

This is a fillable PDF, if using on a mobile device, please Download to Adobe and Fill In.

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? _____

General 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: _____	<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"/>
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 rollover any IRA accounts?	<input type="checkbox"/>	<input type="checkbox"/>
10) Do you have any investment income and/or expenses?	<input type="checkbox"/>	<input type="checkbox"/>
11) Do you have any <u>foreign bank accounts</u> or <u>have control of a foreign account</u> ?	<input type="checkbox"/>	<input type="checkbox"/>
12) Do you own or rent? How much did you pay last year (please circle)? If you rent, how much rent did you pay this year? _____	<input type="checkbox"/>	<input type="checkbox"/>

Affordable Care Act (ACA)

Under the Affordable Care Act, the government, requires you and each member of your family to have basic health insurance coverage, qualify for an exemption or make an individual shared responsibility payment when you file your return.

	Yes	No
1) Have you met the minimum essential coverage (MES) for health insurance this year?	<input type="checkbox"/>	<input type="checkbox"/>
2) Has every member of your family met the MES for this year?	<input type="checkbox"/>	<input type="checkbox"/>
3) If you have not met the MES do you believe that you qualify for an exemption?	<input type="checkbox"/>	<input type="checkbox"/>
4) Did you purchase your Health Insurance through the Health Insurance Marketplace ? If Yes, [Please attach copies]	<input type="checkbox"/>	<input type="checkbox"/>

Income Questions

These questions relate to auxiliary income.

	Yes	No
1) Did you receive income or incur expenses associated with car sharing (e.g. Lyft or Uber)?	<input type="checkbox"/>	<input type="checkbox"/>
2) Did you receive income or incur expenses associated with freelancing (e.g. Upwork, or Fiverr)?	<input type="checkbox"/>	<input type="checkbox"/>
3) Did you receive income or incur expenses associated with a short-term rental (e.g. AirBnb, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>
4) Did you receive income or incur expenses associated with a fantasy football league?	<input type="checkbox"/>	<input type="checkbox"/>
5) Did you receive income or incur expenses associated with gambling?	<input type="checkbox"/>	<input type="checkbox"/>
6) Did you receive income or incur expenses due to a federally recognized natural disaster?	<input type="checkbox"/>	<input type="checkbox"/>

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- | | Yes | No |
|---|--------------------------|--------------------------|
| 7) Did you cash any U.S. Savings Bonds during the year? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8) Did you sell a principal residence during the year? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9) Did you foreclose or abandon a principal residence or real property during the year? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10) Do you have any other income that is not shown or detailed on our Organizer? | <input type="checkbox"/> | <input type="checkbox"/> |
| 11) Do you have any other expenses that is not shown or detailed on our Organizer? | <input type="checkbox"/> | <input type="checkbox"/> |
| 12) Do you have any other taxable (or possible) transactions not detailed on our Organizer? | <input type="checkbox"/> | <input type="checkbox"/> |

*(If you've answered yes to any of these questions,
 please attach the appropriate income and expense documentation.)*

Deductions

These questions primarily pertain to those who itemize or take advantage of specific tax credits.

- | | Yes | No |
|--|--------------------------|--------------------------|
| 1) Do you have Medical/Dental expenses? – Includes medical insurance, drugs, glasses, doctor, dentists, etc.? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2) Did you pay any long-term care premiums for yourself, your spouse, or a dependent? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3) Did you make any cash (or equivalent) contributions and /or donations
– (If over \$250 for a donation you should have an acknowledgement letter) | <input type="checkbox"/> | <input type="checkbox"/> |
| 4) Did you pay any Property Taxes – Real Estate Taxes, etc. | <input type="checkbox"/> | <input type="checkbox"/> |
| 5) Interest paid on loans – Mortgage Interest, Home Equity Loan or Line of Credit. | <input type="checkbox"/> | <input type="checkbox"/> |
| 6) Casualty losses (from theft or fire) | <input type="checkbox"/> | <input type="checkbox"/> |
| 7) Child and dependent care expenses – Please provide documentation regarding provider | <input type="checkbox"/> | <input type="checkbox"/> |

Name _____ SSN or EIN _____ Amount Paid _____

- | | | |
|--|--------------------------|--------------------------|
| 8) Alimony payments –
Spouse Name: _____ SSN _____ Amount Paid _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 9) Job related expenses (education, clothing, union dues, travel, transportation, moving expenses) | <input type="checkbox"/> | <input type="checkbox"/> |
| 10) Do you have any investment expenses? | <input type="checkbox"/> | <input type="checkbox"/> |

*(If you've answered yes to any of these questions,
 please attach the appropriate income and expense documentation.)*

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
- Gambling Income** – W2-G or 1099-MISC
- Interest Income** – 1099-INT & Broker's Statements
- Dividend Income** – 1099-DIV (Mutual Funds, Stocks, Bonds, etc.)
- Investment Income** – 1099-B (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
- 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

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