

2014 Client Tax Organizer

PROVIDED BY:
 LANNA MESENBRINK & ASSOCIATES
 P.O. Box 1052
 Wickenburg, AZ 85358
 928-684-4495

Please complete the Organizer before your tax appointment.

1. Personal Information

Taxpayer Name: _____

Social Security Number: _____ Cell Phone: _____

Date of Birth: _____ Occupation: _____

Blind Disabled Presidential Campaign Date of Death: _____

Spouse Name: _____

Social Security Number: _____ Cell Phone: _____

Date of Birth: _____ Occupation: _____

Blind Disabled Presidential Campaign Date of Death: _____

Home Address: _____

Email Address: _____

2. Dependents (Children and Others)						
NAME (First and Last)	RELATION-SHIP	DATE OF BIRTH	SOCIAL SECURITY NUMBER	MONTHS LIVED WITH YOU	DISABLED	FULL TIME STUDENT

Provide documents if child care or tuition assistance paid for dependent.

Signature: _____

Date: _____

3. Misc Information - Provide documentation

Review the following list and provide documentation as appropriate:

1. Provide a copy of your 2012 and 2013 income tax returns (if not previously available)
2. Are you self-employed or do you receive hobby income? Complete Section 11
3. Did you receive rent from real estate or other property? Complete Section 6
4. Do you have a foreign bank account, trust, or business?
5. Did you receive correspondence from the IRS or state taxing authorities?
6. Were there any births, deaths, marriages, divorces or adoptions in your immediate family?
7. Did you give a gift of more than \$14,000 to any one person?
8. Did you have any debts cancelled, forgiven, or refinanced?
9. Did you file for bankruptcy?
10. Did you pay interest on a student loan for yourself, your spouse, or your dependents
11. Did you pay post-secondary school tuition or expenses for yourself, your spouse, or your dependents?
12. Did you make estimated tax payments? Provide schedule of payments or canceled checks
13. Provide any other documents received noted as "Important - Tax Documents"
14. Were you covered by health insurance for the full year? See Section 10
15. If you were covered by the Healthcare Marketplace, did you receive the advanced Premium Tax Credit? If so, provide Form 1095-A sent by the Healthcare Exchange. See Section 10

4. Wage and Salary Income -

Supply all W2's

List Name of Employers:

5. Interest and Dividend Income -

Supply Forms 1099-INT and 1099-DIV

List Banks and Mutual Funds or Stocks:

6. Rental Properties

1. Rental Income _____
2. Royalties _____
3. Advertising _____
4. Auto _____
5. Cleaning/Maintenance _____
6. Insurance _____
7. Legal/Professional Fees _____
8. Management Fees _____
9. Mortgage Interest _____
10. Other Interest _____
11. Repairs _____
12. Supplies _____
13. Taxes _____
14. Utilities _____
15. Other _____

Signature:

Date:

7. Partnership, Trust, and Estate Income - supply all Form K-1's

List payers of partnership, S-corporation, trust or estate income:

8. IRA's, Pension, and Annuities - supply Forms 1099-R and 5498

Contributions for Current Tax Year:

	Amount	Date	IRA / Roth
Taxpayer:			
Spouse:			

List of accounts withdrawn:

Did you receive Social Security Benefits? Provide Social Security Statement

9. Sale of Assets (stock, investments, property) - Supply Forms 1099-B, 1099-S

If not included on sale documents, be sure to provide date of purchase and cost basis at time of purchase.

10. Affordable Care Act documents

1. Were you eligible for an exemption by Healthcare.gov? If so, bring your approval letter with your Exemption Certificate Number (ECN)
2. Were you covered by a health insurance policy all year? If not, bring a schedule of the months for which you were covered and the premiums paid (include all members of your family)
3. Did you receive the advanced Premium Tax Credit through Healthcare.gov? If so, Form 1095-A must be provided to complete your tax return.
4. Provide information on health insurance coverage for all dependents.

Signature:

Date:

11. Business Income and Expenses

- 1. Gross Receipts _____
- 2. Other Income _____
- 3. Inventory Purchases _____
- 4. Advertising _____
- 5. Commissions/Fees _____
- 6. Contract Labor _____
- 7. Insurance _____
- 8. Interest _____
- 9. Legal/Professional Fees _____
- 10. Office Expenses _____
- 11. Rent _____
- 12. Repairs/Maintenance _____
- 13. Supplies _____
- 14. Taxes/Licenses _____
- 15. Travel _____
- 16. Meals/Entertainment _____
- 17. Utilities _____
- 18. Wages _____
- 19. Other Expenses _____
- _____
- _____
- _____
- _____
- 20. Home Office:
 - Total square footage of home _____
 - Square footage of office _____
 - Utilities _____ Insurance _____
 - Other costs _____

12. Vehicle Expenses

- 1. Car put in service _____
- 2. Total Miles Driven _____
- 3. Business Miles _____
- 4. Commuting Miles _____
- 5. Other Miles _____
- 6. Evidence to support mileage Y N__
- 7. If yes, is the evidence written? Y__ N__
- 8. Actual Expenses _____

13. Itemized Deductions

- 1. Medical Insurance _____
- 2. Prescriptions _____
- 3. Doctor/Dentist _____
- 4. Lab/Hospital _____
- 5. Vision _____
- 6. Other Medical _____
- 7. Sales Tax _____
- 8. Real Estate Taxes _____
- 9. Personal Property Tax _____
- _____
- 10. Home Mtge Interest _____
- _____
- _____
- _____
- 11. Points _____
- 12. Mtge Insurance Premiums _____
- 13. Investment Interest _____
- 14. Charitable – cash or check _____
- _____
- _____
- 15. Charitable – non cash _____
- _____
- _____
- 16. Casualty or Theft Loss _____
- 17. Unreimbursed Employee Expenses _____
- _____
- _____
- _____
- 18. Tax Prep Fees _____
- 19. Safe Deposit Box _____
- 20. Investment Fees _____
- 21. Gambling Losses _____
- 22. Other Misc Deductions _____
- _____
- _____
- _____

Signature:

Date: