

# Harrington Tax & Accounting

470 South Mountain Avenue  
Suite 101  
Springerville, Arizona 85938  
Bus: 928-333-5988  
Fax: 928-333-1431  
www.harringtontax.biz

## Client Organizer & Checklist

**First time clients** (please fill in all pertinent information and provide a copy of last year's tax return)

**Existing Clients - Anything change from last year?** New address, phone or marital status (please write in those changes below)

**Personal Info** (exactly as on Social Security card)

Taxpayer Name: \_\_\_\_\_

Date of Birth: M \_\_\_\_\_ D \_\_\_\_\_ Y \_\_\_\_\_ Social Security # \_\_\_\_\_

Occupation: \_\_\_\_\_ Dependent on another return  Legally Blind  Disabled

Spouse Name: \_\_\_\_\_

Date of Birth: M \_\_\_\_\_ D \_\_\_\_\_ Y \_\_\_\_\_ Social Security # \_\_\_\_\_

Occupation: \_\_\_\_\_ Dependent on another return  Legally Blind  Disabled

**Marital Status:**  Single  Married  Divorced  Separated, since date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Head of Household (Not married as of Dec 31, 2021 & your child, foster child or grandchild lived with you for more than 6mo.)  
 Qualified Widow (Widowed in 2020 or 2021 and your children lived with you for all of 2022.)

Phone to reach you: \_\_\_\_\_  Hm  Wk  Mbl Carrier \_\_\_\_\_ Text when ready  Y  N

Current mailing address: \_\_\_\_\_

Military Address Info: (APO/FPO Etc.) \_\_\_\_\_ Combat Zone: \_\_\_\_\_

Email Address: \_\_\_\_\_

**How do you want your refund:**

- 1)  IRS Mail my refund (No additional charge, 3-5 weeks)
  - 2)  IRS Direct Deposit (No additional charge, 2-3 weeks) Routing # \_\_\_\_\_ Account # \_\_\_\_\_ C  S
  - 3)  ERC check (additional fee, 2-3 weeks)
  - 4)  ERD direct deposit (additional fee, 2-3 weeks) Routing # \_\_\_\_\_ Account # \_\_\_\_\_ C  S
- Options 3 & 4: Tax Preparation Fees can be deducted from your refund, or paid by check, cash or Visa/Master card. But, you must sign Consent & Release of Information forms and provide at least one valid form of I.D.**

### PLEASE LIST ALL DEPENDENTS TO BE CLAIMED ON YOUR RETURN

Please list information exactly as on Social Security card and answer all questions.

Dependent New	First Name	Middle	Last Name	Birth Date	SSN	Relationship to you	Months Lived with you	Provided all support?	Have health ins all year?
<input type="checkbox"/>									
<input type="checkbox"/>									
<input type="checkbox"/>									
<input type="checkbox"/>									

Please list below, children who lived with you but are being claimed on another return.

<input type="checkbox"/>									
<input type="checkbox"/>									
<input type="checkbox"/>									

**WE MUST HAVE A COPY OF A VALID PHOTO I.D. FOR BOTH THE TAXPAYER AND SPOUSE.**

**Income** (Check mark all that apply & provide documents)**W-2s Taxpayer**

Employer Name


**W-2s Spouse**

Employer Name


**1099 Interest & Dividend Income**

Payer Name


**K1**

(partnerships, royalties, estates &amp; trusts)


**Rental Properties**

Total Income	
Expenses	
Mortgage Interest	
Property Tax	
Repairs	
Maintenance	
Mgmt Fees	
Advertising	
Insurance	
Depreciation	
Other	
Other	
Other	

**Other Income**

Gambling winnings	
Unemployment,	
Social Security	
Sale of property	
Sale of home	
Stock sales	

**Expenses** (Check mark all that apply and provide documents)**Medical Expenses Paid by You in 2022**

Miles	Doctors	Dentist	Vision	Rx	Hosp/Labs

**Taxes Paid by You in 2022**

State Taxes Paid on Last Year's State return	
Real Estate Property Taxes Paid	
Personal Property Taxes Paid (Vehicle Reg.)	
Other Taxes Paid (Non-resident state sales tax)	

**Interest Paid**

Main Home Mortgage Int	Vacation Home Mortgage Int	2nd Mortgage

**Charitable Contributions**

Miles	Cash/Check Donations	Goods Donation Value

**Other Notes**


**CHILD CARE EXPENSES**

Dependent Name	Child Care Provider Name	Provider Address	Provider EIN or SSN	Amount paid in 2022

**DEPENDENT CARE EXPENSES**

Dependent Name	Provider Name	Provider Address	Provider EIN or SSN	Amount paid in 2022

**EDUCATION EXPENSES**

Students Name (must be on this return)	Years in College (not grade)	School Name	School Address	Student Loan Interest	Tuition, Fees or contribution paid

***Please include any documentation or information related to the following items.***

**Personal (New Clients Only)**

- Last years tax return
- Social Security Cards
- Birthdates
- Photo IDs

**Income**

- W-2 income statements
- W-2G gambling income statements
- 1099-NEC income statements
- 1099-INT Interest income
- 1099-DIV Dividend income
- 1099-B Income or Loss from Stocks, Bonds or Capital Assets
- 1099-MISC Other income, rental income, reimbursements
- 1099-G Government payments, unemployment

**Cash income totals from**

- Farms, Ranches or Business
- Rental income
- Tip income not reported on form W2
- Alimony paid or received with X-spouse Name & SSN
- SSA-1099
- 1099R (Retirement distribution statements)

**Expenses & Credits**

- 1098T student loan interest paid statement
- Education expenses (tuition, fees & books)
- Business, Rental, Farm Expenses
- Alimony paid with SSN of receiver
- Child & Dependent Care Credit information  
(Name, address, SSN or EIN Amount Paid)
- Estimated Tax Payments

**To Itemize we need the following items:**

- Medical Expenses
- Prescriptions
- Doctors, Dentists, Hospitals & Lab Fees
- Eye Glasses
- Taxes (Sales, Property, Vehicle Reg)
- 1098 mortgage interest statement
- Charitable contributions (Cash or Goods)
- Gambling losses