



# Back River

FINANCIAL GROUP

## Tax Organizer

**Taxpayer** \_\_\_\_\_ **SS#** \_\_\_\_\_ **DOB** \_\_\_\_|\_\_\_\_|\_\_\_\_

**Spouse** \_\_\_\_\_ **SS#** \_\_\_\_\_ **DOB** \_\_\_\_|\_\_\_\_|\_\_\_\_

**Address** \_\_\_\_\_ **Tel-Home** (    ) \_\_\_\_\_

\_\_\_\_\_ **Tel-Work** (    ) \_\_\_\_\_

**Email** \_\_\_\_\_ **Tel-Mobile** (    ) \_\_\_\_\_

### Occupation

Taxpayer: \_\_\_\_\_ Spouse: \_\_\_\_\_

### Check One

Single     Married Filing     Surviving Spouse

Married Filing Separate (enter spouses name & SS# above)     Head of Household

### Dependents

Name (First, M, Last)	DOB	SS#	Relationship	# of Months in Home
_____	____ ____ ____	_____	_____	_____
_____	____ ____ ____	_____	_____	_____
_____	____ ____ ____	_____	_____	_____
_____	____ ____ ____	_____	_____	_____



## Tax Questionnaire

### Personal Information:

Yes No

- Did your marital status change during the year? If yes, explain:
- Did your name change during the tax year?
- Did your address change during the year?
- Were you, your spouse, or any dependents issued and Identity Protection Pin (IP PIN) from the IRS?
- Did you have any changes in dependents during the year?

### Health Care:

Yes No

- Did any member of your household have healthcare through the Marketplace? **If yes, please provide Form 1095-A.**
- If you are self-employed, did you pay health insurance premiums for yourself and your family? If yes, amount \$\_\_\_\_\_.

### Income, Purchases, Sales information:

Yes No

- Did you sell or buy any real estate (including principal residence) during the year?
- Did you rent out your home or use it for business?
- Did you purchase a new or previously owned clean vehicle during the year?
- Did make any energy efficient improvements to your main home during the year?
- Did you make any contributions to an IRA, Roth, Keogh, SIMPLE, SEP, 401(k) or other qualified retirement plan during the year?
- Did you withdraw IRA or Keogh funds during the year? If yes, please indicate the amount of funds:  
Withdrawn \$\_\_\_\_\_, Date \_\_\_\_\_, Re-deposited \$\_\_\_\_\_ Date \_\_\_\_\_
- Did you receive, sell, exchange, gift, or otherwise dispose of any digital asset or financial interest in any digital asset?
- Do you have any income from or pay taxes to a foreign country?

### Education Information:

Yes No

- Did you pay tuition expenses that were required for attending college, university, or vocational school for yourself, your spouse, or a dependent during the year?
- Did you make a contribution to or receive a distribution from an Education Savings Account or Qualified Tuition Program during the year?

### Miscellaneous Information:

Yes No

- Did you pay wages to any household employee?
- Did you make gifts to any one person in excess of \$17,000 during the year?
- Did you make any purchases subject to use tax during the year?
- Did you receive any notices from the IRS or state taxing authority?
- If you have an overpayment of 2023 taxes, do you want the refund applied to your 2024 estimated taxes?
- Do you anticipate your income or withholdings to be different for 2024?
- Did you pay alimony? If yes, to whom? Amount \$\_\_\_\_\_, SSN of recipient \_\_\_\_\_.
- Did you have any adoption expenses for the tax year in question? If yes, amount \$\_\_\_\_\_.

## Estimated Tax Payments

	1st Quarter		2nd Quarter		3rd Quarter		4th Quarter	
	Date Paid	Amount	Date Paid	Amount	Date Paid	Amount	Date Paid	Amount
Fed.								
State								
City								

## Retirement Contributions for Tax Year

	Self	Spouse
IRA Contribution	_____	_____
SEP	_____	_____
401K	_____	_____
OTHER	_____	_____

## Personal Itemized Deductions

Medical	Amount
Prescription Drugs	
Medical Insurance Premiums	
Long Term Care Insurance Premiums	
Medical Premiums	
Doctors & Dentists	
Clinic & Lab Tests	
Hospitals	
Eye Glasses & Hearing Aids	
Medical Miles	
Medical Long Distance Phone	
Do you have a medical savings account?    Yes    No	

Taxes	Amount
Real Estate	
Personal Property (excise)	
State & Local Income Tax	

Charitable Contributions	Amount
Any cash contributions in excess of \$250 need written receipt from organization	
Non-cash (clothing, furniture, etc.)	
Miles driven for charity	

Misc. Deductions Subject to 2% of Adjusted Gross Income	Amount	
Un-reimbursed employee business expenses		
Union & Professional Dues		
Safe Deposit Box Rental		
Tax Return Prep Fee		
Business Publications		
Business Telephone Calls		
Tools, Supplies, Equipment		
Employment-related Education		
Investment Expenses		

Misc. Deductions Not Subject to 2% of Adjusted Gross Income	Amount	
Gambling Losses (limited winnings)		

Interest	Amount	
Home mortgage interest paid to financial institution		
Home equity interest		
Mortgage interest paid to individuals: Name & address: SS#		
Deductible points (include amortization points from prior years)		
***Investment interest		

### Rental Income

Property Description	
Address	
Gross Income \$	
Occupancy By Taxpayer	
Expenses	
Advertising	
Auto & Travel	
Cleaning & Maintenance	
Commissions	
Insurance	
Legal & Prof.	
Mortgage Interest	
Other Interest	
Repairs	
Supplies	
Taxes	
Utilities	
Wages/Salaries	

Property Description	
Address	
Gross Income \$	
Occupancy By Taxpayer	
Expenses	
Advertising	
Auto & Travel	
Cleaning & Maintenance	
Commissions	
Insurance	
Legal & Prof.	
Mortgage Interest	
Other Interest	
Repairs	
Supplies	
Taxes	
Utilities	
Wages/Salaries	

Property Description	
Address	
Gross Income \$	
Occupancy By Taxpayer	
Expenses	
Advertising	
Auto & Travel	
Cleaning & Maintenance	
Commissions	
Insurance	
Legal & Prof.	
Mortgage Interest	
Other Interest	
Repairs	
Supplies	
Taxes	
Utilities	
Wages/Salaries	

## Child Care Deductions (Number of Dependents Qualifying

Providers Name & Address (include individuals name or	SS# or Federal ID	Amount	

Did you receive employer-provided dependent care assistance benefits? If yes, Amount \$ \_\_\_\_\_

### **NOTE: Things you need to bring to your appointment**

- Completed Tax Organizer or Profit & Loss
- Balance Sheet that lists new assets acquired for current year
- W-2 Wage & Earning Statements from
- All 1099's that were issued to you from banks, businesses or investment groups (self employed income, interest, dividends, unemployment, and sale of stocks, bonds, land, and equipment)
- If you purchased ObamaCare, you will need to bring form 1095A to your appointment
- If you have sold stocks/bonds in the past tax year, we need date purchased and what it cost you at the time of purchase
- If you are a new client, please bring your three (3) previous years taxes (Fed 1040 & State 1040-ME)

***Please call your financial lender and obtain the amount you paid for interest on all your loans (auto, business, home, etc.)***