



LBSTAX

A Federally Authorized Tax Practitioner

2390 N ALMA SCHOOL RD, STE 115, CHANDLER, AZ, 85224

T: 480-664-1249 F: 480-907-5442

Email: officeadmin@LBSTAX.com website: www.LBSTAX.com

You may download your completed organizer to our webportal on website

2019 Tax Organizer

Call to schedule your Appointment: Day _____ Date _____ Time _____ or Drop Off Web Portal

Taxpayer		Spouse	
Name _____	SSN _____	Birthdate _____	Health Ins? <input type="checkbox"/> Y <input type="checkbox"/> N
Occupation _____	Occupation: _____ Health Ins? <input type="checkbox"/> Y <input type="checkbox"/> N		
Address <input type="checkbox"/> New address this year		<input type="checkbox"/> Yes, Direct Deposit My Refund To:	
City _____	ST _____	Zip _____	Bank Name _____ <input type="checkbox"/> CK <input type="checkbox"/> Sav
		Rtn # _____ Acct # _____	
Home Ph _____		e-mail _____	
Cell _____		I'd prefer my finished tax return: <input type="checkbox"/> Printed <input type="checkbox"/> PDF <input type="checkbox"/> Both	
Filing Status <input type="checkbox"/> Single <input type="checkbox"/> MFJ <input type="checkbox"/> HOH <input type="checkbox"/> QW <input type="checkbox"/> MFS			

Did you and your spouse have health insurance coverage all year? Yes(all 12 months) Some(____months) Did not have any insurance

Where was the policy obtained? Employer Medicare Medicaid/AHCCCS Govt/Military Marketplace(Exchange) Other _____

Please include IRS form 1095-A 1095-B 1095-C from your insurance provider

DEPENDENTS

Name (First, Last) (Exactly as shown on SS card)	Soc. Sec. No.	Relationship	#Months In Home	Birthdate	Health Ins All Year	Full Time Student
					<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
					<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
					<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
					<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N

TAX DOCUMENTS ENCLOSED

<i>Please check highlighted box where applicable</i>	Taxpayer	Spouse
Wages W2 <input type="checkbox"/> Employment change this year	<input type="checkbox"/>	<input type="checkbox"/>
Pensions and IRAs 1099R	<input type="checkbox"/>	<input type="checkbox"/>
Social Security 1099SSA	<input type="checkbox"/>	<input type="checkbox"/>
Interest Income 1099INT	<input type="checkbox"/>	<input type="checkbox"/>
Dividend Income 1099DIV	<input type="checkbox"/>	<input type="checkbox"/>
Sales of Capital – 1099B (<input type="checkbox"/> enclose broker statement) <input type="checkbox"/> HUD1 Sale of Real Estate	<input type="checkbox"/>	<input type="checkbox"/>
Unemployment and State Tax Refunds 1099G	<input type="checkbox"/>	<input type="checkbox"/>
Gambling Winnings W2G (see page 2 for gambling losses)	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Estate, <input type="checkbox"/> Trust <input type="checkbox"/> S-Corp <input type="checkbox"/> Partnership <input type="checkbox"/> PTP K-1	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Rents, <input type="checkbox"/> Royalties <input type="checkbox"/> Prizes, <input type="checkbox"/> Self-Employment – 1099MISC (see page 3)	<input type="checkbox"/>	<input type="checkbox"/>
Mortgage Interest 1098 (see page 2)	<input type="checkbox"/>	<input type="checkbox"/>
Education Expense – <input type="checkbox"/> 1098T & <input type="checkbox"/> Proof of Payment / Student Loan <input type="checkbox"/> 1098E	<input type="checkbox"/>	<input type="checkbox"/>
Other 1099s: <input type="checkbox"/> 1099A <input type="checkbox"/> 1099C <input type="checkbox"/> 1099SA <input type="checkbox"/> 1099LTC <input type="checkbox"/> 1099Q <input type="checkbox"/> 1099OID	<input type="checkbox"/>	<input type="checkbox"/>

New Client Please bring A copy of the most recent return Photo ID Social Security Cards for all dependants

How did you hear about us? _____

SELF EMPLOYMENT INCOME

	\$ Amount	\$ Amount
Business Name		
EIN (if available)		
Owner (<input type="checkbox"/> Taxpayer <input type="checkbox"/> Soue) <input type="checkbox"/> LLC	<input type="checkbox"/> T <input type="checkbox"/> S <input type="checkbox"/> LLC	<input type="checkbox"/> T <input type="checkbox"/> S <input type="checkbox"/> LLC
Home Office? Sq Ft Office Home	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Gross Receipts or Sales <input type="checkbox"/> 1099MISC	\$	\$
Purchases of Inventory		
EOY Ending Inventory		
Advertising		
Auto - Yr: _____ Make _____	# Miles: _____	# Miles: _____
Gas, Oil Mtce \$ _____ Total: _____		
Interest Pd \$ _____ Business: _____		
License/Reg \$ _____ Commuting: _____		
Contract Labor (1099 Misc Issued <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA)		
Insurance (not health)		
Insurance (SE Health)		
Interest (not auto)		
Legal, Professional, Tax Prep		
Office Expense		
Rent – Equipment		
Rent – Building		
Repairs & Maintenance		
Supplies		
Taxes & License		
Travel		
Meals & Entertainment		
Utilities & Telephone		
Wages		
Payroll Taxes		
Business Assets purchased/sold this year?	<input type="checkbox"/> list attached	<input type="checkbox"/> list attached

RENTALS/ROYALTIES

Property Description.	1	2	3
Gross Rents /Royalties			
Advertising			
Auto (# miles)			
Cleaning			
Commissions			
Insurance - Real Estate			
Insurance – Mortgage (PMI)			
Legal, Professional, Tax Prep			
Management Fees			
Mortgage Interest <input type="checkbox"/> 1098 <input type="checkbox"/> no 1098			
Mortgage Interest <input type="checkbox"/> 1098 <input type="checkbox"/> no 1098			
Other Interest			
Management Fees			
Repairs / Maintenance			
Supplies			
Taxes –Real Estate			
Taxes - Other			
Travel			
Utilities & Telephone			
HOA Fees			
Bank / Collection Fees			
1099 Misc Issued	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA		
Improvements made this year?	<input type="checkbox"/> List attached	<input type="checkbox"/> List attached	<input type="checkbox"/> List attached
If new/sold-provide HUD-1 stmt.	<input type="checkbox"/> purch. <input type="checkbox"/> sale	<input type="checkbox"/> purch. <input type="checkbox"/> sale	<input type="checkbox"/> purch. <input type="checkbox"/> sale

NOTES

GAINS & LOSSES FROM SALES OF REAL ESTATE, PERSONAL PROPERTY & COLLECTIBLES

IRS Requires Form 1099B Broker Statements for all sales of Stocks, Bonds, and Mutual Funds

Description	Buy Date	Sell Date	Sale Price	Cost

Provide 1099S and HUD-1 closing documents (both purchase sale) for any Real Estate transactions

OTHER INFORMATION, INCOME, ADJUSTMENTS or CREDITS

	Taxpayer	Spouse
Did anyone else other than your spouse or dependents live in your home	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Did you have a Foster Child <input type="checkbox"/> Caseworker Placement Letter (required)	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Did you have a Foreign Financial Account or interest in a Foreign Trust	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Did you receive any notices from the <input type="checkbox"/> IRS or <input type="checkbox"/> AZ DOR <input type="checkbox"/> Copy Attached	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Did you foreclose or abandon any Real Estate <input type="checkbox"/> Primary Res <input type="checkbox"/> Other	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Did you have any debt cancelled or forgiven this year <input type="checkbox"/> 1099C	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Did you gift more than \$14,000 to any one individual	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Did you install solar or other energy efficient home improvements	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Sharing Economy Income <input type="checkbox"/> Airbnb <input type="checkbox"/> Lyft <input type="checkbox"/> Uber <input type="checkbox"/> Other _____		
Tips not Reported to Employer	\$	\$
Taxable Grants, Scholarships, or Fellowships	\$	\$
Jury Duty payments received	\$	\$
Alimony Received (Alimony does not include child support)	\$	\$
Alimony Paid to: Name _____ SSN _____ Address _____	\$	\$
IRA Deposit <input type="checkbox"/> done by 12/31 <input type="checkbox"/> will do by 4/15 <input type="checkbox"/> advise me	\$	\$
Roth IRA Deposit <input type="checkbox"/> done by 12/31 <input type="checkbox"/> will do by 4/15 <input type="checkbox"/> advise me	\$	\$
Keogh/SEP Deposit <input type="checkbox"/> done by 12/31 <input type="checkbox"/> will do by 4/15 <input type="checkbox"/> advise me	\$	\$
529 Education Savings Plan Contributions (Now deductible for AZ up to \$4,000)	\$	\$
Health Savings Account <input type="checkbox"/> Contributions <input type="checkbox"/> Distributions		
College Tuition & Fees Paid <input type="checkbox"/> 1098T <input type="checkbox"/> Proof of Payment (required)	\$	\$
If Paid by Student Loan, who's responsible to repay <input type="checkbox"/> Parent <input type="checkbox"/> Student		
Claimed American Opportunity or Hope Credits before <input type="checkbox"/> Y <input type="checkbox"/> N # years:		
Student Loan Paid <input type="checkbox"/> 1098E	\$	\$
<input type="checkbox"/> Adoption Credit <input type="checkbox"/> Special Needs (<input type="checkbox"/> Adoption Order <input type="checkbox"/> Subsidy Agreement)		
Do you have any BitCoin or other Cryptocurrency?		

DAYCARE EXPENSES

Provider _____ SSN/EIN _____ Amount Pd \$ _____ Address _____ Zip _____ For Dependent(s) _____	Provider _____ SSN/EIN _____ Amount Pd \$ _____ Address _____ Zip _____ For Dependent(s) _____
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OTHER ITEMS or NEXT YEAR CHANGES YOU'D LIKE TO DISCUSS

Thank you for your continued business. We look forward to seeing you soon!