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):				
Driver's License Number (Taxpayer):		State:	Issue Date:	Exp. Date:
Driver's License Number (Spouse):		State:	Issue Date:	Exp. Date:
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? ☐ Yes* ☐ No
2. Did you receive rent from real estate or other property? ☐ Yes* ☐ No
3. Do you own crypto currency? If so, and you had any related transactions during 2025, please provide 1099 or 8949. ☐ Yes* ☐ No
4. Do you have a foreign bank account, trust, or business? ☐ Yes* ☐ No
5. Do you provide a home for or help support anyone not listed in Section 2 above? ☐ Yes* ☐ No
6. Were there any births, deaths, marriages, divorces, or adoptions in your immediate family? ☐ Yes* ☐ No
7. Did you give a gift of more than $19,000 to one or more people or donate cash to a non-profit organization? ☐ Yes* ☐ No
8. Did you have any debts canceled, forgiven, or refinanced? ☐ Yes* ☐ No
9. Did you pay interest on a student loan for yourself, spouse, or dependent during the year? ☐ Yes* ☐ No
10. Did you pay expenses for yourself, your spouse, or your dependent to attend classes beyond high school? ☐ Yes* ☐ No
11. Did you have a household employee? (Please provide W2 and Sch. H.) ☐ Yes* ☐ No
12. Did you have health insurance through the Health Exchange? (If yes, please provide 1095-A.) ☐ Yes* ☐ No
13. Did you have any children under the age of 19 or 19- to 23-year-old students with unearned income of more than $2,700? ☐ Yes* ☐ No
14. Did you purchase a car in 2025? (Please provide receipt.) ☐ Yes* ☐ No
15. Did you install any energy property to your residence? ☐ Yes* ☐ No

*Contact us for further instructions: (206) 789-8673

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.

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?
		☐ Yes ☐ No
		☐ Yes ☐ No
		☐ Yes ☐ No
		☐ Yes ☐ No

9. Pension, Annuity Income

Attach 1099-R

Amount*	Reason for Withdrawal	Reinvested?
		☐ Yes ☐ No
		☐ Yes ☐ No
		☐ Yes ☐ No
		☐ Yes ☐ 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
Railroad Retirement	☐ 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	
HSA Distribution	
Other: _____	
Other: _____	

12. Medical/Dental Expenses (Out of Pocket)

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)	
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	
Car Loan Interest	

15. Casualty/Theft Loss

(Federally Declared Disaster)

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. Estimated Tax Paid

Date Paid	Federal Amount	State Amount

20. Other Deductions

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

21. Education Expenses

Student's Name	Type of Expense	Amount

22. Questions, Comments & Other Information

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: justin@soundnwtax.com