**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** | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  | **Taxpayer** | |  |  |  |  |  | **Spouse** | | |  |  | **Marital Status** | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Blind** | |  | **Yes** |  | **No** | |  |  | **Yes** | |  |  | **No** |  |  |  | **Married** | | | |  |  |  | **Will file joint** | | | |  | **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** | |  |  |  |  |  |  |  |  |  |  | **Date of** |  |  | **Social Security** | | | | | **Months** | |  |  |  | **Full** | |  | **Dependent's** | | |  |
|  |  |  |  |  | **Relationship** | | | |  |  |  |  | **Lived** | |  | **Disabled** | **Time** | | |  |  | **Gross** | |  |
|  | **(First, Last)** | |  |  |  |  |  | | **Birth** |  |  |  | **Number** | | | |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  | **With You** | | |  | **Student** | | |  | **Income** | | |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**Please provide for your appointment**

**- Last year's tax return (new clients only)** **- All statements (W-2s, 1098s, 1099s, etc)**

**- Name and address label (from government booklet or card)**

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

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **1.** | **Are you self-employed or do you** | |  |  |  |  |  |
|  | **receive hobby income?** |  |  | **Yes\*** |  | **No** |  |
| **2.** | **Did you receive income from** | |  | **Yes\*** |  | **No** |  |
|  | **raising animals or crops?** | |  |  |  |
| **3.** | **Did you receive rent from real** | |  | **Yes\*** |  | **No** |  |
|  | **estate or other property?** | |  |  |  |
| **4.** | **Did you receive income from** | |  |  |  |  |  |
|  | **gravel, timber, minerals, oil, gas,** | |  | **Yes\*** |  | **No** |  |
|  | **copyrights, patents?** |  |  |  |  |
| **5.** | **Did you withdraw or write** | |  | **Yes** |  | **No** |  |
|  | **checks from a mutual fund?** | |  |  |  |
| **6.** | **Do you have a foreign bank** | |  | **Yes** |  | **No** |  |
|  | **account, trust, or business?** | |  |  |  |
| **7.** | **Do you provide a home for or** | |  |  |  |  |  |
|  | **help support anyone not listed** | |  |  |  |  |  |
|  | **in Section 2 above?** |  |  | **Yes** |  | **No** |  |
| **8.** | **Did you receive any correspondence** | |  |  |  |  |  |
|  | **from the IRS or State Department** | |  |  |  |  |  |
|  | **of Taxation?** |  |  | **Yes** |  | **No** |  |
| CTORG01 09-21-11 | | **\* Contact us for further instructions** | | | | |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **9. Were there any births, deaths,** | | |  |  |  |  |  |  |
|  | **marriages, divorces or adoptions** | |  |  |  |  |  |  |
|  | **in your immediate family?** | |  | **Yes** |  | **No** | |  |
| **10.** | **Did you give a gift of more than $13,000** | |  | **Yes** |  | **No** | |  |
|  |  |  |
|  | **to one or more people?** | |  |  |  |
|  |  |  |  |  |  |  |
| **11.** | **Did you have any debts cancelled, forgiven,** | |  | **Yes** |  | **No** | |  |
|  |  |  |
|  | **or refinanced?** | |  |  |  |
|  |  |  |  |  |  |  |
| **12.** | **Did you go through bankruptcy** | |  | **Yes** |  | **No** | |  |
|  |  |  |
|  | **proceedings?** | |  |  |  |
|  |  |  |  |  |  |  |
|  |  | |  |  |  |  |  |  |
| **13.** | **(a) If you paid rent, how much did you pay?** |  |  |  |  |  |  |  |
|  | **(b) Was heat included?** | |  | **Yes** |  | **No** | |  |
|  |  |  |  |
| **14.** | **Did you pay interest on a student loan for** | |  |  |  |  |  |  |
|  | **yourself, your spouse, or your dependent** | |  |  |  |  |  |  |
| **15.** | **during the year?** | |  | **Yes** |  | **No** | |  |
| **Did you pay expenses for yourself, your** | |  |  |  |  |  |  |
|  | **spouse, or your dependent to attend** | |  | **Yes** |  | **No** | |  |
|  | **classes beyond high school?** | |  |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **16.** | **Did you have any children under the age of** |  |  |  |  |  |
|  | **19 or 19 to 23 year old students with** |  | **Yes** |  | **No** |  |
|  | **unearned income of more than $950?** |  |  |  |
| **17.** | **Did you purchase a new alternative** |  | **Yes** |  | **No** |  |
|  | **technology vehicle or electric vehicle?** |  |  |  |

**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** | | |  |
|  |  | **Capital** | **Non-** |
| **Payer** | **Ordinary** | **Gains** | **Taxable** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**6. Partnership, Trust, Estate Income**

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **18.** | **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** |
| **19.** | **Did you own $50,000 or more in foreign** |  |  |  |  |
|  | **financial assets?** |  | **Yes** |  | **No** |

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

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Contributions for tax year income** | | | |  |  |  |  |  | U **for** | | |  |
|  |  |  |  |  |  |  |  |  |  |
|  | **Amount** | | | **Date** | | | | | **Roth** | | |  |
|  |  |  |  |  |
| **Taxpayer** |  |  |  |  |  |  |  |  |  |  |  |  |
| **Spouse** |  |  |  |  |  |  |  |  |  |  |  |  |
| **Amounts withdrawn. Attach 1099-R & 5498** | | | |  |  |  |  |  |  |  |  |  |
| **Plan** |  | **Reason for** | |  |  |  |  |  |  |  |  |  |
| **Trustee** |  | **Withdrawal** | |  |  | **Reinvested?** | | | | | |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  | **Yes** |  | **No** | |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  | **Yes** |  | **No** | |  |
|  |  |  |  |  |  |  |  | **Yes** |  | **No** | |  |
|  |  |  |  |  |  |  |  | **Yes** |  | **No** | |  |

**9. Pension, Annuity Income**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Attach 1099-R** | | **Reason for** | | |  |  |  |  |  |  |  |  |  |  |  |
| **Payer\*** | | **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**

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**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 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)**

**Miles after June 30**

**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)** |  | **@** |  |

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**17. Child & Other Dependent Care Expenses**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of Care Provider** | **Address** | **Soc. Sec. No. or** | **Amount** |  |
| **Employer ID** | **Paid** |  |
|  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Also complete this section if you receive dependent care benefits from your employer.**

**18. Job-Related Moving Expenses**

**Date of move**

**Move Household Goods**

**Lodging During Move**

**Travel to New Home (no. of miles)**

**Miles after June 30**

1. **Employment Related Expenses That You Paid (Not self-employed)**

**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**

**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)** | | |  |  |  |  |  |
|  | **Miles after June 30** | |  |  |  |  |  |
|  | **From first to second job** | |  |  |  |  |  |
|  | **Miles after June 30** | |  |  |  |  |  |
|  | **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**

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|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **23. Estimated Tax Paid** | |  |  |  |  |  | **24. Other Deductions** | | | |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  | **Alimony Paid to** | |  |  |  |  |  |  |  |
| **Due Date** | **Date Paid** | **Federal** | **State** |  |  |  |  |
|  |  | **Social Security No.** | | |  |  | **$** |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  | **Student Interest Paid** | | | | | **$** |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  | **Health Savings Account Contributions** | | | | | **$** |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  | **Archer Medical Savings Acct. Contributions** | | | | | **$** |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**25. Education Expenses**

**Student's Name** **Type of Expense** **Amount**

**26. Questions, Comments, & Other Information**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Residence:** | | |  |  |  |  |  |
| **Town** | |  | **County** | |  | |  |
| **Village** | |  | **School District** | | |  |  |
| **City** |  | |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

**27. 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** | | |  |
| **Name of financial institution** | |  |  | **Archer MSA Savings** | |  | **Coverdell Education Savings** | | |  |  | **HSA Savings** | | | |  |  |  |  | **SEP IRA** | | |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **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** | | |  |
|  |  |  |  | **Archer MSA Savings** | |  | **Coverdell Education Savings** | | |  |  | **HSA Savings** | | | |  |  |  |  | **SEP IRA** | | |  |

**Name of financial institution**

**Financial Institution Routing Transit Number (if known)**

**Your account number**

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|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **ACCOUNT 3** | |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  | | |  | |  |  |
| **Owner of account** | |  |  |  |  | **Taxpayer** | | | **Spouse** | | **Joint** |  |
| **Type of account** | |  | **Checking** |  | **Traditional Savings** |  |  | **Traditional IRA** | |  | **Roth IRA** |  |
|  |  |  |  |  |  |
|  |  |  | **Archer MSA Savings** |  | **Coverdell Education Savings** |  |  | **HSA Savings** |  |  | **SEP 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** | | **X if name is for** | | **Bond purchase Amount** | |
|  | **name if applicable** | | **a beneficiary** | |  | |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

**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.**

**Taxpayer** **Date** **Spouse** **Date**

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