

# Client Tax Organizer

Tax Year \_\_\_\_\_

Please complete this Questionnaire before your appointment and bring the following:

- Last year's tax return (new clients only)
- All statements (W-2s, 1099s, etc.)
- Name and address label (from government booklet or card)

D. Myers & Co.  
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Boulder, CO 80303  
303-448-9422

## 1. Personal Information

Name (First, Initial, Last)		Soc. Sec. No.	Date of Birth	Occupation	Work Phone
Taxpayer					
Spouse					
Street Address		City	State	Zip	Home Phone
Taxpayer E-mail Address					
Spouse E-mail Address					

	<u>Taxpayer</u>	<u>Spouse</u>	<u>Marital Status</u>	
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	Date of Divorce _____
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, Initial, Last)	Relationship	Date of Birth	Social Security Number	Months Lived With You	Disabled	Full Time Student	Dependent's Gross Income

1. Are you self-employed or do you receive hobby income?	<input type="checkbox"/> Yes* <input type="checkbox"/> No	11. Did you give a gift of more than \$12,000 to one or more people?	<input type="checkbox"/> Yes <input type="checkbox"/> No									
2. Did you receive income from raising animals or crops?	<input type="checkbox"/> Yes* <input type="checkbox"/> No	12. Did you go through bankruptcy proceedings?	<input type="checkbox"/> Yes <input type="checkbox"/> No									
3. Did you receive rent from real estate or other property?	<input type="checkbox"/> Yes* <input type="checkbox"/> No	13. (a) If you paid rent, how much did you pay?	_____									
4. Did you receive income from gravel, timber, minerals, oil, gas, copyrights, patents?	<input type="checkbox"/> Yes* <input type="checkbox"/> No	(b) Was heat included?	<input type="checkbox"/> Yes <input type="checkbox"/> No									
5. Did you withdraw or write checks from a mutual fund?	<input type="checkbox"/> Yes <input type="checkbox"/> No	14. Did you pay interest on a student loan for yourself, your spouse, or your dependent during the year?	<input type="checkbox"/> Yes <input type="checkbox"/> No									
6. Do you have a foreign bank account, trust, or business?	<input type="checkbox"/> Yes <input type="checkbox"/> No	15. Did you pay expenses for yourself, your spouse, or your dependent to attend classes beyond high school?	<input type="checkbox"/> Yes <input type="checkbox"/> No									
7. Did you refinance your main home or other property?	<input type="checkbox"/> Yes <input type="checkbox"/> No	16. Did you receive distribution from a qualified state tuition program?	<input type="checkbox"/> Yes <input type="checkbox"/> No									
8. Do you provide a home for or help support anyone not listed in Section 2 above?	<input type="checkbox"/> Yes <input type="checkbox"/> No	17. Would you like your tax return filed electronically?	<input type="checkbox"/> Yes <input type="checkbox"/> No									
9. Did you receive any correspondence from the IRS or State Department of Taxation?	<input type="checkbox"/> Yes <input type="checkbox"/> No	18. Would you like your refund directly deposited into your bank?	<input type="checkbox"/> Yes <input type="checkbox"/> No									
10. Were there any births, deaths, marriages, divorces or adoptions in your immediate family?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<table border="1"> <tr> <td>Account Type:</td> <td>Checking <input type="checkbox"/></td> <td>Savings <input type="checkbox"/></td> </tr> <tr> <td>Your Account Number:</td> <td colspan="2"> </td> </tr> <tr> <td>Bank Routing Number:</td> <td colspan="2"> </td> </tr> </table>		Account Type:	Checking <input type="checkbox"/>	Savings <input type="checkbox"/>	Your Account Number:			Bank Routing Number:		
Account Type:	Checking <input type="checkbox"/>	Savings <input type="checkbox"/>										
Your Account Number:												
Bank Routing Number:												

\* Contact us for further instructions

### 3. Wage, Salary Income

Attach W-2s:

Employer	Taxpayer	Spouse
_____	<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

Attach 1099-INT & broker statements

Payer's Name	Taxpayer	Spouse
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
Tax Exempt	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>

### 5. Dividend Income

From Mutual Funds & Stocks — Attach 1099-DIV

Payer's Name	Taxpayer	Spouse
_____	<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"/>

### 6. Partnership, Trust, Estate Income

List payers of partnership, limited partnership, S-corporation, trust, or estate income — Attach K-1

_____
_____
_____

### 7. Investments Sold

Stocks, Bonds, Mutual Funds, Gold, Silver, Partnership interest — Attach 1099-B & confirmation slips

Investment	Date Acquired/Sold	Cost	Sale Price
_____	/		
_____	/		
_____	/		
_____	/		

### 8. Property Sold

Attach 1099-S and closing statements

Property	Date Acquired	Cost & Imp.
Personal Residence*		
Vacation Home		
Land		
Other		

\*Provide information on improvements, prior sales of home, and cost of a new residence. Also see Section 17 (Job-Related Moving).

### 9. I.R.A. (Individual Retirement Acct.)

Contributions for tax year income

	Amount	X for Date	X for Roth IRA
Taxpayer			
Spouse			

Amounts withdrawn — Attach 1099-R & 5498

Plan Trustee	Reason for Withdrawal	Reinvested?
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No

### 10. Pension, Annuity Income

Attach 1099-R Payer*	Reason for Payment	Reinvested?
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No

\* Provide statements from employer or insurance company with information on cost of or contributions to plan.

Did you receive:

	<u>Taxpayer</u>	<u>Spouse</u>
Social Security Benefits	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Railroad Retirement	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Attach SSA 1099, RRB 1099

**11. Other Income**

List All Other Income (including non-taxable)

Alimony Received \_\_\_\_\_  
Child Support \_\_\_\_\_  
Scholarship (Grants) \_\_\_\_\_  
Unemployment Compensation (repaid) \_\_\_\_\_  
Prizes, Bonuses, Awards \_\_\_\_\_  
Gambling, Lottery (expenses \_\_\_\_\_) \_\_\_\_\_  
Unreported Tips and Gratuities \_\_\_\_\_  
Director / Executor's Fee \_\_\_\_\_  
Commissions \_\_\_\_\_  
Jury Duty Pay \_\_\_\_\_  
Worker's Compensation \_\_\_\_\_  
Disability Income \_\_\_\_\_  
Veteran's Pension \_\_\_\_\_  
Payments from Prior Installment Sale \_\_\_\_\_  
State Income Tax Refund \_\_\_\_\_  
Other \_\_\_\_\_  
Other \_\_\_\_\_

**12. Medical/Dental Expenses**

Long-term Care Premiums \_\_\_\_\_  
Medical Insurance Premiums (paid by you) \_\_\_\_\_  
Prescription Medications \_\_\_\_\_  
Insulin \_\_\_\_\_  
Eyeglasses, Contact Lenses \_\_\_\_\_  
Hearing Aids, Batteries \_\_\_\_\_  
Braces \_\_\_\_\_  
Medical Equipment, Supplies \_\_\_\_\_  
Nursing Care Services \_\_\_\_\_  
Medical Therapy \_\_\_\_\_  
Hospital and Nursing Homes \_\_\_\_\_  
Doctor, Dentist, and other \_\_\_\_\_  
Healthcare Professionals \_\_\_\_\_  
Lodging \_\_\_\_\_  
Mileage (no. of miles) \_\_\_\_\_ @18¢

**13. Taxes Paid**

Real Property Tax (attach bills) \_\_\_\_\_  
Personal Property Tax \_\_\_\_\_  
Other Taxes \_\_\_\_\_

**14. Interest Expense**

Mortgage interest paid (attach 1098) \_\_\_\_\_  
Interest paid to individual for your home (include amortization schedule) \_\_\_\_\_  
Paid to:  
Name \_\_\_\_\_  
Address \_\_\_\_\_  
Social Security No. \_\_\_\_\_  
Investment Interest \_\_\_\_\_

**15. 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 \_\_\_\_\_

**16. Charitable Contributions**

Church \_\_\_\_\_  
United Way \_\_\_\_\_  
Boy-Girl Scouts \_\_\_\_\_  
Telethons \_\_\_\_\_  
University, Public TV/Radio \_\_\_\_\_  
Heart, Lung, Cancer, etc. \_\_\_\_\_  
Wildlife Fund \_\_\_\_\_  
Salvation Army, Goodwill \_\_\_\_\_  
Other \_\_\_\_\_  
Non-Cash \_\_\_\_\_  
Volunteer (no. of miles) \_\_\_\_\_ @14¢

**17. Job-Related Moving Expenses**

Date of move \_\_\_\_\_  
Move Household Goods \_\_\_\_\_  
Travel to New Home (no. of miles) \_\_\_\_\_  
Lodging During Move \_\_\_\_\_

**18. Employment-Related Expenses That You Paid (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 a) Total home \_\_\_\_\_  
Feet b) Office \_\_\_\_\_  
c) Storage \_\_\_\_\_  
  
Rent \_\_\_\_\_  
Insurance \_\_\_\_\_  
Utilities \_\_\_\_\_  
Maintenance \_\_\_\_\_

## 19. 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.

## 20. Business Mileage

Do you have written records?  Yes  No

Did you sell or trade in a car used for business?  Yes  No

If yes, attach copy of purchase agreement

Make/Model 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 \_\_\_\_\_

## 21. Business Travel

If you are not reimbursed for exact amount, give total expenses.

Airfare, Train, etc. \_\_\_\_\_

Lodging \_\_\_\_\_

Meals (no. of days \_\_\_\_\_)

Taxi, Car Rental \_\_\_\_\_

Other \_\_\_\_\_

Reimbursement Received \_\_\_\_\_

## 22. Investment-Related Expenses

Tax Preparation Fee \_\_\_\_\_

Safe Deposit Box Rental \_\_\_\_\_

Mutual Fund Fee \_\_\_\_\_

Investment Counselor \_\_\_\_\_

Other \_\_\_\_\_

## 23. Estimated Tax Paid

Due Date	Date Paid	Federal	State

## 24. Other Deductions

Alimony Paid to \_\_\_\_\_

Social Security No. \_\_\_\_\_ \$ \_\_\_\_\_

Student Loan Interest Paid \$ \_\_\_\_\_

## 25. Education Expenses

Student's Name	Type of Expense	Amount

## 26. Questions, Comments, & Other Information

Residence:

Town \_\_\_\_\_ County \_\_\_\_\_

Village \_\_\_\_\_ School District \_\_\_\_\_

City \_\_\_\_\_

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.

\_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_