**Bookkeeping & Tax Preparation Service, Inc.**

38668 Hwy 228 Sweet Home, OR 97386
(541)367-2877 Fax (541) 367-2905

Katrina\_Lnsbookkeeping@yahoo.com

In order to assist us in preparing your tax return(s) that result in the largest allowable refund, it is important that you complete all of the questions that **apply to you**. Information in the bolded blocks is required to begin processing. Initialing pages and signatures should be done **after** printing.

Taxpayer  SS#  Date of Birth  Occupation 

Spouse  SS#  Date of Birth  Occupation 

Street Address: 

City:  State:  Zip: 

Home Phone:  Cell:  Email: 

List all states in which you have lived or worked during the tax year. 

Can you be claimed as a dependent Are you Blind? Disabled? Do you want to contribute $3 to the

 on someone else’s tax return: Presidential Fund?

Taxpayer: Yes [ ]  No [ ]  Yes [ ]  No [ ]  Yes [ ]  No [ ]  Yes [ ]  No [ ]

Spouse: Yes [ ]  No [ ]  Yes [ ]  No [ ]  Yes [ ]  No [ ]  Yes [ ]  No [ ]

**Government Issued Photo ID# Type Issuer Expiration Date**

Taxpayer:    

Spouse:    

 *Note: Photo identification for Taxpayer (and Spouse if applicable) will need to be provided to tax professional.*

**Marital Status** *On December 31, were you:*

Single [ ]  Married [ ]  Divorced [ ]  Separated [ ]  Widowed [ ]  Year Spouse Died 

If your Marital Status is Single, Separated or Widowed, did you pay over half of the cost of keeping up a home in which you and another person (other than a child) lived? Yes [ ]  No [ ]

If you are divorced, legally separated, or married, but did not reside with your spouse the last 6 months of the year, can you provide the IRS with: Divorce Decree [ ]  Separate Maintenance Agreement [ ]  Separation Agreement [ ]

Did you receive any non-taxable support/income?

Family Support [ ]  Food Stamps [ ]  Housing Assistance [ ]  Childcare Assistance [ ]  Other [ ]

**Health Insurance**

**If you had coverage for any part of the year:** Where was the policy obtained?

Employer [ ]  Medicare [ ]  Medicaid [ ]  Marketplace (Exchange) [ ]  Other [ ]

**If you did not have coverage part of the year:** Answer YES if it applies to any member of the household.

Was your previous insurance policy cancelled in tax year? Yes[ ]  No[ ]

Do you have an Exemption from the Marketplace/Exchange? Yes[ ]  No[ ]

Was coverage offered by taxpayer’s or spouse’s employer? Yes[ ]  No[ ]

Are you a member of a federally-recognized Indian Tribe? Yes[ ]  No[ ]

Are you eligible for services through an Indian health care provider? Yes[ ]  No[ ]

Are you a member of a health care sharing ministry? Yes[ ]  No[ ]

Did you live in the United States the entire year? Yes[ ]  No[ ]

Are you enrolled in TRICARE? Yes[ ]  No[ ]  Did you apply for CHIP coverage? Yes[ ]  No[ ]

LNS Bookkeeping & Tax Preparation Service, Inc. **Taxpayer Initials Spouse’s Initials**

Taxpayer Name SSN **Client Tax Organizer – 2**

**Dependent Information (if applicable)**

**Dependent #1**

  

 First Name Last Name (as on SS card) Social Security Number

  $  

 DOB Relationship to you Childcare expenses paid # of months in the home

Can this dependent, (married or unmarried) and not filing a joint return (except to claim a refund), be claimed as your dependent? Yes[ ]  No[ ]

Did this dependent live with you in the US for over half the year? Yes[ ]  No[ ]

Could another person qualify to claim this dependent? Yes[ ]  No[ ]

If yes, dependent’s relationship to other person: 

If the tiebreaker rules apply, would this dependent be treated as your qualifying child? Yes[ ]  No[ ]

If dependent if a full-time college student : Name of school 

If dependent is disabled, what type of disability? 

SSI or other disability payments? Yes[ ]  No[ ]

Letter from doctor or agency verifying disability? Yes[ ]  No[ ]  Can you provide documentation? Yes[ ]  No[ ]

If dependent is not your son or daughter: (a) Where is mother?  (b) Where is father?

(c) Do you have a Foster Child Placement letter or court document? Yes[ ]  No[ ]

(d) Birth/marriage certification verifying relationship? Yes[ ]  No[ ]

Can you provide any of the following records/documentation to prove dependent lived with you for more than half the year?

School [ ]  Medical [ ]  Letter [ ]  Social Service [ ]  Day Care [ ]

**Dependent #2**

  

 First Name Last Name (as on SS card) Social Security Number

  $  

 DOB Relationship to you Childcare expenses paid # of months in the home

Can this dependent, (married or unmarried) and not filing a joint return (except to claim a refund), be claimed as your dependent? Yes[ ]  No[ ]

Did this dependent live with you in the US for over half the year? Yes[ ]  No[ ]

Could another person qualify to claim this dependent? Yes[ ]  No[ ]

If yes, dependent’s relationship to other person: 

If the tiebreaker rules apply, would this dependent be treated as your qualifying child? Yes[ ]  No[ ]

If dependent if a full-time college student : Name of school 

If dependent is disabled, what type of disability? 

SSI or other disability payments? Yes[ ]  No[ ]

Letter from doctor or agency verifying disability? Yes[ ]  No[ ]  Can you provide documentation? Yes[ ]  No[ ]

If dependent is not your son or daughter: (a) Where is MOTHER?  (b) Where is FATHER?

(c) Do you have a Foster Child Placement letter or court document? Yes[ ]  No[ ]

(d) Birth/marriage certification verifying relationship? Yes[ ]  No[ ]

Can you provide any of the following records/documentation to prove dependent lived with you for more than half the year?

School [ ]  Medical [ ]  Letter [ ]  Social Service[ ]  Day Care[ ]

LNS Bookkeeping & Tax Preparation Service, Inc. **Taxpayer Initials Spouse’s Initials**

Taxpayer Name SSN **Client Tax Organizer – 3**

**Dependent Information Continued**

**Dependent #3**

  

 First Name Last Name (as on SS card) Social Security Number

  $  

 DOB Relationship to you Childcare expenses paid # of months in the home

Can this dependent, (married or unmarried) and not filing a joint return (except to claim a refund), be claimed as your dependent? Yes[ ]  No[ ]

Did this dependent live with you in the US for over half the year? Yes[ ]  No[ ]

Could another person qualify to claim this dependent? Yes[ ]  No[ ]

If yes, dependent’s relationship to other person: 

If the tiebreaker rules apply, would this dependent be treated as your qualifying child? Yes[ ]  No[ ]

If dependent if a full-time college student : Name of school 

If dependent is disabled, what type of disability? 

SSI or other disability payments? Yes[ ]  No[ ]

Letter from doctor or agency verifying disability? Yes[ ]  No[ ]  Can you provide documentation? Yes[ ]  No[ ]

If dependent is not your son or daughter: (a) Where is mother?  (b) Where is father?

(c) Do you have a Foster Child Placement letter or court document? Yes[ ]  No[ ]

(d) Birth/marriage certification verifying relationship? Yes[ ]  No[ ]

Can you provide any of the following records/documentation to prove dependent lived with you for more than half the year?

School [ ]  Medical [ ]  Letter [ ]  Social Service[ ]  Day Care[ ]

**Dependent #4**

  

 First Name Last Name (as on SS card) Social Security Number

  $  

 DOB Relationship to you Childcare expenses paid # of months in the home

Can this dependent, (married or unmarried) and not filing a joint return (except to claim a refund), be claimed as your dependent? Yes[ ]  No[ ]

Did this dependent live with you in the US for over half the year? Yes[ ]  No[ ]

Could another person qualify to claim this dependent? Yes[ ]  No[ ]

If yes, dependent’s relationship to other person: 

If the tiebreaker rules apply, would this dependent be treated as your qualifying child? Yes[ ]  No[ ]

If dependent if a full-time college student : Name of school

If dependent is disabled, what type of disability?

SSI or other disability payments? Yes[ ]  No[ ]

Letter from doctor or agency verifying disability? Yes[ ]  No[ ]  Can you provide documentation? Yes[ ]  No[ ]

If dependent is not your son or daughter: (a) Where is MOTHER?  (b) Where is FATHER?

(c) Do you have a Foster Child Placement letter or court document? Yes[ ]  No[ ]

(d) Birth/marriage certification verifying relationship? Yes[ ]  No[ ]

Can you provide any of the following records/documentation to prove dependent lived with you for more than half the year?

School [ ]  Medical [ ]  Letter [ ]  Social Service [ ]  Day Care [ ]

LNS Bookkeeping & Tax Preparation Service, Inc. **Taxpayer Initials Spouse’s Initials**

Taxpayer Name SSN **Client Tax Organizer – 4**

**Childcare Provider Information**

If you paid childcare expenses while you were working or going to school, please complete.

Provider #1 Name  Provider #2 Name 

Address  Address 

City  State  Zip  City  State  Zip 

EIN or SSN  EIN or SSN 

*Please indicate if sheets attached for additional Providers* [ ]

**Income and Deduction Information**

If you or anyone in your home received any of the following, indicate the number of forms received:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Form | Type | # of Forms | Form | Type | # of Forms |
| W-2 | Wage Income |  | 1099-MISC | Self-Employment |  |
| W-2G | Gambling Income |  | 1099-R | IRA/401K Distribution |  |
| 1099-B | Sale of stocks or bonds |  | 1099-SSA | SS Income |  |
| 1099-DIV | Dividend Income |  | 1098\* | Mortgage Interest\* |  |
| 1099-G | Unemployment Income |  | 1098-E | Student Loan Interest |  |
| 1099-INT | Interest Income |  | 1098-T\* | Tuition Expenses\* |  |

If you RECEIVED Alimony, how much: $ If you PAID Alimony, how much: $

Other income not listed:  Did you pay any Medical or Dental Expenses? Yes[ ]  No[ ]

If you or your spouse have self-employed income:

(a)How long have you owned you business? 

(b)Who maintains the business records? 

(c)Can you provide documentation to verify your business? Yes[ ]  No[ ]

(d)Are separate personal and business accounts maintained? Yes[ ]  No[ ]

(e)Do you have any 1099-MISC to support the income? Yes[ ]  No[ ]

*\*Please bring all business income and expenses with this organizer.*

**Earned Income Credit (EIC) Due Diligence Information**

Who provided the information on this Interview Form? Taxpayer [ ]  Spouse [ ]  Power of Attorney [ ]

Was the Taxpayer a non-resident alien for any part of the year? Yes[ ]  No[ ]

Was your main home, and the main home of your spouse (if filing jointly), in the U.S. for more than half the year? Yes[ ]  No[ ]

Has your EIC ever been reduced or disallowed? Yes[ ]  No[ ]

Do you, your spouse or dependent(s) have a Social Security Card with “not valid for employment” printed on it? Yes[ ]  No[ ]

LNS Bookkeeping & Tax Preparation Service, Inc. **Taxpayer Initials Spouse’s Initials**

Taxpayer Name SSN **Client Tax Organizer – 5**

**INCOME**

|  |  |  |  |
| --- | --- | --- | --- |
| Total Wages (Bring all W2’s) |  | Pension & Annuity Income |  |
| Unemployment |  | Reimbursement from Employer |  |
| Commissions & Fees |  | Rent & Royalty Income |  |
| Tips & Gratuities |  | Social Security (Taxpayer) |  |
| Alimony Received |  | Social Security (Spouse) |  |
| Bonuses, Prizes, Lottery, Etc. |  | Other Income (Explain) |  |

**DIVIDEND & INTEREST INCOME**

|  |  |  |  |
| --- | --- | --- | --- |
| RECEIVED FROM | TOTAL AMOUNT |  DIVIDEND |  INTEREST |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**ITEMIZED DEDUCTIONS**

MEDICAL

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Prescriptions |  | Medical Insurance Premiums |   | Pretaxed?Yes[ ]  No [ ]  |
| Glasses  |  | Long-Term Care Ins. Premiums |  |  |
| Hearing Aids & Batteries |  | Any Medical Reimbursement |  |  |
| Lab Fees & X-Rays |  | Lodging for Medical Care |  |  |
| Hospitals |  | (Vision) Doctor Bills |  |  |
| Medical Travel (Miles) |  | Dental Bills |  |  |
|  |  | Doctor Bills |  |  |
|  |  |  |  |  |

**CONTRIBUTIONS**

|  |  |
| --- | --- |
| CASH DONATIONS | NON-CASH DONATIONS |
| Name of Organization | Amount | Name of Organization | Amount |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**TAXES**

|  |  |  |  |
| --- | --- | --- | --- |
| Real Estate Taxes |  | Personal Property Taxes |  |

Estimated Federal Tax Payments 4/15  6/15  9/15  1/15 

Estimated State Tax Payments 4/15  6/15  9/15  1/15 

State Balances Due **if Paid** 

LNS Bookkeeping & Tax Preparation Service, Inc. **Taxpayer Initials Spouse’s Initials**

Taxpayer Name SSN **Client Tax Organizer – 6**

**INTEREST**

Home Mortgage  2nd Home Mortgage  RV Interest 

**MISCELLANEOUS DEDUCTIONS: SUBJECT TO 2% LIMITATION OF ADJUSTED GROSS INCOME**

|  |  |  |  |
| --- | --- | --- | --- |
| Professional Dues |  | Tax Preparation Fees |  |
| Tools & Job Supplies |  | Union Dues |  |
| Employment Fees |  | Job Search |  |
| Safe Deposit Box |  | Uniforms |  |
| **Educational Expenses:** |  |  |  |
| Tuition |  | Books & Supplies |  |
| **Job Related Away from Home Expenses:** |  |  |
| Meals |  | Lodging |  |
| Travel Expense |  | Utilities |  |
| Mileage for work |  | Yr/Make of auto |  |

Do you own your own business? Yes [ ]  No **[ ]** If yes, business income and expenses: Provide additional sheet with information. Please provide mileage log if claiming mileage on vehicle for business use.

Business use of the home? Yes [ ]  No [ ]  If yes, please provide the following information:

|  |  |  |  |
| --- | --- | --- | --- |
| Total square footage of home |  |  |  |
| Sq. footage used exclusively and regularly for business |  |  |  |
| Home Owners Insurance or Renter’s Insurance |  |  |  |
| Rent Paid for the year (if you don’t own your home) |  |  |  |
| **Repairs and Maintenance:** |  |  |  |
| Only to area used for business:  |  | On the entire house: |  |
| Utilities (power, water, gas, etc.) |  |  |  |

If this is your first year claiming business use of your home, when did you purchase your home? 

What did you pay for your home or its Fair Market Value when you started using it for business? 

|  |  |  |
| --- | --- | --- |
| Did you move? Yes[ ]  No[ ]  | How far?  | Bring costs of move |
| Any casualty losses? Yes[ ]  No[ ]  | How much?  | Bring figures |
| Get married? Yes[ ]  No[ ]  | Get Divorced? Yes[ ]  No[ ]  |  |
| Any new children? Yes[ ]  No[ ]  |  |  |
| Child’s name | Date of Birth | Social Security Number |
|  |  |  |
|  |  |  |
| Any IRA Contributions? Yes [ ]  No[ ]  | How much?  | When?  |
| Any Alimony paid? Yes [ ]  No[ ]  | How much?  | To Whom?  |
| Did you sale your home? Yes[ ]  No[ ]  | First time home buyer repayment? | Yes[ ]  No[ ]  |

LNS Bookkeeping & Tax Preparation Service, Inc. **Taxpayer Initials Spouse’s Initials**

 **Client Tax Organizer – 7**

**Please bring with you to your appointment:**

* ID for adults listed on the return.\*
* Copies of all Social Security Cards for everyone who will be listed on the return.\*
* A voided blank check for deposits of refunds to bank account.\*
* Original Copies of W-2’s, 1099’s, 1098’s, any 1095 A, B or C forms.

\*No copies of Identification, Social Security Cards, or voided check necessary for established clients with said copies on file in our office.

**Signature(s) and Declaration**

I (we) declare that (we) have provided and reviewed the above information and to the best of my (our) knowledge and belief it is true, correct, and complete. I (we), the undersigned, can provide records of all items listed above.

Taxpayer Signature: Date:

Spouse Signature: Date:

LNS Bookkeeping & Tax Preparation Service, Inc.