received from your employer and/or insurance company, such as orm(s) 1095-C, even for partial periods of coverage.		
	dates of pa	rtial periods o ceived during	ld was not covered for the entire year, provide details that include of coverage and any other types of health insurance coverage and/or the year, such as Indian tribe membership and/or health care sharing		
▶ 23)	If you or your	household dic	I not maintain minimum essential health coverage for the entire year:		
	1. Were you of	ffered coveraç	ge (through your or your spouse's plan) that you declined?		
	2. If yes, did th	ne coverage o	ffer minimum value and was it affordable?		
	3. Were you o	r any member	of your household eligible for Medicare or Medicaid but did not enroll?		
▶ 24)	-	at healthcare.ç	our family enroll in health insurance coverage through the Health Insurance gov under the Affordable Care Act? If yes, enclose Form 1095-A, <i>Health ement</i> .	•••••••••••	

42) If you or your spouse have self-employment income, do you want to make a retirement plan

contribution?

2. Do you want next year's estimated taxes withdrawn from this same bank account on the due dates?

71) If you owe federal or state tax upon completion of your return, are you able to pay the balance due?

If not, please provide further information.