



Lewis Tax Service Client Organizer

Please complete this Organizer and send along with your tax information.

1. Personal Information

Name		Soc. Sec. No.	Date of Birth	Occupation	Work Phone
Taxpayer					
Spouse					
Street Address		City	State	ZIP	Home Phone
Email Address					

<u>Taxpayer</u>	<u>Spouse</u>	<u>Marital Status</u>	Will file jointly
Blind <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Married	<input type="checkbox"/> Yes <input type="checkbox"/> No
Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Single	
Pres. Campaign Fund <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Widow(er), Date of Spouse's Death _____	

2. Dependents (Children & Others)

Name (First, Last)	Relationship	Date of Birth	Social Security Number	Months Lived With You	Disabled	Full Time Student	Dependent's Gross Income	ID Protection PIN

Please provide and answer the following questions:

- Last year's tax return (new clients only)

- All statements (W-2s, 1098s, 1099s, etc)

Did you receive an Economic Impact Payment? If so, provide the amount. _____

Did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? If so, please provide statement.

- | | |
|---|--|
| 1. Are you self-employed or do you receive hobby income? <input type="checkbox"/> Yes* <input type="checkbox"/> No | 9. Were there any births, deaths, marriages, divorces or adoptions in your immediate family? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Did you receive income from raising animals or crops? <input type="checkbox"/> Yes* <input type="checkbox"/> No | 10. Did you give a gift of more than \$15,000 to one or more people? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Did you receive rent from real estate or other property? <input type="checkbox"/> Yes* <input type="checkbox"/> No | 11. Did you have any debts cancelled, forgiven, or refinanced? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Did you receive income from gravel, timber, minerals, oil, gas, copyrights, patents? <input type="checkbox"/> Yes* <input type="checkbox"/> No | 12. Did you go through bankruptcy proceedings? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Did you withdraw or write checks from a mutual fund? <input type="checkbox"/> Yes <input type="checkbox"/> No | 13. (a) If you paid rent, how much did you pay? _____ |
| 6. Do you have a foreign bank account, trust, or business? <input type="checkbox"/> Yes <input type="checkbox"/> No | (b) Was heat included? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. Do you provide a home for or help support anyone not listed in Section 2 above? <input type="checkbox"/> Yes <input type="checkbox"/> No | 14. Did you pay interest on a student loan for yourself, your spouse, or your dependent during the year? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. Did you receive any correspondence from the IRS or State Department of Taxation? <input type="checkbox"/> Yes <input type="checkbox"/> No | 15. Did you pay expenses for yourself, your spouse, or your dependent to attend classes beyond high school? <input type="checkbox"/> Yes <input type="checkbox"/> No |

10. Investments Sold

Stocks, Bonds, Mutual Funds, Gold, Silver, Partnership interest - Attach 1099-B & confirmation slips

Investment	Date Acquired/Sold	Cost	Sale Price
	/		
	/		
	/		
	/		

11. Other Income

List All Other Income (including non-taxable)

Alimony Received _____
 Child Support _____
 Scholarship (Grants) _____
 Unemployment Compensation (repaid) _____
 Prizes, Bonuses, Awards _____
 Gambling, Lottery (expenses _____) _____
 Unreported Tips _____
 Director / Executor's Fee _____
 Commissions _____
 Jury Duty _____
 Worker's Compensation _____
 Disability Income _____
 Veteran's Pension _____
 Payments from Prior Installment Sale _____
 State Income Tax Refund _____
 Other _____
 Other _____

12. Medical/Dental Expenses

Medical Insurance Premiums
 (paid by you) _____
 Prescription Drugs _____
 Insulin _____
 Glasses, Contacts _____
 Hearing Aids, Batteries _____
 Braces _____
 Medical Equipment, Supplies _____
 Nursing Care _____
 Medical Therapy _____
 Hospital _____
 Doctor/Dental/Orthodontist _____
 Mileage (no. of miles) _____

13. Taxes Paid

Real Property Tax (attach bills) _____
 Personal Property Tax _____
 Other _____

14. Interest Expense

Mortgage interest paid (attach 1098) _____
 Interest paid to individual for your
 home (include amortization schedule) _____
 Paid to:
 Name _____
 Address _____
 Social Security No. _____
 Investment Interest _____
 Premiums paid or accrued for qualified
 mortgage insurance _____

15. Casualty/Theft Loss

For property damaged by storm, water, fire, accident, or stolen.

Location of Property _____

Description of Property _____

	Other	Federally Declared Disaster Losses
Amount of Damage	_____	_____
Insurance Reimbursement	_____	_____
Repair Costs	_____	_____
Federal Grants Received	_____	_____

16. Charitable Contributions

	Other
Church	_____
United Way	_____
Scouts	_____
Telethons	_____
University, Public TV/Radio	_____
Heart, Lung, Cancer, etc.	_____
Wildlife Fund	_____
Salvation Army, Goodwill	_____
Other	_____
Non-Cash	_____
Volunteer (no. of miles)	_____ @ .14 _____

17. Child & Other Dependent Care Expenses

Name of Care Provider	Address	Soc. Sec. No. or Employer ID	Amount Paid

Also complete this section if you receive dependent care benefits from your employer.

18. Job-Related Moving Expenses

if you are a member of the Armed Forces on active duty and moving due to a permanent change of station due to a military order. _____

Date of move _____

Move Household Goods _____

Lodging During Move _____

Travel to New Home (no. of miles) _____

19. Employment Related Expenses That You Paid (Not self-employed)

if Armed Forces reservist, a qualified performing artist, a fee-basis state or local government official, or an individual with a disability claiming impairment-related work expenses. _____

Dues - Union, Professional _____

Books, Subscriptions, Supplies _____

Licenses _____

Tools, Equipment, Safety Equipment _____

Uniforms (include cleaning) _____

Sales Expense, Gifts _____

Tuition, Books (work related) _____

Entertainment _____

Office in home:

In Square a) Total home _____

Feet b) Office _____

c) Storage _____

Rent _____

Insurance _____

Utilities _____

Maintenance _____

20. Investment-Related Expenses State use only

Tax Preparation Fee _____

Safe Deposit Box Rental _____

Mutual Fund Fee _____

Investment Counselor _____

Other _____

21. Business Mileage

Do you have written records? Yes No

Did you sell or trade in a car used for business? Yes No

If yes, attach a copy of purchase agreement

Make/Year Vehicle _____

Date purchased _____

Total miles (personal & business) _____

Business miles (not to and from work) _____

From first to second job _____

Education (one way, work to school) _____

Job Seeking _____

Other Business _____

Round Trip commuting distance _____

Gas, Oil, Lubrication _____

Batteries, Tires, etc. _____

Repairs _____

Wash _____

Insurance _____

Interest _____

Lease payments _____

Garage Rent _____

22. Business Travel

If you are not reimbursed for exact amount, give total expenses.

Airfare, Train, etc. _____

Lodging _____

Meals (no. of days _____) _____

Taxi, Car Rental _____

Other _____

Reimbursement Received _____

23. Estimated Tax Paid

Due Date	Date Paid	Federal	State

25. Education Expenses

Student's Name	Type of Expense	Amount

24. Other Deductions

Alimony Paid to _____
Social Security No. _____ \$ _____
Student Interest Paid \$ _____
Health Savings Account Contributions \$ _____
Archer Medical Savings Acct. Contributions \$ _____

26. Questions, Comments, & Other Information

Residence:

Town _____ County _____
Village _____ School District _____
City _____

27. Direct Deposit of Refund / or Savings Bond Purchases

Would you like to have your refund(s) directly deposited into your account? Yes No

(The IRS will allow you to deposit your federal tax refund into up to three different accounts. If you would like to, please contact us for more information.)

ACCOUNT 1

Owner of account

Taxpayer Spouse Joint

Type of account Checking Treasury Direct Traditional Savings Archer MSA Savings Traditional IRA Coverdell Education Savings Roth IRA HSA Savings SEP IRA

Name of financial institution _____

Financial Institution Routing Transit Number (if known) _____

Your account number _____

28. Tax Return Preparation

- We will prepare your 2020 Federal and State tax returns based on information you provide. Services for preparation of your return do not include auditing or verification of information provided by you.
- This engagement does not include any audit or examination of your books or records. In the event your return is audited, you will be responsible for verifying the items reported.
- The tax return preparation fee does not include bookkeeping.
- Fees charged for tax return preparation do not include audit representation or preparing materials to respond to correspondence from taxing authorities.
- Preparation fees do not cover limited assistance and consultation during the year.
- The engagement to prepare your 2020 tax returns terminates upon delivery of your completed returns and original documents to you. Please store your supporting documents and copies of your tax returns in a secure place for at least seven (7) years. You may be assessed a fee if you request a copy in the future.

29. Taxpayer Responsibilities

- You agree to provide us all income and deductible expense information. If you receive additional information after we begin working on your return, you will contact us immediately to ensure your completed tax returns contain all relevant information.
- You affirm that all expenses or other deduction amounts are accurate and that you have all required supporting written record. In some cases, we will ask to review your documentation.
- You must be able to provide written records of all items included on your return if audited by either the IRS or state tax authority. We can provide guidance concerning what evidence is acceptable.
- You must review the return carefully before signing to make sure the information is correct.
- Fees must be paid before your tax return is delivered to you or filed for you. If you terminate this engagement before completion, you agree to pay a fee for work completed. A retainer is required for preparation of late returns.

To the best of my knowledge the information enclosed in this client tax organizer is correct and includes all income, deductions, and other information necessary for the preparation of this year's income tax returns for which I have adequate records. Also, by signing below, you acknowledge that you have read, understand, and accept your obligations and responsibilities and that you understand our responsibilities in preparing your tax returns as explained above. For a joint return, both taxpayers must sign.

Taxpayer

Date

Spouse

Date