

Organizer

#2 - Intake Questions

Taxpayer: _____

Tax Year: _____

* If MARRIED FILING JOINT - both the taxpayer and the spouse combine their answers on this single worksheet

Rev. 01/01/2024

YES	NO	DUE DILIGENCE & RECONCILIATION (per IRS & state regulations)	If YES, take ACTION
		Did you & everyone listed on your tax return have healthcare coverage for all 12-months of the year?	
		Did you have any income from outside the USA &/or pay taxes to a foreign country?	
		Did you have any type of financial account(s) in a foreign country(s)?	
		Did you make any purchases (including via internet) for which you did not pay sales tax?	
		Did you receive, buy, sell, exchange, gift, any form or type of digital assets during the year (examples: crypto currency, Bitcoin, FTX, Ethereum, any NFTs, - ANYTHING in digital format , etc.)	
		Have you ever been notified by any taxing authority that you have been denied or ineligible to claim any type or kind of credit including but not limited to the Child Tax Credit (CTC) or the Earned Income Tax Credit (EITC)?	

YES	NO	INFORMATION	If YES, take ACTION
		Have you received a 6-digit Identity PIN from the IRS to be used when filing a tax return?	Provide that information ORGANIZER: Dependent ORGANIZER: Dependent Care ORGANIZER: Estimated Taxes Paid EIN #: _____
		Did your Marital status change at any time during the year?	
		Can you be claimed as a dependent by someone else?	
		Do you have dependents to claim on your tax return?	
		Did you incur expenses for Child Care &/or Dependent care during the year?	
		Did you receive any notices from the IRS or other taxing entities (state, county, city) last year?	
		Did you make any payments to any taxing authority for taxes due on prior year matters?	
		Did you make any ESTIMATED (quarterly) payments to the IRS or any other taxing authority?	
		Do you or have you ever had an EIN (Employer Identification Number)?	
		Do you have / are (or were) you part of an LLC, Corporation, S-corp, Partnership, or Trust?	

YES	NO	RESIDENCE	If YES, take ACTION
		Is the address you are going to list on your tax return a California address?	See California section on page 3
		Is the address you are going to list on your tax return a New York address?	See New York section on page 3
		Are you filing a Pennsylvania state tax return?	See Pennsylvania section on page 3
		Did you MOVE more than 50 miles last year?	ORGANIZER: Moving

YES	NO	INCOME	If YES, take ACTION
		Are you missing any W2s? NOTE: Provide ALL copies of ALL pages of ALL W-2s; Do NOT separate W-2s	Provide copies 1099-MISC Provide copies 1099-NEC ORGANIZER: Self employed ORGANIZER: Self employed Provide copies 1099-C Provide copies 1099-INT Provide copies 1099-DIV Provide copies 1099-B Provide copies of K-1 & Basis Worksheet Provide copies 1099-G Provide copies 1099-SSA Provide copies 1099-R Provide copies 1099-R ORGANIZER: Rental ORGANIZER: Rental - Gig Economy
		Do you have any tip income to declare that you did not report to your employer?	
		Did you receive any 1099-MISCs?	
		Did you receive any 1099-NECs?	
		Do you have any cash income to declare for which you did NOT receive a 1099?	
		Did you receive any 1099-Ks? (you take credit cards & or receive pay through 3rd party)	
		Did you have any debt cancelled and or receive any 1099-Cs?	
		Did you have any bank accounts that earn interest (savings, checking, etc.)?	
		Did you receive any 1099-INT? (May not have received if less than \$10; check with your bank)	
		Did you receive any 1099-DIV?	
		Did you sell any stocks, bonds, or mutual funds, etc?	
		Did you / should you be receiving any K-1s (Partnerships, Trusts, Beneficiary, Estates, etc.)?	
		Did you receive any Unemployment?	
		Did you receive any money from Social Security?	
		Did you receive any money from a pension?	
		Did you take any money out of an IRA?	
		Did you own rental property?	
		Did you use your home for shared rental accommodations (i.e., Airbnb, VRBO, etc.)?	
		Did you use your vehicle for ride-share or delivery(Uber, Lyft, Door Dash, TaskRabbit, etc.)?	
		Did you pay or receive any alimony?	
		Did you receive any other type of income including but not limited to prize winnings, gambling, jury duty, Combat Pay, award money or barter goods or services?	Provide any documentation received

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Taxpayer: _____

Tax Year: _____

YES	NO	HEALTHCARE	If YES, take ACTION
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The TCJA has removed the *penalty* for not having "minimum essential" healthcare coverage **on your federal return** . However, it is STILL REQUIRED that you (and everyone listed on your tax return) have "minimum essential" healthcare coverage.
 Though you may not be penalized on your federal tax return, you may be subject to a penalty on your state return for failing to have essential coverage in those states which have enacted and now require minimum essential healthcare coverage.

<input type="checkbox"/>	<input type="checkbox"/>	Did you receive ANY coverage through the Marketplace (healthcare.gov or state exchange)? Did you receive Form 1095-A, B, or C?	Provide copy of 1095-A Provide copies of all 1095s
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YES	NO	MEDICAL	If YES, take ACTION
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<input type="checkbox"/>	<input type="checkbox"/>	Did you have medical expenses for yourself, spouse, dependents?	ORGANIZER: Medical
<input type="checkbox"/>	<input type="checkbox"/>	Did you have MSA, HSA, FSA, or HRA account for medical expenses?	ORGANIZER: Medical

YES	NO	OTHER	If YES, take ACTION
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<input type="checkbox"/>	<input type="checkbox"/>	Did you, spouse, dependent(s) incur education costs at an eligible education institution?	ORGANIZER: Education Credit
<input type="checkbox"/>	<input type="checkbox"/>	Did you pay any student loans last year?	Provide copies of all 1098-Es
<input type="checkbox"/>	<input type="checkbox"/>	Did you apply for college/student loan forgiveness?	Provide copies of all 1098-Es
<input type="checkbox"/>	<input type="checkbox"/>	DID you put any money into a Traditional, ROTH, or SEP IRA?	
<input type="checkbox"/>	<input type="checkbox"/>	WILL you put any money into an IRA before the tax filing deadline (usually April 15)?	
<input type="checkbox"/>	<input type="checkbox"/>	Did you own a house and / or property (land) at any time during the year?	Provide copy of all 1098s
<input type="checkbox"/>	<input type="checkbox"/>	Did you pay property taxes? If so, list amount paid: Amount \$ _____	
<input type="checkbox"/>	<input type="checkbox"/>	Did you purchase anything that invoked a lot of sales tax (i.e., car, boat, plane, etc.?)	
<input type="checkbox"/>	<input type="checkbox"/>	Did you pay vehicle registration fees? If so, list amount paid: Amount \$ _____	
<input type="checkbox"/>	<input type="checkbox"/>	Did you make any charitable contributions in cash or check?	ORGANIZER: Charity - Part A
<input type="checkbox"/>	<input type="checkbox"/>	Did you donate goods / items to charity? (Goodwill, Salvation Army, etc.?)	ORGANIZER: Charity - Part A

YES	NO	BUSINESS / PROFESSION / OCCUPATION / JOB	If YES, take ACTION
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<input type="checkbox"/>	<input type="checkbox"/>	Did you incur any expenses for your business / profession / occupation / job?	ORGANIZER: Self employed
<input type="checkbox"/>	<input type="checkbox"/>	Are you claiming any business miles for vehicle use?	ORGANIZER: Vehicle Expense
<input type="checkbox"/>	<input type="checkbox"/>	Are you claiming Home Office for business expense?	ORGANIZER: Home Office
<input type="checkbox"/>	<input type="checkbox"/>	Did you travel OUT OF TOWN for work (or to look for work)?	ORGANIZER: Out of Town For Business

YES	NO	ADMIN	If YES, take ACTION
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<input type="checkbox"/>	<input type="checkbox"/>	Are you a new client to us?	If so, provide copy of last year's tax return
<input type="checkbox"/>	<input type="checkbox"/>	Are you providing us with a copy of your Social Security card ? (Required only 1st year)	If this is your 1st year with us, provide copy
<input type="checkbox"/>	<input type="checkbox"/>	Are you providing us with a copy of your state issued DL/ID ? (Required every year)	Provide copy of your state issued DL/ID
<input type="checkbox"/>	<input type="checkbox"/>	Are you providing us with a signed Organizer #3 - Letter or Engagement (LOE) ?	Include LOE with your material

When providing documents - always provide legible copies of the entire front & back of all pages of all documents; do not separate documents or W-2s. ALL ITEMS MUST BE IN PDF FORMAT ONLY!

CONTINUED ON NEXT PAGE

STATES

Taxpayer: _____

Tax Year: _____

Please check states below for additional information and instructions.
Disregard any state where you do not have to file.

CALIFORNIA		If you are filing a California return, the following items need be addressed	Additional Information
YES	NO	Do you want to make a charitable contribution as part of your CA return (<i>this will reduce your refund or increase what you owe, on your CA return</i>)	ORGANIZER: CA Voluntary Contribution
YES	NO	Do you have an LA CITY address on your CA tax return?	Check for LA City License requirement

NEW YORK		If you are filing a New York RESIDENT return, the following items need be addressed	Additional Information
↳		On your New York RESIDENT return, you are required to provide your County and your School District information.	Please provide that information on your worksheet Organizer #1 - Primary
↳		If you file as a NY RESIDENT (and/or you have a NY address on your return), you are required to receive NY Publication 135 <i>Consumer Bill of Rights Regarding Tax Preparers</i>	www.tax.ny.gov/pdf/publications/income/pub135.pdf
YES	NO	Have you ever been convicted for Bribery?	

PENNSYLVANIA		If you are filing a Pennsylvania return, the following items need be addressed	Additional Information
↳		If you are claiming OUT OF TOWN business expenses, you cannot use M&IE for your out-of-town days on the Pennsylvania return. You MUST use actual expenses. You MUST have ALL receipts for your OUT OF TOWN expenses. (<i>You can use M&IE for your federal return; just not on your PA return.</i>)	