Mathews, Samuel & Associates PC. CPAs.

Client Tax Organizer

Please complete this Organizer before your appointment. Prior year clients should use the proforma Organizer provided.

1. Personal Information									
Name Taxpayer		Soc. Se	c. No.	Date o	of Birth	Occupation	n	Work Pho	one
Spouse Street Address			City		State	ZIP		Home Pho	one
Email Address									
Taxpayer Spouse Marital Status									
Blind Yes N Disabled Yes N Pres. Campaign Fund Yes N	o Yes	No No No	Marr Sing Wide	le	Date of Spo	Will file jo		Yes	No
2. Dependents (Children & Oth	ers)								
Name (First, Last)	Relationship	Date of Birth	Social S Num		Months Lived With Yo	Disabled	Full Time Student	Depend Gros Inco	ss
Please provide for your appointment - Last year's tax return (new clients o - Name and address label (from gove			l statemer	ıts (W-2	2s, 1098s, 1	099s, etc)			
Please answer the following questions to	determine maximum	deductions							
Are you self-employed or do you receive hobby income?	Yes* N			s, divor	oirths, deat ces or ado	-	Γ	Yes	No
Did you receive income from raising animals or crops? Did you receive rent from real	Yes* N	10.	-	ve a gif	t of more tl	nan \$13,000	[Yes	□ No
estate or other property? 4. Did you receive income from	Yes* N	lo 11.		ve any	•	celled, forgiv	/en,	Yes	No
gravel, timber, minerals, oil, gas, copyrights, patents?	Yes* N	ΙΛ	Did you go proceedin		gh bankrup	tcy		Yes	No
5. Did you withdraw or write checks from a mutual fund?	Yes N	lo 13.	(a) If you	oaid rer	nt, how mu	ch did you p	ay?		
6. Do you have a foreign bank account, trust, or business?	Yes N	lo	(b) Was h			ıdent loan fo		Yes	No
7. Do you provide a home for or help support anyone not listed in Section 2 above?	Yes N	lo	yourself, y during the	our spo year?	ouse, or you	ur dependen		Yes	☐ No
8. Did you receive any correspondence from the IRS or State Department of Taxation?	Yes N		spouse, or	your d	nses for yo ependent t igh school			Yes	No

^{*} Contact us for further instructions

19 or 19 to unearned in	ve any children under th 23 year old students with ncome of more than \$95 rchase a new alternative	th 50?	Yes	No	improvements s windows, insula	as solar wa uel cells or such as ext ation, heat	ater heaters, energy efficient	s,	□No
technology	vehicle or electric vehic	cle?	_ Yes _	」No	19. Did you own \$5				
3. Wage,	Salary Income				financial assets	?		Yes	No
Attach W-2s:					7. Property	Sold			
Employer		Тахр	ayer Spou	ise	Attach 1099-S an	d closing s	tatements		
					Propert	у	Date Acquire	d Cost &	Imp.
					Personal Reside	nce*			
					Vacation Home				
					Land				
				_	* Provide informa and cost of a ne (Job-Related M	ew residen	 provements, pric ce. Also see Sec		е,
4. Interes	t Income				8. I.R.A. (Inc	dividual F	Retirement A	cct.)	
Attach 1099-IN	T, Form 1097-BTC & bro	oker statemer	Amount		Contributions for Taxpayer Spouse		come	Date	✓ for Roth
Tax Exempt					Amounts withdraw	wn. Attach	1099-R & 5498 Reason for Withdrawal	Reinve	ested?
5. Divider	nd Income							Yes	No
From Mutual Fu	unds & Stocks - Attach	1099-DIV						Yes Yes	No No
Payer	Ordinary	Capital Gains	Non- Taxable	·				Yes	No
					9. Pension,	Annuity	Income		
					Attach 1099-R Payer*		Reason for Withdrawal	Reinve	$\overline{}$
								Yes Yes	No No
								Yes	
	rship, Trust, Estate				* Provide stateme company with it contributions to	nformation		Yes	∐ No
or estate incom	oartnership, limited partı ne - Attach K-1	neranip, a- cor	אסו מנוטוו, נרני	ısı,		-	_	_	
					Did you receive:		Taxpayer	Spo	$\overline{}$
					Social Securit Railroad Retir		H	No Yes	No No
					Attach SSA 1099,	RRB 1099			

10. Investments Sold

Stocks, Bonds, Mutual Funds, Gold, Silver, Partnership interest - Attach 1099-B & confirmation slips

Investment	Date Acquired/Sold	Cost	Sale Price
	/		
	/		
	/		
	/		

	I	
11. Other Income	14. Interest Expense	
List All Other Income (including non-taxable)	Mortgage interest paid (attach 1098)	
	Interest paid to individual for your	
Alimony Received	home (include amortization schedule)	
Child Support	Paid to:	
Scholarship (Grants)	Name	
Unemployment Compensation (repaid)	Address	
Prizes, Bonuses, Awards	Social Security No.	
Gambling, Lottery (expenses)		
Unreported Tips	Premiums paid or accrued for qualified	
Director / Executor's Fee	mortgage insurance	
Commissions		
Jury Duty	15. Casualty/Theft Loss	
Worker's Compensation		
Disability Income	For property damaged by storm, water,	fire coeldont or stolen
Veteran's Pension		
Payments from Prior Installment Sale	Location of Property	
State Income Tax Refund		
Other	Description of Property	
Other		
12. Medical/Dental Expenses Medical Insurance Premiums	Amount of Damage Insurance Reimbursement Repair Costs	Disaster Losses
(paid by you)	Federal Grants Received	
Prescription Drugs		
Insulin		
Glasses, Contacts	16. Charitable Contributions	
Hearing Aids, Batteries		
Braces	Oth	er
Medical Equipment, Supplies		
Nursing Care	Church	
Medical Therapy	United Way	
Hospital	Scouts	
Doctor/Dental/Orthodontist	Telethons	
Mileage (no. of miles)	University, Public TV/Radio	
Miles after June 30	Heart, Lung, Cancer, etc.	
	Wildlife Fund	<u> </u>
	Salvation Army, Goodwill	
13. Taxes Paid	Other	
Real Property Tax (attach bills)	Non-Cash	
Personal Property Tax		
Other	Volunteer (no. of miles)	@ .14

17. Child & Other Dependent Care Expenses

Name of Care Provider	Address	Soc. Sec. No. or Employer ID	Amount Paid

Also complete this section if you receive dependent care benefits from your employer.

18. Job-Related Moving Expenses	21. Business Mileage
Date of move	Do you have written records?
Move Household Goods Lodging During Move	Did you sell or trade in a car used for business? Yes No
Travel to New Home (no. of miles) Miles after June 30	If yes, attach a copy of purchase agreement
	Make/Year Vehicle
19. Employment Related Expenses That You Paid	Date purchased
(Not self-employed)	Total miles (personal & business)
(Not Self-elliployed)	Business miles (not to and from work)
Duca Union Duafaccional	Miles after June 30
Dues - Union, Professional	From first to second job
Books, Subscriptions, Supplies	Miles after June 30
Licenses	Education (one way, work to school)
Tools, Equipment, Safety Equipment	
Uniforms (include cleaning)	Other Business
Sales Expense, Gifts	—
Tuition, Books (work related)	Round Trip commuting distance
Entertainment	Gas, Oil, Lubrication
Office in home:	Batteries, Tires, etc.
In Square a) Total home	Repairs
Feet b) Office	Wash
c) Storage	Insurance
Rent	Interest
Insurance	Lease payments
Utilities	Garage Rent
Maintenance	
20 Investment Polisted Evnences	22. Business Travel
20. Investment-Related Expenses	If you are not reimbursed for exact amount, give total expenses.
Tax Preparation Fee	— Airfare, Train, etc.
Safe Deposit Box Rental	Lodging
Mutual Fund Fee	— Meals (no. of days)
Investment Counselor	Taxi, Car Rental
Other	— Taxi, Car Hentai — Other
	Reimbursement Received

23. Estimated Tax Paid		24. Other Deductions			
Due Date	Date Paid	Federal	State	Alimony Paid to Social Security No. Student Interest Paid Health Savings Account C Archer Medical Savings Ac	\$ \$ ontributions \$
25. Education	n Expenses			26. Questions, Cor	mments, & Other Inforr
Student's Name	Type o	f Expense		- - -	
				Residence: Town Village City	
27. Direct De	posit of Refur	nd / or Savings	Bond Pur		
	w you to deposit y	directly deposite our federal tax reful vide the following i	nd into up to t	three	Taxpayer Spouse Traditional IRA HSA Savings
Name of financial in	estitution	J Alcher MoA Ga	villy3	Coverden Education Cavings	HoA davings
Financial Institution		Number (if known	<u> </u>		
Your account numb					
ACCOUNT 2					
Owner of account					Taxpayer Spouse
Type of account		Checking Archer MSA Sa	vings	Traditional Savings Coverdell Education Savings	Traditional IRA HSA Savings
Name of financial in	nstitution				
Financial Institution	Routing Transit	Number (if known))		
Your account numb	oer				

Owner of account			Taxpayer	Spouse Joint
Type of account	Checking Archer MSA Saving	Traditional Savings Goverdell Education Sa	H	onal IRA Roth IRA SEP IRA
Name of financial institution				
Financial Institution Routing Tran	nsit Number (if known)			
Your account number				
Would you like to purchase Serie	es I Savings bonds with a	portion of your refund? If so, pleas	se answer the followi	ing:
Amount used for bond purchase	s for yourself (and spouse	e if filing jointly).		
Amount used to buy bonds for so	omeone else (or yourself o	only or spouse only if filing jointly))	
Owner's name		Co-owner or Beneficiary's name if applicable	X if name is for a beneficiary	Bond purchase Amount
	other information ned	enclosed in this client tax or cessary for the preparation	-	

Spouse

Date

Date

ACCOUNT 3

Taxpayer

Mathews, Samuel & Associates PC, CPAs.

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