

Organizer #2 - Intake Questions

Taxpayer*: _____

* If MARRIED FILING JOINT - both the taxpayer and the spouse combine their answers on 1-sheet

All questions imply taxpayer AND spouse, if legally married

Tax Year: _____

YES	NO	INFORMATION	If YES, take ACTION
		Can you be claimed as a dependent by someone else?	Who: _____
		Do you have dependents to claim on your tax return?	ORGANIZER: Dependent Sheet
		Did you have any income from or pay taxes to a foreign country?	
		Did you have any accounts in foreign countries?	
		Did you receive any notices from the IRS or other taxing entities (state, county, city) last year?	Provide copies of ALL pages of letter(s)
		Did you make any payments to any taxing authority for taxes due on prior year matters?	
		Did you make any ESTIMATED payments to the IRS or any other taxing authority?	ORGANIZER: Estimated Taxes Paid
		Do you want \$3 to go to the Presidential Election Campaign (will not change your tax or refund)	
		Do you or have you ever had an EIN (Employer Identification Number)?	EIN #: _____
		Do you have / are you part of an LLC, Corporation, Partnership, or Trust?	

YES	NO	RESIDENCE	If YES, take ACTION
		Did you move more than 50 miles last year?	ORGANIZER: Moving
		Did you LIVE / RESIDE in more than 1 state last year?	
		Did you WORK in more than 1 state last year?	ORGANIZER: Out of Town For Business

YES	NO	INCOME	If YES, take ACTION
		Are you missing any W2's? NOTE: Provide ALL copies of ALL pages of ALL W-2'S; Do NOT separate W-2's	
		Do you have any tips you did not report to your employer?	
		Did you receive any 1099-MISC's?	Provide copies of all 1099-MISC's
		Do you have any cash income to declare for which you did NOT receive a 1099-MISC?	ORGANIZER: Cash Income
		Did you receive any 1099-K's? (you take credit cards & or receive pay through 3rd party)	Provide copies of all 1099-K's
		Did you have any debt cancelled and or receive any 1099-C's?	Provide copies of all 1099-C's
		Did you have any bank accounts that earn interest (savings, checking, etc.)?	
		Did you receive any 1099-INT? (May not have received if less than \$10; check with your bank)	Provide copies of all 1099-INT's
		Did you receive any 1099-DIV?	Provide copies of all 1099-DIV's
		Did you sell any stocks, bonds, or mutual funds?	Provide copies of all 1099-B's
		Did you / should you be receiving any K-1's? (Partnerships, Trusts, Beneficiary, Estates, etc.)?	Provide copies of all K1's
		Did you receive any unemployment?	Provide copies of all 1099-G's
		Did you receive any money from Social Security (for any reason)?	Provide copies of all 1099-SSA's
		Did you receive any money from a pension?	Provide copies of all 1099-R's
		Did you take any money out of an IRA?	Provide copies of all 1099-R's
		Did you own rental property?	ORGANIZER: Rental
		Did you use your home for shared rental accommodations / lodging (i.e., Airbnb, etc.)?	ORGANIZER: Rental Dwelling Used As Home
		Did you use your vehicle for ride-share purposes (Uber, Lyft, etc.)?	
		Did you pay or receive any alimony?	Provide NAME & SSN of other person(s)
		Did you receive any prize winnings, gambling, jury duty, Combat Pay, award money or barter goods or services?	Provide any documentation received

YES	NO	HEALTH CARE	If YES, take ACTION
		The Affordable Care Act (ACA; "Obama Care") requires that you, your spouse and all dependents listed on your tax return have "minimum essential" health care coverage.	
		Did you have health care coverage for all 12-months of the year?	
		Did you receive ANY coverage through the Marketplace (healthcare.gov or state exchange)?	Provide copy of 1095-A
		Did you receive Form 1095-A, B or C?	Provide copies of all 1095's

YES	NO	MEDICAL	If YES, take ACTION
		Did you have medical expenses for yourself, spouse, dependents?	ORGANIZER: Medical
		Did you have MSA, HSA, FSA, or HRA account for medical expenses?	Provide copy of document(s)

Taxpayer*: _____

OTHER		If YES, take ACTION
<input type="checkbox"/>	<input type="checkbox"/>	ORGANIZER: Education Credit Provide copies of all 1098-E's Provide copy of all 1098's Amount \$ _____ Amount \$ _____ ORGANIZER: Charity - Part A ORGANIZER: Charity - Part A Provide copy of last year's tax return
<input type="checkbox"/>	<input type="checkbox"/>	
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<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	Have you ever been notified by any taxing authority that you have been denied or ineligible to claim any type or kind of credit including but not limited to the Child Tax Credit (CTC) or the Earned Income Tax Credit (EITC)?

BUSINESS / PROFESSION / OCCUPATION / JOB		If YES, take ACTION
<input type="checkbox"/>	<input type="checkbox"/>	ORGANIZER: Expense for Business ORGANIZER: Vehicle Expense ORGANIZER: Home Office ORGANIZER: Out of Town For Business
<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	When providing documents, always provide legible copies of the entire front & back of all documents; do not separate documents or W-2's	

STATE RETURN INFORMATION

Please review the list below for additional information required for any state returns that may be applicable to you.

CALIFORNIA		If YES, take ACTION
<input type="checkbox"/>	<input type="checkbox"/>	ORGANIZER: CA Voluntary Contribution Check for LA City License requirement
<input type="checkbox"/>	<input type="checkbox"/>	

NEW YORK
On your New York return, you are required to provide your County and your School District information. Please make sure that you have filled in this information on your Organizer #1 - Primary worksheet.
If you file as a NY resident, you are required to receive NY Publication 135 Consumer Bill of Rights Regarding Tax Preparers . Visit www.tax.ny.gov/pdf/publications/income/pub135.pdf or your preparer's website or ask your preparer
<input type="checkbox"/> CHECK THIS BOX if you have NOT received NY Publication 135