



INNOVATIVE FINANCIAL INC. TAX ORGANIZER

Personal Information:

Client Name:	Social Security Number:
Date Of Birth:	Date Of Death (If in current tax year):
Phone Number:	Email:
Address:	City: State: Zip Code:
Occupation:	
This tax year were you (please check if yes): <input type="checkbox"/> Legally blind <input type="checkbox"/> Turned Age <input type="checkbox"/> 59.5 <input type="checkbox"/> 65 <input type="checkbox"/> 72	

Spouse Information (If applicable)

Client Name:	Social Security Number:
Date Of Birth:	Date Of Death (If in current tax year):
Phone Number:	Email:
Address:	City: State: Zip Code:
Occupation:	
This tax year were you (please check if yes): <input type="checkbox"/> Legally blind <input type="checkbox"/> Turned Age <input type="checkbox"/> 59.5 <input type="checkbox"/> 65 <input type="checkbox"/> 72	

Direct Deposit Information:

If you are receiving a refund, would you like to have a Direct Deposit? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Bank Name:	Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
Bank Routing Number:	Bank Account Number:

Estimated Tax Payments Information:

Upon completion of your taxes, were you required to pay estimated quarterly taxes for this year? <input type="checkbox"/> Yes <input type="checkbox"/> No				
	<u>Federal Date Paid</u>	<u>Federal Amount Paid</u>	<u>State Date Paid</u>	<u>State Amount Paid</u>
First Quarter (Due: 4/15/xx)				
Second Quarter (Due: 6/15/xx)				
Third Quarter (Due: 9/15/xx)				
Fourth Quarter (Due 1/15/xx)				
Any \$ applied from prior year tax refund?				

Important Questions - If you answer YES to any of these questions please provide supporting documents

Were you married or divorced during this tax year?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have new dependents?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did you become unemployed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did you make a gift of over \$16,000 per individual?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did you sell your primary residence?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did you purchase a primary residence?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have interest in a Foreign Financial Account or Cyber Currency?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did you take money from a retirement account before age 59.5?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Are you a qualified educator with classroom expenses?	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Do you have a Health Savings Account? (Provide HSA Form)	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Did you make a contribution to your Self Employed Retirement Account?	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Did you make a contribution to your Traditional IRA?	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ Spouse \$:
Did you make a contribution to your ROTH IRA?	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ Spouse \$:
Did you pay student loan interest?	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Did you pay/receive alimony? (child support does not qualify)	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Did you have any debt cancelled?	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$

Did you have higher education tuition & expenses for you or spouse?	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
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****Qualified Education expenses : tuition, fees, books, supplies, equipment (Not Room & Board) - Please provide Form 1098-T from Educational Institute**

Students Name:	School Name:
Students Name:	School Name:

Income Information:

W-2's from Employers (Please provide W-2's)

Employer Name	Box 1: Wages/Compensatio	Box 2: Fed Inc Tax Withheld	Box 17: State Tax Withheld
1	\$	\$	\$
2	\$	\$	\$
3	\$	\$	\$

Interest From: Banks, Credit Unions, Contracts, Etc. (Please Provide 1099 Forms)

Institution Name	Interest Earned \$
1	
2	
3	

Dividends From: Brokerage Accounts, stocks, Mutual Funds, Etc. (Please Provide 1099 Forms)

Institution Name	
1	Because dividends can be taxed differently based on the type of income, please bring all pages of the 1099 forms
2	
3	

Retirement and Pension Income (Please Provide 1099-R Forms)

Provider Name	Box 1: Gross Distribution	Box 4: Fed Inc Tax Withheld	Box 12: State Tax Withheld
1			
2			
3			

Social Security Benefits (Please provide SSA form)

Person Receiving Social Security Benefits	Box 5: Net Benefits	Medicare Premiums	Box 6: Voluntary Withholding
Taxpayer:			
Spouse:			

Other Income (Please provide documentation and any tax withholding information)

Alimony: \$	Unemployment: \$
2019 State Income Tax Refund: \$	Cancelled Debt: \$
Prizes/Awards: \$	Gambling Winnings: \$ Losses (proven): \$
Alimony: \$	Unemployment: \$

IRA Distributions (Please Provide 1099-R Forms)

Provider Name	Box 1 Amount \$	Box 2 Amount \$	Box 4 Amount \$
1			
2			
3			

Sales & Redemptions of Stocks, Bonds, Mutual Funds, and Other Securities and Property

These sorts of sales are reported on form 1099-B (for Real Property 1099-S) Please provide us with those

The report will list date of sale, sale price, and various other information for the IRS.

We will need to know **WHEN** you purchased the item that was sold and **HOW MUCH** you originally paid for it

Itemized Deductions:

Please note the standard deduction amounts for 2022 +\$1,400 each individual over 65)

SINGLE \$12,950

HEAD OF HOUSEHOLD \$19,400

MARRIED FILED JOINTLY \$25,900

MARRIED FILED SEPERATE \$13,850

Medical & Dental Expenses

Deductibles, Co-Pays, various Out of Pocket Expenses YOU paid. Expenses need to exceed 7.5% of your AGI and then only the amount over that can be deducted

Medical Insurance Premiums Paid \$	Hospital or Doctor Visit Costs \$
Dental Insurance Premiums Paid \$	Dental Costs \$
Long Term Care Insurance Premiums Paid \$	Clinic/Lab Test Costs \$
Total Prescription Drugs Costs \$	Eyeglasses/Hearing Aids Cost \$
Medical Travel, Lodging Costs \$ (Mileage? _____)	Medical Equipment Cost \$

Tax Expenses (Do not include Estimated Payments)

Real Estate Tax for your home: \$	Personal Property Tax: \$
Car Registration (Tabs): \$	Sales Tax Paid on Vehicles: \$

Interest Paid (Please Provide 1098 forms from lender)

***Do NOT include Rental or Business interest. Do not include Personal Interest (Credit Card, Auto, Etc.)*

Primary Residence Mortgage Interest Paid: \$	
Primary Residence Equity/Second Mortgage Interest Paid: \$	
Second Home Mortgage Interest Paid (Second home, cottage, RV, Boat, Etc.): \$	
Points paid for Primary: \$	PMI Paid on Primary: \$
Investment Interest Paid: \$	Prior Year Amortized Points: \$

Charitable Deductions

***IRS requires that you keep proof of your contribution. As a preparer we **DO NOT** need to see the proof. For cash contributions proof includes bank records or receipts with organization name, date, and amount. If over \$250 at one time you **MUST** have receipt. For Non-Cash donations Fair Market Value will be used (if over \$5000 appraisal is needed). If total Non-Cash Donations exceeds \$500 we will have to file an additional form.*

Cash Contributions: \$
Non-Cash Contributions (Goodwill, Salvation Army, Thrift Store, Etc.): Fair Market Value \$
***Description of goods donated:
Vehicle Donations (Please provide form 1098-C from charitable organization): \$

Dependent Information (If applicable):

1. Client Name:	Social Security Number:
Date Of Birth:	Relationship?
Disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of Months they lived in your home:
Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, Amount Earned: \$ _____)	
Can this dependent be claimed by someone else? <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, were you entitled to exemption? Y / N)	
Was this child adopted in 2019 or 2020? <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Client Name:	Social Security Number:
Date Of Birth:	Relationship?
Disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of Months they lived in your home:
Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, Amount Earned: \$ _____)	
Can this dependent be claimed by someone else? <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, were you entitled to exemption? Y / N)	
Was this child adopted in 2019 or 2020? <input type="checkbox"/> Yes <input type="checkbox"/> No	

3. Client Name:	Social Security Number:
Date Of Birth:	Relationship?
Disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of Months they lived in your home:
Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, Amount Earned: \$ _____)	
Can this dependent be claimed by someone else? <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, were you entitled to exemption? Y / N)	
Was this child adopted in 2019 or 2020? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Dependent Care Deduction: For Qualifying Children & Other Dependents

***If the care was in your home you may have a household employee. Please let us know if this is the case.*

Child/Dependent Care Provider:			
Provider EIN/SSN:			
Provider Address:	City:	State:	Zip Code:
Amount Paid This Year:	For which Child/Dependent:		

Higher Education Tuition & Expenses For Dependents (Please provide Form 1098-T provided by Educational Institute)

***Qualified Education expenses : tuition, fees, books, supplies, equipment (Not Room & Board)*

1. Students Name:	
School Name:	Tuition & Qualified Expenses: \$
2. Students Name:	
School Name:	Tuition & Qualified Expenses: \$