

Tax Year: _____

CLIENT TAX ORGANIZER

1. Personal Information (Check here if no change in personal information)

Taxpayer		Occupation		Social Security Number		Date of Birth		
Spouse		Occupation		Social Security Number		Date of Birth		
Home Address				Home Phone		Business Phone		
City		State	Zip Code	Cell Phone		Best Contact Number		
						Hm	Cell Bus	
Marital Status: Single <input type="radio"/> Married filing jointly <input type="radio"/> Head of Household <input type="radio"/> Widow(er) <input type="radio"/> Married filing separately <input type="radio"/>						Primary E-mail address		
Residency: If your residence is the same as last year, please check here, <input type="radio"/> if not, please provide the requested information below			School District:					
Address, City, State		Date		Presidential Campaign Fund	Taxpayer		Spouse	
		From	To		Yes	No	Yes	No
				Disabled	Taxpayer		Spouse	
					Yes	No	Yes	No
				Blind	Taxpayer		Spouse	
					Yes	No	Yes	No

2. Dependents (Check here if no change in dependents)

Name	Date of Birth	Relationship	Social Security Number	Months Lived With You	Full Time Student?	Dependent's Gross Income
1						
2						
3						
4						

Is any dependent listed above claiming their own exemption? Yes No (If yes, please indicate with an * by name)

3. Income Information - Attach W-2 (s)

Employer	Taxpayer	Spouse	State of Employment	City of Employment
	<input type="radio"/>	<input type="radio"/>		
	<input type="radio"/>	<input type="radio"/>		
	<input type="radio"/>	<input type="radio"/>		

4. Please remember to include the following documents

All W-2 Forms and Schedule K-1's	<input type="radio"/>	1098's reporting mortgage interest, student loan interest and tuition expenses	<input type="radio"/>
1099-R's reporting retirement plan transactions		Property tax bills	<input type="radio"/>
1099's reporting stock sales. Please remember to include purchase date and original cost information.	<input type="radio"/>	Your landlord's name, address, amount of monthly rent and total rent paid during the year.	<input type="radio"/>
1099's reporting interest and dividend income	<input type="radio"/>	Closing statements from the sale or purchase of investment properties.	<input type="radio"/>
1099's reporting unemployment compensation and social security benefits	<input type="radio"/>	Tax returns from the previous two years (new clients only)	<input type="radio"/>

5. Interest Income - Attach 1099-INT Forms	
Payer:	
Payer:	
Payer:	
Payer:	
Payer:	

6. Dividend Income – Attach 1099-DIV Forms	
Payer:	
Payer:	
Payer:	
Payer:	
Payer:	

7. Partnership, S-Corp, Trust, Estate Income - Attach K-1	
Name of Partnership, S-Corp, Trust or Estate	

8. Pension, Annuity, Social Security Income - Attach 1099-R, SSA 1099		
Payer	Taxpayer	Spouse
	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>

9. Investments Sold - Stock, Bonds, Mutual Funds *				
Investment	Date Acquired	Date Sold	Cost	Sales Price

* Please attach separate summary if necessary

10. IRA /SEP Contributions					
	Contribution		SEP	Roth	Traditional
	Amount	Year			
Taxpayer			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Spouse			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If you plan to make a contribution to your IRA/SEP by the due date of your return, please check here					<input type="radio"/>

11. IRA Distributions				
Plan Trustee	Distribution Amount	Reason for Withdrawal	Rollover	
			Yes	No
			<input type="radio"/>	<input type="radio"/>
			<input type="radio"/>	<input type="radio"/>
			<input type="radio"/>	<input type="radio"/>

12. Other Income – Attach 1099 Forms	
Type	Amount
Alimony Received	
Scholarships/Grants	
Unemployment Compensation	
Prizes, Bonuses, Awards	
Gambling/Lottery Winnings	
Unreported Tips	
Commissions (not included on W-2)	
Jury Duty Pay	
Worker's Compensation	
Disability Income	
State refunds	
Local refunds	
Other:	

13. Estimated Tax Payments Made						
	Federal	Date Paid	State	Date Paid	City	Date Paid
1 st Quarter						
2 nd Quarter						
3 rd Quarter						
4 th Quarter						
Total Estimates						

Other tax paid during the current year		
	Amount	Date Paid
Federal		
State		
City		

14. Itemized Deductions	
Medical Expenses:	Amount
Prescription Drugs	
Health Insurance Premiums	
Medicare Premiums	
Doctor	
Dentist	
Hospital	
Glasses, Hearing Aids, etc	
Medical Lodging	
Medical Miles (enter # of miles)	
Other:	
Taxes Paid – Attach Bills	Amount
Real Estate - Primary Residence	
Real Estate - 2 nd Residence	
Real Estate - Other	
Sales Tax on Major Purchases	
Auto license plate renewals	
Interest Paid – Attach 1098	Amount
Mortgage Interest Paid	
Mortgage Interest Paid	
Investment Interest Paid	
Cash Contributions – Attach receipts	Amount
House of Worship	
MI Community Foundation(s)	
MI Public Broadcasting	
MI Homeless/Food Shelters	
MI Colleges/Universities	
Volunteer Miles (enter # of miles)	
Other:	
Non-Cash Contributions - Attach receipts	
Organization:	
Donated Items:	
Date Donated:	
FMV:	
Donor's Org. Cost	
Miscellaneous Deductions:	Amount
Union and Professional Dues	
Tax Preparation Fees	
Safe Deposit Box	
Uniforms	
Work Tools	
Professional Subscriptions	

15. Education Expenses - Attach 1098 Forms			
Student's Name	Year of School	Tuition and Fees	Scholarship Amount

16. Job Related Moving Expenses	
Date of Move	
Cost of Moving & Storing of Goods	
Distance to New Home (# of miles)	
Lodging During Move	
Reimbursement from Employer	

17. Other Deductions	
Type	Amount
Alimony Paid	
Student Loan Interest Paid	
Educator Expenses	
Gambling Losses	
Health Savings Account Contributions	
Archer MSA Contributions	
529 Plan Contributions – MI plans only	

18. Child/Dependent Care Expenses	
Name of Provider	Social Security Number or EIN
Address:	Amount Paid
Dependent:	
Dependent:	
Name of Provider	Social Security Number or EIN
Address:	Amount Paid
Dependent:	
Dependent:	

19. Un-reimbursed Business Travel	
Airfare, Trains, etc.	
Lodging	
Meals	
Taxi, Car Rental	
Other:	
Other:	
Reimbursement Received	

20. Health, Financial and Retirement Questions	Yes	No
Do you or your spouse have a Health Savings Account (H.S.A.)?	<input type="radio"/>	<input type="radio"/>
Are you, or your spouse eligible to participate in a qualified employer sponsored retirement plan (401k, 403b, etc.)?	<input type="radio"/>	<input type="radio"/>
If yes, are the beneficiary designations, including secondary beneficiaries, up to date?	<input type="radio"/>	<input type="radio"/>
Are you comfortable with the amount and pace of your retirement savings? Comments?	<input type="radio"/>	<input type="radio"/>
Do you or your spouse have an up to date will?	<input type="radio"/>	<input type="radio"/>
Do you, or your spouse, have life insurance?	<input type="radio"/>	<input type="radio"/>
Are the beneficiary designations, including secondary beneficiaries, up to date?	<input type="radio"/>	<input type="radio"/>
Has your policy been audited since it was first purchased?	<input type="radio"/>	<input type="radio"/>
Would you like us to have someone contact you to schedule a free audit of your existing life insurance policy?	<input type="radio"/>	<input type="radio"/>
Do you, or your spouse, have a general power of attorney, a power of attorney for health care, and a living will?	<input type="radio"/>	<input type="radio"/>
Do you have established relationships with the following advisors? If yes, are they currently meeting your needs?	<input type="radio"/>	<input type="radio"/>
Estate Planning Attorney	<input type="radio"/>	<input type="radio"/>
Life Insurance Agent	<input type="radio"/>	<input type="radio"/>
Financial Advisor	<input type="radio"/>	<input type="radio"/>
Personal Banker or Commercial Banker	<input type="radio"/>	<input type="radio"/>
Would you like an introduction to any of the above mentioned advisors?	<input type="radio"/>	<input type="radio"/>

21. Family and Dependent Questions	Yes	No
Are all individuals included on this tax return U.S. Citizens?	<input type="radio"/>	<input type="radio"/>
Do you, or your spouse, provide financial support to a parent or relative NOT living in your home?	<input type="radio"/>	<input type="radio"/>
Has your filing status changed since you last filed a tax return?	<input type="radio"/>	<input type="radio"/>
Do you, or your spouse, have any children or grandchildren for which you are planning on paying for all or part of their higher education costs?	<input type="radio"/>	<input type="radio"/>

22. Miscellaneous Questions	Yes	No
Did you, or your spouse, buy or sell your home last year?	<input type="radio"/>	<input type="radio"/>
Did you purchase your primary residence after 4/8/09 and before 7/1/2010?	<input type="radio"/>	<input type="radio"/>
Do you, or your spouse, have income attributable to more than one state or city?	<input type="radio"/>	<input type="radio"/>
Are you, or your spouse, a partner, LLC member, or S-Corporation owner?	<input type="radio"/>	<input type="radio"/>
Have you, or your spouse, filed a gift tax return in prior years?	<input type="radio"/>	<input type="radio"/>
Are you, or your spouse, a beneficiary or grantor of a trust?	<input type="radio"/>	<input type="radio"/>
Did you or your spouse make any gifts in the current year that exceed the annual gift exclusion amount (\$13,000 in 2009)?	<input type="radio"/>	<input type="radio"/>
Do you have un-reimbursed job related expenses?	<input type="radio"/>	<input type="radio"/>
Do you rent out part of your home?	<input type="radio"/>	<input type="radio"/>
Do you maintain a home office?	<input type="radio"/>	<input type="radio"/>
Have you acquired a Hybrid Vehicle in the past 3 years?	<input type="radio"/>	<input type="radio"/>
Did you make any online purchases that were not subject to Michigan sales tax?	<input type="radio"/>	<input type="radio"/>
Are you interested in purchasing our Audit Protection Service?	<input type="radio"/>	<input type="radio"/>
How would you like to receive your copy of your tax returns:		
Paper copy only	<input type="radio"/>	
Paper and electronic copies	<input type="radio"/>	

23. Direct Deposit/Withdrawal	Yes	No
Would you like your refund deposited directly into your bank account?	<input type="radio"/>	<input type="radio"/>
Would you like your taxes due withdrawn directly from your bank account?	<input type="radio"/>	<input type="radio"/>
If you answered yes to either of the above questions, please provide information below.		
Name of bank		
Bank's 9 digit routing number		
Bank account number		
Type of account	Checking	Savings

24. Questions, Comments, & Other Information

To the best of my knowledge the enclosed information is correct and includes all income, deductions, and other information necessary for the preparation of this year's income tax returns.

Signature _____ Date: _____

Signature _____ Date: _____

PLEASE REMEMBER THAT E-MAIL IS NOT A SECURE WAY TO SEND PERSONAL INFORMATION. PLEASE MAIL, FAX, OR DELIVER YOUR PERSONAL INFORMATION TO US.