

Individual Income Tax Organizer

SECTION 1: Personal Information

TAX PAYER INFORMATION (Please print clearly)

First Name _____ Last Name _____ M.I. _____ SS# _____
Occupation _____ Date of Birth _____
Taxpayer E-mail Address _____
Work Phone _____ Cell Phone _____ Home Phone _____
Address _____
City _____ State _____ Zip _____
Emergency Contact Name _____ Phone Number _____

A digital copy (PDF) of your tax return will be made available to you.

SPOUSE INFORMATION

First Name _____ Last Name _____ M.I. _____ SS# _____
Occupation _____ Date of Birth _____
Spouse E-mail Address _____
Work Phone _____ Cell Phone _____ Home Phone _____

DEPENDENTS

Full Name (First Last)	Social Security No.	Birth Date	Relationship (Son, Daughter)	Months person lived in your home during the year	Did you provide more than 50% support for person?

"You" refers to both taxpayer and spouse – enter "?" if unsure

☐ YES ☐ NO	<u>NEW CLIENTS ONLY:</u> Drivers license, Social Security Cards, copy of last year's tax return
☐ YES ☐ NO	<u>ALL CLIENTS:</u> Did you have health insurance through the Market Place? Form 1095-A is required
☐ YES ☐ NO	<u>ALL CLIENTS:</u> Proof of residency for your school-age children (a Student Profile from the school)
☐ YES ☐ NO	Were you legally married as of December 31st?
☐ YES ☐ NO	If yes, were you living with your spouse as of December 31st?
☐ YES ☐ NO	Did your spouse die within the last 2 years? If yes, date of death: _____
☐ YES ☐ NO	Are any of your dependent children who are not full time students, 19 years of age or older?
☐ YES ☐ NO	Did any of the children have earned income (wages) above \$12,950 for the year?
☐ YES ☐ NO	Did any of the children have unearned income (investment income) greater than \$1,150?
☐ YES ☐ NO	Did any of the children have a disability? <i>If yes, provide a letter from the doctor explaining the details.</i>
☐ YES ☐ NO	Did you make any contributions to a 529 plan? Amount contributed \$ _____
☐ YES ☐ NO	Were any children born or adopted? <i>Provide statement for other expenses</i>

Taxpayer Signature

Spouse Signature

Date

MAILING ADDRESS: PETE CORRAO, E.A. • PO BOX 87334 • TUCSON AZ 85754
PHYSICAL ADDRESS: PETE CORRAO, E.A. • 3199 W. VUELTA DE LOS MINEROS • TUCSON AZ 85745
PHONE: (520) 975-7701 • **FAX:** (520) 396-3134 • **EMAIL:** PeterCorrao1@gmail.com

Questions – All Taxpayers

SECTION 2: Questions that could lead to helpful deductions

"You" refers to both taxpayer and spouse – enter "?" if unsure

☐ YES ☐ NO	Did any member of your household have health care coverage through the Marketplace (Obama Care)? If Yes, Form 1095-A is required in order to process your return.
☐ YES ☐ NO	Did you or your spouse receive unemployment benefits during the tax year? How much? \$ _____
☐ YES ☐ NO	Did you or your spouse have any dealings with virtual currency, i.e. Bitcoin, Ethereum, Litecoin, Dash, etc.? If yes, Form 8949 must be completed by taxpayer. Coinbase or Cointracker software is helpful for this.
☐ YES ☐ NO	Are you or your spouse legally blind?
☐ YES ☐ NO	Did you or your spouse have more than \$10,000 in crypto or a foreign account? If yes, how much? \$ _____
☐ YES ☐ NO	Do you own or have financial interest in a foreign bank or financial account? If yes, how much? \$ _____
☐ YES ☐ NO	Were you a citizen of or live in a foreign country, or receive income from a foreign investment or bank account?
☐ YES ☐ NO	Did you or your spouse receive any income from online sales or Aribnb, Uber, Lyft, etc.?
☐ YES ☐ NO	Did you or your spouse receive any other income not provided with this organizer?
☐ YES ☐ NO	Did you or your spouse have any gambling winnings or losses during the year? Attach W2G
☐ YES ☐ NO	Did you pay for child care during the tax year that allowed you to work? Amount paid \$ _____ <i>Provider's name & tax ID</i> _____ <i>Provider's address & phone</i> _____
☐ YES ☐ NO	Did you or anyone in your family pay student loan interest? Amount paid \$ _____
☐ YES ☐ NO	Are either you or your spouse legally blind?
☐ YES ☐ NO	Did you or your spouse ☐ collect or ☐ pay alimony during the tax year? Amount \$ _____ <i>Recipients Name and SSN:</i> _____ <i>Date of divorce or separation:</i> _____
☐ YES ☐ NO	Did you purchase a new energy-efficient car, truck or van? If yes, Year, Make and Model: _____
☐ YES ☐ NO	Were any children attending college? (Provide Form 1098-T) School Name: _____ <i>Tuition paid by you</i> \$ _____ <i>Books</i> \$ _____ <i>Year in college:</i> 1 2 3 4 <i>Tuition paid by student</i> \$ _____ <i>Books paid by student</i> \$ _____
☐ YES ☐ NO	Did you buy, sell, or refinance a principal residence? (Provide closing statement)
☐ YES ☐ NO	Did you use any mortgage loan proceeds for purposes other than to buy, build, or substantially improve your home?
☐ YES ☐ NO	If you sold a home, did you claim the first time home buyers credit when it was purchased?
☐ YES ☐ NO	Can someone else claim you or your spouse as a dependent on their tax return?
☐ YES ☐ NO	Did you contribute to a ☐ Traditional or ☐ ROTH IRA?(if yes, pick one) Amount contributed \$ _____
☐ YES ☐ NO	Did you receive a state income tax refund last year? If yes, how much? \$ _____
☐ YES ☐ NO	Did you or your spouse roll over any amounts from a retirement account last year? Attach Form 1099-R
☐ YES ☐ NO	Did you or your spouse buy, sell or transfer any stocks or bonds or sell rental or investment property?
☐ YES ☐ NO	Did you or your spouse receive any income from an installment sale?
☐ YES ☐ NO	Do you or your spouse own a business or an interest in an LLC, partnership, or S-corp?
☐ YES ☐ NO	Did you or your spouse start a business or purchase rental property?
☐ YES ☐ NO	Do you make any energy efficient or solar energy improvements to your home? If yes, provide details.
☐ YES ☐ NO	Did you or do you plan to contribute money before April 15th to an HSA for the prior tax year?
☐ YES ☐ NO	Are or your spouse involved in a bankruptcy, foreclosure, or repossession?
☐ YES ☐ NO	Did you or your spouse have any debt (including credit cards) forgiven or cancelled? Attach Form 1099-C
☐ YES ☐ NO	Are you or your spouse a member of the military?
☐ YES ☐ NO	Do you wish to Direct Deposit any federal or state refunds? (If yes, you must attach a "Voided" check) <i>Direct deposit to</i> ☐ Checking ☐ Savings Bank Name: _____ <i>Routing #</i> _____ <i>Account #</i> _____
☐ YES ☐ NO	Payment for your tax return is due when you pick up your taxes. Did you want to pay by credit card? IF YES, ----> <i>Card No.</i> _____ <i>Exp. Date</i> _____ / _____ <i>CVV</i> _____ IF YES, ----> <i>Name as it appears on the card</i> _____ <i>Billing Zip Code</i> _____

Taxpayer Signature

Spouse Signature

Date

(USE EXACT FIGURES — don't round up or down!)

FILING STATUS (check one)

Single ☐
Married Filing Jointly ☐
Married Filing Separately ☐
Head of Household ☐
Qualified Widower / Surviving Spouse ☐

INCOME

Taxpayer-Wages from your job \$ _____
Spouse-Wages from your job \$ _____
Dividends Income \$ _____
Interest Income \$ _____
Taxpayer-Social Security received..... \$ _____
Spouse-Social Security received \$ _____
Taxpayer-Pension/Retirement \$ _____
Spouse-Pension/Retirement..... \$ _____
Annuities..... \$ _____
Alimony Received (pre-2019 divorce) \$ _____
Royalties..... \$ _____
RMD-Required Minimum Dist-IRA..... \$ _____
State income tax refund (last year)..... \$ _____

OTHER INCOME

Unemployment..... \$ _____
Gambling Winnings..... \$ _____
Gambling Losses (\$ _____)
Jury Duty Pay..... \$ _____

TAXES PAID

Real estate taxes paid on your home \$ _____
Auto Registration (all vehicles) \$ _____
_____ \$ _____

ESTIMATED TAXES PAID:

Due	Date Paid	IRS	AZ
April 15	_____	\$ _____	\$ _____
June 15	_____	\$ _____	\$ _____
Sept 15	_____	\$ _____	\$ _____
Jan 15	_____	\$ _____	\$ _____

MEDICAL EXPENSES

Prescriptions \$ _____
Health Insurance Premiums (post tax) \$ _____
Doctors \$ _____
Dentist \$ _____
Hospital, Laboratory, X-Rays \$ _____
Glasses & Eye Exams \$ _____
Hearing Aids & Batteries \$ _____
Long Term Care Insurance \$ _____
Prosthetic Appliances..... \$ _____
Physical Therapy..... \$ _____
Insurance Reimbursements listed above .. \$ _____
Lodging for medical purposes..... \$ _____
Miles driven for medical \$ _____

CHARITABLE CONTRIBUTIONS

CASH CONTRIBUTIONS

Church..... \$ _____
_____ \$ _____
_____ \$ _____
_____ \$ _____
_____ \$ _____
_____ \$ _____

NON CASH-CONTRIBUTIONS (over \$500 add'l detail)

Salvation Army / Goodwill Industries \$ _____
_____ \$ _____
_____ \$ _____
_____ \$ _____
_____ \$ _____

AZ STATE TAX CREDITS

AZ-321 Qual Charitable Organization Name(s):

_____ \$ _____
_____ \$ _____
_____ \$ _____
_____ \$ _____
_____ \$ _____

AZ-322 Public School Name(s)

_____ \$ _____
_____ \$ _____
_____ \$ _____

AZ-323 Private Tuition Aid \$ _____
AZ-340 Foster Care \$ _____
AZ-340 Military Family Relief..... \$ _____

Miles driven for charity \$ _____

INTEREST PAID

Mortgage interest paid on home \$ _____
HELOC Interest paid on home..... \$ _____
Student loan interest \$ _____
Other interest paid..... \$ _____

EMPLOYEE EXPENSES (Use the business organizer if you have a business)

Educator Expenses..... \$ _____

ADJUSTMENTS TO INCOME

IRA Contributions / Penalty-early withdrawal..... \$ _____
Child Care Expense (No. of Children.....)..... \$ _____
Medical Savings Account..... \$ _____
_____ \$ _____
_____ \$ _____
_____ \$ _____

Taxpayer Signature

Spouse Signature

Date

Business Organizer

(USE EXACT FIGURES — don't round up or down!)

BUSINESS INFORMATION

TAX YEAR _____

Business Name _____

Business Address _____

City _____ State _____ Zip _____

Business Profession _____

Did you mail out any 1099-MISC forms to vendors you used? ☐ YES ☐ NO

VEHICLE INFORMATION (used in your business)

Vehicle Make _____

Date Placed in Service _____

Total Miles for the Year _____

Business Miles for the Year _____

Commuting Miles for the Year _____

Is vehicle available when off duty? ☐ YES ☐ NO

Is another vehicle available? ☐ YES ☐ NO

Do you have business use evidence? ... ☐ YES ☐ NO

Is mileage evidence written? ☐ YES ☐ NO

BUSINESS INCOME

Gross Receipts or Sales\$ _____

Refunds and Discounts\$ _____

Other Income\$ _____

Cost of Good Sold (COGS)\$ _____

BUSINESS EXPENSES

Advertising\$ _____

Bank Charges\$ _____

Bookkeeping & Accounting\$ _____

Car & Truck Expenses\$ _____

Cell Phone\$ _____

Commissions & Fees\$ _____

Contract Labor/Outside Svcs\$ _____

Delivery & Freight in\$ _____

Dues & Subscriptions\$ _____

Gifts\$ _____

Insurance - Liability\$ _____

Internet Service Provider\$ _____

Janitorial\$ _____

Meals & Entertainment\$ _____

Legal & Professional Services\$ _____

Licenses & Permits\$ _____

Office Supplies\$ _____

Parking Fees & Tolls\$ _____

Postage\$ _____

Pension & Profit Sharing Plans\$ _____

Professional Development\$ _____

Rent/Lease (equipment, vehicles)\$ _____

Rent/Lease (buildings, office)\$ _____

Repairs & Maintenance\$ _____

Security/Alarm System\$ _____

Supplies\$ _____

Taxes & Licenses\$ _____

BUSINESS EXPENSES (continued)

Telephone/Fax (business line)\$ _____

Tools & Small Equipment\$ _____

Travel\$ _____

Uniforms\$ _____

Utilities\$ _____

Wages\$ _____

Other Expenses (list):

_____ \$ _____
_____ \$ _____
_____ \$ _____
_____ \$ _____
_____ \$ _____
_____ \$ _____
_____ \$ _____
_____ \$ _____

HOME OFFICE

Total Square footage of office _____

Total Square footage of house _____

Home Owners Association\$ _____

Insurance\$ _____

Mortgage Interest (paid to banks)\$ _____

Real Estate Taxes\$ _____

Rent\$ _____

Repairs (office only)\$ _____

Trash\$ _____

Utilities:

Electric\$ _____

Gas\$ _____

Water\$ _____

Other Expenses (list):

_____ \$ _____
_____ \$ _____

Taxpayer Signature _____

Spouse Signature _____

Date _____

Rental Organizer

(USE EXACT FIGURES — don't round up or down!)

RENTAL INFORMATION

Property #1 Address _____
City _____ State _____ Zip _____

Property #2 Address _____
City _____ State _____ Zip _____

Property #3 Address _____
City _____ State _____ Zip _____

VEHICLE INFORMATION (used for rental maintenance)

Vehicle Make.....	_____	Is vehicle available when off duty?	☐ YES ☐ NO
Date Placed in Service.....	_____	Is another vehicle available?.....	☐ YES ☐ NO
Total Miles for the Year	_____	Do you have a mileage log?	☐ YES ☐ NO
Business Miles for the Year	_____	Is the mileage log written?	☐ YES ☐ NO
Commuting Miles for the Year.....	_____		

INCOME

	RENTAL 1	RENTAL 2	RENTAL 3
Rents Received (Attach 1099s)	\$ _____	\$ _____	\$ _____
Days rented at fair market value	_____	_____	_____

EXPENSES

Advertising Costs	\$ _____	\$ _____	\$ _____
Association/HOA Fees	\$ _____	\$ _____	\$ _____
Auto & Travel	\$ _____	\$ _____	\$ _____
Cleaning & Maintenance.....	\$ _____	\$ _____	\$ _____
Commissions.....	\$ _____	\$ _____	\$ _____
Insurance	\$ _____	\$ _____	\$ _____
Legal & Professional Fees.....	\$ _____	\$ _____	\$ _____
Licenses & Permits	\$ _____	\$ _____	\$ _____
Management Fees.....	\$ _____	\$ _____	\$ _____
Mortgage Interest.....	\$ _____	\$ _____	\$ _____
Other Interest Paid.....	\$ _____	\$ _____	\$ _____
Pest Control	\$ _____	\$ _____	\$ _____
Repairs:			
A/C or HVAC	\$ _____	\$ _____	\$ _____
Roof.....	\$ _____	\$ _____	\$ _____
Plumbing & Electrical	\$ _____	\$ _____	\$ _____
Painting	\$ _____	\$ _____	\$ _____
Misc General Repairs	\$ _____	\$ _____	\$ _____
Supplies.....	\$ _____	\$ _____	\$ _____
Taxes, Property	\$ _____	\$ _____	\$ _____
Tools	\$ _____	\$ _____	\$ _____
Utilities.....	\$ _____	\$ _____	\$ _____

Other Expenses

_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____

Taxpayer Signature

Spouse Signature

Date

PETER F. CORRAO LLC

BOOKKEEPING & TAX SERVICE

ENGAGEMENT FOR ACCOUNTING SERVICES

Thank you for choosing this office to prepare your tax returns. This letter confirms the terms of my engagement with you and outlines the nature and extent of services I will provide.

I will prepare your federal and state tax returns for the current tax year from the information you furnish to me. It is your responsibility to provide me with all the information required for the preparation of complete and accurate returns. I will not audit or otherwise verify the data you submit, although I may ask you to clarify some of it. You, therefore, specifically confirm to me that all items have been disclosed to me and that you have written records to support all items claimed (receipts, cancelled checks, diaries, logbooks, etc.).

Since the final responsibility for the completeness and accuracy of the returns is yours, you agree to review them carefully to fully acquaint yourself with all items contained therein to ensure that there are no omissions or misstatements before you sign them. My work will not include any procedures designed to detect errors, fraud, theft, or other wrongdoing. Therefore, my engagement cannot be relied upon to disclose such matters. The only accounting or analysis work I will do is that which is necessary for the preparation of your income tax returns.

It is important for you to know that the law imposes a penalty if a taxpayer makes a substantial understatement of tax liability. You should also know that the IRS audit procedures will almost always include questions on deductions that require strict documentation such as travel and entertainment expenses, and business use of autos and computers. In preparing your returns, I rely on your representations that I have been informed of all bartering transactions and that you understand and have complied with the documentation requirements for your expenses and deductions.

My fee for tax services is based on the number of forms prepared and the complexity of those forms. I expect to be paid in full upon the completion of the return. Any unpaid invoices over 90 days will be referred for collection.

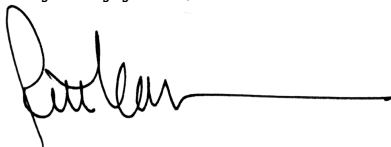
Assisting you with your compliance with the Corporate Transparency Act ("CTA"), including beneficial ownership information ("BOI") reporting, is not within the scope of this engagement. You have sole responsibility for your compliance with the CTA, including its BOI reporting requirements and the collection of relevant ownership information. We shall have no liability resulting from your failure to comply with CTA. Information regarding the BOI reporting requirements can be found at <https://www.fincen.gov/boi>. Consider consulting with legal counsel if you have questions regarding the applicability of the CTA's reporting requirements and issues surrounding the collection of relevant ownership information.

If your returns are examined by taxing authorities, requests may be made for supporting documentation. Therefore, I recommend that you retain all pertinent records for at least seven years. In addition, I will not respond to any requests from banks, mortgage brokers, or others for verification of any information reported on your tax return. I do not communicate with third parties or provide them with copies of tax returns.

There are specific implications of investing in digital assets (virtual currencies such as Bitcoin, non-fungible tokens, virtual real estate and similar assets). The IRS considers these to be property for U.S. federal income tax purposes. As such, digital assets are subject to the same general principles that apply to other property transactions.

I appreciate this opportunity to work with you. Please date and execute this letter in the space provided and return it to me to acknowledge your acceptance. I will not initiate services until I receive the executed agreement.

Very truly yours,



Peter F. Corrao, E.A.

I (We) have submitted this information on my (our) tax organizer for the sole purpose of preparing my (our) tax return(s). Each item can be substantiated by receipts, cancelled checks, or other documents. This information is true, correct, and complete to the best of my (our) knowledge.

Client Signature _____ Date _____

Spouse Signature _____ Date _____

PETER F. CORRAO, L.L.C.
BOOKKEEPING & TAX SERVICE



Pete Corrao, E.A.

P.O. Box 87334 • Tucson, AZ 85754
www.TaxesForCreatives.com
PeterCorrao@hotmail.com
Phone: 520.975.7701
Fax: 520.396.3134

CHECK LIST

Most Important and Commonly Forgotten

- ☐ W2's and / or 1099-Misc
- ☐ W2-G Gambling Winnings
- ☐ 1099-R (pension / retirement)
- ☐ SSA-1099 Annual Social Security Statement(s)
- ☐ Drivers License and Social Security cards for all family members including Newborns
- ☐ Form 1095-A (if you had health insurance through the Market Place, Obama Care)
- ☐ Proof of Residence for Children (student profile, health ins form, or medical records)
- ☐ Mortgage Interest Paid (Form 1098)
- ☐ Property Taxes Paid
- ☐ Car Registration (for cars, boats, trucks, trailers, quads, jet skis, etc.)
- ☐ Day Care Name and Tax ID Number
- ☐ K1s from partnership, S-Corp, or estate and trusts
- ☐ Student Loan Interest (Form 1098-E)
- ☐ College Tuition (Form 1098-T)
- ☐ Routing and Account Numbers for Direct Deposit
- ☐ Closing Statement for New Home Purchase or Refinance
- ☐ Business Income and Expenses (Busines Organizer)
- ☐ Rental Income and Expenses (Rental Organizer)

New Clients Only

- ☐ All of the Above Items
- ☐ Copy of the Last Tax Return You Filed