



1135 E. Route 66, Suite 108  
Glendora, CA 91740  
626 852-2202

Dear Client:

The Tax Organizer will assist you in collecting and reporting information necessary for us to properly prepare your income tax return. Please complete the organizer sections and provide supporting documentation where necessary.

Please supply us with the following additional information:

- A copy of your prior year tax return, if not prepared by this office
- Form(s) W-2 (wages, etc.)
- Form(s) 1099 (interest, dividends, etc.)
- Schedule(s) K-1 (income/loss from partnerships, S Corporations, etc.)
- Form(s) 1098 (mortgage interest) and property tax statements
- Brokerage statements from stock, bond or other investment transactions
- Closing statements pertaining to real estate transactions
- All other supporting documents (schedules, checkbooks, etc.)
- Any tax notices received from the IRS or other taxing authorities.

Thank you for your help in the completion of the Tax Organizer. Please contact us if you need further assistance.

Sincerely,  
Calvary Tax Service, LLC

# CLIENT ORGANIZER

The information provided below is for tax year \_\_\_\_\_

## CLIENT INFORMATION

Taxpayer	First name and initial ..... Last name ..... Social Security Number ..... Occupation ..... Date of Birth (m/d/y) .....	_____ _____ _____ _____ _____
Spouse	First name and initial ..... Last name ..... Social Security Number ..... Occupation ..... Date of Birth (m/d/y) .....	_____ _____ _____ _____ _____
Address	Street Address ..... City ..... State ..... Zip Code .....	_____ _____ _____ _____
Taxpayer	Home Phone ..... Mobile Phone .....	_____ _____
Spouse	Home Phone ..... Mobile Phone .....	_____ _____

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## Miscellaneous Questions

If any of the following items pertain to you or your spouse for 2015, please check the appropriate box and provide additional information if necessary.

YES

NO

**PERSONAL INFORMATION**

Did your marital status change during the year?

Did your address change during the year?

Could you be claimed as a dependent on another person's tax return for 2015?

**DEPENDENTS**

Were there any changes in dependents?

Were any of your unmarried children who might be claimed as dependents 19 years of age or older (or 24 years or older if student) at the end of 2015?

Did you have any children under age 19 or full-time students under age 24 at the end of 2015, with interest and dividend income in excess of \$1,000, or total investment income in excess of \$2,000?

**HEALTH CARE COVERAGE**

Did you and your dependents have health care coverage for the full-year?

Did you receive any of the following IRS documents? Form 1095-A (Health Insurance Marketplace Statement), 1095-B (Health Coverage) or Form 1095-C (Employer Provided Health Insurance Offer and Coverage) If so, please attach.

If you or your dependents did not have health care coverage during the year, do you fall into one of the following exemptions categories: Indian tribe membership, health care sharing ministry membership, religious sect membership, incarceration, general hardship or unable to renew existing coverage? If you received an exemption certificate, please attach.

**INCOME**

Did you receive unreported tip income of \$20 or more in any month?

Did you cash any Series EE U.S. savings bonds issued after 1989 and pay qualified higher education expenses for yourself, your spouse, or your dependents?

Did you receive any disability income?

Did you have any foreign income or pay any foreign taxes?

**PURCHASES, SALES AND DEBT**

Did you start a business or farm, purchase rental or royalty property, or acquire an interest in a partnership, S corporation, trust, or REMIC?

Did you purchase or dispose of any business assets (furniture, equipment, vehicles, real estate, etc.), or convert any personal assets to business use?

Did you buy or sell any stocks, bonds or other investment property in 2015?

Did you purchase, sell, or refinance your principal home or second home, or did you take a home equity loan?

Did you make any residential energy-efficient improvements or purchases involving solar, wind, geothermal or fuel cell energy sources?

Did you have any debts cancelled or forgiven?

Does anyone owe you money which has become uncollectible?

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## Miscellaneous Questions (continued)

If any of the following items pertain to you or your spouse for 2015, please check the appropriate box and provide additional information if necessary.

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	<b>RETIREMENT PLANS</b>
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive a distribution from a retirement plan (401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.)?
<input type="checkbox"/>	<input type="checkbox"/>	Did you make a contribution to a retirement plan (401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.)?
<input type="checkbox"/>	<input type="checkbox"/>	Did you transfer or rollover any amount from one retirement plan to another retirement plan?
		<b>EDUCATION</b>
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive a distribution from an Education Savings Account or a Qualified Tuition Program?
<input type="checkbox"/>	<input type="checkbox"/>	Did you, your spouse, or a dependent incur any tuition expenses that are required to attend a college, university, or vocational school?
		<b>ITEMIZED DEDUCTIONS</b>
<input type="checkbox"/>	<input type="checkbox"/>	Did you incur a loss because of damaged or stolen property?
<input type="checkbox"/>	<input type="checkbox"/>	Did you work out of town for part of the year?
<input type="checkbox"/>	<input type="checkbox"/>	Did you use your car on the job (other than to and from work)?
		<b>ESTIMATED TAXES</b>
<input type="checkbox"/>	<input type="checkbox"/>	Did you apply an overpayment of 2014 taxes to your 2015 estimated tax (instead of being refunded)?
<input type="checkbox"/>	<input type="checkbox"/>	If you have an overpayment of 2015 taxes, do you want the excess applied to your 2016 estimated tax (instead of being refunded)?
<input type="checkbox"/>	<input type="checkbox"/>	Do you expect your 2016 taxable income and withholdings to be different from 2015?
		<b>MISCELLANEOUS</b>
<input type="checkbox"/>	<input type="checkbox"/>	Do you want to allocate \$3 to the Presidential Election Campaign Fund?
<input type="checkbox"/>	<input type="checkbox"/>	Does your spouse want to allocate \$3 to the Presidential Election Campaign Fund?
<input type="checkbox"/>	<input type="checkbox"/>	May the IRS discuss your tax return with your preparer?
<input type="checkbox"/>	<input type="checkbox"/>	Did you have an interest in or signature or other authority over a financial account in a foreign country, such as a bank account, securities account, or other financial account?

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## Miscellaneous Questions (continued)

If any of the following items pertain to you or your spouse for 2015, please check the appropriate box and provide additional information if necessary.

YES	NO	<b>MISCELLANEOUS (continued)</b>
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust?
<input type="checkbox"/>	<input type="checkbox"/>	Was your home rented out or used for business?
<input type="checkbox"/>	<input type="checkbox"/>	Did you have a medical savings account (MSA), a Medicare Advantage MSA, or acquire an interest in an MSA or a Medicare Advantage MSA because of the death of the account holder? Or, were you a policyholder who received payments under a long-term care (LTC) insurance contract or received any accelerated death benefits from a life insurance policy?
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive a distribution from an Achieving a Better Life Experience (ABLE) savings account?
<input type="checkbox"/>	<input type="checkbox"/>	Did you incur moving expenses due to a change of employment?
<input type="checkbox"/>	<input type="checkbox"/>	Did you engage the services of any household employees?
<input type="checkbox"/>	<input type="checkbox"/>	Were you notified or audited by either the Internal Revenue Service or the State taxing agency?
<input type="checkbox"/>	<input type="checkbox"/>	Did you or your spouse make any gifts to an individual that total more than \$14,000, or any gifts to a trust?
<input type="checkbox"/>	<input type="checkbox"/>	Did your bank account information change within the last twelve months?

**MEDICAL AND DENTAL EXPENSES**

	Amount	TS
Prescription medicines and drugs .....		
Doctors, dentists and nurses .....		
Hospitals and nursing homes .....		
Insurance premiums .....		
Long-term care premiums – taxpayer .....		
Long-term care premiums – spouse .....		
Insurance reimbursement (enter as a positive number) .....		
Lodging and transportation		
Out-of-pocket expenses .....		
Medical miles driven .....		
Other medical and dental expenses:		
_____		
_____		

**SALES AND USE TAXES PAID**

Sales taxes paid on vehicles, boats, and aircraft .....		
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Did you purchase any tangible merchandise from a retailer outside of California? \_\_\_\_\_

**OTHER TAXES PAID**

Real estate taxes – principal residence:

_____		
_____		

Real estate taxes – property held for investment .....

Foreign income taxes .....


Other taxes:

_____		
_____		

**INTEREST PAID**

Home mortgage interest

Amount

TS

_____		
_____		
Mortgage insurance premiums on post 12/31/06 contracts (Box 4) .		
Investment interest (interest on margin accounts):		
_____		
_____		

**CASH CONTRIBUTIONS**

NOTE: No deduction is allowed for cash or check contributions unless the donor maintains a bank record, or a written communication from the donee, showing the name of the organization, contribution date(s), and contribution amounts(s).

Churches, schools, hospitals, and other charitable organizations:  
 Contributions by cash or check: (Use a separate sheet if necessary)

_____		
_____		
Volunteer expenses (out-of pocket) .....		
Number of charitable miles .....		

**MISCELLANEOUS DEDUCTIONS** (subject to 2% AGI limit)

Union and professional dues .....		
Tools, Safety Equipment, Gloves, etc. for work .....		
Uniforms .....		
Expenses for seeking new job .....		
Job supplies .....		
Other: (Use a separate sheet if necessary)		
_____		
_____		
Tax Return Preparation Fee .....		
Safe Deposit Box Rental .....		