

Our Organizer is designed to save you some time during the interview process. We also hope that it will bring to mind any questions that may be taxing your mind. Our goal is to help make your tax season as simple as possible and get you the most accurate refund possible.

If you've been with us before, please feel free to skip the Personal Information Section if it has not changed from the Prior Year

Personal Information

Last Name _____
 First Name, Middle Initial _____
 Address _____
 Profession _____
 DOB: _____
 SSN: _____

Contact Information: Cell # _____ House # _____ Email Address: _____
 Best time to reach you? _____

~~ NEW IRS REQUIREMENTS: Please provide Driver's License: If you already gave us a copy last year, and it has not expired, please indicate that here:

	Last Name	First Name	Middle Initial	Relationship	DOB	SSN	Profession
Spouse	_____	_____	_____	_____	_____	_____	_____
Dependant	_____	_____	_____	_____	_____	_____	_____
Dependant	_____	_____	_____	_____	_____	_____	_____
Dependant	_____	_____	_____	_____	_____	_____	_____

Who can we thank for referring MCA to you? _____

Dependent Information

	Yes	No
1) Is anyone in the family disabled? If Yes, please explain: _____	<input type="checkbox"/>	<input type="checkbox"/>
2) If children? Did they live with you for the entire year? If No, please explain: _____ If yes, please provide documentation proving that child lived with you (something with shared address)	<input type="checkbox"/>	<input type="checkbox"/>
3) Did you incur any childcare expenses?	<input type="checkbox"/>	<input type="checkbox"/>
4) Were there any changes to your filing status or number of dependents this year? If Yes, please explain: _____	<input type="checkbox"/>	<input type="checkbox"/>
5) Can you or your spouse be claimed as a dependent by someone else?	<input type="checkbox"/>	<input type="checkbox"/>

Residential Questions

	<u>Yes</u>	<u>No</u>
6) Did you change residences or jobs locations during the year?	<input type="checkbox"/>	<input type="checkbox"/>
7) Did you move last year? From where? _____ Date you moved? _____	<input type="checkbox"/>	<input type="checkbox"/>
8) Did you live in more than one state last year? _____ What state(s)? _____	<input type="checkbox"/>	<input type="checkbox"/>
9) Did you receive the First time homebuyer in 2008? (If yes, are you still in that home)?	<input type="checkbox"/>	<input type="checkbox"/>
10) Do you own or rent? How much did you pay last year?	Own <input type="checkbox"/>	Rent <input type="checkbox"/>
If you rent, how much rent did you pay this year? _____		
If you own, is the amount of your mortgage more than \$750,000?	<input type="checkbox"/>	<input type="checkbox"/>
If you own, do you have a Home Equity Line of Credit?	<input type="checkbox"/>	<input type="checkbox"/>
If you have a HELOC, the IRS is now asking: did you use any portion of the line of credit for expenses outside of building, buying or substantially improving your home?	<input type="checkbox"/>	<input type="checkbox"/>

General Questions and Health Care

	<u>Yes</u>	<u>No</u>
11) Have you ever been convicted of a felony (if yes, was it for drugs)?	<input type="checkbox"/>	<input type="checkbox"/>
12) Have you had any credit card, mortgage debt or any other debt forgiven this year?	<input type="checkbox"/>	<input type="checkbox"/>
13) Did you rollover any IRA accounts?	<input type="checkbox"/>	<input type="checkbox"/>
14) Did you contribute to a retirement account (<input type="checkbox"/> IRA <input type="checkbox"/> 401K <input type="checkbox"/> Roth IRA <input type="checkbox"/> Other)	<input type="checkbox"/>	<input type="checkbox"/>
15) Do you have any foreign bank accounts or have control of a foreign account? <i>If you own a foreign account and at any time have \$10,000 you are responsible for filing an FBAR.</i>	<input type="checkbox"/>	<input type="checkbox"/>
16) Did you sell any stock this year (either on your own or through your employer)?	<input type="checkbox"/>	<input type="checkbox"/>
17) Have you met the minimum essential coverage (MES) for health insurance this year?	<input type="checkbox"/>	<input type="checkbox"/>
18) Has every member of your family met the MES for this year?	<input type="checkbox"/>	<input type="checkbox"/>
19) If you have not met the MES do you believe that you qualify for an exemption?	<input type="checkbox"/>	<input type="checkbox"/>
20) Did you purchase your Health Insurance through the Health Insurance Marketplace?	<input type="checkbox"/>	<input type="checkbox"/>
21) Do you make estimated taxes, (Federal and/or State) or apply last year's refund?	<input type="checkbox"/>	<input type="checkbox"/>

IRS Matters

	<u>Yes</u>	<u>No</u>
1) Do you have a balance due with the IRS or with a State Taxing Agency?	<input type="checkbox"/>	<input type="checkbox"/>
2) If yes, are you on an Installment Agreement Plan, or any other type of settlement arrangement?	<input type="checkbox"/>	<input type="checkbox"/>
3) Have you ever had an audit?	<input type="checkbox"/>	<input type="checkbox"/>
4) Did you receive any notices from the IRS or the State Taxing Agencies? If Yes, [Please attach copies]	<input type="checkbox"/>	<input type="checkbox"/>

Additional Questions

	<u>Yes</u>	<u>No</u>
1) Do you have any other income that is not shown or detailed on our Organizer?	<input type="checkbox"/>	<input type="checkbox"/>
2) Do you have any other expenses that is not shown or detailed on our Organizer?	<input type="checkbox"/>	<input type="checkbox"/>
3) Do you have any other taxable (or possible) transactions not detailed on our Organizer?	<input type="checkbox"/>	<input type="checkbox"/>

My signature certifies that all information supplied on this organizer to the best of your knowledge is true, correct and complete.

Taxpayer Signature: _____

Checklist – Please Attach Support as Applicable

~~ Please provide your Prior Year Tax Returns ~~

- NEW IRS REQUIREMENTS**
 - If you are claiming a dependent** – please provide proof of identity (SSN, Birth Certificate, etc.) AS WELL AS Proof of residency (New IRS Requirement***)
 - 1095 (A, B, or C)** – Proof of Health Insurance (New IRS Requirement***) –
If you don't have it at the time of filing, confirm that you have received full health coverage (once you receive it, you can forward us a copy for your permanent record).
- Wages, Salary Income** –W-2
- Interest Income** – 1099-INT & Broker's Statements
- Dividend Income** –1099-DIV (Mutual Funds, Stocks, Bonds, etc.)
- Investment Income** –10990B (Mutual Funds, Stocks, Bonds, etc.)
- Social Security, Pension, Annuity Income** – 1099-SSA & 1099R
- IRA** – 1099-R – Statements and Contributions
- Other Income** – Alimony, Unemployment, Gambling (lottery), etc.
- Education Expenses** – 1098
- Estimated Taxes – Federal and/or State?** *How Much Paid, and Dates of Payments*
- Residential Energy Credit Receipts**– Insulation of windows, energy efficient appliances?

Business Income

- Subcontractor Income** – 1099 – MISC
- Merchant Account Income** – 1099-K
- Partnership, S-Corporations, or Trusts** – K1

MCA Certified Tax Preparers LLC –It Pays To Know Us!

- Copy of QB (if you need help with financials)**
- Financial Statement(s)** – Profit & Loss, Balance Sheet, General Ledger
If needed, please ask for our Business Itemized Expense Document if you don't have financials

Additional & Itemized Expenses

- Medical/Dental expenses** – Includes medical insurance, drugs, glasses, doctor, dentists, etc.
- Contributions and donations** – (If over \$250 for a donation you should have an acknowledgement letter)
- Taxes** – Real Estate Taxes, etc.
- Interest paid on loans** – Mortgage Interest [**Attach 1098 as applicable**]
- Casualty losses (from theft or fire)**
- Child and dependent care expenses** – Please provide documentation regarding provider
Name _____ SSN or EIN _____ Amount Paid _____
- Alimony payments** – Spouse Name: _____, SSN _____ Amount Paid _____

~~Job related expenses (education, clothing, union dues, travel, transportation, moving expenses)~~

Important! Let's discuss anything that you may feel may possibly bring a tax deduction.

About You!

Do you have any questions for me?
