

Contractor Accounting Services

Tax Organizer

The Tax Organizer should be completed and sent to your tax preparer with your tax information. Any tax return prepared by Contractor Accounting Services (CAS) **requires** the submission of a completed Tax Organizer. Please follow the steps as they are outlined.

The Tax Organizer will guide you through questions and information pertaining to the completion of your tax return. Remember that we prepare taxes based on the information you provide to us. The more accurate and complete the information the better results you will have in your tax return. Please take the time to review and complete the Tax Organizer.

TAX ORGANIZER INSTRUCTIONS

Step One: Print out the Tax Organizer and Engagement Letters.

Step Two: Once you are familiar with the Tax Organizer, please complete it and attach the necessary tax documentation

After the Tax Organizer is completed, you should send the following to Contractor Accounting.

1. Completed Tax Organizer: Send us a copy and retain the original
2. Signed engagement letters (personal and business)
3. A copy of your prior year tax return (If prepared by CAS, a copy is not needed)
4. Copies of your tax documents, such as, but not limited to the following:
 - a. W2s
 - b. 1098s: mortgage interest
 - c. 1099 Misc: Other compensation, rent, etc.
 - d. 1099-G: Government payments
 - e. 1099-B: Stock activity
 - f. 1099-Div: Dividends
 - g. 1099-INT: Interest
 - h. 1098-E: Student loan interest
 - i. Social Security Benefits Statement
 - j. HSA Information
 - k. Health Insurance Information

Email information to:

contractoraccounting@protonmail.com

BASIC TAX PAYER INFORMATION

PERSONAL INFORMATION Returning Client, No Changes to Personal Information

	Name	Social Security No.	Date of Birth	Occupation	Cell Phone
Taxpayer					
Spouse					
Street Address		City	County	State	ZIP
Email Address			Home Phone		

Taxpayer
 Blind Yes No
 Disabled Yes No
 Eligible to be claimed as a dependant on another return:
 Taxpayer Yes No

Spouse
 Yes No
 Yes No
 Spouse Yes No

Filing Status
 Single Married filing jointly
 Married filing separately Head of Household
 Qualifying widow(er)
 Date of Spouse's Death _____
 Did your Marital Status changing during the current tax year? Yes No
 If yes, please explain _____

DEPENDENTS (CHILDREN & OTHERS) Returning Client, No Changes to Dependent Information

Full Name (First, Last)	Social Security Number	Relationship	Months Lived With You	Date of Birth	Current Year Child Care Expense	Full Time Student
				/ /		<input type="checkbox"/> Yes <input type="checkbox"/> No
				/ /		<input type="checkbox"/> Yes <input type="checkbox"/> No
				/ /		<input type="checkbox"/> Yes <input type="checkbox"/> No
				/ /		<input type="checkbox"/> Yes <input type="checkbox"/> No
				/ /		<input type="checkbox"/> Yes <input type="checkbox"/> No

For additional dependents, print this page again and complete this section.

CHILD AND DEPENDENT CARE EXPENSES

CHILD AND DEPENDENT CARE EXPENSES

Enter below the persons or organizations who provided the child and dependent care.

NAME	ADDRESS	EIN or Soc.Sec.#	AMOUNT PAID	CHILD
1.				
2.				
3.				

GENERAL QUESTIONS

PERSONAL INFORMATION

- YES NO
 1. Did you move your residence more than 50 miles due to a change of employment?

2. Did you sell your primary residence in the current year? _____

DEPENDENT INFORMATION

- YES NO
 3. Do you have dependents who must file?
 4. Do you have children under age 14 with investment income greater than \$1,600?
 5. Are any of your dependents not U.S. citizens or residents?
 6. Did you provide over half the support for any other person during the current year?
 7. Did you incur adoption expenses during the current year?

ITEMS RELATED TO INCOME/LOSSES

- YES NO
 8. Did you receive any disability payments in the current year?
 9. Did you sell and/or purchase a principal residence in the current year? (Attach copies of your purchase and/or sale escrow statements.)
 10. Did you receive/pay alimony payments?

PRIOR YEAR TAX RETURNS

- YES NO
 11. Were you notified by the Internal Revenue Service or state taxing authority of changes to a prior year's return?
If yes, enclose agent's report or notice of change.
 12. Were there changes to a prior year's income, deductions, credits, etc which would require filing an amended return?

ELECTRONIC FILING AND DIRECT DEPOSIT OR REFUND

CAUTION: REVIEW TRANSFERRED INFORMATION FOR ACCURACY.

- YES NO
 17. If your tax return is eligible for Electronic Filing, would you like to file electronically?
 18. The Internal Revenue Service is able to deposit many refunds directly into taxpayers' accounts.
If you receive a refund, would you like direct deposit?
If yes, please provide the following information:
a. Name of your financial institution _____
b. Routing Transit Number _____
(must begin with 01 through 12 or 21 through 32)
c. Account number _____
d. What type of account is this?
 Checking Savings
 Please attach a voided check (not a deposit slip)

FOREIGN BANK ACCOUNTS AND TAXES

- YES NO
 13. Did you have foreign income or pay any foreign taxes in the current year?
 14. At any time during the tax year, did you have an interest in or a signature or other authority over a bank account, or other financial account in a foreign country?
 15. Were you the grantor of or transferor to a foreign trust which existed during the tax year, whether or not you have any beneficial interest in the trust?

GIFTS TO TRUSTS OR TUITION PLANS

- YES NO
 16. Did you or your spouse make gifts of over \$14,000 to an individual or contribute to a prepaid tuition plan?

INVESTMENTS / BUSINESS

- YES NO
 1. Did you buy or sell any stocks or bonds in the current year?

- YES NO
 2. Did you start a business, purchase a rental property or farm, or acquire interests in partnerships or S corporations?

STANDARD FORMS

Listed below are standard forms that some tax payers receive during the course of the year. Please make sure to check the appropriate box, send us a copy of the form, and list the appropriate quantity of that particular form. In parenthesis will be a brief explanation of the form.

Attach all copies of your Tax Forms

- YES NO W-2 (Year End Wages statement from Employer)
 If Yes, how many? _____
- 1099 R (Distribution from Pension, Annuities, Retirement, or Profit sharing)
 If Yes, how many? _____
 If it was a rollover please explain.

 If partial rollover please explain.

- 1098- (Home Mortgage Interest)
 If Yes, how many? _____
 If any of the 1098 or rentals please list them

- 1098 T (Education and Tuition Fees)
 If Yes, how many? _____
 List the name of the financial institution

- YES NO 1098 (Student loan interest)
 If Yes, how many? _____
- 1099 Misc (Income from contracted work)
 If Yes, how many? _____
- W-2 G (Winnings from Gambling, you must possess the form)
 If Yes, how many? _____
- SSA Forms or RRB Forms (Social Security Benefit forms and Railroad benefits forms)
 If Yes, how many? _____
- 1099 G Forms (Government payments or Unemployment)
 If Yes, how many? _____
- 1099 INT- (Interest Income)
 If Yes, how many? _____
- 1099 DIV (Dividend Income)
 If Yes, how many? _____
- 1099-B (Stock Sales, Currency Trading, or Other Trading Activities)
 If Yes, how many? _____
 Did you exchange, send, receive, or acquire any virtual or crypto currency?

OTHER INCOME

Nature and Source	Current Year Tax Payer	Current Year Spouse
1. Alimony received		
2. Jury duty pay		
3. Prizes, Bonuses, Awards		
4. Investment Interest		
5. Other		
6. Other		
7. Other		
8. Other		

MEDICAL AND TAX EXPENSES

If you are under the age of 65 the totals will need to be over 10% of your Adjusted Gross Income to qualify as a deductible. If you are over the age 65 it will be 7.5% of your Adjusted Gross Income

MEDICAL AND DENTAL EXPENSES

	CURRENT YEAR AMOUNT
1. Prescription medications	
2. Health insurance premiums (enter Medicare B on ORG6).	
3. Qualified long-term care premiums	
a. Taxpayer's gross long-term care premiums	
b. Spouse's gross long-term care premiums	
c. Dependent's gross long-term care premiums	
4. Enter self-employed health insurance premiums	
5. a. Insurance reimbursement	
b. Medical savings account (MSA) distributions	
6. Doctors, dentists, etc	
7. Hospitals, clinics, etc	
8. Lab and X-ray fees	
9. Expenses for qualified long-term care	
10. Eyeglasses and contact lenses	
11. Medical equipment and supplies	
12. Miles driven for medical purposes	
13. Ambulance fees and other medical transportation costs	
14. Lodging	
15. Other medical and dental expenses	
a.	
b.	
c.	

TAX PAYMENTS

Please include money that you paid directly to the IRS, not money that was withheld from your normal earnings.

TAXES

This is outside of W-2 Income or Standard amounts withheld.	CURRENT YEAR AMOUNT
1. Real estate taxes paid on principal residence	
2. Real estate taxes paid on additional homes or land (Not Rentals)	
3. Auto registration fees based on the value of the vehicle	
4. Other personal property taxes	
5. Other taxes:	

CURRENT YEAR ESTIMATED TAX PAYMENT

	FEDERAL		STATE			LOCAL		
	DATE	AMOUNT	DATE	AMOUNT	ID	DATE	AMOUNT	ID
6. Qtr 1 due by 04/15 of current year								
7. Qtr 2 due by 06/15 of current year								
8. Qtr 3 due by 09/15 of current year								
9. Qtr 4 due by 01/15 of following year								
10. a. Additional payments								
b. Additional payments								
11. Prior year overpayment applied to current year								

MISCELLANEOUS ITEMIZED DEDUCTIONS

The expenses are to be listed if they relate to your W-2 Job, not your business

MISCELLANEOUS DEDUCTIONS (2% LIMITATIONS)

	CURRENT YEAR AMOUNT
Employee Business Expenses	
1. Union and professional dues	
2. Professional subscriptions	
3. Uniforms and protective clothing	
4. Job search costs	
5. Other unreimbursed employee expenses:	
a.	
b.	
Other Expenses Subject to the 2% Limitation	
6. Tax return preparation fees	
7. Investment counsel and advisory fees	
8. Certain attorney and accounting fees	
9. Safe deposit box rental	
10. IRA custodial fees	
11. Other expenses (list):	
a.	
b.	

OTHER MISCELLANEOUS DEDUCTIONS

	CURRENT YEAR AMOUNT
12. Amortizable bond premiums (acquired before 10/23/86)	
13. Gambling losses (to the extent of gambling income)	
14. Other miscellaneous deductions:	
a.	
b.	

EMPLOYEE BUSINESS EXPENSES

Occupation in which expenses were incurred (include W2 form) _____

EXPENSES

	CURRENT YEAR AMOUNT	*MUST BE REQUIRED BY EMPLOYER	CURRENT YEAR AMOUNT
Dues - Union, Professional		Office in home: (in sq ft.)	
Books, Subscriptions, Supplies		a) Total home	
Licenses		b) Office	
Tools, Equipment, Safety Equipment		c) Storage	
Uniforms (include cleaning)		Rent	
Sales Expense, Gifts		Insurance	
Tuition, Books (work related)		Utilities	
Entertainment		Maintenance	

EXPENSES

	CURRENT YEAR AMOUNT
Enter amounts not reported in Box 1 on Form W-2 (include amounts reported under code 'L' in Box 12 of Form W-2).	
15. Reimbursements for other than meals and entertainment	
16. Reimbursements for meals and entertainment	

AFFORDABLE CARE ACT REQUIREMENTS

The IRS has new requirements relating to the Affordable Health Care act for every individual. The required forms must be completed prior to any individual tax return being filed with the IRS. There are no exceptions. The IRS has also placed requirements on tax preparers to ensure each person's health care coverage. Therefore, we have put together a list of information needed to complete your individual tax return.

HEALTH CARE FORMS

Did you receive any of the following forms:

- YES NO
1. Form 1095-A: Coverage through State Marketplace
2. Form 1095-B: Issued by insurance companies
3. Form 1095-C: Issued by employers subject to large employer mandate.
4. Form 8965: Health Insurance Exemptions issued by State Marketplace.

If Yes, please provide a copy of the form received.

***Note that the forms listed above are not required to be sent for 2014 by the IRS. The requirement begins in 2015.*

HEALTH CARE COVERAGE BY INDIVIDUAL NOT THROUGH STATE EXCHANGE (1095-B, 1095-C)

HEALTH CARE COVERAGE BY INDIVIDUAL NOT THROUGH STATE EXCHANGE (1095-B, 1095-C)

- YES NO
- Did you have health insurance coverage last year?
- Was your health insurance through your employer?
- Was your health insurance an individual plan purchased by you?

Please list below the months you held a health policy and the provider.

Please provide your share of the health premium cost for each month for employer sponsored health insurance plan.

Name of Covered Individual(s)	Covered All 12 Months	Months Covered												Monthly Premium Insurance Provider	
		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec		
	<input type="checkbox"/> YES														
	<input type="checkbox"/> YES														
	<input type="checkbox"/> YES														
	<input type="checkbox"/> YES														
	<input type="checkbox"/> YES														
	<input type="checkbox"/> YES														
	<input type="checkbox"/> YES														

Please provide a copy of your insurance card.

TAXPAYER AND SPOUSE (IF REQUIRED) REPRESENTATION

I represent that I have provided you accurate health care information relating to my premiums, premium assistance, and coverage to complete the IRS required forms.

Taxpayer Signature

Date

Spouse Signature

Date