



212-475-1040 CPA@212tax.com

How did you hear about 212 Tax?

ALL INFO SAME AS LAST YEAR ?

Yes / No

Are you eligible to be claimed as a dependent on another tax return ?

Yes / No

	TAXPAYER INFO:	SPOUSE, if applicable:	Are you filing as:
First Name			Single ,
Middle Name			Married Joint ,
Last Name			Married Separate,
Social Security #			or
Date of Birth			Head of Household
Occupation			
Cell Phone #			
Home Phone #			
Home Address			
Apt #			
City			
State			
Zip			
E-mail address			

DEPENDENTS INFO:	# 1: son/daughter/other	# 2: son/daughter/other	# 3: son/daughter/other
First Name			
Middle Name			
Last Name			
Social Security #			
Date of Birth			

If you want direct deposit of your refund or your taxes paid by ACH, please provide:

Bank Routing # _____ Bank A/C # _____

Checking or Savings? And Bank Name _____

Were you notified by the IRS, State and/or City of any change to any prior tax return ?

Yes / No

Have you been a victim of identity theft ?

Yes / No

If Yes, what is your IRS 6-digit PIN # :

If you are not coming back in to pick up your tax returns, how do you want them sent to you ?

Secure Online Portal / E-mail / Messenger - \$ 25 / Priority Mail - \$ 10

Please provide us with originals or copies of all W-2s, 1099s, a copy of last year's tax returns (Fed & States)

and any other paperwork that may affect your taxes. ALL INFORMATION ALWAYS KEPT CONFIDENTIAL

Driver's License Detail			
Taxpayer:		Spouse:	
Issuing State		Issuing State	
License Number		License Number	
Issue Date		Issue Date	
Expiration Date		Expiration Date	
Does not expire		Does not expire	
NY Document Number*		NY Document Number*	
State Identification Card Detail			
Taxpayer:		Spouse:	
Issuing State		Issuing State	
License Number		License Number	
Issue Date		Issue Date	
Expiration Date		Expiration Date	
Does not expire		Does not expire	
NY Document Number*		NY Document Number*	
* The NY Document number is the 8 or 10 digit number at the bottom of the NY license (or NY state ID) or on the back if it was issued after January 28th, 2014			

Questions about your DEDUCTIONS :

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(Please keep in mind most of the below may also apply to your spouse and/or dependents.)

		YES	NO
1)	Did you incur any child care expenses ? Please include Caregiver's address, tax I.D. or S.S. #, how much ?		
2)	Did you pay college tuition for you, your spouse and/or a dependent ? If Yes, please provide form 1098-T & how much you paid out-of-pocket for books & school supplies		
3)	Did you have any student loan interest? (Form 1098-E)		
4)	Did you contribute to a qualified State Tuition Plan (i.e. 529 plan) ? Amount contributed and to which State Plan:		
5)	Did you pay any alimony ? Amount: Recipient SSN:		
6)	Do you own your primary residence ? If yes, how much real estate taxes and mortgage interest paid (Form 1098)		
7)	Did you contribute Traditional or Roth IRA or other retirement plan? (don't include 401-k at work) Amounts contributed and type of plan:		
8)	Did you make any charitable contributions to qualified organizations ? Amounts & Details :		
Please provide us with receipts (copies are fine) for any donation valued above \$ 250. Thanks.			
9)	Do you have a household employee ?		
10)	If you moved more than 50 miles for work reasons, did you incur any moving expenses ? Amounts & Details :		
11)	Did you make any quarterly estimated tax payments ? Amounts & Dates :		
12)	Did you make any gifts of more than \$ 14,000 to any one US person ?		
13)	Did you suffer any casualty and/or theft losses that exceeded 10% of your income ?		
14)	Did you make contributions to and/or take distributions from your HSA account? If yes, please provide us with your 5498-SA and/or 1099-SA form(s)		
15)	Did you incur any UNREIMBURSED expenses related to your job ? Please list any unreimbursed job expenses on the Self-Employed page/tab		
16)	Did you receive any reimbursements for deductions (such as medical, moving expenses, etc.) claimed in prior years ?		

Additional Information/Explanations of Answers Above:

Questions about your INCOME :

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(Please keep in mind most of the below may also apply to your spouse and/or dependents.)

- | | YES | NO |
|---|-----|----|
| 1) What was your immigration status in 2017 and if it has changed what is it now? | | |
| 2) Did you have health insurance? (Please provide Form 1095-B or 1095-C)
Did you obtain your insurance through the Market Place (Obama Care)?
If yes , please provide Form 1095-A | | |
| 3) Did you pay for long-term care insurance premium? (Form 1099-LTC) | | |
| 4) Did you withdraw any IRA, Keogh, and/or pension funds ? (Form 1099-R) | | |
| 5) Did you receive any income from rental real estate that you own ? | | |
| 6) Did you sell any real estate (Personal Home or investments) ? (Form 1099-S) | | |
| 7) If you were NOT a full time resident of NY State, did you own/rent a home in NY State? | | |
| 8) Did you purchase anything that you did not pay sales tax on ? | | |
| 9) Did you sell any stocks (whether you made money or not) ? (Form 1099-B)
Did you exercise or sell employee stock option? (Type of options plan?) | | |
| 10) Do you have any funds in foreign bank accounts ?
If yes, how much? Are you a signer on a foreign account? | | |
| 11) Did you earn any income outside of the U.S. and if yes, did you pay tax? | | |
| 12) Did you change your state residency in 2017 ? | | |
| 13) Did you receive any other income in 2017? | | |

REMEMBER: ALL WORLDWIDE INCOME MUST BE REPORTED ON US TAX RETURNS

Alimony received:		Gambling Winnings:	
Jury Duty Income:		Cancellation of Debt Income:	

Additional Information/Explanations of Answers Above:

[Redacted area for additional information]

Please provide us with originals or copies of all W-2s, 1099s, a copy of last year's tax returns (Fed & States), and any other paperwork that may affect your taxes.

By completing this tax organizer and signing below, you certify that all of the information entered onto this tax organizer (all sheets & tabs) is true and complete to the best of your knowledge and belief. You are authorizing this information to be used in the preparation of your income tax returns by 212 Tax & Accounting Services.

You are also authorizing 212 Tax & Accounting Services to mail and e-mail you information and newsletters. If you would like to be removed from our mailing list at anytime please send an e-mail to cpa@212tax.com or call us at 212-475-1040.

TAXPAYER SIGNATURE: _____ DATE: _____

SPOUSE SIGNATURE: _____ DATE: _____

THIS SHEET IS FOR Taxpayers who are self-employed, SINGLE MEMBER LLCs, or employees who had unreimbursed job expenses:

Name of Business:		Type of Business:	Tax I.D. # (E.I.N. #):	
EXPENSES (fill in only what applies to your business) :		INCOME: 212tax.com / 212-475-1040		
Advertising & Marketing		Income on 1099-MISC		
Bank Fees & Credit Card Merchant Fees		Income on 1099-K (from credit card processors)		
Business Gifts (up to \$ 25 per client)		Other income (not on 1099s)		
Business MEALS and Entertainment		TOTAL GROSS INCOME:		
Commissions paid		Did you make any payments that would require you to file a 1099?		YES / NO
Conferences, Continuing Ed. & Seminars		(\$600 or more annually to Individuals and LLCs)		
Contract Labor		If YES, did you issue all required 1099s ?	YES / NO	
Cost of Goods Sold (we can help with this)		Did you pay health insurance premiums ?	YES / NO	
Dues, Subscriptions & Memberships		If YES, how much ?		
Employee Benefits (specify type please)		COMPUTERS, EQUIPMENT, PHONES, SOFTWARE & TABLETS \$500 OR OVER :		
Equipment Rent		Describe each item that was over \$500 with its purchase price & purchase date:		
Insurance (except for health, specify type)				
Interest paid (specify type please)				
Internet (monthly bills/usage)				
Legal & Professional Fees				
Licenses & Permits				
Office Expenses		HOME OFFICE EXPENSES:		
Office Rent		Total Square Footage of Home:		
Office Supplies		Square Footage of Home Office EXCLUSIVELY		
Other taxes (non payroll related)		used for business:		
Payroll fees / services (Paychex, ADP,etc.)		Total Rent Paid:		
Payroll Taxes		Insurance:		
Printing, copying, signs, etc.		Internet:		
Repairs and Maintenance		Repairs & Maintenance:		
Salaries paid to employees		Telephone & Fax:		
Shipping, Postage & Messengers		Utilities:		
Small tools & equipment (under \$ 500 each)		BUSINESS VEHICLE EXPENSES: Do you have another vehicle for personal use? Y/N		
Tax Preparation and Accounting		If Car was PURCHASED, DATE OF PURCHASE:		
Taxis & Ubers		Make, Model, and Year of Car:		
Telephone (Landline & Cellular monthly bills)		Amount paid for car OR monthly lease payment:		
Trade Publications		Total miles driven during the year:		
Travel		Business miles (do not include commuting miles):		
Uniforms & Dry Cleaning of uniforms		Gas:		
Utilities		Insurance & Registration:		
Vehicle Rentals		Parking:		
Miscellaneous expenses		Cleaning, Repairs, Maintenance:		
RETIREMENT PLAN CONTRIBUTIONS:		Tolls:		

RENTAL REAL ESTATE:	Rental Property # 1	Rental Property # 2
Complete Address:		
Date Purchased:		
Purchase Price:		
Value of Building(s)/Land:		
# of Days Rented Out:		
# of Days of Personal Use:		
Rental Income Received:		
Capital Improvements:		
EXPENSES:		
<i>Auto MILES driven</i>		
Advertising & Marketing		
Association dues		
Travel		
Cleaning & Maintenance		
Commissions		
Insurance		
Legal & professional fees		
Licenses & Permits		
Management fees		
Mortgage interest on form 1098		
Other interest		
Repairs (not capital improvements)		
Supplies		
Pest control		
Property Taxes		
Utilities		
Yard work & Snow removal		
Other _____		
Other _____		

Repairs can be related to electrical, heating/air conditioning, plumbing & roofing

Utilities can consist of electricity, heat, telephone, trash removal, water/sewer, internet/TV

Please be as specific as possible when classifying expenses 212tax.com / 212-475-1040