

# AA American Tax Services

— TAX SERVICES FOR AMERICANS AT HOME AND ABROAD —

## Client Tax Organizer

### 1. Personal Information

Name		Social Security NO	Date of Birth	Occupation
Taxpayer				
Spouse				
Street Address		City	State	Zip
Email Address		Telephone		
<b>Filing Status</b> <input type="checkbox"/> Married <span style="margin-left: 150px;">Will file jointly</span> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Single <span style="margin-left: 100px;"><input type="checkbox"/> Head of Household</span> <input type="checkbox"/> Widow(er), Date of Spouse's Death _____				

### 2. Dependents (Children & Other)

Name (First, Last)	Relationship	Dob	Social Security Number	Months Lived with You	Full Time Student	Dependent's Gross Income	ID Protection Pin

Please provide for your appointment

- Last year's tax return (new clients only)

- All statements(W-2s,1096s, 1099s etc )

Please check here if any of the following apply to you:

- Are you self-employed?

If so, please attach 1099s or income received and breakdown of deductible expenses.

- Did you receive rent from real estate or other property?
- Do you have a foreign bank account, trust or business?
- Did you pay interest on a student loan for yourself or family member this year?
- Did you pay expenses for higher education for yourself or a family member?
- Did you receive a stimulus check?

If so, the amount received: \_\_\_\_\_

- Did you receive a PPP loan?

If so, the amount and date received: \_\_\_\_\_

- Did you apply for an exemption through the ACA Healthcare Marketplace?

If so, please attach form 1095-A

- Did you have any children under the age of 19 or full time students under the age of 24 with unearned income (ie: investment income) of more than \$2,200?

- Do you have an IRS self-selected PIN or Identity theft PIN issued by the IRS?

If so, please provide PINS for Taxpayer \_\_\_\_\_ Spouse \_\_\_\_\_

### 3. Wage, Salary Income

Attach W-2s

Employer	Taxpayer	Spouse
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

**4. Interest Income**

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

Payer	Amount

**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


**7. Property Sold**

Attach 1099-S and closing statements

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

\*Provide information on Improvements, prior sales of home, and cost of a new residence.

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

Contributions for tax year income

	Amount	Date	✓ For both
Taxpayer			<input type="checkbox"/>
Spouse			<input type="checkbox"/>

Amounts Withdrawn, Attach 1099 & 5496

Plan Trustee	Reason For Withdrawal	Reinvested?
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No

**9. Pension, Annuity Income**

Attach 1099 –R

Plan Trustee	Reason For Withdrawal	Reinvested?
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> 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	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

**10. Investment Sold**

Stock, Bonds, Mutual Funds, Gold, Silver, Partnership Interest - Attach 1099 –B & Confirmation Slips.

Investment	Date Acquired/Sold	Cost	Sale Price

**11. Other income**

Provide amounts or statements if you received other income such as Unemployment Compensation, Workers Compensation, Disability income or Veterans Pensions.

**12. Charitable Contributions**

ALL taxpayers may claim up to \$300 in charitable contributions even if they do not itemize.

Organization		Amount Donated	
Organization		Amount Donated	

**13. Itemized deductions**

Very few people will be able to itemize due to the increased standard deduction. If you believe you may have deductible qualified expenses (Medical, Property Taxes, Mortgage Interest and Charitable Contributions above \$300) exceeding the standard deduction, please provide details.

**14. Did you make estimated tax payments for this tax year? If so, detail amounts & dates paid:**

Would you to receive your refund or pay taxes due paid electronically via your bank account?  
If so, provide bank details

Name of financial institution	
Bank routing number	
Bank Account number	

**15. Additional Information that may be relevant to your tax situation (Optional)**

**Please send copies of W-2s, evidence of foreign income and any 1099s received. For deductible expenses such as charitable contributions, unreimbursed business expenses, etc., copies of documentation should be included. In any event, it will be assumed that written documentation to support such deductions is available and will be kept on file by taxpayer.**

We will prepare your federal income tax return with the information provided by you. We depend on you to provide accurate and complete information. We may ask you to clarify some items but will not otherwise verify the data you submit. The Organizer will help you collect data for your return and will remind you of what is needed but does not and cannot cover all possible tax situations that may arise. If you believe some piece of information is relevant to your tax return you should contact us so we can discuss it with you. You should securely store all records relating to your taxes, including supporting documents, cancelled checks, receipts, etc. as these items may be needed to prove the accuracy and completeness of a return. Our engagement to prepare your tax return will conclude with the delivery of the completed return to you (if paper filing) or your signing and the subsequent submittal of your tax return (if e-filing). Review all tax documents carefully before signing them.

By signing below, you affirm that this summarizes your understanding of the arrangements for this work and that the information contained herein is being shared with AA American Tax Services.

\_\_\_\_\_  
Taxpayer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse

\_\_\_\_\_  
Date

**IF YOU ARE LIVING IN THE US THE ORGANIZER IS COMPLETE!**

**IF YOU LIVE OVERSEAS, PLEASE PROVIDE THE FOLLOWING INFORMATION:**

<b>CLIENT WORK INFORMATION</b>	<b>Taxpayer</b>	<b>Spouse</b>
Foreign Income		
Name of employer		
Address of employer		
Salary		
<b>Other benefits paid by employer:</b>		
Housing		
Home Leave		
Automobile		
Education fees		
Foreign tax		
<b>Housing expense:</b>		
Rent		
Utilities		
Real and personal property insurance		
Furniture Rental		
Household Repairs		
Earlier years Form 2555 was filed		
Tax home during the year		
Date of arrival in foreign country		
Dates in U.S. during tax year		
Business		
Pleasure		
Income earned in US during business travel		
Type of visa in foreign country and limits on length of stay		
Contract terms limiting length of stay, if any		
Foreign tax paid or accrued		

If you have foreign accounts with a combined maximum value of \$10,000 at any point during the year and request we file the FBAR reporting on your behalf, please fill in the foreign account info below:

<b>FOREIGN ACCOUNTS</b>	<b>Taxpayer</b>	<b>Spouse</b>
<b>Foreign Account #1</b>		
Type of Account		
Name of financial institution		
Address of financial institution		
Account Number		
Maximum value in account last year		
<b>Foreign Account #2</b>		
Type of Account		
Name of financial institution		
Address of financial institution		
Account Number		
Maximum value in account last year		
<b>Foreign Account #3</b>		
Type of Account		
Name of financial institution		
Address of financial institution		
Account Number		
Maximum value in account last year		

**FOREIGN TRUST**

Did you receive a distribution from a foreign trust or were you a grantor of a foreign trust:  Yes  No

**FOREIGN PENSION**

Do you participate in a foreign pension plan: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of plan	
Address of plan	
Account number	
Maximum value of your interest in plan last year	