

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 'Command + S' to select the save location of the completed organizer.

Filing Status: Single Head of Household Married Filing Jointly Qualifying Widower
(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

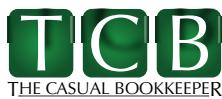
Street Address						Apt #	
City			State		Zip		County

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



Client Tax Organizer

Tax Year: _____

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 a 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