



**TAX YEAR:**

212-475-1040

[CPA@212tax.com](mailto:CPA@212tax.com)

How did you hear about 212 Tax?

**LEAVE BLANK ANYTHING THAT DOESN'T APPLY OR IS THE SAME AS LAST YEAR**

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 #			Head of Household
Date of Birth			<i>NAMES AND SOCIALS MUST MATCH SOCIAL SECURITY CARDS</i>
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 Account #:
Checking or Savings?	Bank Name:
Were you notified by the IRS, State and/or City of any change to any prior tax return ?	<b>Yes / No</b>
Have you been a victim of identity theft ?	<b>Yes / No</b>
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?

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

**Please provide us with originals or copies of all W-2s, 1099s, last year's tax returns (if you are a NEW client) and any other paperwork that may affect your taxes.**

**ALL INFORMATION ARE ALWAYS KEPT CONFIDENTIAL.**

**Driver's License Detail**

**Taxpayer:**  
**Issuing State**  
**License Number**  
**Issue Date**  
**Expiration Date**  
**\*NY Document #**


**Spouse:**  
**Issuing State**  
**License Number**  
**Issue Date**  
**Expiration Date**  
**\*NY Document #**


**State Identification Card Detail**

**Taxpayer:**  
**Issuing State**  
**License Number**  
**Issue Date**  
**Expiration Date**  
**\*NY Document #**


**Spouse:**  
**Issuing State**  
**License Number**  
**Issue Date**  
**Expiration Date**  
**\*NY Document #**


\* 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 and/or have a household employee? 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)	Do you own your primary residence ? If yes, how much did you pay in real estate taxes: and mortgage interest (Form 1098):		
6)	Did you contribute to a Traditional or Roth IRA or other retirement plan? <b>(OTHER THAN a 401-k or other plan at work)</b> Amounts contributed: <b>Type of plan:</b> Traditional I.R.A. / Roth I.R.A. / Other		
7)	Did you make any charitable contributions to qualified organizations ? Amounts & Details :		
<b>Please provide us with receipts (copies are fine) for any donation valued above \$ 250.</b>			
8)	Did you make any quarterly estimated tax payments ?		
Amounts & Dates :		I.R.S.	N.Y. State
	April 15th		
	June 15th		
	Sept. 15th		
	Jan. 15th		
9)	Did you make any gifts of more than \$ 15,000 to any one US person ?		
10)	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)		
11)	Did you receive any reimbursements for deductions (such as medical, moving expenses, etc.) deducted on any prior year's tax returns ?		
12)	If you got divorced on 12/31/18 or prior, did you pay alimony?		
13)	For 2010 - 2018 tax returns only, did you have health insurance?		

**Additional Information/Further Explanations and/or Other income/deductions not listed elsewhere:**

**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.)

1) What was your immigration status in 2019 and if it has changed, what is it now?		
<i>(Non US Citizens/Non Green card holders may have to answer a few additional questions)</i>		
	<b>YES</b>	<b>NO</b>
2) Did you pay for long-term care insurance premium? (Form 1099-LTC)		
3) Did you withdraw any IRA, Keogh, and/or pension funds? (Form 1099-R)		
4) Did you receive any income from rental real estate that you own?		
5) Did you sell any real estate (Personal Home or investments)? (Form 1099-S)		
6) If you were NOT a full time resident of NY State, did you own/rent a home in NY State?		
7) Did you purchase anything that you did not pay sales tax on ?		
8) Did you sell any stocks and/or exchange or sell/own any crypto currencies?		
Did you exercise or sell employee stock options? (Type of options plan?) (whether you made money or not!)		
9) Did you have any funds in foreign bank accounts ?		
If yes, how much? <input type="text"/> Are you a signer on a foreign account?		
10) Did any one foreign (non US) person give you \$100,000 or more?		
11) Do you own any part of any foreign (non US) company and/or foreign entity?		
12) Did you earn any income outside of the U.S. and if yes, did you pay tax?		
13) Did you change your state residency and/or move into or out of NYC?		
14) Did you receive any K-1 forms and/or other income?		

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

Alimony received:	<input type="text"/>	Gambling Winnings:	<input type="text"/>
Jury Duty Income:	<input type="text"/>	Cancellation of Debt Income:	<input type="text"/>

Please provide us with originals or copies of all W-2s, 1099s, a copy of last year's tax returns, 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.*

**ALL INFORMATION ALWAYS KEPT CONFIDENTIAL**

TAXPAYER SIGNATURE:	<input type="text"/>	DATE:	<input type="text"/>
SPOUSE SIGNATURE:	<input type="text"/>	DATE:	<input type="text"/>

**THIS SHEET IS FOR Taxpayers who are self-employed, including SINGLE MEMBER LLCs.**

Name of Business:	Type of Business:	Tax I.D. # (E.I.N. #):		
<b>EXPENSES (fill in only what applies to your business) :</b>		<b>INCOME:</b> <a href="http://212tax.com">212tax.com</a> / 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 ( <b>up to \$ 25 per client</b> )		Other SELF-EMPLOYED income		
Business MEALS (w/ employees, clients, potential clients)		<b>TOTAL self-employed INCOME:</b>		
Commissions paid		<b>Did you make any payments that would require you to file a 1099?</b>		YES / NO
Conferences, Continuing Ed. & Seminars		(\$600 or more annually to Individuals and LLCs)		
Contract Labor		<b>If YES, did you issue all required 1099s ?</b>	YES / NO	
Cost of Goods Sold (we can help with this)		<b>Did you pay health insurance premiums ?</b>	YES / NO	
Dues, Subscriptions & Memberships		If YES, how much ?		
Employee Benefits (specify type please)		<b>COMPUTERS, EQUIPMENT, PHONES, SOFTWARE &amp; TABLETS \$500 OR OVER :</b>		
Equipment Rent		DESCRIPTION	AMOUNT PAID	DATE OF PURCHASE
Insurance (except for health, specify type)				
Interest paid (specify type please)				
Internet (monthly bills/usage)				
Legal & Professional Fees				
Licenses & Permits				
Office Expenses		<b>HOME OFFICE EXPENSES:</b>		
Office Rent		Total Square Footage of Home:		
Office Supplies		Square Footage of Home Office <b>EXCLUSIVELY</b>		
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)		<b>BUSINESS VEHICLE EXPENSES:</b> 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:		
<b>RETIREMENT PLAN CONTRIBUTIONS:</b>		Tolls:		

<b>RENTAL REAL ESTATE:</b>	<b>Rental Property # 1</b>	<b>Rental Property # 2</b>
Complete Address:		
Date Purchased:		
Purchase Price:		
Value of Building(s)/Land:		
# of Days Rented Out:		
# of Days of Personal Use:		
Capital Improvements:		
<b>RENTAL INCOME RECEIVED:</b>		
<b>EXPENSES:</b>		
<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**

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