



## Tax Organizer For Individuals

**\*\*Please Complete The Tax Organizer As Best As Possible**  
**\*\*Be Sure To Bring The Last Two Years Tax Returns**

### Taxpayer Information

Last Name: \_\_\_\_\_

First: \_\_\_\_\_

Occupation: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security: \_\_\_\_\_

### Spouse Information

Last Name: \_\_\_\_\_

First: \_\_\_\_\_

Occupation: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security: \_\_\_\_\_

### Dependent Information

Last Name: \_\_\_\_\_

First: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Last Name: \_\_\_\_\_

First: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Last Name: \_\_\_\_\_

First: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

### Business Contact Information

Business Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

### Banking Information

Bank Name: \_\_\_\_\_

Account Number: \_\_\_\_\_

Checking or Savings

Routing Number: \_\_\_\_\_

945 Reservoir Avenue ■ Cranston, Rhode Island 02910 ■ [www.universalwm.com](http://www.universalwm.com)

Phone - 401.331.7600 | Toll - 877.782.2855 | Fax - 401.331.7800



## Income Tax Return Questionnaire and Checklist

Income	Yes	No	N/A	Comments
Wages (IRS W-2)				
Interest Income (1099-INT)				
Dividend Income (IRS 1099-DIV)				
Brokerage Statements (Statements 1099-B)				
IRA/Pension/Annuity Income (IRS 1099R)				
Schedules K-1 (IRS K-1)				
Rent and Royalty Income and Expenses				
Schedule C Business & Income Expenses				
Unemployment/Social Security				
Misc. Income and Adjustments (IRS 1099-MISC, A, C, G, S)				
Deductions	Yes	No	N/A	Comments
IRA/Retirement Plan Contributions (not in W-2)				
Form 1095-A/B Health Insurance Statements				
Medical/Dental Expenses				
Real Estate Taxes				
Property Taxes				
Mortgage Interest (Form 1098)				
Charitable Contributions (Cash/Check)				
Charitable Contributions (non-cash: provide name, address, desc., value)				
Tuition expenses (provide Form 1098T and any expenses paid)				

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Deductions	Yes	No	N/A	Comments
Child care expenses (name of daycare, address, ID number, amt paid for each child)				
Estimated Federal and State Taxes (provide date paid, check # and amount)				
Massachusetts residents ONLY Schedule 1099-HC				
Please provide us with all government tax documents				

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