

Individual Tax Organizer

The Individual Tax Organizer has been designed to help collect and organize the information that we will need to prepare your individual income tax returns in the most efficient and timely manner possible. Because this is the information we will be using to prepare your tax returns and sending to the IRS, please verify it is complete and accurate before submitting.

In addition to completing the organizer, there are additional documents we'll need to complete your taxes. Below is a list of items we will need before we can prepare your taxes:

Completed Organizer (see below)

Prior Years Tax Returns - If you are a first-time tax client, please provide a copy of the last tax return filed.

Copies of Tax Forms - Pages 3 and 4 of the organizer request information regarding income and deduction items. A number of these items include official IRS forms. Please send a copy of each of these forms along with your organizer. This would include forms such as W2's, 1099's, 1098's, etc.

Additional Items - Although the organizer is fairly comprehensive, it is certainly possible that there are items pertinent to your taxes that are not addressed. Please include these documents with your organizer.

***If you want us to prepare your tax return please upload the completed organizer and copies of your tax documents to our secure portal at <https://www.encyro.com/mts>**

Basic Taxpayer Information				Tax Year:	
Taxpayer First Name		Middle Initial	Last Name		
Social Security #		Date of Birth	Occupation		
Filing Status					
Do you wish to contribute to the Presidential Election Campaign Fund?				Yes	No
Are you considered blind per IRS regulations?				Yes	No
Spouse First Name		Middle Initial	Last Name		
Social Security #		Date of Birth	Occupation		
Do you wish to contribute to the Presidential Election Campaign Fund?				Yes	No
Are you considered blind per IRS regulations?				Yes	No
Address			Apt #		
City		State	Zip		
County		School District			
E-mail Address			Phone #		
If you are due a refund, would you like to have the refund directly deposited?				Yes	No
Account	Type	Checking	Savings		
Name of Bank					
Routing #		Account #			
Did you have income from a State other than your home State?				Yes	No
If yes, which States?					

Driver's License Information								
As part of state's efforts to crack down on identity theft issues, most states have instituted a method to include your driver's license information when e-filing the return. Please provide your information below.								
Taxpayer - Check here if you wish to not provide				Spouse - Check here if you wish to not provide				
State Issued				State Issued				
Driver's License Number				Driver's License Number				
Issue Date				Issue Date				
Expiration Date				Expiration Date				
Document Number (NY ONLY)				Document Number (NY ONLY)				
First & Last Name (Exactly as shown on Social Security Card)		Relationship to you	Date of Birth	Social Security Number	Months Lived With You During Yr	Is Dependent Disabled?	Full Time Student?	Dependent's Gross Income

Estimated Tax Payments (Complete if you made estimated payments for the tax year)					
Refund applied to tax year from prior year	1st Quarter payment due April 15	2nd Quarter payment due June 15	3rd Quarter payment due Sept 15	4th Quarter payment due Jan 15	Total payments for the year
Federal					
State					

Deductions or Credits You May Qualify For	Example	Yes	No	Details/Amounts
Did you, your spouse or dependents attend higher education programs during the year? If yes, enter tuition, fees, books & supply expenses paid by cash, student loan or other means for the year. <i>(Please provide a copy of Form 1098-T for each student and expense).</i>	1098-T			
Did you adopt a child or incur adoption expenses during the year?				
Were you or any member of your household covered by a health plan that was purchased through the federal marketplace (healthcare.gov). If so, please attach Form 1095-A (health insurance marketplace statement)	1095-A			
Did you pay a childcare provider to watch your dependent child(ren) while working? If yes, please attach year end statement from provider. <i>(See Page 5 for Childcare Provider worksheet)</i>				
Did you owe taxes to your state from your previous year return? If yes, did you pay the liability? <i>(If yes, list amount paid)</i>				
Did you pay for unreimbursed medical expenses during the year? <i>(See Page 4 for Medical Expense Worksheet)</i>				
Did you pay property taxes on your home residence during the year? If so, enter amount paid <i>(attach statement)</i>				
Did you pay property taxes on a second home or vacant land? If so, enter amounts paid <i>(attach statement)</i>				
Did you pay property taxes on personal property (such as a vehicle)? If so, enter amounts paid <i>(attach statement)</i>				
Did you purchase a new car, RV or other high-cost item during the year? If yes, enter sales taxes paid on applicable items <i>(attach invoice)</i>				
Did you buy or sell a home during the year? <i>(attach closing disclosure)</i>	Document			
Did you pay mortgage interest on your first or second home? <i>(If yes, please provide us with Form 1098 for ALL loans secured by your home).</i>	1098			
Did you pay any interest on a boat or RV loan ? <i>(If yes, provide us with Form 1098 or another interest statement from lender).</i>				
Did you donate money or personal belongings or property to charity ? If so, please provide copies of charitable receipts <i>(See Page 4 for Charitable Contributions Worksheet).</i>				
Did you have any gambling losses during the year? <i>(If yes, what is the amount of the gambling loss?)</i>				
At any time during the year, did you receive, sell, send, exchange or otherwise acquire any financial interest in any virtual currency ?				

Interest and Dividend Income Worksheet

- Please attach copies of all 1099-INT and 1099-DIV statements you received for the year.
- If you are receiving interest payments under a seller financed mortgage, we will need the name, address and SSN of the person making payments to you.
- For each payer of interest or dividends, enter the total payment received.

Do you have money in or ownership over a bank account in a foreign country?	Yes	No	If yes, what country?
Did you have \$10,000 or more in a foreign financial accounts at any time in the tax year?	Yes	No	
Do you wish to nominee any interest to a secondary account holder?	Yes	No	

Moving Expense Worksheet

You may deduct unreimbursed costs of moving to a new work location if you are a member of the Armed Forces of the United States on active duty who moves due to a military order.

Cost of packing and transporting household property	
Cost of travel and lodging (do not include meals)	
Truck or trailer rental	
Other expenses (describe)	
Employer reimbursements	

Medical Expense Worksheet

- You may deduct unreimbursed medical expenses to the extent they exceed 7.5% of your income.
- If you withdrew money from your health savings account, you must use the money to pay qualified medical expenses. **DO NOT REPORT ANY EXPENSES THAT WERE PAID WITH HEALTH SAVING ACCOUNT FUNDS.**
- The range of medical expenses deductible under the law is quite broad. It is worthwhile to keep track of all medical expenses and to tax plan by paying large medical bills in a single year rather than paying them over time.
- You may deduct medical costs paid by credit card or other loan

Doctors		Stop smoking & weight loss programs	
Dentists			
Medical Insurance Premiums (<i>No Medicare or premiums deducted from paycheck</i>)		LT Care Insurance Prem.	Taxpayer Spouse
Hospitals		Optometrists, contacts, glasses	
Naturopaths, chiropractors, massage therapists		Medical equipment	
		Medical improvements to home	
Prescription drugs		Other costs	
Mental health and other counseling programs		Medical miles driven	

Charitable Contributions Worksheet

- You must keep proof of your cash/check donations to charity in the form of a cancelled check or receipt from the charitable organization. You may not claim a deduction for cash contributions you made to charity without a receipt or other proof of payment
- To be deductible you must make your contribution to a church, government organization or a registered non-profit organization
- If you donated more than \$500 of noncash items to charity, you must provide information describing the items donated, their original cost to you, the name of the organization you donated to and the value of the property donated.

Cash Donations		Non-Cash Donations			
Organization	Amount	Date	Organization	Description of Prop	Amount
Total			Total		
Taxpayer			Spouse		
Charitable Miles Driven			Charitable Miles Driven		

Childcare Provider Information

- You may be eligible to claim childcare credits on your taxes.
- You may claim costs paid for the care of your child under age 13 or a disabled dependent of any age.
- You may claim costs for sending your child to after school programs and summer camps if these camps serve as child care to

Provider Name	SSN/EIN	Provider Address	\$ Paid	Child
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Refundable Tax Credit Questionnaire

As a paid preparer, we are required to ask you the following questions on an annual basis if you are claiming any of the following credits: child tax credit, earned income tax credit, American opportunity tax credit, and the affordable care tax credit. Please answer questions even if you are not sure if you qualify

Were you (or your spouse) a nonresident alien for any part of the year (not a citizen)?	Yes	No
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Could you (or your spouse) qualify to be the dependent of another individual?	Yes	No
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Was your main home (and your spouse's home) in the US for more than half the year?	Yes	No
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If you have dependent children, please answer the questions below

Were any of your dependent children married at the end of the tax year?	Yes	No
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Could another person qualify to claim your children?	Yes	No
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Did your dependent children live with you in the US for more than half of the year?	Yes	No
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Notes/Comments

This is not an all inclusive organizer. If there are additional items that you believe to be pertinent to your specific tax situation or if you have additional comments about any figures in the organizer, please make note below.