Organizer

TAXPAYER (& Spouse, if MFJ):

#2 - Intake Questions

TAX YEAR:

* If MARRIED FILING JOINT - both the taxpayer and the spouse combine their answers on this single worksheet

Rev. 01/01/2025 v001

	DUE DILIGENCE & RECONCILIATION (per IRS & state regulations)	If YES, take ACTION
	Did you & everyone listed on your tax return have healthcare coverage for all 12-months of the year?	
	Did you have any income from outside the USA &/or pay taxes to a foreign country?	
	Did you have any type of financial account(s) in a foreign country(s)?	
	Did you make any purchases (including via internet) for which you did not pay sales tax?	
	Did you receive, buy, sell, exchange, gift, any form or type of digital assets during the year	
	(examples: crypto currency, Bitcoin, FTX, Etherium, any NFTs, - <u>ANYTHING in digital format</u> , etc.)	
-	Have you ever been notified by any taxing authority that you have been denied or ineligible to	
	claim any type or kind of credit including but not limited to the Child Tax Credit (CTC) or the	
	Earned Income Tax Credit (EITC)?	
YES NO	INFORMATION	If YES, take ACTION
	Have you received a 6-digit Identity PIN - ISSUED BY THE IRS TO YOU - to be used when filing a tax return?	Provide that information
	Did you receive any notices from the IRS or other taxing entities (state, county, city) last year that you want to discuss with us?	
	Did you make any ESTIMATED (quarterly) payments to the IRS or any other taxing authority?	ORGANIZER: Estimated Taxes Paid
	Did you make any payments to any taxing authority for taxes due on prior year STATE matters?	
	Did your Marital status change at any time during the year?	
	Can you be claimed as a dependent by someone else?	
	Do you have dependents to claim on your tax return?	ORGANIZER: Dependent
	Did you incur expenses for Child Care &/or Dependent care during the year?	ORGANIZER: Dependent Care
	Do you or have you ever had an EIN (Employer Identification Number)?	EIN #:
	Do you have / are (or were) you part of an LLC, Corporation, S-corp, Partnership, or Trust?	
YES NO	RESIDENCE	If YES, take ACTION
	Is the address you are going to list on your tax return a California address?	See California section on page 3
	Is the address you are going to list on your tax return a New York address?	See New York section on page 3
	Are you filing a Pennsylvania state tax return?	See Pennsylvania section on page 3
	Did you MOVE more than 50 miles last year?	ODOANUZED ## !
		<u>ORGANIZER</u> : <i>Moving</i>
YES NO	INCOME	ORGANIZER: Moving If YES, take ACTION
YES NO	INCOME Are you missing any W2s?	
YES NO	Are you missing any W2s? NOTE: Provide ALL copies of ALL pages of ALL W-2s; Do NOT separate W-2s	
YES NO	Are you missing any W2s?	
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				Tax Year:	
YES	NO	HEALTHCARE		If YES, take ACTION	
REQU Thou	The TCJA has removed the <u>penal ty</u> for not having "minimum essential" healthcare coverage <u>on your federal retum</u> . However, it is STILL REQUIRED that you (and everyone listed on your tax return) have "minimum essential" healthcare coverage. Though you may not be penalized on your federal tax return, you may be subject to a penalty on your state return for failing to have essential coverage in those states which have enacted and now require minimum essential healthcare coverage.				
		Did you receive ANY coverage through the Marketplace (healthcare. Did you receive Form 1095-A, B, or C?	gov or state exchange)?	Provide copy of 1095-A Provide copies of all 1095s	
YES	NO	MEDICAL		If YES, take ACTION	
		Did you have medical expenses for yourself, spouse, dependents? Did you have MSA, HSA, FSA, or HRA account for medical expenses	ORGANIZER: Medical ORGANIZER: Medical		
YES	NO	OTHER		If YES, take ACTION	
		Did you, spouse, dependent(s) incur education costs at an eligible education you pay any student loans during the? Did you have any student loan debt canceled by the feds or any state? DID you put any money into a Traditional, ROTH, or SEP IRA - NOT THR WILL you put any money into a Traditional or ROTH IRA before the tax filing deadline (us Did you own a house and / or property (land) at any time during the year Did you pay property taxes? Did you purchase anything that invoked a lot of sales tax (i.e., car, boat Did you pay vehicle registration fees? Did you make any charitable contributions in cash or check? Did you donate goods / items to charity? (Goodwill, Salvation Army, expenses the property of the property of the property (Goodwill, Salvation Army, expenses the property of	OUGH YOUR EMPLOYER? cually April 15)? ear? If so, list amount paid: tt, plane, etc.?) If so, list amount paid:	ORGANIZER: Education Credit Provide copies of all 1098-Es Provide copy of all 1098s Amount \$ ORGANIZER: Charity - Part A ORGANIZER: Charity - Part A	
YES	NO	BUSINESS / PROFESSION / OCCUPATION / JOB		If YES, take ACTION	
		Did you incur any expenses for your business / profession / occupation Are you claiming any business miles for vehicle use? Are you claiming Home Office for business expense? Did you travel OUT OF TOWN for work (or to look for work)?	n/job?	ORGANIZER: Expense for Business ORGANIZER: Vehicle Expense ORGANIZER: Home Office ORGANIZER: Out of Town For Business	
YES	NO	ADMIN		If YES, take ACTION	
		Are you a new client to us? Are you providing us with a signed Organizer #3 - Letter or Engage Are you providing us with a copy of your Social Security card ? (Rec Are you providing us with a copy of your STATE ISSUED DL/ID (Rec	uired only 1st year)	If so, provide copy of last year's tax return Include LOE with your material If this is your 1st year with us, provide copy Provide copy of your state issued DL/ID	

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When providing documents - always provide legible copies of the entire front & back of all pages of all documents; do not separate documents or W-2s. <u>ALL ITEMS MUST BE IN PDF FORMAT ONLY!</u>

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Taxpayer:		
	Tax Year:	

Please check states below for additional information and instructions.

Disregard any state where you do not have to file.

CALI	CALIFORNIA If you are filing a California return, the following items need be addressed		Additional Information
各	Do you want to make a charitable contribution as part of your CA return (this will reduce your refund or increase what you owe, on your CA return)		ORGANIZER: CA Voluntary Contribution
45		Do you have an LA CITY address on your CA tax return?	Check for LA City License requirement

NEW YORK		If you are filing a New York RESIDENT return, the following items need be addressed	Additional Information
	On your New York RESIDENT return, you are <u>required</u> to provide your <u>County</u> and your <u>School District</u> information.		Please provide that information on your worksheet Organizer #1 - Primary
	If you file as a NY RESIDENT (and/or you have a NY address on your return), you are required to receive NY Publication 135 Consumer Bill of Rights Regarding Tax Preparers		www.tax.ny.gov/pdf/publications/income/pub135.pdf
45	⁴ 0 H	ave you ever been convicted for Bribery?	

PENN	SYLVANIA	If you are filing a Pennsylvania return, the following items need be addressed	Additional Information
	town days on th	ing OUT OF TOWN business expenses, you cannot use M&IE for your out-of- e Pennsylvania return. You MUST use actual expenses. You MUST have ALL r OUT OF TOWN expenses. (You can use M&IE for your federal return; just not on your PA	