

PERSONALIZED BOOKKEEPING AND TAX SERVICES
2334 N. Mt. Juliet Road, Mt. Juliet, TN 37122
Phone: (615) 773-2736 Fax: (866) 343-8726

****ALL NEW CLIENTS MUST BRING A COPY OF PRIOR YEARS TAX RETURN**

Tax Year _____

Client Tax Organizer

Personal Information		Taxpayer			Spouse		
First name & Initial							
Last name							
Social Security number							
Date of birth							
Occupation							
E-mail address							
Work phone		Cell		Work		Cell	
Home phone		Fax		Home		Fax	
Address					Apt/Suite		
City				State	ZIP		

Taxpayer Legally Blind Yes No Spouse Legally Blind Yes No
 Taxpayer Disabled Yes No Spouse Disabled Yes No
 Pres Campaign Fund (Taxpayer) Yes No Pres Campaign Fund (Spouse) Yes No

Filing status: Single Head of Household Married filing joint Married filing separate Widower Year of Spouse death? _____

Dependents (Children & Others)									
Name	Relationship	Date of Birth	Social Security Number	Months Lived With You	Disabled	Full Time Student	Set up Trump Acct	Dependent's Gross Income	

Please answer the following questions to determine maximum deductions:

1. Did your marital status change during the year?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	12. Did you receive a distribution from or make a contribution to a retirement plan (401(k), IRA, etc)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Did your address change during the year?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	13. Did you give a gift of more than \$19,000 to one or more people?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Did you pay anyone for childcare services?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	14. Did you go through bankruptcy, foreclosure, or repossession proceedings?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Were there any changes in dependents?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	15. Were you notified or audited by either the IRS or State taxing agency	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Did you receive unreported tip income of \$20 or more in any month?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	16. May the IRS discuss your tax return with your preparer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Did you receive any unemployment or disability income?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	17. Were you a citizen of, have income from, or live in a foreign country?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. Did you buy or sell any stocks, bonds or other investment property?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	18. Do you want to electronically file your tax return?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. Did you purchase, sell, or refinance your principal home or second home, or take out a home equity loan?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	19. Did you buy any internet merchandise for which you did not pay sales/use tax?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9. Did you convert part or all of your traditional/SEP/SIMPLE IRA to a ROTH IRA?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	20. Health Insurance Did you have ACA compliant health insurance during the year? (Attach Form 1095-A)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10. Could you be claimed as a dependent on another person's tax return?	<input type="checkbox"/> Yes	<input type="checkbox"/> No			

Income

Type of Income	Form(s) to Attach	# Attached	Notes
Wage & Salary Income	Form W-2s		
Pensions, Annuities, Profit Sharing, IRA's, etc.	Form(s) 1099-R		
Social Security/Railroad Benefits	Form(s) SSA-1099		
Interest Income	Form(s) 1099-INT & Broker statements		
Dividend Income	Form(s) 1099-DIV		
Partnership, Trust, Estate Income	Form(s) K-1		
Investments Sold	Form(s) 1099-B & confirmation slips (should include Date Acquired, Date Sold, Cost, and Sale Price)		
Property Sold	Form(s) 1099-S & closing statements		
Address of Property Sold	Date Acquired	Cost & Improvements	

Other Income

Type	Amount	Type	Amount
Alimony Received		Gambling/lottery winnings	
Jury duty		Disability Income	
State Income tax refund		Other	
Other		Other	

Adjustments to Income

Type	Amount	Type	Amount
Alimony Paid Name _____		Tuition and Fees paid Who was it paid for? _____	
SS# _____		IRA/SEP Contributions - Taxpayer	
Educator Expenses		IRA/SEP Contributions - Spouse	
Health Savings Account		Student loan interest	
Overtime Pay (need last pay stub)		Qualified Tips	

Medical/Dental Expenses

Taxes Paid

Type	Amount	Type	Amount
Real property tax (attach bills)		Other _____	
Personal property tax		Other _____	
Car/Motorcycle loan interest ONLY 2025 VEHICLES VIN starts with 1, 4, or 5 (need full VIN)		Other _____	

Interest Expense

Mortgage interest paid (attach 1098's)		Interest paid to individual for your home (attach amortization schedule)	
		Paid to _____	SSN _____
Investment Interest		Address _____	

Charitable Contributions

Type	Amount	Type	Amount
Total cash contributions		Charitable mileage	
Total non-cash contributions (If over \$500 attach list)			

Estimated Tax Payments

	Federal	State		Federal	State
1st Quarter			3rd Quarter		
2nd Quarter			4th Quarter		

Day Care Expense

Provider #1		Provider #2	
Address			
EIN/SS#			
Amount Paid			
Children cared for			

Self-Employment Information**Business Name** Taxpayer Spouse

Total Sales:	Business Structure:	
Expenses		
Advertising		Repairs Expense
Commissions/Fees		Supplies Expense
Dues & Publications		Taxes
Interest Expense		Travel Expense
Insurance		Meals
Legal & Professional Fees		Telephone
Office Expense		Utilities
Rent (office) Expense		Wages (gross W-2)
Equipment Rental Expense		Postage
Auto Expense		Bank Charges
Auto Mileage		Tools & Equipment
		Uniforms
Contract Labor		
How many contractors were paid?		
Did you issue 1099s?		
Assets Purchased		Notes
Date	Amount	Asset
Cost of Goods Sold		
Inventory at beginning of year	Material & supplies	
Purchases	Other:	
Cost of items for personal use	Other:	
Cost of labor	Inventory at end of year	

Expenses Related to Business

Auto Expense

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Business Use of Home

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Rental Income	Property #1	Property #2	Property #3	Property #4
Address				
City/State				
Rent Received				
Expenses				
Advertising				
Auto & Travel				
Auto Miles				
Cleaning & Maintenance				
Commissions Paid				
Grounds & Gardening				
Insurance				
Interest Expense				
Legal & Professional				
Management Fees				
Repairs & Maintenance				
Supplies				
Taxes				
Utilities				
Association Dues				
Pest Control				
Other:				

Notes

I (We, if filing Jointly) acknowledge that the above information provided by me/us is true and accurate to the best of my/our knowledge. I/We hereby relieve Personalized Bookkeeping and Tax Services, its agents and affiliates, from any liability whatsoever, regarding the preparation of this/ these tax returns, and agree to hold them harmless from any damages I/We may suffer and understand that my/our sole relief is limited to the return of any fee paid for the preparation of these tax documents. I/we guarantee payment of the preparation fee and any related charges.

Primary Taxpayer's Signature _____ Date _____

Print Name _____

Spouse's Signature _____ Date _____

Print Name _____