

If you are a new client, please fill out the entire organizer in its entirety.



816-366-0463
www.thecasualbookkeeper.com

If you are a returning client - enter your name and update only the information that changed from the previous year

306 Allendale Lake Rd.
Greenwood, MO 64034

CLIENT TAX ORGANIZER

TAX YEAR _____

| PERSONAL INFORMATION | TAXPAYER | | SPOUSE | |
|------------------------|----------|-----------|--------|-----------|
| FIRST NAME & INITIAL | | | | |
| LAST NAME | | | | |
| SOCIAL SECURITY NUMBER | | | | |
| DATE OF BIRTH | | | | |
| OCCUPATION | | | | |
| EMAIL ADDRESS | | | | |
| BEST CONTACT NUMBER | | Apt/Suite | | Apt/Suite |
| ADDRESS | | | | |
| CITY | | | | |
| STATE/ZIP | | | | |

| | | | | |
|--------------------|----------|----|--------------------|--------|
| | Taxpayer | | Spouse | |
| Legally Blind | Yes | No | Legally Blind | Yes No |
| Disabled | Yes | No | Disabled | Yes No |
| Pres Campaign Fund | Yes | No | Pres Campaign Fund | Yes No |

Filing Status: Single Head of Household Married Filing Joint Qualifying Widower (Date of Spouse's Death)

| | | |
|--|------------|--------------|
| IF FILING STATUS IS Married filing Separate | Spouse SS# | Spouse Name: |
|--|------------|--------------|

| Dependents (Children & Others) (Attach Separate Sheet if more than 4 dependents) | | | | | | | |
|--|--------------|---------------|------------------------|----------------|----------|-------------------|--------------------------|
| Name | Relationship | Date of Birth | Social Security Number | Lived With You | Disabled | Full-Time Student | Dependent's Gross Income |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

| | | | |
|--|-----|----|---|
| 1. Did your marital status change during the year? | Yes | No | Need date & description of status change |
| 2. Did your address change during the year? | Yes | No | Need City/State moved to/from & date of move |
| 3. Did you receive any unemployment/disability income? | Yes | No | Need 1099-G/1099-SA/W2 |
| 4. Did you buy or sell any stocks/bonds/investment property? | Yes | No | Need 1099-B from investment/brokerage company |
| 5. Did you sell any real estate, including your primary home? | Yes | No | Need Sale of Home Worksheet |
| 6. Did you recharacterize any IRA accounts? | Yes | No | Need info on acct type recharacterized from/to |
| 7. Can another person claim you on their tax return? | Yes | No | Who claims you? |
| 8. Did you pay for any domestic services in your home? | Yes | No | Need information on Household Employee/Amts Paid |
| 9. Did you pay any qualified dependent care expenses? | Yes | No | Need name, Tax ID, address, phone # of provider and amount paid per child |
| 10. Did you make any cash contributions to a qualified organization? | Yes | No | Need name of organization and amt donated |
| 11. Are you a foreign citizen or do you have any foreign income? | Yes | No | Need info on income and country of origin |
| 12. Are you Active Duty Military? | Yes | No | Need orders and pay stubs for active duty time frame |

| | | | |
|---|-----|----|---|
| 13. Did you receive a distribution from a retirement plan? | Yes | No | Need 1099 - Did you roll it into another plan? Need date of distribution, amount, and date of rollover |
| 14. Did you contribute to a retirement plan outside of work? | Yes | No | Need amount contributed and type of plan. Please provide form 5498 |
| 15. Did you give a gift of \$17,000 or more to any one person? | Yes | No | Need amount of gift, name, tax id and address of recipient (Additional charge for gift tax return) |
| 16. Did you have any debt canceled? | Yes | No | Need form 1099-C and Insolvency worksheet if applicable |
| 17. Are you currently being audited? | Yes | No | What years/forms are being audited? |
| 18. May the IRS discuss your tax return with me? | Yes | No | |
| 19. Do you authorize me to electronically file your return(s)? | Yes | No | If no, I need a letter of explanation |
| 20. Did everyone on your return have health insurance all year? | Yes | No | If through the Marketplace, I need form 1095-A. If no, I need dates of coverage/non-coverage for all taxpayers/dependents |
| 21. Did you participate in a Health Savings Account? | Yes | No | Need form 1099-SA and/or 5498-SA if a private plan |
| 22. Did you contribute to a 529 Savings Plan? | Yes | No | I need amount contributed per taxpayer |
| 23. Did you purchase/sell any cryptocurrency? | Yes | No | Need 1099 form for all accounts - even if not sold |
| 24. Do you have an Identity Theft Pin issued by the IRS? | Yes | No | Need PIN for each taxpayer that has had one issued |
| 25. Do you have an interest in an LLC, S-Corp or C-Corp? | Yes | No | |

REFUND DIRECT DEPOSIT

Bank Name: _____
 Routing Number: _____
 Account Number _____

Checking: _____
 Savings: _____

Taxpayer ID Information

Type: _____ Driver's License _____ State ID
 Number: _____
 Issue Date: _____ Expiration Date _____
 State/Country of Issue: _____

Spouse ID Information

Type: _____ Driver's License _____ State ID
 Number: _____
 Issue Date: _____ Expiration Date _____
 State/Country of Issue: _____

ACKNOWLEDGEMENT

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 The Casual Bookkeeper, its agents and affiliates, from any liability whatsoever, regarding the preparation of this/these tax return(s), 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.

Taxpayer's Signature: _____
 Print Name: _____

Date _____

Spouse's Signature _____
 Print Name _____

Date _____