

SOUND

NW TAX SERVICES

Client Tax Organizer

Please complete this Organizer before your appointment.

1. Personal Information

Name	Soc. Sec. No.	Date of Birth	Occupation	Cell Phone
Taxpayer:				
Spouse:				
Email Address(es):				
Home Street Address	City	State	ZIP	Home Phone

Taxpayer

Spouse

Marital Status

Blind ☐ Yes ☐ No ☐ Yes ☐ No ☐ Married Will file jointly ☐ Yes ☐ No
 Disabled ☐ Yes ☐ No ☐ Yes ☐ No ☐ Single
 Pres. Campaign Fund ☐ Yes ☐ No ☐ Yes ☐ No ☐ Widow(er), Date of Spouse's Death _____

2. Dependents (Children & Others)

Name (First, Last)	Relationship	Date of Birth	Soc. Sec. No.	Months Lived with You in Tax Year	Disabled	Full- Time Student	Dependent's Gross Income

Please answer the following questions to determine maximum deductions.

- | | |
|--|---|
| 1. Are you self-employed or do you receive hobby income? <input type="checkbox"/> Yes* <input type="checkbox"/> No | 8. Did you give a gift of more than \$17,000 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 | 9. Did you have any debts canceled, forgiven, or refinanced? <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 | 10. Did you pay interest on a student loan for yourself, spouse, or dependent during the year? <input type="checkbox"/> Yes* <input type="checkbox"/> No |
| 4. Do you own crypto currency? If so, and you had any related transactions during 2023, please provide 1099 or 8949. <input type="checkbox"/> Yes* <input type="checkbox"/> No | 11. 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 |
| 5. Do you have a foreign bank account, trust, or business? <input type="checkbox"/> Yes* <input type="checkbox"/> No | 12. Did you have a household employee? (Please provide W2 and state filing.) <input type="checkbox"/> Yes* <input type="checkbox"/> No |
| 6. Do you provide a home for or help support anyone not listed in Section 2 above? <input type="checkbox"/> Yes* <input type="checkbox"/> No | 13. Did you have health insurance through the Health Exchange? (If yes, please provide 1095-A.) <input type="checkbox"/> Yes* <input type="checkbox"/> No |
| 7. Were there any births, deaths, marriages, divorces, or adoptions in your immediate family? <input type="checkbox"/> Yes* <input type="checkbox"/> No | 14. Did you have any children under the age of 19 or 19- to 23-year-old students with unearned income of more than \$2,500? <input type="checkbox"/> Yes* <input type="checkbox"/> No |

15. Did you purchase a hybrid or electric vehicle?
(Please provide receipt.)

☐ Yes* ☐ No

16. Did you install any energy property to your residence, such as solar water heaters, generators, or fuel cells, or energy efficient improvements, such as exterior doors or windows, insulation, heat pumps, furnaces central air conditions, or water heaters?

☐ Yes* ☐ No

3. Wage, Salary Income

Attach W2s

Employer

Taxpayer

Spouse

☐☐☐☐☐☐☐☐☐☐☐☐

4. Interest Income

Attach 1099-INT, form 1097-BTC, and Broker Statements

Payer	Amount

5. Dividend Income

From Mutual Funds & Stocks; Attach 1099-DIV

Payer	Ordinary	Capital Gains	Non-Taxable

6. Partnership, Trust, Estate Income

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

7. 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 18 (Job-Related Moving).

8. I.R.A. (Individual Retirement Account)

Contributions for tax year income:

	Amount	Date	✓ for Roth
Taxpayer			
Spouse			

Distributions; Attach 1099-R and 5498

Amount	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

9. Pension, Annuity Income

Attach 1099-R

Amount*	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

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

Did you receive:

Taxpayer

Spouse

Social Security Benefits

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

Railroad Retirement

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

Attach SSA 1099, RRB 1099

10. Investments Sold

Stocks, Bonds, Mutual Funds, Gold, Silver, Partnership Interest; Attach 1099-B and confirmation slips

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

11. Other Income

List all other income, including non-taxable.

Alimony Received (Date of Divorce: _____)	
Child Support	
Scholarships and Grants	
Unemployment Compensation (repaid)	
Prizes, Bonuses, Awards	
Gambling, Lottery (expenses _____)	
Unreported Tips	
Director / Executor's Fee	
Commissions	
Jury Duty	
Worker's Compensation	
Disability Income	
Veteran's Pension	
Payments from Prior Installment Sale	
State Income Tax Refund	
Other: _____	
Other: _____	

12. Medical/Dental Expenses

Medical Insurance Premiums (paid by you)	
Prescription Drugs	
Insulin	
Glasses, Contacts	
Hearing Aids, Batteries	
Braces	
Medical Equipment, Supplies	
Nursing Care	
Medical Therapy	
Hospital	
Doctor / Dental / Orthodontist	
Medical Miles	

13. Taxes Paid

Real Property Tax (attach bills)	
Personal Property Tax	
Vehicle Registration (RTA only)	
Other: _____	

14. Interest Expense

Mortgage Interest paid (attach 1098)	
Interest paid to individual for your home (include amortization schedule) Paid to: Name _____ Address _____ Soc. Sec. No. _____	
Investment Interest	

15. Casualty/Theft Loss

For property damaged by storm, water, fire, accident, or stolen:
Location of Property _____

Description of Property _____

	Other	Federally Declared Disaster Losses
Amount of Damage		
Insurance Reimbursement		
Repair Costs		
Federal Grants Received		

16. Charitable Contributions

Church	
United Way	
Scouts	
Telethons	
University, Public TV/Radio	
Heart, Lung, Cancer, etc.	
Wildlife Fund	
Salvation Army, Goodwill	
Other: _____	
Non-cash: _____	
Charitable Miles	

17. Child & Other Dependent Care Expenses

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

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

18. Job-Related Moving Expenses

Military Only

Date of Move: _____	
Move Household Goods	
Lodging During Move	
Travel to New Home (number of miles)	

19. Employment-Related Expenses That You Paid

Not Self-Employed; Non-Washington Residents Only

Dues—Union, Professional	
Books, Subscriptions, Supplies	
Licenses	
Tools, Equipment, Safety Equipment	
Uniforms, including cleaning	
Sales Expense, Gift	
Tuition, Books (work-related)	
Entertainment	
Office in Home: In square feet: a) Total Home _____ b) Office _____ c) Storage _____	
Rent	
Insurance	
Utilities	
Maintenance	

20. Investment-Related Expenses

Non-Washington Residents Only

Tax Preparation Fee	
Safe Deposit Box Rental	
Mutual Fund Fee	
Investment Counselor	
Other:	

21. Employment-Related Business Mileage

Not Self-Employed; Non-Washington Residents Only

Do you have written records? ☐ Yes ☐ No

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

(If yes, attach a copy of the purchase agreement)

Make/Year of Vehicle: _____

Date purchased: _____

Total miles (personal and business) _____

Business Miles (not to and from work) _____

From first to second job _____

Education (one way, work to school) _____

Job Seeking _____

Other Business _____

Roundtrip commuting distance _____

Gas, Oil, Lubrication	
Batteries, Tires, etc.	
Repairs	
Wash	
Insurance	
Interest	
Lease Payments	
Garage Rent	

22. Employment-Related Business Travel

Not Self-Employed; Non-Washington Residents Only

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	

23. Estimated Tax Paid

Date Paid	Federal Amount	State Amount

24. Other Deductions

Alimony Paid to: _____ Soc. Sec. No. _____ Amount: _____	
Student Interest Paid	
Health Savings Account Contributions	
Archer Medical Savings Account Contributions	

25. Education Expenses

Student's Name	Type of Expense	Amount

26. Questions, Comments & Other Information

Residence:

Town _____

Village _____

City _____

County _____

School District _____

To the best of my knowledge, the information enclosed in this Client Tax Organizer 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.

Taxpayer Signature_____
Date_____
Spouse Signature_____
Date

After completing and signing form, please save and upload to our portal. For an invitation to the portal or any questions, please email: alexis@soundnwtax.com