

 Affix Address Label

Tax Organizer

 Tax Year



Please Complete And Bring This Organizer To Your Tax Appointment

We are pleased to have you joining us this tax season. Thank you for completing your tax organizer, as it will help us provide you with the most accurate tax return claiming every deduction allowed.

For insurance purposes we are required to have a completed organizer with signature to process your tax return. Please complete this organizer prior to your appointment as it is to your advantage that we spend more time discussing your tax situation and equally important it will improve accuracy and speed in the final processing of your return.

You can easily navigate to the areas that affect you by check marking the boxes that apply. Thank you in advance for completing all of the applicable sections and please check mark either the Yes or No box in each section.

Thank you for your past patronage and we look forward to seeing you this New Year.

Office Use Only

Organizer & Worksheets complete	Yes <input type="checkbox"/> No <input type="checkbox"/>
Engagement Letter signature(s)	Yes <input type="checkbox"/>
Interviewer	_____

INCOME (Additional income forms on page 6)

Wage Income (Please provide original W-2's)

How many W-2s are you providing?

Taxpayer _____

Spouse _____

Dependent(s) _____

Interest Income | Yes No (Provide copies of year-end statements, 1099INT)

Name of payer, bank or credit union	Amount	Name of payer, bank or credit union	Amount
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____

Most commercial institutions report interest income on the January statement.

Dividend Income | Yes No (Provide copies of all mutual fund and brokerage statements, 1099DIV)

Name of payer, bank or credit union	Ordinary Dividends	Qualified Dividend	Capital Gain Distributions	Federal Tax Withheld	Foreign Tax Paid
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

Sale of Stock | Bonds | Mutual Funds | Yes No (Provide copies of both sides for all statements, 1099B)

Description	Date Acquired	Date Sold	Sales Price	Original Cost
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____

If you do not have this information please contact your broker or mutual fund company before your appointment. For an additional "Sale of Stock" forms go to www.shoemakecpa.com to download additional worksheets.

Pension, 401k Withdrawal and Annuity Income | Yes No (Attach all 1099R statements)

How many 1099R are you providing?

for Taxpayer _____

for Spouse _____

State & Local Income Tax Refunds | Yes No

Amount \$ _____ New clients, did you itemize deductions last year? Yes No

Your refund is only considered taxable income if you itemized your deductions on your federal income tax return. Federal refunds, federal rebates, state sales tax rebates and property tax refunds are not taxable income.

INCOME (Continued)

Miscellaneous Income | Yes No (Please fill-in all items that apply and provide copies of statements and documents)

Alimony Received (not child support) \$ _____	Gifts or Prizes \$ _____	Disability Income \$ _____
Social Security Income \$ _____	Cancellation of Debt \$ _____	Workers' Compensation or SDI \$ _____
Grants or Stipends \$ _____	Jury Duty Pay \$ _____	Cashed Life Insurance Policy \$ _____
Unemployment Income \$ _____	Any additional income? Yes <input type="checkbox"/> No <input type="checkbox"/> (Attach W-2G)	
Gambling Income \$ _____	S-Corps, Partnerships, LLC, Estates, Trusts Related expenses?	
K-1 Income \$ _____	Did you receive income from an installment sale? Yes <input type="checkbox"/> No <input type="checkbox"/> If you are holding a Contract for Deed on property please download Installment Sale form.	

Do you have a Small business, Sch C 1099MISC? Yes No | Name of Business _____

Additional Sch C Small Business? Yes No | Name of Business _____

It is your responsibility to include all taxable income on this form. If you have a small business or have rental income please go to www.shoemakecpa.com to download the "Profit and Loss from a Business" or "Rental and Royalty" worksheets.

Adjustments to Income | Yes No

IRA Contributions Did you or your spouse contribute to an IRA? Yes No (If yes) Traditional or Roth
Amount contributed by: Taxpayer \$ _____ Spouse \$ _____

Student Loan Interest Paid \$ _____ Please provide copies of statements

Self Employed Health Insurance \$ _____ Amount of health insurance premiums paid

Alimony Paid \$ _____ Name and social security # of the recipient _____

ITEMIZED DEDUCTIONS (Additional deduction forms on page 6)

Itemized Deductions | Yes No

- Medical Expenses Please note that these are only deductible if they exceed 7.5% of your adjusted gross income. Do not include pre-tax medical expenses. If this deduction applies please download a worksheet from www.shoemakecpa.com.
- State Taxes New clients: did you owe money when you filed your state tax return last year? Yes No (If yes) please fill-in the amount \$ _____
- Personal Taxes-1 Property Taxes/Real Estate Taxes paid on non-rental main residence \$ _____ Property Taxes/Real Estate Taxes paid on second home or cabin \$ _____ Land tax paid \$ _____
- Personal Taxes-2 Car Tabs-1 \$ _____ Car Tabs-2 \$ _____ Car Tabs-3 \$ _____ Car Tabs-4 \$ _____
Include the entire amount you paid for tabs, we will subtract flat fees. No motorcycles, boats, RVs, trailers or snowmobiles.
- MN Property Tax Refund or Certificate of Rent Paid If you think you are eligible for these refunds bring your Property Tax or CRP statements to your tax meeting and we can determine if you qualify and process them. If we receive your Property Tax or CRP statements AFTER your tax return is finished there is an additional fee of \$50 to process these forms. This is not part of your Federal or State tax return.

ITEMIZED DEDUCTIONS (continued)

Mortgage Interest Paid | Yes No (Form 1098 primary home and second home, not rental property)

Include interest you paid on home equity loans. Did you refinance? Yes No (**Bring Settlement Statements**)

Mortgage Company or Lender Name	Primary Residence	Second home, Cabin
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

If the lender is an individual, please reference their address as well as interest paid \$ _____

_____ Name _____ Address _____ Social Security # _____

Cash Contributions | Yes No (Provide Shoemake CPA originals of receipts or statements of any amounts over \$250 and write-in the name of the Donee and contribution amount below)

List Donee	Contribution	List Donee	Contribution
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____

The IRS requires a receipt and canceled check for any contributions. This receipt must be an original Donee form or original letterhead statement. **Note: Non-Cash Worksheet is a separate form.**

Volunteer Expense | Yes No (May include church or school volunteer work, coaching, etc.)

Miles driven _____ Out of pocket expense \$ _____

If audited, the IRS will require a statement from your church, school or other organization specifying these non-reimbursed expenses. This statement must be an original Donee form or original letterhead. If you claim mileage you must maintain a calendar log referencing the date, to/from, miles driven and purpose. Verify with your organization to confirm they are a registered non-profit organization. Keep all original receipts for expenses.

Miscellaneous Deductions | Yes No

- Safe deposit box rental or cost of a small safe purchased specifically to store financial documents \$ _____
- Appraisal fees to determine fair market value of donated property \$ _____
- Investment related service charges \$ _____
- Tax preparation fees, consultation fees, tax or financial related books and subscriptions \$ _____
- IRA fees that are billed separately \$ _____
- Gambling losses, but only to the extent of gambling winnings that are reported to the IRS \$ _____
- Repayments of income included on a prior year tax return such as unemployment compensation paid-back \$ _____
- Legal expenses incurred in attempting to produce or collect taxable income or that you pay in connection with any tax matter. Does not include personal legal expenses such as divorce but may include expenses for alimony. \$ _____

If audited, the IRS requires original receipts for these deductions.

ITEMIZED DEDUCTIONS (continued)

Deduction Worksheet List | Yes No

Please checkmark the deduction forms that apply to your return. To claim any of the below deduction(s) you will need to provide the below applicable forms before we can finalize and complete your tax return. You may download these forms from www.shoemakecpa.com.

- | | |
|--|--|
| <input type="checkbox"/> Airline Flight Attendant | <input type="checkbox"/> Moving Expenses |
| <input type="checkbox"/> Airline Mechanic | <input type="checkbox"/> Medical Expenses |
| <input type="checkbox"/> Airline Pilot | <input type="checkbox"/> Medical Professional |
| <input type="checkbox"/> Attorney | <input type="checkbox"/> Non-Reimbursed Employee Expenses (General Form) |
| <input type="checkbox"/> Beauty & Barber | <input type="checkbox"/> Non-Cash Contributions (e.g. Salvation Army, Goodwill etc...) |
| <input type="checkbox"/> Business Profit and Loss | <input type="checkbox"/> Real Estate Income & Expense |
| <input type="checkbox"/> Business Use of Your Home | <input type="checkbox"/> Rental & Royalty |
| <input type="checkbox"/> Construction Worker | <input type="checkbox"/> Sale of Home |
| <input type="checkbox"/> Daycare Provider | <input type="checkbox"/> Sale of Stocks, Bonds or Mutual Funds |
| <input type="checkbox"/> Educator & Teacher | <input type="checkbox"/> Vehicle Mileage Record |

CREDITS

Estimated Tax Payments | Yes No (only taxpayers who paid in additional taxes throughout the year)

	Federal	Date Paid	State	Date Paid
Amount applied from prior refunds if any	\$ _____	_____	\$ _____	_____
First Quarter	\$ _____	_____	\$ _____	_____
Second Quarter	\$ _____	_____	\$ _____	_____
Third Quarter	\$ _____	_____	\$ _____	_____
Fourth Quarter	\$ _____	_____	\$ _____	_____

Child Care | Yes No

Do you have dependent care benefits in a flex account at work? Yes No

Amount listed on your W-2, Box 10 \$ _____

Child's Name	Social Security #	Expenses Paid	Name & Address of Provider	Provider's ID#
_____	_____	\$ _____	_____	_____
_____	_____	\$ _____	_____	_____
_____	_____	\$ _____	_____	_____
_____	_____	\$ _____	_____	_____

CREDITS (continued)

Education Credits | Yes No (Include tuition, lab fees and course expenses, loans used to pay for education | NOT room and board)

Student's Name (Taxpayer, Spouse or Dependent)	Completed (2) Years of College	Attend at Least 50% of time	Degree Program	Amount Paid
_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	\$ _____
_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	\$ _____
_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	\$ _____

Minnesota Residents Only | Yes No (Education Expenses for Dependents K-12)

	Childs Name	Childs Name	Childs Name
	\$ Amt Organization Type of Class	\$ Amt Organization Type of Class	\$ Amt Organization Type of Class
Enrichment of Academic Classes Fees, Tuition (Fees for after-school academic activities, fine arts camps, no sports or religious activities etc)	\$ _____	\$ _____	\$ _____
Individual Instruction Fees by Qualified Person (Tutoring, music lessons, no sports or religious activities)	\$ _____	\$ _____	\$ _____
Required School Expenses (Textbooks, paper, pencils, notebooks, rental or purchase of musical instruments)	\$ _____	\$ _____	\$ _____
Personal Computer Hardware or Educational Software (\$200 maximum)	\$ _____	\$ _____	\$ _____
School Tuition	\$ _____	\$ _____	\$ _____
Transportation Costs Paid to Others	\$ _____	\$ _____	\$ _____

If audited, Minnesota Revenue requires original receipts for these deductions.

MISCELLANEOUS

Miscellaneous ... | Yes No (Check any of these situations that may apply to you.)

- Adoption If your adoption was completed last year, you may be eligible for the adoption credit.
- Bad Debts Non-business bad debts.
- Casualty Losses Must exceed 10% of your Adjusted Gross Income to be deductible. Examples include fire, accident, and theft and storm casualties.
- Electronically Deposit Refund If you are due a refund and would like the refund electronically deposited into your bank account, please provide the below type of account, bank name, routing number and account number
 - Checking Account
 - Savings Account

_____ Bank Name _____ Routing Number _____ Account Number

MISCELLANEOUS (Continued)

- | | | |
|--------------------------|---|--|
| <input type="checkbox"/> | IRA Conversions | Did you convert a traditional IRA to a Roth? If so bring the original copy of your 1099R form. |
| <input type="checkbox"/> | Household Wages | Did you pay anyone (maid, nanny etc..) household wages of \$1,700 or more? Complete schedule H. |
| <input type="checkbox"/> | Moving Expenses | If you moved at least 50 miles because of a job change, see www.shoemakecpa.com to download Moving Expense form. |
| <input type="checkbox"/> | Non-Game Wildlife | Do you wish to help Minnesota's wildlife by donating to the Non-game Wildlife Fund? |
| <input type="checkbox"/> | Penalties from early withdrawal savings | Did you incur penalties this tax year for early withdrawal from a certificate of deposit account? What was the amount you were penalized \$_____. |
| <input type="checkbox"/> | Temporary Job | If you worked away from home for part of the year see www.shoemakecpa.com and download a temporary job expense worksheet. |
| <input type="checkbox"/> | Worthless Stock | If you own any stocks that became worthless please provide documentation. |

PRIVACY POLICY

Maintaining your trust and confidence is very important to us and is one of our top priorities. Because of this we want to convey how we protect your privacy when we receive information from you and or your family members, and the steps that we take to safeguard your information. CPA's have been and continue to be bound by professional standards of confidentiality that are even more stringent than those required by law. We have always protected your right to privacy. This notice is provided to you on behalf of Nancy L. Shoemake C.P.A., P.A.

Information we Collect

In connection with providing you with tax preparation, investment products, financial advice, business accounting, and other services we obtain non-public personal information about you including:

- Information we receive from you on applications, tax organizers worksheets and tax documents provided to us by you
- Information about your transactions with us or others including your financial adviser
- Information from other third parties obtained by us with your authorization

Permitted disclosures such as, providing information to our employees and in limited situations to unrelated third parties who need to know that information to assist us in providing services to you. In all such situations, we stress the confidential nature of information being shared

Our Security Policy

We retain records relating to professional services that we provide so that we are better able to assist you with your professional needs and, in some cases, to comply with professional guidelines. Only those individuals who need this information to perform their jobs are authorized to have access to confidential client information. We maintain physical, electronic, and procedural security measures that comply with our professional standards to safeguard confidential client information.

Information we Disclose

We will not disclose information regarding you or your account except under the following circumstances:

- To your financial adviser and/or advisor manager
- To establish or maintain an account with an unaffiliated third party, such as a clearing broker providing services to you
- To government entities or other third parties in response to subpoenas or other legal process as required by law or in compliance with professional standards
- To all parties that you have given us permission to do so

Signature(s) are required to process your tax return

I/we understand the returns are to be prepared from information I/we provide and the tax preparation fee does not include auditing, review, or any other verification. The final responsibility for a complete and accurate tax return rests with me/us. I/we declare that the information, forms and additional worksheets that I have provided to Nancy L Shoemake CPA, P.A. are to the best of my/our knowledge true, correct and complete. I/we declare that we have included all taxable income on this form. It is also my/our responsibility to review and understand the information shown on the returns prior to signing and filing them.

Taxpayer Signature

Spouse Signature

Date

Print Name

Print Name

Date