



Legal and Financial Advice
James C Morris, Jr. PC
Client Tax Planning Organizer

Tax Year _____

Please complete this Organizer before your appointment so that we may complete your tax return.

Personal Information

	Name	Soc. Sec. No.	Date of Birth	Occupation
Tax Payer				
Spouse				
Street Address	City		State	Zip

Contact Information

	Work Phone	Home Phone	Cell Phone	Fax
Tax Payer				
Spouse				

Marital Status

- Married Will File Jointly Yes No
 Single
 Widower, Date of Spouse's Death _____
 Dependent of another Head of Household

- | | Tax Payer | Spouse |
|---------------------|--|--|
| Blind | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Disabled | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Over 65 | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Pres. Campaign Fund | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Dependents

Name (First, Middle, Last)	Relationship	Date of Birth	Social Security Number	Months Lived With You	Disabled	Full Time Student	Dependent's Gross Income

Please provide for your appointment

- Last year's tax return (new clients only)
- Name and address label
- All Original Statements (W-2, K-1, 1099-R, 1099-S, 1099-Misc, 1099-DIV, etc.
- Copy of social security cards for all individuals including dependents

Wages & Salary Income

	Wages	Federal Tax Withheld	FICA Withheld	Medicare Withheld	State Tax Withheld	Local Tax Withheld
Tax Payer						
Spouse						

Attach W-2s

Interest Income

	Source	Amount	Tax Exempt
Tax Payer			
Spouse			

Attach 1099-INT & Broker Statements

Dividend Income

	Source	Amount	Ordinary	Capital Gains	Non-Taxable
Tax Payer					
Spouse					

From Mutual Funds and Stocks – Attach 1099-DIV

Partnership, Trust, Estate Income

List payers of partnership, Limited partnerships, S-Corporations, trust, or other estate income – Attach K-1

Investments Sold

Stocks, Bonds, Mutual Funds, Gold, Silver, Partnership interest – Attach 1099-B & Confirmation Slips

Kind of Property	Date Acquired	Date Sold	Sales Price	Cost or Other Basis

Property Sold

Property	Date Acquired	Cost & Improvements
Personal Residence		
Vacation Home		
Land		
Other		

Attach 1099-S and Closing Statements

➤ You may need to provide information on improvements, prior sales of home and cost of a new residence.

IRA

Contributions

	Amount	Date	✓ For Roth
Tax Payer			
Spouse			

Amounts Withdrawn

Plan Trustee	Reason for Withdrawal	✓ If Reinvested

Attach 1099-R & 5498

Pension, Annuity Income

Payer	Reason for Withdrawal	✓ If Reinvested

➤ Provide Statements from employer or Insurance Company with information on cost of or contribution to plan.

Did you receive:

Social Security Benefits

Railroad Retirement

Tax Payer

Yes No

Yes No

Spouse

Yes No

Yes No

Attach SSA 1099, RRB 1099

Other Income

List All Other Income (including non-taxable)

Alimony Received _____
Child Support _____
Scholarship/Fellowships (Grants) _____
Unemployment Compensation _____
Prizes, Bonuses, Awards _____
Gambling, Lottery (expenses _____) _____
Unreported Tips _____
Director/Executor Fees _____
Jury Duty _____
Worker's Compensation _____
Disability Income _____
Veteran's Pension _____
Payments from Prior Installment Sale _____
State Income Tax Refund _____
Farm Income _____
Other _____

Medical/Dental Expenses

Medical Insurance Premium _____
(Paid by you) _____
Prescription Drugs _____
Insulin _____
Glasses/Contacts _____
Hearing Aids, Batteries _____
Braces _____
Medical Equipment/Supplies _____
Nursing Care _____
Medical Therapy _____
Hospital _____
Doctor/Dental/Orthodontist _____
Mileage (no. of miles) _____

Taxes Paid

Real Property Tax (attach bills) _____
Personal Property Tax _____
Other _____

Interest Expense

Mortgage Interest Paid _____
(Attach 1098) _____
Interest Paid to Individual _____
For Your Home (Include _____
Amort. Schedule)

Paid To:

Name _____
Address _____
Soc. Sec. # _____

Investment Interest _____

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 _____

Charitable Contributions

Church _____
United Way _____
Scouts _____
Telethons _____
University, Public TV/Radio _____
Heart, Lung, Cancer, etc. _____
Salvation Army, Goodwill _____
Other _____
Non-Cash _____
Volunteer (no. of miles) _____

Job-Related Moving Expenses

Date of Move _____
Move of Household Items _____
Travel to New Home _____
(no. of miles) _____
Lodging During Move _____

Employment Related Expenses Paid By You (Not Self-employed)

Dues - Union, Professional _____
Books, Subscriptions, Supplies _____
Licenses _____
Tools, Equipment, Safety Equipment _____
Uniforms (include cleaning) _____
Sales Expense, Gifts _____
Tuition, Books (Work Related) _____
Entertainment _____

Office in Home:

In Square Feet a) Total home _____
b) Office _____
C) Storage _____

Rent _____
Insurance _____
Maintenance _____

Child & Other Dependent Care Expenses

Name of Care provider	Address	Soc. Sec. # or Employer ID	Amount Paid

Do you receive Dependent Care Benefits from your employer? Yes No

Business Mileage

Make/Year Vehicle _____
 Date Purchased _____
 Total Miles (personal & business) _____

Do you keep written Records? Yes No

Business Miles (Not to and from work)
 From First to Second Job _____
 Education (one way, work to school) _____
 Job Seeking _____
 Other Business _____

Gas, Oil, Lubrication _____
 Batteries, Tires, etc. _____
 Repairs _____
 Wash _____
 Insurance _____
 Interest _____
 Lease Payments _____
 Garage Rent _____

Business Travel (un-reimbursed)

Airfare, Train, etc. _____
 Entertainment _____
 Lodging _____
 Meals (no. of Days _____)
 Parking & Tolls _____
 Other _____

Amount of Expenses Reimbursed _____

Investment-Related Expenses

Tax Preparation _____
 Safe Deposit Box Rental _____
 Mutual Fund Fee _____
 Investment Counselor _____
 Other _____

Other Deductions

Alimony Paid To _____
 Soc. Sec. No. _____ \$ _____

Student Interest Paid \$ _____

Education Expenses

Student's Name	Type of Expense	Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Are you self-employed or do you receive hobby income?

Yes No

Did you receive income from raising crops?

Yes No

Did you receive rent from real estate property or other property?

Yes No

Did you receive income from gravel, timber, minerals, oil, gas, copyrights or patents?

Yes No

Did you withdraw or write checks from a mutual fund?

Yes No

Do you provide a home for or help support anyone **NOT** listed under dependents on this form?

Yes No

Did you receive any correspondence from the IRS or State Department of Taxation?

Yes No

Were there any births, deaths, marriages, divorces or adoptions in your immediate family?

Yes No

Did you give a gift of more than \$11,000 to one or more people?

Yes No

Did you go through Bankruptcy proceedings?

Yes No

Did you pay interest on a student loan for yourself, your spouse, or your dependent during the year?

Yes No

Did you pay expenses for yourself, your spouse, or your dependent to attend classes beyond high school?

Yes No

Do you have foreign bank accounts, trusts, or business?

Yes No

Did you pay rent? Amount \$ _____

Was heat included?

Yes No

Estimated Tax Paid

Federal	State	Due Date	Date Paid	Amount

To the best of my knowledge the enclosed information is correct, accurate and includes all income, deductions, and other information necessary to complete the tax return for this year.

Name _____ **Date** _____

Name _____ **Date** _____