



Client Tax Organizer

Referral Name: _____

Tax Year: _____

**** DOWNLOAD** this document to your device in order to save any info you input. ******

New Client Instructions: Fill this organizer completely before your scheduled drop-off appointment.

Returning Client Instructions: Enter your name and update only the information that changed from the previous year.

When Complete: Press 'CTRL + S' or 'Comman + S' to select the save location of the completed organizer.

Filing Status: ☐ Single ☐ Head of Household ☐ Married Filing Jointly ☐ Qualifying Widow(er) (Date of Spouse's Death) ☐ Married Filing Separate (Complete Spouse Info Below)

Part 1: Personal Info	Taxpayer			Spouse		
SSN						
Legal First Name & M.I						
Legal Last Name & Suffix						
Date of Birth (DOB)						
Occupation						
Phone #						
Email						
	Dependent of Another? <input type="checkbox"/>	Full-Time Student? <input type="checkbox"/>	Pres. Campaign Fund? <input type="checkbox"/>	Dependent of Another? <input type="checkbox"/>	Full-Time Student? <input type="checkbox"/>	Pres. Campaign Fund? <input type="checkbox"/>

Did anyone in your household have insurance from the Health Marketplace? (AKA: Obamacare) ☐ Yes ☐ No If yes, I need form 1095-A. If no, I need dates of coverage & non-coverage for all taxpayers & dependents.

Part 2: ID Info	Taxpayer		Spouse	
ID Type	<input type="checkbox"/> Driver's License	<input type="checkbox"/> State ID	<input type="checkbox"/> Driver's License	<input type="checkbox"/> State ID
Number				
Issue Date	Exp. Date		Issue Date	Exp. Date
Issuing State/Country				

Part 3: Refund Direct Deposit Info			
Bank Name			
Routing #		Account #	
Account Type	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	

Part 4: Current Mailing Address							
Street Address					Apt #		
City		State		Zip		County	

Are you a foreign citizen or do you have any foreign income? Yes No If yes, we need info on income and country of origin.

Did you purchase/sell any cryptocurrency? Yes No Need 1099 form for all accounts - even if not sold.

Part 5: Dependents Info (Children & Others - Attach Separate Sheet if 3+ Dependents)							
Name	Relationship	DOB	SSN	Months w/ You	Disabled?	Full-Time Student?	Dependent's Gross Income



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Part 6: Additional Documentation Mini-Worksheet

Did you sell your primary home?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If so, fill out Sale of Home Worksheet in our Tax Library *
Did you recharacterize any IRA accounts?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If so, need info on account type recharacterized from/to, date/amount withdrawn, and type of account.
Can another person claim you on their tax return?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If so, who claims you?
Did you pay any qualified dependent care expenses?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If so, we need the name, Tax ID, address, and phone # of provider and amount paid per child
Did you make any cash contributions to a qualified organization?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If so, we need the name of organization and amount donated.
Are you active duty military?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If so, need orders and pay stubs for active duty military time.
Did you receive tip income?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If so, fill out No Tax on Tips Worksheet in our Tax Library *
Did you receive overtime pay this year?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If so, fill out No Tax on Overtime Worksheet in our Tax Library *
Did you pay interest on a US assembled vehicle (GVW < 14,000lbs) purchased after 12/31/2024?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If so, fill out U.S.-Assembled Vehicle Loan Interest Deduction Acknowledgement in our Tax Library *
Did you contribute to a retirement plan outside of work?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If so, we need amount contributed and type of plan. Please provide form 5498.
Did you give a gift of 19,000 or more to any one person?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If so, we need amount of gift, name, tax ID and address of recipient (Additional charge for gift tax return)
Did you have any debt canceled?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Need form 1099-C and Insolvency worksheet if applicable
May the IRS discuss your tax return with me?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Did you participate in a health savings plan?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If so, need form 1099-SA and/or 5498-SA if it is a private plan
Did you contribute to a 529 Savings plan?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If so, we need amount contributed per taxpayer
Does anyone included on this return have an Identity Protection PIN issued by the IRS?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If so, you will need to provide your PIN for the current year (the IRS issues as new PIN every year) to prevent processing delays. We cannot file your return electronically without it.
Did you make any energy efficient improvements to your primary home?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If so, please fill out the Energy Efficient Credit Worksheet available in our Tax Library

* = Our Tax Library is available online for free at www.tcbtaxprep.com/tax-library

Part 7: Acknowledgment & Tax Return Delivery Method

How would you like your final Tax Return to be delivered?	Paper	Electronically
Would you like access to our online portal?	Yes	No

I (We, if filing jointly) acknowledge that the above information provided by me/us is true and accurate to the best of my/our knowledge. I/We hereby relieve The Casual Bookkeeper, its agents and affiliates from any liability whatsoever, regarding the preparation of this/these tax return(s), and agree to hold them harmless from any damages I/We may suffer and understand that my/our sole relief is limited to the return of any fee paid for the preparation of these tax documents. I/We guarantee payment of the preparation fee and ANY related charges.

Taxpayer's Signature

Spouse's Signature

Print Name

Date

Print Name

Date