

# D. Hart Accounting Tax Organizer

(Please include a copy of your last year's return if available)

TAXPAYER NAME _____
SSN _____ BIRTHDATE _____

SPOUSE NAME _____
SSN _____ BIRTHDATE _____

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE (DAY) \_\_\_\_\_ PHONE (EVE) \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

Dependents: ( List Youngest First) Name (First, Initial and Last Name)	Month, Day & Year of Birth	Dependent's SSN	Relationship to you	Months lived in your home?

**CHECK ALL THAT APPLY**

- Someone else can claim you as a dependent.
- You and your spouse lived apart during the year.
- You paid *estimated* Federal or State taxes last year. Federal \$ \_\_\_\_\_ State \_\_\_\_\_ State \$ \_\_\_\_\_
- You itemized last year. If yes, amount of Refund from / Balance Due to State \$ \_\_\_\_\_.
- You or your spouse were a resident of another state or earned income in another state during the last year.
- You use your personal vehicle for work and did not get reimbursed (excluding commuting).
- You purchased a home after December 31, 2008.
- You paid state and local real estate taxes.

Would you like your refund deposited into your bank account (no bank product required)?  Yes  No

Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_

**CIRCLE ALL THAT APPLY**

- |  |   |  |
|--|---|--|
| <ul style="list-style-type: none"> <li>• Wage Statement – W-2s / 1099s</li> <li>• Paid for College/Paid Student Loan Interest</li> <li>• IRAs</li> <li>• Sold Stocks or Bonds</li> <li>• Moving Expenses</li> <li>• Received Unemployment</li> <li>• Alimony (Paid or Received)</li> <li>• Bought or sold a home</li> <li>• Own Rental Property</li> </ul> | <ul style="list-style-type: none"> <li>• Received Interest</li> <li>• Received Dividends</li> <li>• Pension or Retirement Income</li> <li>• Social Security Income</li> <li>• Own a Business or Self Employed</li> <li>• Tips / Other Income</li> <li>• Farm Income</li> <li>• Education Expense</li> <li>• Lottery or Gambling Winnings</li> </ul> | <ul style="list-style-type: none"> <li>• Charity or Religious Contributions</li> <li>• Property Tax</li> <li>• Mortgage Interest</li> <li>• Mortgage Points (i.e. closing points)</li> <li>• Medical Expense</li> <li>• Tax Preparation Expenses</li> <li>• Union Dues</li> <li>• Job Related Expenses or Training</li> <li>• Significant Loss or Theft</li> </ul> |
|--|---|--|

**MISCELLANEOUS ITEMS**

\_\_\_\_\_

**CHILD CARE INFORMATION**

(Note: This information is required for each provider. Use the back of this sheet if more space is needed.)

Provider's Name \_\_\_\_\_ Provider's SSN/EIN \_\_\_\_\_

Provider's Address \_\_\_\_\_ Amount Paid to Provider \$ \_\_\_\_\_

I(we) certify that I(we) would like my(our) taxes prepared according to the information I(we) supplied above. To the best of my(our) knowledge the enclosed information is correct and includes all income, deductions, and other information necessary for the preparation of this year's income tax returns for which I(we) have adequate contemporaneous records.

Taxpayer's Signature \_\_\_\_\_ Date \_\_\_\_\_

Spouse's Signature \_\_\_\_\_ Date \_\_\_\_\_