

# Individual Client Tax Organizer

**You will need:**

- Tax information such as Forms W-2, 1099, 1098, 1095.
- Social Security Cards, ITIN letters for all persons on your tax return.
- Picture ID (such as valid driver's license) for you and your spouse.
- Please complete all pages of this form; incomplete forms will not be processed.
- You are responsible for the information on your return. Please provide complete and accurate information.
- If you have questions, please ask your certified tax preparer.

<b>Tax Year:</b>	<b>Filing Status</b>	<b>Please Note:</b> If you do not know your filing status please mark unsure; we will determine your eligibility.
<b>Date:</b>	Check only one box. <input type="checkbox"/> Single <input type="checkbox"/> Married Filing Jointly <input type="checkbox"/> Married Filing Separately <input type="checkbox"/> Head of Household <input type="checkbox"/> Qualifying Widow/er w/dependent <input type="checkbox"/> Unsure	

**Part I - Your Personal Information** (If you are filing a joint return, enter the names in the same order as last year's return) ▼ Last 4 digits of SSN ▼

Taxpayer First Name	M.I.	Last Name	Home Phone	Cell Phone	Email Address	<i>Taxpayer-Must be completed</i>
Your Spouse's First Name	M.I.	Last Name	Home Phone	Cell Phone	Email Address	<i>Only if "Married Filing Jointly"</i>
Mailing Address			Apt/unit # (if applic.)	City	State	Zip Code
Taxpayer DOB (mm/dd/yyyy)	Occupation		Last year, were you:		a. Full-time student	<input type="checkbox"/> Yes <input type="checkbox"/> No
			b. Totally or permanently disabled		<input type="checkbox"/> Yes <input type="checkbox"/> No	c. Legally blind
					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Spouse's DOB (mm/dd/yyyy)	Occupation		Last year, was your spouse:		a. Full-time student	<input type="checkbox"/> Yes <input type="checkbox"/> No
			b. Totally or permanently disabled		<input type="checkbox"/> Yes <input type="checkbox"/> No	c. Legally blind
					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Could someone else claim you/your spouse as a dependent? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure						

**Part II - Marital Status and Household Information**

As December 31 of current tax year, what was your marital status?	Have you received any correspondence from the IRS notifying you that you are under examination (audit)?
<input type="checkbox"/> Unmarried (This includes registered domestic partnerships, civil unions, or other formal relationships under state law).	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Married	If Yes, are you currently working to resolve this issue? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
▶ a. If Married, did you get married during tax year? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you currently have an open debt with any of the following federal agencies IRS, Texas Department of Education (Student Loans), Texas Workforce Commission (Unemployment), or Office of the Attorney General (Child Support)? <input type="checkbox"/> Yes <input type="checkbox"/> No
▶ b. Did you live with your spouse during any part of the last six months? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you or your spouse:
<input type="checkbox"/> Divorced	a. Been a victim of Identity Theft? <input type="checkbox"/> Yes <input type="checkbox"/> No
▶ Date of final decree: _____ (mm/dd/yyyy)	b. If yes, did the IRS issue an Identity Protection Pin? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Legally Separated	If yes, please provide the number ▶ Taxpayer IP PIN: _____ Spouse IP PIN: _____
▶ Date of separation agreement: _____ (mm/dd/yyyy)	c. Has anyone other than you and your spouse been assigned an IP PIN? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Widowed	▶ Dependent Name: _____
▶ Year of spouse's death: _____	

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:  You  Spouse

If you are due a refund, would you like a direct deposit?  Yes  No

If you have a balance due, would you like to make a payment directly from your bank account?  Yes  No

Did you live in an area that was declared a federal disaster area?  Yes  No **If yes**, where? \_\_\_\_\_

Check the appropriate box for each question below:

Yes	No	Unsure	Life Events - Last Year, Did You (or Your Spouse)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Have a Health Savings Account? (Forms 5498-SA, 1099-SA, W-2 with code W in box 12)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Have credit card or mortgage debt cancelled/forgiven by a lender or have a home foreclosure? (Forms 1099-C, 1099-A)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Adopt a child?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Have Earned Income Credit, Child Tax Credit or American Opportunity Credit disallowed in a prior year? <b>If yes, for which tax year?</b> _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. (Receive the First Time Homebuyers Credit in 2008?)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. File a federal return last year containing a "capital loss carryover" on Form 1040 Schedule D?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. Purchase a vehicle? .....
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. Attend School Full-Time? (If yes, please provide Form 1098-T) .....
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9. Purchase supplies used as an educator? .....
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10. Purchase and install energy-efficient home item? (windows, A/C, insulation)? .....
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11. Paid estimated tax payments? If so, list all amounts and payment dates: .....

Amount/Expense	Date

**Part III – Dependents**

Complete this section only if your claiming dependents.  
**Note:** If you claim the dependents below, they cannot claim themselves as a dependent on their own return.

									FOR OFFICE USE ONLY: Due Diligence Screening - To be completed by 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)	Number of months lived in your home last year	US Citizen (Yes/No)	Last 4 of SSN	Single or Married as of current tax year (S/M)	Full-time Student last year (Yes/No)	Totally and Permanently Disabled (Yes/No)	Is this person a qualifying child/relative of any other person? (Yes/No)	Did this person provide more than 50% of his/her own support? (Yes, No, N/A)	Did this person have less than \$4,300 of income? (Yes, No, N/A)	Did the taxpayer(s) provide more than 50% of support for this person? (Yes, No, N/A)	Did the taxpayer(s) pay more than half the cost of maintaining a home for this person? (Yes/No)
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)					

**Part IV – Health Insurance**

Does anyone have Health Insurance through the Marketplace?  Yes  No **If yes, have you received Form 1095-A?**  Yes  No  N/A  
 ► This form must be provided to us before we can submit your tax return; the IRS will delay your return if it is not filed when your return is submitted.

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**Check the appropriate box for each question below:**

Yes	No	Unsure	Part V - Additional Questions
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Wages or Salary? (Form W-2) <b>If yes</b> , how many jobs did you have last year? _____ <b>(Do not include self-employed income)</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Tip Income?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Scholarships? (Form 1098-T)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Interest/Dividends from: checking/savings accounts, bonds, CDs, brokerage? (Forms 1099-INT, 1099-DIV)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Refund of state/local income taxes?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Alimony income or separate maintenance payments?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. Self-Employment income? (Form 1099-MISC, 1099-NEC, Cash, Virtual Currency, or other property or services)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. Cash/Check/Virtual Currency payments, or other property or services for any work performed not reported on Forms W-2 or 1099?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9. Income (or loss) from the sale or exchange of Stocks, Bonds, Virtual Currency or Real Estate? (including your home) (Forms 1099-S, 1099-B)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10. Disability income? (such as payments from insurance, or workers compensation) (Forms 1099-R, W-2)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11. Retirement income or payments from Pensions, Annuities, and or IRA? (Form 1099-R)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12. Unemployment Compensation? (Form 1099G)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	13. Social Security or Railroad Retirement Benefits? (Forms SSA-1099, RRB-1099)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	14. Income (or loss) from Rental Property?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	15. Other income? (gambling, lottery, prizes, awards, jury duty, virtual currency, Sch K-1, royalties, foreign income, other property or services, etc.) <b>Specify:</b> _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	16. (B) Alimony or separate maintenance payments? <b>If yes</b> , do you have the recipient's SSN? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	17. Contributions to a retirement account? <input type="checkbox"/> IRA (A) <input type="checkbox"/> 401K (B) <input type="checkbox"/> Roth IRA (B) <input type="checkbox"/> SEP-IRA <input type="checkbox"/> SIMPLE-IRA <input type="checkbox"/> Other
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	18. Any of the following? <input type="checkbox"/> Medical & Dental (including insurance premiums) <input type="checkbox"/> Mortgage Interest (Form 1098) <input type="checkbox"/> Taxes (State, Real Estate, Personal Property, Sales) <input type="checkbox"/> Charitable Contributions
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	19. (A) Expenses related to self-employment income or any other income you received?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	20. (B) Student loan interest? (Form 1098-E)

**Part VI – Banking Information**

Do you have a bank account?  Yes  No **If yes...**  Check box if you agree to have your refund direct deposited into the account specified below.

▶  Checking  Savings

Please provide your bank information below:

Bank Name	Routing #	Account #

**Part VII – Tax Documents, please indicate how you would like to receive a copy of your tax forms.**

All clients are automatically assigned a **SecureFilePro** Account, a secure and convenient way to send and receive files. We highly recommend the use of this feature. If you choose to have your tax documents mailed you will be responsible for postage.

Pick up at the office

Emailed (Password Protected)

SecureFilePro Account – RECOMMENDED

Mail (Additional fee for mailing)

# Due Diligence Questionnaire

This section must be completed, and all questions answered.

If you fail to complete the DDQ or leave questions unanswered your CTO Form will be returned to you for correction.

## Qualifying child(ren):

- Under 19 Years of Age (Age 24 if a Full-Time Student)
- Any age if permanently disabled

1. Are you the biological Mother or Father of the Child(ren) you are claiming on the return?  Yes  No

If no, what is your relationship to the child? \_\_\_\_\_

2. Do you currently have any Legal Guardianship or Temporary Custody of the child(ren)?  Yes  No

If Yes, please provide documentation.

If No, what arrangements do you have with the parent(s) or legal guardian?

Please provide documentation to support this arrangement.

3. Are you claiming any child(ren) with a pending or final adoption order?  Yes  No

If pending, please provide documentation from the adoption agency

4. Do you know the whereabouts of the biological parent(s)/other parent not living in the home?  Yes  No  N/A

If Yes, please provide whereabouts: \_\_\_\_\_

5. In the past 12 months did the biological parent/other parent not living in the home provide any financial support for the child(ren)?

Yes  No  N/A

If Yes, did the financial support equal to more than half?  Yes  No  N/A

If no, did you provide more than half of the financial support for the child(ren)?  Yes  No  N/A

If Yes, please provide documentation.

**STOP: If you answered No, YOU DO NOT QUALIFY TO CLAIM the child(ren).**

7. If you are not the parent or legal guardian, is your AGI (Adjusted Gross Income) higher than the biological parent(s).

Yes  No  N/A

8. Has the child(ren) resided with you for at least 6 months during the current tax year?  Yes  No  N/A

**STOP: If you answered No, YOU DO NOT QUALIFY TO CLAIM the child(ren).**

9. Why does the child(ren) reside with you?

10. Can you provide documents to show the cost of keeping up a home?  Yes  No  N/A

I affirm and certify that all the information and answers to the questions above are complete, true, and correct to the best of my knowledge and belief. I understand that any misrepresentation, falsification, or omission of any facts called for in the Due Diligence Q&A may render this Client Tax Organizer void and will be cause for termination of services with MaeWeather Tax Co. & Finance Team LLC.

# Client Service Agreement

Thank you for choosing MaeWeather Tax Co. & Finance Team to assist you with your tax preparations.

**This agreement confirms the terms of our engagement with you and outlines the nature and extent of the services we will provide.**

1. We will prepare your federal and/or state income tax return(s). Unless otherwise indicated at the time services are rendered, we do not charge for State returns and do not monitor the progress nor provide status updates.
2. We will depend on you to provide the information we need to prepare a complete and accurate return. We may ask you to clarify information and documents you have submitted but will not audit or otherwise analyze the information for accuracy or errors.
3. This engagement does not include any audit or examination of your books or records. In the event your return is audited, you will be responsible for verifying the items reported. Most clients are automatically enrolled on our audit protection plan.
4. **If you terminate this engagement before completion, you agree to pay a fee for work completed.**
5. A retainer is required for the preparation of late returns.
6. Preparation fees do not cover limited assistance and consultation throughout the year.
7. We will perform tax services only as needed to complete accurate tax return(s). Our work will not include procedures to find defalcations or other irregularities. Accordingly, our engagement should not be relied upon to disclose errors, fraud, or other illegal acts, though it may be necessary for you to clarify some of the information you provide. We will inform you of any material errors, fraud, or other illegal acts we discover.
8. If you determine erroneous activity on your tax return(s) please notify us immediately. If in fact, erroneous activity is proven we take full responsibility in ensuring appropriate action is taken and corrections (if any) will be made; you will not incur any financial responsibility if such activity is proven. If we can substantiate that erroneous activity is not due to any improper actions taken by our office, we will notify you immediately and advise of the proper course of action to take. If you need further assistance to resolve this matter, we can assist, and appropriate fees will be charged.
9. The law imposes penalties when taxpayers underestimate their tax liability. Should we encounter instances of unclear tax law, or of potential conflicts in the interpretation of the law, we will outline the reasonable courses of action and the risk and consequences of each. We will ultimately adopt, on your behalf, the alternative you select.
10. Our fee(s) are based on the type of service(s) rendered, the time required at standard billing rates and out-of-pocket expenses, and administrative fee(s). In some cases, we do require up-front out-of-pocket payment(s); this will be disclosed to you at the time services are rendered.

**OUT OF POCKET PAYMENT(S)**

- Offset (You owe a debt to the IRS, Student Loans, Child Support and Unemployment)
- Mailed tax refunds (The IRS does not deduct payment for services rendered when checks are mailed to clients.)

11. You agree to pay MaeWeather Tax Co. & Finance Team LLC. out of pocket if your tax refund is Offset due to a debt you owe or if your tax refund was mailed directly to you.

**Taxpayer Initials:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Spouse Initials:** \_\_\_\_\_ **Date:** \_\_\_\_\_

12. We will return your original documents to you at the end of your appointment. Store these records, along with all supporting documents, in a secure place for up to three years as you may need them to prove the accuracy and completeness of your return. We retain the copies of your records and our paperwork for a period of 3-7 years, after which these documents are destroyed.
13. Our engagement to prepare your tax return will conclude with the delivery of your completed tax return(s). Signature approval is required for e-filing your tax return.
14. If you have not selected to e-file your tax return(s) with our office, you will be solely responsible for filing the return(s) with the appropriate taxing authorities.

**To affirm that this agreement correctly summarizes your understanding of the arrangements for this work please sign below.**

**eSignature Acknowledgment:**  *By checking this box and typing your name in the applicable Signature field(s) below, you acknowledge and agree that your typed name will serve as your electronic signature and will have the same purpose and effect as signing your physical signature by hand.*

\_\_\_\_\_ (Taxpayer's Signature)                      \_\_\_\_\_ (Spouse's Signature)  
 \_\_\_\_\_ (Date)    \_\_\_\_\_ (Date)

<b>- FOR OFFICE USE ONLY -</b> Initial and Date after entering in system _____ (Tax Associate) _____ (Certified Tax Preparer)
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