



MOSKOWITZ LLP
A TAX LAW FIRM

Client Tax Organizer

For the year Jan. 1-Dec. 31, 20____, or other tax year beginning _____, 20____, ending _____, 20____.

Taxpayer Last Name	First Name	MI	Soc. Sec. No.
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Spouse Last Name	First Name	MI	Soc. Sec. No.
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Attestation and Signature:

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 for which I have adequate records.

Sign here ➤ Date _____
 Date _____

Client Tax Organizer

1. Personal Information

	Last Name	First Name	Soc. Sec. No.	Birth Date	Occupation	U.S. Citizen
Taxpayer						<input type="checkbox"/>
Spouse						<input type="checkbox"/>
Street Address			City		State	ZIP
Work Phone		Home Phone	Cell Phone		Primary Email	

	Taxpayer		Spouse		Marital Status										
Blind	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Married	Will file jointly	<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	<input type="checkbox"/>	Single					
Pres. Campaign Fund	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Widow(er), Date of Spouse's Death	_____				

2. Dependents (Children & Others)

Name (First, Last)	Relationship	Date of Birth	Social Security Number	Months Lived With You	Disabled	Full Time Student
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>

Questionnaire

(Please provide additional information on any question on the last page of this Organizer.)

1. Were you self-employed, or did you receive hobby income?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Did you receive income from raising animals or crops?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Did you receive rent from real estate or other property?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Did you receive income from gravel, timber, minerals, oil, gas, copyrights, or patents?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Did you withdraw or write checks from a mutual fund?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Did you have a foreign bank account, trust, or business?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

	Yes	No
7. Did you provide a home for or help support anyone not listed in Section 2 above?	<input type="checkbox"/>	<input type="checkbox"/>
8. Did you receive any correspondence from the IRS or the State?	<input type="checkbox"/>	<input type="checkbox"/>
9. Were there any births, deaths, marriages, divorces, or adoptions in your immediate family?	<input type="checkbox"/>	<input type="checkbox"/>
10. Did you give a gift of more than \$13,000 to one or more people?	<input type="checkbox"/>	<input type="checkbox"/>
11. Did you go through bankruptcy proceedings?	<input type="checkbox"/>	<input type="checkbox"/>
12. (a) If you paid rent, how much did you pay?	<hr/>	
(b) Was heat included?	<input type="checkbox"/>	<input type="checkbox"/>
13. Did you pay interest on a student loan for yourself, your spouse, or your dependent during the year?	<input type="checkbox"/>	<input type="checkbox"/>
14. Did you pay expenses for yourself, your spouse, or your dependent to attend classes beyond high school?	<input type="checkbox"/>	<input type="checkbox"/>

3. Wage & Salary Income

Please attach W-2s.

Employer Name	Taxpayer	Spouse	Gross Wages	FICA	Federal Tax	State Tax
	<input type="checkbox"/>	<input type="checkbox"/>				
	<input type="checkbox"/>	<input type="checkbox"/>				
	<input type="checkbox"/>	<input type="checkbox"/>				
	<input type="checkbox"/>	<input type="checkbox"/>				
	<input type="checkbox"/>	<input type="checkbox"/>				
	<input type="checkbox"/>	<input type="checkbox"/>				
	<input type="checkbox"/>	<input type="checkbox"/>				
	<input type="checkbox"/>	<input type="checkbox"/>				

4. Interest Income

Please attach 1099-INTs & brokerage statements.

5. Dividend Income from Mutual Funds and Stocks

Please attach 1099-DIVs for each item listed below.

*T= Taxpayer S= Spouse J= Joint

6. Partnership, Trust, Estate Income

Please attach K-1 or Income Tax Letter for each item listed.

Payer	*T/S/J	Partnership	S Corp	Estate
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. Asset Dispositions

Please attach brokerage statements, 1099s, closing statements, and any other records available to help properly report these transactions. Additional information about any transaction should be entered on the last page of this Organizer.

*T= Taxpayer S= Spouse J= Joint

8. Pension & Annuity Income/IRA Distributions

Please attach all 1099-Rs or other documentation of amounts listed.

*T= Taxpayer S= Spouse J= Joint

9. Other Income

Please list all other income (including non-taxable).

10. Medical/Dental Expenses

	Amount
Medical Insurance Premiums (paid by you)	
Prescription Drugs	
Insulin	
Glasses, Contacts	
Hearing Aids, Batteries	
Braces	
Medical Equipment, Supplies	
Nursing Care	
Medical Therapy	
Hospital	
Doctor/Dentist/Orthodontist	
Mileage (no. of miles) _____	
Long-term Care Insurance	

11. Taxes Paid/Interest Expense

Taxes Paid	Interest Expense
Real Estate Taxes Paid (please attach tax bills, escrow statements, closing statements)	Mortagage Interest Paid (please attach 1098s) Personal Residence Other (please list)
Personal Residence _____ Other Property (please list) 	Home Equity Loan(s) Other (please list)
State Income Tax (please list) (do not enter taxes withheld or estimates)	Other Property (please list)
Balance due last year Audit or other additional tax paid Paid to other states Other	Paid to Individual for Residence Name Address City, State, ZIP SSN Investment Interest (please list)
General Sales Tax (please list amounts paid on large items such as autos, boats, motorcycles)	Carryover from Prior Year

12. Casualty/Theft Loss

For property damaged by storm, water, fire, or accident or stolen.

Location of Property	
Description of Property	
Amount of Damage	
Insurance Reimbursement	
Repair Costs	
Federal Grants Received	

13. Contributions by Cash or Check, Noncash up to \$500, and Mileage

	Amount
Church	
United Way	
Scouts	
Telethons	
University, Public TV/Radio	
Heart, Lung, Cancer, etc.	
Wildlife Fund	
Salvation Army, Goodwill	
Other (please list)	
Non-Cash Up to \$500	
Volunteer (no. of miles)	@

Non-Cash Charitable Contributions

Description of Property Donated		Donee Name and Address	
1			
2			
3			
4			
5			
	Date Acquired	Date Donated	Cost or Other Basis
1			
2			
3			
4			
5			

14. Job-Related Moving Expenses

Please attach any moving-expense reimbursement documents from your employer.

Date of Move	
Distance from old home to new workplace	
Distance from old home to old workplace	
Cost to move and/or store household goods	
Travel en route to new home	
Lodging en route to new home	
Reimbursements not included in W-2s	

15. Miscellaneous Itemized Deductions

Subject to reduction by 2% of AGI

Employment-Related Expense (not for self-employed)

Union Dues
Professional Dues, Subscriptions, Books
Licenses
Tools, Safety Equipment
Uniforms
Meals and Entertainment
Other (please list)

Other Miscellaneous Deductions

Tax Preparation Fee
Safety Deposit Box Rental
Investment Expense
IRA Custodial Fees
Other (please list)

Other Deductions (from AGI or not subject to 2% AGI reduction)

Gambling Losses
Excess Estate Expenses (from final estate K-1)
Student Interest Paid
Alimony Paid

Recipient Name, Address, SSN

16. Self-employed business (Sole proprietorship) (attach 1099-MISC)

Business name	Federal EIN		
Address			
Principal business activity	Principal product		
Inventory valuation method	<input type="checkbox"/> Cost	<input type="checkbox"/> Lower of cost or market	<input type="checkbox"/> Other
Accounting method	<input type="checkbox"/> Cash	<input type="checkbox"/> Accrual	<input type="checkbox"/> Other

Income	Amount	Expenses	Amount
Total revenue		Accounting & bookkeeping	
Less return/allowances		Advertising	
		Auto/truck	(See next section)
Cost of goods sold		Bad debts	
Beginning inventory		Collections	
Purchases		Commissions	
Cost of labor		Dues & subscriptions	
Materials and supplies		Employee benefit	
Freight in		Delivery & postage	
Other		Freight out	
		Insurance (other than health)	
Ending inventory		Interest	
		Janitorial & cleaning	
Fixed assets acquired		Legal & professionals	
Description		Meals & entertainment	
Purchase cost		Office supplies	
Date place in service		Rent, office	
		Rent, other	

19. Business Car and Truck Expenses

Do you have written records?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did you sell or trade in a car used for business?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please attach a copy of purchase agreement.	
Make/Year Vehicle _____	
Date purchased _____	
Total Miles (personal & business) _____	
Business Miles (not to and from work) _____	
From first to second job _____	
Education (one way, work to school) _____	
Job Seeking _____	
Other Business _____	
Round Trip Commuting Distance _____	
Gas, Oil, Lubrication _____	
Batteries, Tires, etc. _____	
Repairs _____	
Wash _____	
Insurance _____	
Interest _____	
Lease Payments _____	
Garage Rent _____	

20. Child & Other Dependent Care Expenses

Name of Care Provider	Address	Soc. Sec. No. or Employer ID	Amount Paid

Also complete this section if you receive dependent care benefits from your employer.

21. Estimated Tax Paid

Due Date	Date Paid	Federal	State
Carryover from last year			

22. Education Expenses—College or Other Continuing Education Expenses

Student's Name	Type of Expense	Year of School	Amount

23. State Information

Residence

Town _____ County _____

Village _____ School District _____

City _____

24. Rental Income

	Property A	Property B	Property C
Description & types			
Date rental started			
Purchase cost			
Address			
Gross income			
Expenses			
Advertising			
Auto/truck			
Cleaning			
Commissions			
Insurance			
Professional fees			
Mortgage interest			
Other interest			
Repairs & maintenance			
Supplies			
Taxes			
Utilities			
Wages/salaries			
Other:			
% Occupancy by tenants			
Improvements			
Description			
Date improved			
Purchase cost			

25. Additional Information

Please provide additional information regarding any of the data entered elsewhere in this Organizer that you think we should be aware of in order to properly prepare your return. Please also use this page to report any significant items that are not covered elsewhere in this Organizer and any questions you may have. Add additional pages if necessary.