



GIG HARBOR TAX AND ACCOUNTING

GET WHAT YOU DESERVE, GET A TAX PROFESSIONAL ON YOUR SIDE!

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2021 Client Individual Tax Organizer

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Intake/Interview & Quality Review Sheet

As always, we have been staying current on the latest tax law changes so we can keep you informed on how these changes will affect your individual circumstances. And it is our desire to help you identify where these changes will benefit you; to do this we need you to carefully complete all of the questions in this tax organizer and bring all documentation with you to your appointment. Thank you in advance, for taking the time to fill out the questionnaire and worksheets.

1. Personal Information

Please remember to provide for your appointment: All tax statements (W-2s, 1098s, 1099s, K-1's, etc.) and a copy of your last year's tax return (new clients only).

1. Your First Name						M.I.	Last name		Telephone #	Date of Birth	Job Title / Occupation	Social Security Number	U.S. citizen? (Yes / No)	Full-time student (Yes / No)	Perm Disabled (Yes / No)	Legally blind (Yes / No)
2. Spouse's First Name						M.I.	Last name		Telephone #	Date of Birth	Job Title / Occupation	Social Security Number				
3. Mailing address									Apt #	City			State		ZIP code	
4. Your Email Address:										5. Spouse's Email Address (if different):						
6. Can anyone claim you or your spouse on their tax return?												<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure				
7. Have you or your spouse: a. Been a victim of identity theft or do either of you have an IP PIN? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, answer b												Taxpayer IP PIN: _____		b. Spouses IP PIN: _____		
8. Taxpayer Identification Information: <input type="checkbox"/> Check if None or N/A												Spouse Identification Information (if applicable): <input type="checkbox"/> Check if None or N/A				
Type of photo ID <input type="checkbox"/> Driver's license <input type="checkbox"/> State-issued photo ID N												Type of photo ID <input type="checkbox"/> Driver's license <input type="checkbox"/> State-issued photo ID				
Driver's license or state-issued photo ID number _____												Driver's license or state-issued photo ID number _____				
State the driver's license or state-issued photo ID was issued in _____												State the driver's license or state-issued photo ID was issued in _____				
Issue date of the driver's license or state-issued photo ID _____												Issue date of the driver's license or state-issued photo ID _____				
Exp. date of the driver's license or state-issued photo ID _____												Exp. date of the driver's license or state-issued photo ID _____				
Additional Notes:																

Information for tax refund or balance owed (please indicate which to use this account for): ☐ Direct Deposit Account (refund) ☐ Direct Debit Account (balance owed)

Financial Institution Name: _____ Type of Account: _____

Routing Number: _____ Account Number: _____

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2. Marital Status and Household Information

1. As of December 31, 2021, were you: (This includes registered domestic partnerships, civil unions, or other formal relationships under state law)

☐ Single

☐ Married a. If Yes, Did you get married in 2020? ☐ Yes ☐ No

b. Did you live with your spouse during any part of the last six months of 2021? ☐ Yes ☐ No

☐ Divorced Date of final decree _____

☐ Legally Separated Date of separate maintenance agreement _____

☐ Widowed Year of spouse's death _____

2. List the names below of:

- everyone who lived with you last year (other than your spouse)
- anyone you supported but did not live with you last year

If additional space is needed check here ☐ and list answers on separate page

Adopted a child? ☐ Yes ☐ No * To be completed by your Tax Preparer

Name (first, last) Do not enter your name or spouse's name below	Date of Birth (mm/dd/yy)	Relationship to you (for example: son, daughter, parent, none, etc)	Social Security Number, Individual Taxpayer Identification Number, or Adoption Taxpayer Identification Number	Number of months lived in your home last year	US Citizen? (yes/no)	Single or Married (S/M)	Full-time Student (yes/no)	Permanently Disabled (Yes/no)	* Is this person a qualifying child/relative of any other person?	* Did this person provide more than 50% of his/her own support?	* Did this person have less than \$4,300 of income?	* Did the taxpayer(s) provide more than 50% of support for this person?	* Did the taxpayer(s) pay more than half the cost of maintaining a home for this person?

Can you provide school records, medical records, birth certificate, day care records, etc. or other types of records to substantiate/prove that you are allowed to claim these dependents listed on your tax return for this year? Please provide what types of records you can provide below: ☐ Yes ☐ No

Did you have any children under the age of 19 or 19 to 23 year old students with unearned income of more than \$1,100? ☐ Yes ☐ No

If "Yes", please bring the information on your child's unearned income with you to your appointment.

3. Dependent Care

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

Name of Care Provider for Dependents	Provider's Address	Social Security No. or Employer Tax ID	Amount Paid

* Continue onto next page for Marital and Household Information

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4. Health Care Coverage (includes CHIP, Medicare, Medicaid, Employer-Sponsored Insurance, Individual Health Insurance, etc.)

Health Care Coverage Statement is not applicable beginning for Tax Year 2019 unless the Premium Tax Credit was used to pay for health care coverage any time in the current year. Please indicate below to identify if the Premium Tax Credit was used to pay your health insurance through the State Marketplace.			
Yes	No	Unsure	Check appropriate box to answer if any of your Health Care Coverage was paid for using the Premium Tax Credit this year.
			a. Last year, did you or your spouse receive an advance payment from the Marketplace to help you pay for your monthly health care payments? (Form 1095-A) IF YOU RECEIVED ADVANCED PAYMENTS FOR HEALTH INSURANCE PLEASE REMEMBER TO SEND THE FORMS YOU RECEIVED TO REPORT IN THIS YEAR'S TAX RETURN.

Visit <http://www.healthcare.gov/> or call 1-800-318-2596 for more information on health insurance coverage options and assistance.

If you're receiving advance payments of the premium tax credit to help pay for your health insurance coverage, you should report life changes, such as income, marital status or family size changes, to your marketplace. Reporting changes will help to make sure you are getting the proper amount of advance payments.

To be completed by your Tax Preparer (Use Publication 4012 and check the appropriate box(es) indicating the health care coverage status for everyone listed on the return)				
Had Health Care Coverage	B) For the Entire year (12 months)	B) For part of the year (Less than 12 months)	(B) No Health Care Coverage at all	(B) Qualify for an exemption
Taxpayer				
Spouse				
Dependents				
Notes:				

3. Advanced Tax Credits and Estimated Tax Payments

Economic Impact Payments (Stimulus) Please provide IRS letter received for payments.

Payment date	Amount received	Payment date	Amount received	Payment date	Amount received
	\$		\$		\$

Advance Child Tax Credit Payments Received Please provide IRS letter received for payments.

Payment date	Amount received	Payment date	Amount received	Payment date	Amount received
July 15, 2021	\$	September 15, 2021	\$	November 15, 2021	\$
August 13, 2021	\$	October 15, 2021	\$	December 15, 2021	\$

Estimated Tax Payments — Tax Year 2021

Installment	Date paid	Federal	Date paid	State
First		\$		\$
Second		\$		\$
Third		\$		\$
Fourth		\$		\$
Amount applied from 2020 overpayment?		\$		\$
Total		\$		\$

Notes:

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4. Income – Last Year Did You (or Your Spouse) Receive

If answer is yes to any of the questions please provide information or statement.

Yes	No	N/A Unsure	Check appropriate box for each question in each section
			1. Wages or Salary? (Form W-2) If yes, how many jobs did you have last year? _____
			2. Tip Income? _____
			3. Scholarships? (Forms W-2, 1098-T)
			4. Did you receive a distribution from an education account, distribution from a qualified tuition program, or employer provided education assistance this year?
			5. Interest/Dividends from: checking/savings accounts, bonds, CDs, brokerage? (Forms 1099-INT, 1099-DIV)
			6. Investment property sold and/or other property sold? This includes items sold in vehicle sales, garage sales, private party sales, or cryptocurrency transactions (i.e. Craigslist, EBay, Bitcoin, etc.).
			7. Refund of state/local income taxes? (Form 1099-G)
			8. Alimony income?
			9. Self-Employment income? (Form 1099-MISC, cash)
			10. Cash/check/virtual currency payments, or other property or services for any work performed not reported on Forms W-2 or 1099?
			11. Income (or loss) from the sale of Stocks, Bonds or Real Estate? (including your home) (Forms 1099-S, 1099-B) 1099-S with closing statements, Stocks, Bonds, Mutual Funds, Gold, Silver, Partnership interest - Attach 1099-B & confirmation slip. For any property sold please provide information on improvements, prior sales of home, and cost of new residence. Also remember to review Job Related Moving Expenses later in Adjustments to Income (if applicable).
			12. Disability income? (such as payments from insurance, or workers compensation) (Forms 1099-R, W-2)
			13. Did you withdraw from an HSA (Health Savings Account) or MSA (Medical Savings Account) plan this year?
			14. Distribution from Pensions, Annuities, and/or IRA? (Form 1099-R) If yes, how many? _____ If IRA: <input type="checkbox"/> Traditional IRA <input type="checkbox"/> Roth IRA If yes, did you ever have contributions that were not tax deductible or excluded from income tax in the year it was paid (excluding Roth)? <input type="checkbox"/> Yes <input type="checkbox"/> No
			15. Unemployment compensation? (Form 1099-G)
			16. Social Security or Railroad Retirement Benefits? (Forms SSA-1099, RRB-1099)
			17. Income (or loss) from Rental Property?
			18. Income (or loss) from Personal Property?
			19. Income (or loss) from raising animals or crops?
			20. Did you receive income from Gravel, Timber, Minerals, Oil, Gas, Copyrights, or Patents this year?
			21. Did you receive any stock options from your employer?
			22. Did you have any debts that were cancelled, forgiven, or refinanced this year, did you go through bankruptcy proceedings this year, or did you have any property foreclosed or repossessed this year?
			23. Other income? (Gambling, lottery, prizes, awards, hobby income, jury duty, executor fees, installment sale income, sharing/gig economy, Sch K-1, etc.) Specify _____

* Continue onto next page for Income – Last Year Did You (or Your Spouse) Receive

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Foreign Income, Foreign Accounts, and Virtual Currency Accounts

Yes	No	Unsure	Check appropriate box for each question in each section
			24. Did you have any foreign earned income or unearned income not already listed above this year?
			25. Did you have any foreign bank accounts, trusts, retirement plans, stock, businesses, other foreign asset not already listed above this year?
			26. Do or did in the current year you own any cryptocurrency or virtual currency accounts (i.e. Bitcoin, Litecoin, etc.)?
If yes, to any of the questions above, please provide details:			

5. Expenses – Last Year, Did You (or Your Spouse) Pay

If answer is yes to any of the questions please provide information or statement.

Yes	No	N/A Unsure	Check appropriate box for each question in each section
			1. Alimony or separate maintenance payments? If yes, do you have the recipient's SSN? <input type="checkbox"/> Yes <input type="checkbox"/> No
			2. Contributions to a retirement account? Traditional IRA _____ Roth IRA _____ 401K _____ Other _____
			3. College or post-secondary educational expenses for yourself, spouse or dependents? (Form 1098-T)
			4. Student loan interest? (Form 1098-E)
			5. Medical expenses? (including health insurance premiums) UNDER LIMITS FOR TAX DEDUCTION
			6. Home mortgage interest? (Form 1098) Did you have a loan for an RV or boat that has living quarters? <input type="checkbox"/> Yes <input type="checkbox"/> No
			7. Real estate taxes for your home or personal property taxes for your vehicle? (Form 1098)
			8. Charitable contributions?
			10. For supplies used as an eligible educator such as a teacher, teacher's aide, counselor, etc.?
			11. Expenses related to self-employment income or any other income you received? If yes, please provide detail on expenses. Also, did you have <input type="checkbox"/> An Office in Home <input type="checkbox"/> Business Mileage (Mileage Must Be Written to Be Deductible – Mileage Must Be Logged)
			12. Did you have anyone owe you money that has become uncollectable this year?
			13. Business Expenses of National Guard and Reserve Members who traveled more than 100 miles from home to perform services this year.
			14. Self-Employed SEP, SIMPLE, and Qualified Plan Contribution
			15. Self-Employed Health Insurance Deduction
			16. Moving Expenses for members of the Armed Forces.? (If yes, please provide the details of moving cost.)
			17. Did you have a Health Savings Account (HSA)? (Forms 5498-SA, 1099-SA, W-2 with code W in box 12)



5. Life Events – Last Year, Did You (or Your Spouse)

If answer is yes to any of the questions please provide information or statement.

Yes	No	N/A Unsure	Check appropriate box for each question in each section
			1. Did you make a large purchase such as buy a car, truck, SUV, motorcycle, recreational vehicle, aircraft, boat, or home?
			2. Were there any improvements to Personal Residence Note: Please provide lending papers if you refinanced your home this year?
			3. Were any of the funds used in the refinance used to paid for something other than to build or improve your home (.i.e. to pay credit card debt , etc.)?
			4. Have all of the current loans borrowed on your home loan been used to buy, build or improve your home? If no, please provide detail.
			5. Did you have and I.R.A. account last year? If yes, did you receive any statements on the balance of this account? Yes No Please provide statements for your future year's tax records.
			6. Have Earned Income Credit (EIC) disallowed in a prior year? If yes, for which tax year?
			7. Did you receive the First Time Homebuyers Credit in 2008? (Credit is required to be paid over 15 years)
			8. Did you have any casualty or theft losses this year? Did you live in an area that was affected by a natural disaster? If yes, please describe.
			9. Did you give a gift \$15,000 or more to any one or more individuals this year?
			10. Did you pay any wages to any household employees this year (i.e. nanny, gardener, maid, etc?)
			11. Did you receive any correspondence from the IRS or State Department of Taxation this year?
			Are there any changes for 2022? If yes, please provide details below.

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6. Additional Information and Questions Related to the Preparation of Your Return

1. Presidential Election Campaign Fund (If you check a box, your tax or refund will not change)		
Check here if you, or your spouse if filing jointly, want \$3 to go to this fund		<input type="checkbox"/> You <input type="checkbox"/> Spouse
2. If you are due a refund, would you like:		
a. Direct deposit	b. To purchase U.S. Savings Bonds	c. To split your refund between different accounts
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. If you have a balance due, would you like to make a payment directly from your bank account?		<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Do you want to allow me (the Tax Return Preparer) to discuss this return with the IRS as your Third Party Designee?		<input type="checkbox"/> Yes <input type="checkbox"/> No

7. Tax Preparer Quality Reviewer Section (This section is to be completed by Tax Preparer)

Review the tax return with the taxpayer to ensure:

- Taxpayer (and Spouse's) identity was verified with a photo ID.
- All questions in Parts I through 6 have been answered.
- All unsure boxes were discussed with the taxpayer(s) and correctly marked yes or no.
- The information on pages one through three was correctly addressed to be entered on this year's return.
- Names, SSNs, ITINs, and EINs, were verified and correct.
- Filing status was verified and correct.
- All Income (including income with or without source documents) checked "yes" in Part 3.
- Adjustments to income, such as student loan interest, IRA contributions, self-employment tax, were verified and are correct.
- Standard, Additional or Itemized Deductions are correct.
- All credits are correctly reported.
- All applicable provisions of ACA were considered for each person named on the tax return and were entered correctly.
- Any Shared Responsibility Payments are correct.
- Withholding shown on Forms W-2, 1099 and Estimated Tax Payments are correctly reported.
- Direct Deposit/Debit and checking/saving account numbers are correct.
- The taxpayer(s) was advised that they are responsible for the information on their return.

Please indicate below that all items have been address above with taxpayer(s).

☐ Yes ☐ No ☐ Waiting on Information (see next page for Preparer Notes)

Tax Return Preparer:

Date Completed:



8. Preparer's Note about this year's tax return: