PERSONALIZED BOOKKEEPING AND TAX SERVICES, INC.
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Phone: (615) 773-2736 Fax: (866) 343-8726

Client Tax Organizer

Tax Year _____

ALL NEW CLIENTS MUST BRING A COPY OF PRIOR YEAR'S TAX RETURN

PERSONAL INFORMATION

	Taxpayer	Spouse
First Name & Middle Initial		
Last name		
Social Security number		
Date of birth		
Occupation		
E-mail address		
Cell phone		
Work phone		
Home phone / 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's death (Attach Certificate of Death) _____

DEPENDENTS (CHILDREN & OTHERS)

Name	Relationship	Date of birth	Social Security number	Months lived with you	Disabled	Full-time student	Gross income	Set up Trump Acct (Y/N)

QUESTIONS — PLEASE ANSWER TO DETERMINE MAXIMUM DEDUCTIONS

1. Did your marital status change during the year?	☐ Y ☐ N
2. Did your address change during the year?	☐ Y ☐ N
3. Did you pay anyone for childcare services?	☐ Y ☐ N
4. Were there any changes in dependents?	☐ Y ☐ N
5. Did you receive any unemployment or disability income?	☐ Y ☐ N
6. Did you buy or sell any stocks, bonds or other investment property?	☐ Y ☐ N
7. Did you purchase, sell, or refinance your principal home or second home, or take out a home equity loan?	☐ Y ☐ N
8. Did you convert part or all of your traditional/SEP/SIMPLE IRA to a ROTH IRA?	☐ Y ☐ N
9. Could you be claimed as a dependent on another person's tax return?	☐ Y ☐ N

10. Did you receive a **distribution** from or make a contribution to a retirement plan (401(k), IRA, etc.)?	☐ Y ☐ N
11. Did you go through bankruptcy, foreclosure, or repossession proceedings?	☐ Y ☐ N
12. Were you notified or audited by either the IRS or State taxing agency?	☐ Y ☐ N
13. Were you a citizen of, have income from, or live in a foreign country?	☐ Y ☐ N
14. Health insurance: did you have Marketplace health insurance during the year? (Attach Form 1095-A — go to healthcare.gov to get it if you do not have the physical form)	☐ Y ☐ N

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 (See below for purchase info)	Form(s) 1099-S & closing statements		

Address of property sold	Date acquired	Cost & improvements

OTHER INCOME

Type	Amount	Type	Amount
Gambling / lottery winnings		Other	
State income tax refund		Other	
Other		Other	

ADJUSTMENTS TO INCOME

Type	Amount	Type	Amount
Tuition and fees paid (1098-T). Who was it paid for?		Do you have educator expenses? *For educators only*	
Health Savings Account		IRA/SEP contributions — Taxpayer	
Student loan interest		IRA/SEP contributions — Spouse	
Other		Other	

MEDICAL / DENTAL EXPENSES

Type	Amount	Type	Amount
Medical insurance premiums (paid by you)		Medical equipment, supplies	
Long term care insurance		Nursing care	
Prescription drugs		Medical therapy	
Glasses, contacts		Hospital	
Hearing aids, batteries		Doctor / Dental / Orthodontist	
Braces		Mileage	

TAXES PAID

Type	Amount	Type	Amount
Real property tax (attach bills)		Personal property tax	
Sales tax paid on large items (Car, Boat, etc.)		Other _____	
Other _____		Other _____	

INTEREST EXPENSE

Type	Detail / amount
Mortgage interest paid (attach 1098's)	
Car/motorcycle loan interest — ONLY 2025-2028 vehicles, VIN starts with 1, 4, or 5 (need full VIN)	
Interest paid to individual for your home (attach amortization schedule)	Paid to _____ SSN _____ Address _____

CHARITABLE CONTRIBUTIONS

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

ESTIMATED TAX PAYMENTS

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

DAY CARE EXPENSE

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

NOTES

SELF-EMPLOYMENT INFORMATION

Business name		EIN (Attach letter)	
Total sales		Whose business	☐ Taxpayer ☐ Spouse

Expenses			
Advertising		Repairs expense	
Commissions / fees		Supplies expense	
Dues		Taxes	
Interest expense		Travel expense	
Insurance		Meals	
Legal & professional fees		Telephone	
Office expense		Utilities	
Rent (office) expense		Wages (gross W-2) (Attach 940 & W-3)	
Equipment rental expense		Postage	
Auto expense		Bank charges	
Auto mileage		Tools & equipment	
Uniforms		Other	

Asset Purchased		
Date	**Amount**	**Asset**

Contract labor	
Did you issue 1099s?	☐ Y ☐ N

COST OF GOODS SOLD

Inventory at beginning of year		Material & supplies	
Purchases		Cost of labor	
Inventory at end of year			

AUTO EXPENSE RELATED TO BUSINESS

Name of business vehicle is used for	
Description of vehicle	
Date vehicle was placed in service	

Check if applicable

- ☐ Another vehicle is available for personal use
- ☐ This vehicle is available for use during off-duty hours
- ☐ There is evidence to support your deduction
- ☐ The evidence is written

Miles the vehicle was driven during the tax year					
Business		Commuting		Total	

Type	**Amount**	**Type**	**Amount**	**Type**	**Amount**
Garage rent		Property tax		Gas	
Insurance		Repairs		Tires	
Licenses		Tolls		Oil	
Parking fees		Interest		Lease payments	
Other		Other		Other	

BUSINESS USE OF HOME

Name of business home is used for	
Square footage of your home used regularly and exclusively for business	
Total square footage of your home	
For daycare facilities not used exclusively for business, complete the following	
How many days during the year was the area used?	
How many hours per day was the area used?	
Prior depreciation schedule, if applicable	
The daycare facility was in operation for the entire year	☐ Yes ☐ No

RENTAL INCOME

New Clients MUST Attach Prior Depreciation Sheet with Accumulated Depreciation

	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				
Other				
Other				
Other				
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			