

Tax Year \_\_\_\_\_

# Client Tax Organizer

Tax Return Appointment: Date: \_\_\_\_\_ Time: \_\_\_\_\_

Please complete this Organizer before your appointment. Include all statements (W-2s, 1099s, etc.)

1. 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? \_\_\_\_\_

2. Dependents (Children & Others)							
Name	Relationship	Date of Birth	Social Security Number	Months Lived With You	Disabled	Full Time Student	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  | 13. 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   | 14. Did you give a gift of more than \$15,000 to one or more people? <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| 3. Were there any changes in dependents? <input type="checkbox"/> Yes <input type="checkbox"/> No  | 15. Did you go through bankruptcy, foreclosure, or repossession proceedings? <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| 4. Did you receive unreported tip income of \$20 or more in any month? <input type="checkbox"/> Yes <input type="checkbox"/> No                                      | 16. Did you incur a loss because of damaged or stolen property? <input type="checkbox"/> Yes <input type="checkbox"/> No  |
| 5. Did you receive any unemployment or disability income? <input type="checkbox"/> Yes <input type="checkbox"/> No   | 17. Were you notified or audited by either the IRS or State taxing agency? <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| 6. Did you buy or sell any stocks, bonds or other investment property? <input type="checkbox"/> Yes <input type="checkbox"/> No                                      | 18. Did you work from a home office or use your car for business? <input type="checkbox"/> Yes <input type="checkbox"/> No  |
| 7. 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. May the IRS discuss your tax return with your preparer? <input type="checkbox"/> Yes <input type="checkbox"/> No  |
| 8. 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. Were you a citizen of, have income from, or live in a foreign country? <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| 9. Could you be claimed as a dependent on another person's tax return? <input type="checkbox"/> Yes <input type="checkbox"/> No                                      | 21. Did you own or have interest in any foreign assets or accounts, or have signature authority with any foreign financial accounts? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 10. Did you pay anyone for domestic services in your home? <input type="checkbox"/> Yes <input type="checkbox"/> No  | 22. Do you want to electronically file your tax return? <input type="checkbox"/> Yes <input type="checkbox"/> No  |
| 11. Did you pay anyone for childcare services? <input type="checkbox"/> Yes <input type="checkbox"/> No  | 23. Did you buy any internet merchandise for which you did not pay sales/use tax? <input type="checkbox"/> Yes <input type="checkbox"/> No  |
| 12. Did you pay tuition or other education expenses for yourself or a dependent? (Attach Form 1098-T) <input type="checkbox"/> Yes <input type="checkbox"/> No       | 24. Health Insurance. Did you have ACA compliant health insurance during the year? (Attach Form 1095-A, 1095-B, and/or 1095-C) <input type="checkbox"/> Yes <input type="checkbox"/> No       |

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