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CLIENT TAX ORGANIZER WORKSHEET

Date information submitted _____ **Date of appointment** _____

Information submitted by: Email ___ Portal ___ Safe Box ___ Mail ___ Interview ___

Names

Taxpayer	Spouse
Filing Status: <input type="checkbox"/> Single <input type="checkbox"/> Head of Household <input type="checkbox"/> Married-Filing Jointly <input type="checkbox"/> Married-Filing Separately	
Social Security #	Social Security #
Birth Date	Birth Date
Occupation	Occupation

Current Address – To be used on Tax Return

Street Address	City	State	Zip
Primary Contact Telephone		Secondary Contact Telephone	
Email		Secondary Email	

Dependents

Full Name	Birth Date	Relationship	Social Security #
Full Name	Birth Date	Relationship	Social Security #
Full Name	Birth Date	Relationship	Social Security #
Full Name	Birth Date	Relationship	Social Security #
Full Name	Birth Date	Relationship	Social Security #

New Clients -We Need a copy of Driver’s License for taxpayer and spouse.

Returning Clients – Was your Driver’s License renewed since last year? Yes _____ No _____

Yes/No Questions

Please check the appropriate box and include all the necessary details.

- | Yes | No | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | NEW CLIENT- Do you have a copy of your last filed tax return with you today? |

Personal Information

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Did your marital status change during the year?
If yes, please explain: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Did your address change from last year? |
| <input type="checkbox"/> | <input type="checkbox"/> | Can you be claimed as a dependent by another taxpayer? |

Dependent Information

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Were there any changes in dependents from the prior year?
If yes, please explain: _____ |
|--------------------------|--------------------------|--|

Purchases, Sales, and Debt Information

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Did you start a new business this year? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you purchase rental property during the year? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you acquire a new or additional interest in a partnership or S Corporation? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you sell, exchange, or purchase any real estate during the year? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you acquire or dispose of any stock during the year? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you take out a home equity loan this year? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you refinance a principal residence or second home this year? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you sell an existing business, rental, or other property this year? |
| <input type="checkbox"/> | <input type="checkbox"/> | **At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any Virtual (Bit Coin) currency? |

Income Information

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Did you have any foreign income or pay any foreign taxes during the year? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive any income from property sold PRIOR to this year (installment sale)? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you make any withdrawals from a retirement account? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you make any withdrawals from an education savings/529 Plan account? |

Yes/No Questions

Please check the appropriate box and include all the necessary details.

Yes **No**

Itemized Deduction Credits

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Did you make non-cash charitable contributions? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you have any educational expenses during the year? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you have any student loan interest? |
| <input type="checkbox"/> | <input type="checkbox"/> | Any solar installed? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you have any Child Care expenses? |

Miscellaneous Information

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Did you or any of your dependents have healthcare.gov medical insurance. If yes, please have your 1095A ready. (Obamacare) |
|--------------------------|--------------------------|--|

****** Did you receive - Cares Act – Stimulus #1**

Amount received _____ when received _____

****** Did you receive – Economic Impact Payment = Stimulus #2**

Amount received _____ when received _____

Banking Information

(for returning clients please specify the last four of your account for us to verify from last year)

FOR REFUNDS:

ROUTING NUMBER: _____

ACCOUNT NUMBER: _____

For New Clients Only

- I have left a copy of my previous years tax return with the Accountant or Receptionist**

STOP HERE

DO NOT COMPLETE TAX PREPARER USE ONLY