



One Washington Street  
East Stroudsburg, PA 18301  
570-424-1040

## Client Tax Organizer

Please complete this Organizer before your appointment. Prior year clients should use the proforma Organizer provided.

### 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>			
Blind	Yes	No	Yes	No	Married	Will file jointly	Yes	No
Disabled	Yes	No	Yes	No	Single			
Pres. Campaign Fund	Yes	No	Yes	No	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 for your appointment

- Last year's tax return (new clients only)
- Name and address label (from government booklet or card)
- All statements (W-2s, 1098s, 1099s, etc)

#### Please answer the following questions to determine maximum deductions

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

\* Contact us for further instructions

16. Did you have healthcare coverage (health insurance) for you, your spouse, and dependents during this tax season? If yes, include Forms 1095-A, 1095-B, and 1095-C. Yes No

17. Did you apply for an exemption through the Marketplace /Exchange? If so, provide the exemption certificate number. \_\_\_\_\_

18. Did you have any children under the age of 19 or 19 to 23 year old students with unearned income of more than \$1100? Yes No

### 3. Wage, Salary Income

#### Attach W-2s:

Employer Taxpayer Spouse


### 4. Interest Income

#### Attach 1099-INT, Form 1097-BTC, & broker statements

Payer	Amount
Tax Exempt	

### 5. Dividend Income

#### From Mutual Funds & Stocks—Attach 1099-DIV

Payer	Ordinary	Capital Gains	Non-Taxable

### 6. Partnership, Trust, Estate Income

List payers of partnership, limited partnership, S-corporation, trust, or estate income - Attach K-1


19. Did you purchase a new alternative technology vehicle or electric vehicle? Yes No

20. Did you install any energy property to your residence such as solar water heaters, generators, or fuel cells or energy efficient improvements such as exterior doors or windows, insulation, heat pumps, furnaces, central air conditioners, or water heaters ? Yes No

21. Did you own \$50,000 or more in foreign financial assets? Yes No

22. Have you or your spouse been a victim of identity theft and given an identity theft protection PIN by the IRS? If yes, enter the six digit identity protection PIN number.

\_\_\_\_\_ Taxpayer \_\_\_\_\_ Spouse

### 7. Property Sold

#### Attach 1099-S and closing statements

Property	Date Acquired	Cost & Imp.
Personal Residence*		
Vacation Home		
Land		
Other		

\* Provide information on improvements, prior sales of home, and cost of a new residence. Also see Section 17 (Job-Related Moving).

### 8. I.R.A. (Individual Retirement Acct.)

#### Contributions for tax year income

	Amount	Date	✓ for Roth
Taxpayer			
Spouse			

#### Amounts withdrawn. Attach 1099-R & 5498

Plan Trustee	Reason for Withdrawal	Reinvested?
		Yes No
		Yes No
		Yes No
		Yes No

### 9. Pension, Annuity Income

#### Attach 1099-R

Payer*	Reason for Withdrawal	Reinvested?
		Yes No
		Yes No
		Yes No
		Yes No

\* Provide statements from employer or insurance company with information on cost of or contributions to plan.

Did you receive:	Taxpayer	Spouse
Social Security Benefits	Yes No	Yes No
Railroad Retirement	Yes No	Yes No

Attach SSA 1099, RRB 1099

## 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 \_\_\_\_\_  
Economic Impact Payment 1 (First Stimulus Payment) \_\_\_\_\_  
Economic Impact Payment 2 (Second Stimulus Payment) \_\_\_\_\_  
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 _____

Weseloh Carney & Company LLC

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## 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. COVID-19

Were you, your spouse, or a dependent diagnosed with COVID-19? Yes No

Did you experience adverse financial consequences as a result of you, your spouse, or other member of your household being quarantined, furloughed or laid off, experienced a reduction of work hours, or unable to work due to a lack of childcare? Yes No

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## 24. Estimated Tax Paid

Due Date	Date Paid	Federal	State

## 26. Education Expenses

Student's Name	Type of Expense	Amount

## 25. Other Deductions

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

## 27. Questions, Comments , & Other Information

Residence:

Town \_\_\_\_\_ County \_\_\_\_\_  
Village \_\_\_\_\_ School District \_\_\_\_\_  
City \_\_\_\_\_

## 28. 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 so, please provide the following information.)

### ACCOUNT 1

Owner of account Taxpayer Spouse Joint

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

Name of financial institution \_\_\_\_\_

Financial Institution Routing Transit Number (if known) \_\_\_\_\_

Your account number \_\_\_\_\_

### ACCOUNT 2

Owner of account Taxpayer Spouse Joint

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

Name of financial institution \_\_\_\_\_

Financial Institution Routing Transit Number (if known) \_\_\_\_\_

Your account number \_\_\_\_\_

ACCOUNT 3

Owner of account

TaxpayerSpouseJoint

Type of account

CheckingTreasury DirectTraditional SavingsArcher MSA SavingsTraditional IRACoverdell Education SavingsRoth IRAHSA SavingsSEP IRA

Name of financial institution

Financial Institution Routing Transit Number (if known)

Your account number

Would you like to purchase Series I Savings bonds with a portion of your refund? If so, please answer the following:

Amount used for bond purchases for yourself (and spouse if filing jointly).

Amount used to buy bonds for someone else (or yourself only or spouse only if filing jointly).

Owner's name	Co-owner or Beneficiary's name if applicable	X if name is for a beneficiary	Bond purchase amount

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.

TaxpayerDateSpouseDate