**Bookkeeping & Tax Preparation Service, Inc.**

38668 Hwy 228 Sweet Home, OR 97386  
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In order to assist us in preparing your tax return(s) that result in the largest allowable refund, it is important that you complete all of the questions that **apply to you**. Information in the bolded blocks is required to begin processing. Initialing pages and signatures should be done **after** printing.

Taxpayer  SS#  Date of Birth  Occupation 

Spouse  SS#  Date of Birth  Occupation 

Street Address: 

City:  State:  Zip: 

Home Phone:  Cell:  Email: 

List all states in which you have lived or worked during the tax year. 

Can you be claimed as a dependent Are you Blind? Disabled? Do you want to contribute $3 to the

on someone else’s tax return: Presidential Fund?

Taxpayer: Yes  No  Yes  No  Yes  No  Yes  No

Spouse: Yes  No  Yes  No  Yes  No  Yes  No

**Government Issued Photo ID# Type Issuer Expiration Date**

Taxpayer:    

Spouse:    

*Note: Photo identification for Taxpayer (and Spouse if applicable) will need to be provided to tax professional.*

**Marital Status** *On December 31, were you:*

Single  Married  Divorced  Separated  Widowed  Year Spouse Died 

If your Marital Status is Single, Separated or Widowed, did you pay over half of the cost of keeping up a home in which you and another person (other than a child) lived? Yes  No

If you are divorced, legally separated, or married, but did not reside with your spouse the last 6 months of the year, can you provide the IRS with: Divorce Decree  Separate Maintenance Agreement  Separation Agreement

Did you receive any non-taxable support/income?

Family Support  Food Stamps  Housing Assistance  Childcare Assistance  Other

**Health Insurance**

**If you had coverage for any part of the year:** Where was the policy obtained?

Employer  Medicare  Medicaid  Marketplace (Exchange)  Other

**If you did not have coverage part of the year:** Answer YES if it applies to any member of the household.

Was your previous insurance policy cancelled in tax year? Yes No

Do you have an Exemption from the Marketplace/Exchange? Yes No

Was coverage offered by taxpayer’s or spouse’s employer? Yes No

Are you a member of a federally-recognized Indian Tribe? Yes No

Are you eligible for services through an Indian health care provider? Yes No

Are you a member of a health care sharing ministry? Yes No

Did you live in the United States the entire year? Yes No

Are you enrolled in TRICARE? Yes No Did you apply for CHIP coverage? Yes No

LNS Bookkeeping & Tax Preparation Service, Inc. **Taxpayer Initials Spouse’s Initials**

Taxpayer Name SSN **Client Tax Organizer – 2**

**Dependent Information (if applicable)**

**Dependent #1**

  

First Name Last Name (as on SS card) Social Security Number

  $  

DOB Relationship to you Childcare expenses paid # of months in the home

Can this dependent, (married or unmarried) and not filing a joint return (except to claim a refund), be claimed as your dependent? Yes No

Did this dependent live with you in the US for over half the year? Yes No

Could another person qualify to claim this dependent? Yes No

If yes, dependent’s relationship to other person: 

If the tiebreaker rules apply, would this dependent be treated as your qualifying child? Yes No

If dependent if a full-time college student : Name of school 

If dependent is disabled, what type of disability? 

SSI or other disability payments? Yes No

Letter from doctor or agency verifying disability? Yes No Can you provide documentation? Yes No

If dependent is not your son or daughter: (a) Where is mother?  (b) Where is father?

(c) Do you have a Foster Child Placement letter or court document? Yes No

(d) Birth/marriage certification verifying relationship? Yes No

Can you provide any of the following records/documentation to prove dependent lived with you for more than half the year?

School  Medical  Letter  Social Service  Day Care

**Dependent #2**

  

First Name Last Name (as on SS card) Social Security Number

  $  

DOB Relationship to you Childcare expenses paid # of months in the home

Can this dependent, (married or unmarried) and not filing a joint return (except to claim a refund), be claimed as your dependent? Yes No

Did this dependent live with you in the US for over half the year? Yes No

Could another person qualify to claim this dependent? Yes No

If yes, dependent’s relationship to other person: 

If the tiebreaker rules apply, would this dependent be treated as your qualifying child? Yes No

If dependent if a full-time college student : Name of school 

If dependent is disabled, what type of disability? 

SSI or other disability payments? Yes No

Letter from doctor or agency verifying disability? Yes No Can you provide documentation? Yes No

If dependent is not your son or daughter: (a) Where is MOTHER?  (b) Where is FATHER?

(c) Do you have a Foster Child Placement letter or court document? Yes No

(d) Birth/marriage certification verifying relationship? Yes No

Can you provide any of the following records/documentation to prove dependent lived with you for more than half the year?

School  Medical  Letter  Social Service Day Care

LNS Bookkeeping & Tax Preparation Service, Inc. **Taxpayer Initials Spouse’s Initials**

Taxpayer Name SSN **Client Tax Organizer – 3**

**Dependent Information Continued**

**Dependent #3**

  

First Name Last Name (as on SS card) Social Security Number

  $  

DOB Relationship to you Childcare expenses paid # of months in the home

Can this dependent, (married or unmarried) and not filing a joint return (except to claim a refund), be claimed as your dependent? Yes No

Did this dependent live with you in the US for over half the year? Yes No

Could another person qualify to claim this dependent? Yes No

If yes, dependent’s relationship to other person: 

If the tiebreaker rules apply, would this dependent be treated as your qualifying child? Yes No

If dependent if a full-time college student : Name of school 

If dependent is disabled, what type of disability? 

SSI or other disability payments? Yes No

Letter from doctor or agency verifying disability? Yes No Can you provide documentation? Yes No

If dependent is not your son or daughter: (a) Where is mother?  (b) Where is father?

(c) Do you have a Foster Child Placement letter or court document? Yes No

(d) Birth/marriage certification verifying relationship? Yes No

Can you provide any of the following records/documentation to prove dependent lived with you for more than half the year?

School  Medical  Letter  Social Service Day Care

**Dependent #4**

  

First Name Last Name (as on SS card) Social Security Number

  $  

DOB Relationship to you Childcare expenses paid # of months in the home

Can this dependent, (married or unmarried) and not filing a joint return (except to claim a refund), be claimed as your dependent? Yes No

Did this dependent live with you in the US for over half the year? Yes No

Could another person qualify to claim this dependent? Yes No

If yes, dependent’s relationship to other person: 

If the tiebreaker rules apply, would this dependent be treated as your qualifying child? Yes No

If dependent if a full-time college student : Name of school

If dependent is disabled, what type of disability?

SSI or other disability payments? Yes No

Letter from doctor or agency verifying disability? Yes No Can you provide documentation? Yes No

If dependent is not your son or daughter: (a) Where is MOTHER?  (b) Where is FATHER?

(c) Do you have a Foster Child Placement letter or court document? Yes No

(d) Birth/marriage certification verifying relationship? Yes No

Can you provide any of the following records/documentation to prove dependent lived with you for more than half the year?

School  Medical  Letter  Social Service  Day Care

LNS Bookkeeping & Tax Preparation Service, Inc. **Taxpayer Initials Spouse’s Initials**

Taxpayer Name SSN **Client Tax Organizer – 4**

**Childcare Provider Information**

If you paid childcare expenses while you were working or going to school, please complete.

Provider #1 Name  Provider #2 Name 

Address  Address 

City  State  Zip  City  State  Zip 

EIN or SSN  EIN or SSN 

*Please indicate if sheets attached for additional Providers*

**Income and Deduction Information**

If you or anyone in your home received any of the following, indicate the number of forms received:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Form | Type | # of Forms | Form | Type | # of Forms |
| W-2 | Wage Income |  | 1099-MISC | Self-Employment |  |
| W-2G | Gambling Income |  | 1099-R | IRA/401K Distribution |  |
| 1099-B | Sale of stocks or bonds |  | 1099-SSA | SS Income |  |
| 1099-DIV | Dividend Income |  | 1098\* | Mortgage Interest\* |  |
| 1099-G | Unemployment Income |  | 1098-E | Student Loan Interest |  |
| 1099-INT | Interest Income |  | 1098-T\* | Tuition Expenses\* |  |

If you RECEIVED Alimony, how much: $ If you PAID Alimony, how much: $

Other income not listed:  Did you pay any Medical or Dental Expenses? Yes No

If you or your spouse have self-employed income:

(a)How long have you owned you business? 

(b)Who maintains the business records? 

(c)Can you provide documentation to verify your business? Yes No

(d)Are separate personal and business accounts maintained? Yes No

(e)Do you have any 1099-MISC to support the income? Yes No

*\*Please bring all business income and expenses with this organizer.*

**Earned Income Credit (EIC) Due Diligence Information**

Who provided the information on this Interview Form? Taxpayer  Spouse  Power of Attorney

Was the Taxpayer a non-resident alien for any part of the year? Yes No

Was your main home, and the main home of your spouse (if filing jointly), in the U.S. for more than half the year? Yes No

Has your EIC ever been reduced or disallowed? Yes No

Do you, your spouse or dependent(s) have a Social Security Card with “not valid for employment” printed on it? Yes No

LNS Bookkeeping & Tax Preparation Service, Inc. **Taxpayer Initials Spouse’s Initials**

Taxpayer Name SSN **Client Tax Organizer – 5**

**INCOME**

|  |  |  |  |
| --- | --- | --- | --- |
| Total Wages (Bring all W2’s) |  | Pension & Annuity Income |  |
| Unemployment |  | Reimbursement from Employer |  |
| Commissions & Fees |  | Rent & Royalty Income |  |
| Tips & Gratuities |  | Social Security (Taxpayer) |  |
| Alimony Received |  | Social Security (Spouse) |  |
| Bonuses, Prizes, Lottery, Etc. |  | Other Income (Explain) |  |

**DIVIDEND & INTEREST INCOME**

|  |  |  |  |
| --- | --- | --- | --- |
| RECEIVED FROM | TOTAL AMOUNT | DIVIDEND | INTEREST |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**ITEMIZED DEDUCTIONS**

MEDICAL

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Prescriptions |  | Medical Insurance Premiums |  | Pretaxed?  Yes No |
| Glasses |  | Long-Term Care Ins. Premiums |  |  |
| Hearing Aids & Batteries |  | Any Medical Reimbursement |  |  |
| Lab Fees & X-Rays |  | Lodging for Medical Care |  |  |
| Hospitals |  | (Vision) Doctor Bills |  |  |
| Medical Travel (Miles) |  | Dental Bills |  |  |
|  |  | Doctor Bills |  |  |
|  |  |  |  |  |

**CONTRIBUTIONS**

|  |  |  |  |
| --- | --- | --- | --- |
| CASH DONATIONS | | NON-CASH DONATIONS | |
| Name of Organization | Amount | Name of Organization | Amount |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**TAXES**

|  |  |  |  |
| --- | --- | --- | --- |
| Real Estate Taxes |  | Personal Property Taxes |  |

Estimated Federal Tax Payments 4/15  6/15  9/15  1/15 

Estimated State Tax Payments 4/15  6/15  9/15  1/15 

State Balances Due **if Paid** 

LNS Bookkeeping & Tax Preparation Service, Inc. **Taxpayer Initials Spouse’s Initials**

Taxpayer Name SSN **Client Tax Organizer – 6**

**INTEREST**

Home Mortgage  2nd Home Mortgage  RV Interest 

**MISCELLANEOUS DEDUCTIONS: SUBJECT TO 2% LIMITATION OF ADJUSTED GROSS INCOME**

|  |  |  |  |
| --- | --- | --- | --- |
| Professional Dues |  | Tax Preparation Fees |  |
| Tools & Job Supplies |  | Union Dues |  |
| Employment Fees |  | Job Search |  |
| Safe Deposit Box |  | Uniforms |  |
| **Educational Expenses:** |  |  |  |
| Tuition |  | Books & Supplies |  |
| **Job Related Away from Home Expenses:** | |  |  |
| Meals |  | Lodging |  |
| Travel Expense |  | Utilities |  |
| Mileage for work |  | Yr/Make of auto |  |

Do you own your own business? Yes  No If yes, business income and expenses: Provide additional sheet with information. Please provide mileage log if claiming mileage on vehicle for business use.

Business use of the home? Yes  No  If yes, please provide the following information:

|  |  |  |  |
| --- | --- | --- | --- |
| Total square footage of home |  |  |  |
| Sq. footage used exclusively and regularly for business |  |  |  |
| Home Owners Insurance or Renter’s Insurance |  |  |  |
| Rent Paid for the year (if you don’t own your home) |  |  |  |
| **Repairs and Maintenance:** |  |  |  |
| Only to area used for business: |  | On the entire house: |  |
| Utilities (power, water, gas, etc.) |  |  |  |

If this is your first year claiming business use of your home, when did you purchase your home? 

What did you pay for your home or its Fair Market Value when you started using it for business? 

|  |  |  |
| --- | --- | --- |
| Did you move? Yes No | How far? | Bring costs of move |
| Any casualty losses? Yes No | How much? | Bring figures |
| Get married? Yes No | Get Divorced? Yes No |  |
| Any new children? Yes No |  |  |
| Child’s name | Date of Birth | Social Security Number |
|  |  |  |
|  |  |  |
| Any IRA Contributions? Yes  No | How much? | When? |
| Any Alimony paid? Yes  No | How much? | To Whom? |
| Did you sale your home? Yes No | First time home buyer repayment? | Yes No |

LNS Bookkeeping & Tax Preparation Service, Inc. **Taxpayer Initials Spouse’s Initials**

**Client Tax Organizer – 7**

**Please bring with you to your appointment:**

* ID for adults listed on the return.\*
* Copies of all Social Security Cards for everyone who will be listed on the return.\*
* A voided blank check for deposits of refunds to bank account.\*
* Original Copies of W-2’s, 1099’s, 1098’s, any 1095 A, B or C forms.

\*No copies of Identification, Social Security Cards, or voided check necessary for established clients with said copies on file in our office.

**Signature(s) and Declaration**

I (we) declare that (we) have provided and reviewed the above information and to the best of my (our) knowledge and belief it is true, correct, and complete. I (we), the undersigned, can provide records of all items listed above.

Taxpayer Signature: Date:

Spouse Signature: Date:

LNS Bookkeeping & Tax Preparation Service, Inc.