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## 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, 2013 & your child, foster child or grandchild lived with you for more than 6mo.)  
 Qualified Widow (Widowed in 2012 or 2013 and your children lived with you for all of 2014.)

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, 4-6 weeks)
- 2)  IRS Direct Deposit (No additional charge, 2 weeks) Routing # \_\_\_\_\_ Account # \_\_\_\_\_ C  S
- 3)  ERC check (\$63.95 additional, 2 weeks)
- 4)  ERD direct deposit (\$63.95 additional, 2 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"/>									
<b>Please list below, children who lived with you but are being claimed on another return.</b>									
<input type="checkbox"/>									
<input type="checkbox"/>									
<input type="checkbox"/>									

**NEW RULES with the A.C.A. (Obamacare):**

**You must provide proof of insurance with your other tax documents. All persons listed on the return must be covered by sufficient insurance for the entire year, or the "Shared Responsibility Payment" may be applied to your tax return. WE DON'T LIKE IT EITHER...BUT IT IS THE LAW.**

**Income** (Please list all income or**W-2s Taxpayer**

Employer


**W-2s Spouse**

Employer


**1099 Interest & Dividend Income**

Payer


**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**

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

**Expenses** (Please fill out or provide the forms)**Medical Expenses Paid by You in 2015**

Miles	Doctors	Dentist	Vision	Rx	Hosp/Labs

**Taxes Paid by You in 2014**

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

**Job and Other Misc Expenses**

Unreimbursed Employee Exp				
Tax Prep Fees				
Safe Deposit Box				
Attorney Fees				
Gambling Losses				
Other				
Other				
Other				

**CHILD CARE EXPENSES**

Dependent Name	Child Care Provider Name	Provider Address	Provider EIN or SSN	Amount paid in 2012

**DEPENDENT CARE EXPENSES**

Dependent Name	Provider Name	Provider Address	Provider EIN or SSN	Amount paid in 2012

**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



### Income Tax Questionnaire

*These questions are for your benefit and to help you remember anything you might have overlooked. The more we know, the better job we can do. Answer all the questions you can, and any blank boxes will be assumed as NO answers.*

- Did your marital status change last year? ..... Y  N
- If married, do you and your spouse file separate? ..... Y  N
- Did your address change from last year? ..... Y  N
- Can you or your spouse be claimed on another return? ..... Y  N
- Were there any changes in your dependents during 2015? .. Y  N
- Did you pay for child care while you worked? ..... Y  N
- Did you adopt a child or begin adoption in 2015? ..... Y  N
- Were you and everyone in your household covered under adequate health insurance for all of 2015? ..... Y  N
- Did you have any debts canceled, forgiven or refinanced in 2015 ..... Y  N
- Did you withdraw any amounts from your IRA, Roth IRA or borrow any money against your pension fund? ..... Y  N
- Did you pay any student loan interest in 2015? ..... Y  N
- Did you pay mortgage interest on your main home during 2015? ..... Y  N
- Did you pay mortgage interest on a vacation home during 2015? ..... Y  N
- Did you contribute property (other than cash) with a fair market value of more than \$5,000 to any charitable organization in 2015? ..... Y  N
- Did you have any casualty or theft losses in 2015? ..... Y  N
- Were any losses due to a federally declared disaster? ..... Y  N
- Did you or your spouse have any transactions pertaining to a Medical Savings Account or Health Savings Account? .... Y  N
- Did you or your spouse contribute any money to a Roth IRA or convert a regular IRA into a Roth? ..... Y  N
- Did you or your spouse roll into a Roth IRA any distributions from a retirement plan, tax shelter annuity or deferred compensation? ..... Y  N
- Did you withdraw any amounts from your IRA to pay for higher education expenses, for you, your spouse, your children or grandchildren? ..... Y  N
- Did you withdraw any amounts from a Coverdell Education Savings Account or a Qualified Education Program? ..... Y  N
- Did you, your spouse or dependents incur any post-secondary education expenses, such as tuition? .....Y  N
- Are you self employed and/or run your own business? .....Y  N
- Do you work out of your home? .....Y  N
- Did you move to a different home for your job? .....Y  N
- Do you have any household employees?.....Y  N
- Did you receive tip income in excess of \$20 in 2015?.....Y  N
- Did you start a new business purchase a new rental property, farm or acquire any interest in a partnership or S Corporations during 2015?.....Y  N
- Did you sell an existing business, rental property, farm or any existing interest in a partnership or S Corporation during 2015? .....Y  N
- Were you or your spouse the grantor of a foreign trust, have any interest in in or a signature or other authority over a bank account, securities or other financial account in a foreign country? .....Y  N
- Did you or your spouse own any foreign financial assets? .....Y  N
- Did you create or transfer money or property to a foreign trust? .....Y  N
- Did you purchase a new alternative fuel vehicle in 2015?.....Y  N
- Did you install any alternative energy equipment in your house, including solar or wind during 2015? .....Y  N
- Are you the mortgage holder on a home, property or business? .....Y  N
- Did you receive any payments toward a mortgage you hold during 2015? .....Y  N
- Did you engage in any put or call transactions in 2015?.....Y  N
- Did you close any open short sales during 2015? .....Y  N
- Did you sell any securities during 2015? .....Y  N
- Did you engage in any bartering transactions? .....Y  N
- Did you work outside the US or pay any foreign taxes? .....Y  N
- Did you or your spouse give any gift to any one person with a total value of more than \$14,000?.....Y  N
- Did you sell your main home in 2015? .....Y  N
- Did you rent any properties, a portion of your home or a vacation home during 2015? .....Y  N
- Do you have any children under age 18 with income from investments of more than \$950? .....Y  N
- Do you have any children age 18 or 19-23 that are full time students with more than \$950 of investment income that you supported?.....Y  N
- Did you receive grants of stock options from your employer, exercise any stock options granted you or dispose of any stock options acquired under a qualified employee stock purchase plan? .....Y  N