

# Chestnut Tax Services Client Tax Organizer

Please complete this Organizer before your appointment.

## 1. Personal Information

Name	Soc Sec #	DOB	Occupation	Phone
Self				
Spouse				
Address	City	State	Zip	
Email				

	<u>Self</u>	<u>Spouse</u>	<u>Marital Status</u>
Blind	___Y___N	___Y___N	___Married File Jointly___Y___N
Disabled	___Y___N	___Y___N	___Single
Pres. Campaign Fund	___Y___N	___Y___N	___Widow(er), Date of Death_____

## 2. Dependents (Children & Others)

Name	Relation ship	DOB	Soc Sec #	Months at home	Disabled	F/T Student	Gross Income

**3. Please supply the following documents: Form W2 Employers, Form 1099-INT Interest Income, Form 1099-DIV Dividend Income, Form 1099-B Investment Income, Form 1099-R IRA & Pension Income. Also, if applicable, 1099-MISC Self-Employment Income & Rental Income.**

Misc. Income	Taxpayer	Amount
Unemployment Income		
Social Security Income		
Other:		
Other:		

	<b>Source</b>	<b>Taxpayer</b>
Partnership/S Corp. Income (Form K-1)		
Trust Income (Form K-1)		
Royalty Income (Form 1099- MISC)		
Jury Duty Income		
Foreign Income		
Tax Refunds		
Gambling Income		
Other Income		

**Business Expenses** (where applies):

	<b>Amount \$</b>		<b>Amount \$</b>
Cost of Goods Sold		Office Expenses	
Inventory (start of year)		Rent or Lease	
Inventory (end of year)		Repairs/Maintenance	
Advertising		Supplies	
Business Miles		Taxes & Licenses	
Insurance		Travel & Meals	
Interest		Utilities	
Legal & Professional		Other:	
		Other:	
Home Office (sq ft)		Other:	
Home (sq ft)		Other:	

**Rental Expenses** (where applies): Property Address \_\_\_\_\_

	<b>Amount \$</b>		<b>Amount \$</b>
Advertising		Repairs	
Mileage		Supplies	
Cleaning & Maintenance		Taxes	
Insurance		Utilities	
Legal/Professional Fees		Other:	
Management Fees		Other:	
Mortgage Interest		Other:	

**Depreciation** (Assets/Capital Improvements):

Description of Purchase	Date Placed in Service	Cost \$

**Sale of Assets/Investments:**

Description	Purchase Date	Cost	Improvements	Date Sold	Proceeds

**Tuition Expenses (Form 1098-T):**

Student	School	Qualified Tuition & Expenses

**Adjustments & Deductions to Reduce Your Taxes:**

Description	Source	Amount \$
Educator Expenses		
Health Savings Acct. Contribution		
Self Employment Retirement Plan		
Self Employment Health Ins. Premiums		
IRA Deduction (Traditional/Roth)		
Student Loan Interest Paid		
Child &/or Dependent Care Expenses		
Medical & Dental Expenses		
Long Care Ins. Premium		
Sales Tax Paid		
Real Estate Taxes (Form 1098)		
Other Property Taxes		
Home Mortgage Interest (Form 1098)		
Mortgage Ins. Premiums (Form 1098)		
Charitable Contributions – Cash		
Charitable Contributions – Non-Cash		
Volunteer Mileage		
Gambling Losses		
Other:		

Are you participating in the repayment of a First-time Homebuyer Credit? \_\_\_\_Y\_\_\_\_N  
If yes, amount \$ \_\_\_\_\_

**Additional Information & Questions:**

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- ✓ *Please bring this organizer and all supporting tax documents and information to your appointment.*
- ✓ *You may submit this form prior to your appointment by fax at 215.836.1680 or email to [gtoth@regardingyourmoney.com](mailto:gtoth@regardingyourmoney.com)*

*Thank you for choosing Chestnut Tax Service!  
A division of:*



*George Toth CFP® , CIMC® , AIF®  
215.836.4880*