

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 **NEW CLIENTS ONLY:** Drivers license, Social Security Cards, copy of last year's tax return

YES NO **ALL CLIENTS:** Did you have health insurance through the Market Place? Form 1095-A is required

YES NO **ALL CLIENTS:** 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 \$15,750 for the year?

YES NO Did any of the children have unearned income (**investment income**) greater than \$1,150?

YES NO Are any of the children partially or fully disabled? **If yes, provide a letter from the doctor with the details.**

YES NO Did you make any contributions to a 529 plan? **Amount contributed \$ _____**

YES NO Were any children born or adopted? **Provide statement for other expenses** _____

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

<input type="checkbox"/> YES <input type="checkbox"/> 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.
<input type="checkbox"/> YES <input type="checkbox"/> NO	Did you or your spouse receive unemployment benefits during the tax year? How much? \$
<input type="checkbox"/> YES <input type="checkbox"/> 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.
<input type="checkbox"/> YES <input type="checkbox"/> NO	Are you or your spouse legally blind?
<input type="checkbox"/> YES <input type="checkbox"/> NO	Did you or your spouse have more than \$10,000 in crypto or a foreign account? If yes, how much? \$
<input type="checkbox"/> YES <input type="checkbox"/> NO	Do you own or have financial interest in a foreign bank or financial account? If yes, how much? \$
<input type="checkbox"/> YES <input type="checkbox"/> NO	Were you a citizen of or live in a foreign country, or receive income from a foreign investment or bank account?
<input type="checkbox"/> YES <input type="checkbox"/> NO	Did you or your spouse receive any income from online sales or Airbnb, Uber, Lyft, etc.?
<input type="checkbox"/> YES <input type="checkbox"/> NO	Did you or your spouse receive any other income not provided with this organizer?
<input type="checkbox"/> YES <input type="checkbox"/> NO	Did you or your spouse have any gambling winnings or losses during the year? Attach W2G
<input type="checkbox"/> YES <input type="checkbox"/> 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>
<input type="checkbox"/> YES <input type="checkbox"/> NO	Did you or anyone in your family pay student loan interest? Amount paid \$
<input type="checkbox"/> YES <input type="checkbox"/> NO	Are either you or your spouse legally blind?
<input type="checkbox"/> YES <input type="checkbox"/> NO	Did you or your spouse <input type="checkbox"/> collect or <input type="checkbox"/> pay alimony during the tax year? Amount \$ <i>Recipients Name and SSN:</i> _____ <i>Date of divorce or separation:</i> _____
<input type="checkbox"/> YES <input type="checkbox"/> NO	Did you finance the purchase of a new vehicle this year? If yes, interest paid on loan:\$
<input type="checkbox"/> YES <input type="checkbox"/> 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> _____
<input type="checkbox"/> YES <input type="checkbox"/> NO	Did you buy, sell, or refinance a principal residence? (Provide closing statement)
<input type="checkbox"/> YES <input type="checkbox"/> NO	Did you or your spouse work overtime or receive tip income? If yes, overtime \$ _____ Tips\$ _____
<input type="checkbox"/> YES <input type="checkbox"/> NO	If you sold a home, did you claim the first time home buyers credit when it was purchased?
<input type="checkbox"/> YES <input type="checkbox"/> NO	Can someone else claim you or your spouse as a dependent on their tax return?
<input type="checkbox"/> YES <input type="checkbox"/> NO	Did you contribute to a <input type="checkbox"/> Traditional or <input type="checkbox"/> ROTH IRA?(if yes, pick one) Amount contributed \$
<input type="checkbox"/> YES <input type="checkbox"/> NO	Did you receive a state income tax refund last year? If yes, how much? \$
<input type="checkbox"/> YES <input type="checkbox"/> NO	Did you or your spouse roll over any amounts from a retirement account last year? Attach Form 1099-R
<input type="checkbox"/> YES <input type="checkbox"/> NO	Did you or your spouse buy, sell or transfer any stocks or bonds or sell rental or investment property?
<input type="checkbox"/> YES <input type="checkbox"/> NO	Did you or your spouse receive any income from an installment sale?
<input type="checkbox"/> YES <input type="checkbox"/> NO	Do you or your spouse own a business or an interest in an LLC, partnership, or S-corp?
<input type="checkbox"/> YES <input type="checkbox"/> NO	Did you or your spouse start a business or purchase rental property?
<input type="checkbox"/> YES <input type="checkbox"/> NO	Do you make any energy efficient or solar energy improvements to your home? If yes, provide details.
<input type="checkbox"/> YES <input type="checkbox"/> NO	Did you or do you plan to contribute money before April 15th to an HSA for the prior tax year?
<input type="checkbox"/> YES <input type="checkbox"/> NO	Are or your spouse involved in a bankruptcy, foreclosure, or repossession?
<input type="checkbox"/> YES <input type="checkbox"/> NO	Did you or your spouse have any debt (including credit cards) forgiven or cancelled? Attach Form 1099-C
<input type="checkbox"/> YES <input type="checkbox"/> NO	Are you or your spouse a current member of the military or retired military?
<input type="checkbox"/> YES <input type="checkbox"/> 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> <input type="checkbox"/> <i>Checking</i> <input type="checkbox"/> <i>Savings</i> Bank Name: _____ <i>Routing #</i> _____ <i>Account #</i> _____
<input type="checkbox"/> YES <input type="checkbox"/> 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

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



Pete Corrao, E.A.

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Letter of Engagement

Thank you for choosing this office to prepare your tax return. 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 of taxable income have been disclosed to me and that you have written records to substantiate all items claimed (receipts, cancelled checks, diaries, log books, etc.) and that you have reasonably estimated the market values of non-cash charitable contribution items.

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.

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 usage 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 complexity of the tax return(s) and the amount of time it takes me to complete the tax return(s). I expect to be paid in full upon the completion of the return. Tax returns will not be e-filed until your fee is paid in full. Any unpaid invoices over 90 days will be referred for collection.

I am committed to safeguarding your confidential information. I do not disclose any non-public personal information about my clients or former clients except as required by law, and the National Association of Enrolled Agents (NAEA). Additionally, upon your written request, I will disclose information about you to the parties you specify.

Any material you furnish for use in preparing your returns will be returned to you at the completion of your returns. If the 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.

If the tax services and terms outlined above are in accordance with your understanding of our engagement, please sign this letter in the space provided. I appreciate the opportunity to serve you. If you have any questions, need additional information, or if I can be of assistance in any way, please call me.

Very truly yours,

Peter F. Corrao, E.A.

By:

Taxpayer

Date

By:

Spouse

Date

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



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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 (Business Organizer)
- Rental Income and Expenses (Rental Organizer)

New Clients Only

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