

# 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 \_\_\_\_\_

Do you prefer a digital copy (PDF) or a paper copy of your tax return?  Digital (.pdf)  Paper  Both

### 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:** Please bring a copy of last year's tax return and your Social Security Card(s)  
 YES  NO **ALL CLIENTS:** Must provide proof of health insurance for all family members (Form 1095-A, B, or C)  
 YES  NO **EITC CLIENTS:** If you qualify for EITC, provide proof of residency for your school age children  
 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 income above \$950 for the year?  
 YES  NO Do you have any children with investment income greater than \$1,900?  
 YES  NO Did any of the children have a disability?

\_\_\_\_\_  
Taxpayer Signature

\_\_\_\_\_  
Spouse Signature

\_\_\_\_\_  
Date

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# 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 <b>NOT</b> have health care coverage for the entire year? Please provide copies of Form 1095-A, 1095-B, or 1095-C for <b>ALL MEMBERS</b> of your household
<input type="checkbox"/> YES <input type="checkbox"/> NO	Did you or your spouse receive unemployment payments during the tax year?
<input type="checkbox"/> YES <input type="checkbox"/> NO	Did you have any dealings with virtual currency, i.e. Bitcoin, Ethereum, Litecoin, Dash, etc., last year?
<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?
<input type="checkbox"/> YES <input type="checkbox"/> NO	Did you pay for child care during the tax year that allowed you to work? <b>Amount paid \$</b> _____ Provider's name & tax ID _____ Provider's phone & address _____
<input type="checkbox"/> YES <input type="checkbox"/> NO	Did you or anyone in your family pay student loan interest? <b>Amount paid \$</b> _____
<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 <b>collect</b> alimony during the tax year? <b>Amount received \$</b> _____
<input type="checkbox"/> YES <input type="checkbox"/> NO	Were any children born or adopted last year?
<input type="checkbox"/> YES <input type="checkbox"/> NO	Did you or anyone in your family attend college or vocational school during the tax year? Tuition paid by you \$ _____ Books \$ _____ Year in college: 1 2 3 4 Tuition paid by student \$ _____ Books paid by student \$ _____
<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	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) <b>Amount contributed \$</b> _____
<input type="checkbox"/> YES <input type="checkbox"/> NO	Did you receive an income tax refund from the state of Arizona (or the state you live in) last year?
<input type="checkbox"/> YES <input type="checkbox"/> NO	Did you pay any sales or excise tax on a major purchase last year, such as a vehicle?
<input type="checkbox"/> YES <input type="checkbox"/> NO	Did you roll over any amounts from a retirement account last year?
<input type="checkbox"/> YES <input type="checkbox"/> NO	Did you buy, sell or transfer any stocks or bonds or sell rental or investment property?
<input type="checkbox"/> YES <input type="checkbox"/> NO	Did you receive any income from an installment sale?
<input type="checkbox"/> YES <input type="checkbox"/> NO	Did you own a business or an interest in an LLC, partnership, or S-corp?
<input type="checkbox"/> YES <input type="checkbox"/> NO	Did you start a business or purchase rental property?
<input type="checkbox"/> YES <input type="checkbox"/> NO	Did you pay wages to a household employee (babysitter, nanny, housekeeper, etc.)? <b>Amount \$</b> _____
<input type="checkbox"/> YES <input type="checkbox"/> NO	Do you make any solar energy improvements to your home? If yes, provide details.
<input type="checkbox"/> YES <input type="checkbox"/> NO	Did you have any foreign financial accounts or signatory powers over a foreign account?
<input type="checkbox"/> YES <input type="checkbox"/> NO	Are you involved in a bankruptcy, foreclosure, or repossession?
<input type="checkbox"/> YES <input type="checkbox"/> NO	Did you have any debt (including credit cards) forgiven or cancelled?
<input type="checkbox"/> YES <input type="checkbox"/> NO	Are you or your spouse a member of the military?
<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	Do you wish to Direct Deposit any federal or state refunds? (If yes, you must attach a “Voided” check) Direct deposit to <input type="checkbox"/> Checking <input type="checkbox"/> Savings Routing # _____ Account # _____
<input type="checkbox"/> YES <input type="checkbox"/> NO	Payment for your tax return is <b>due when you pick up your taxes</b> . Did you want to pay by credit card? IF YES, ----> Card No. _____ Exp. Date _____ / _____ CVV _____ IF YES, ----> Name as it appears on the card _____ Billing Zip Code _____

\_\_\_\_\_  
Taxpayer Signature

\_\_\_\_\_  
Spouse Signature

\_\_\_\_\_  
Date

**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 ..... \$ \_\_\_\_\_
Interest Income ..... \$ \_\_\_\_\_
Taxpayer-Social Security received..... \$ \_\_\_\_\_
Spouse-Social Security received..... \$ \_\_\_\_\_
Taxpayer-Pension/Retirement ..... \$ \_\_\_\_\_
Spouse-Pension/Retirement..... \$ \_\_\_\_\_
Alimony Received ..... \$ \_\_\_\_\_
State income tax refund (last year)..... \$ \_\_\_\_\_

**OTHER INCOME**

- Business Income (see Business Organizer)..... \$ \_\_\_\_\_
Interest Received ..... \$ \_\_\_\_\_
Unemployment..... \$ \_\_\_\_\_
Sales of Assets (attach documentation) .... \$ \_\_\_\_\_
Gambling Winnings..... \$ \_\_\_\_\_
Gambling Losses ..... (\$ \_\_\_\_\_ )
Rental Income (see Rental Organizer) ..... \$ \_\_\_\_\_
Jury Duty Pay..... \$ \_\_\_\_\_
Annuities..... \$ \_\_\_\_\_
Day Care Provider ..... \$ \_\_\_\_\_
Tips..... \$ \_\_\_\_\_

**TAXES PAID**

- Real estate taxes paid on your home .... \$ \_\_\_\_\_
Auto Registration (all vehicles) ..... \$ \_\_\_\_\_
\_\_\_\_\_ \$ \_\_\_\_\_

**ESTIMATED TAXES PAID:**

Table with 4 columns: Due, Date Paid, IRS, AZ. Rows for 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..... \$ \_\_\_\_\_
\_\_\_\_\_ \$ \_\_\_\_\_
\_\_\_\_\_ \$ \_\_\_\_\_
\_\_\_\_\_ \$ \_\_\_\_\_
\_\_\_\_\_ \$ \_\_\_\_\_

**AZ STATE TAX CREDITS**

- AZ-321 Qual Charitable Organization ..... \$ \_\_\_\_\_
AZ-322 Public Schools..... \$ \_\_\_\_\_
AZ-323 Private Tuition Aid ..... \$ \_\_\_\_\_
AZ-340 Military Family Relief..... \$ \_\_\_\_\_

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

- Salvation Army / Goodwill Industries ..... \$ \_\_\_\_\_
\_\_\_\_\_ \$ \_\_\_\_\_
\_\_\_\_\_ \$ \_\_\_\_\_
\_\_\_\_\_ \$ \_\_\_\_\_
\_\_\_\_\_ \$ \_\_\_\_\_
\_\_\_\_\_ \$ \_\_\_\_\_

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

## 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 another vehicle available? \_\_\_\_\_  YES  NO

Is vehicle available when off duty? \_\_\_\_\_  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 Srvcs .....\$ \_\_\_\_\_

Computer Srvcs & Supplies .....\$ \_\_\_\_\_

Delivery & Freight out .....\$ \_\_\_\_\_

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 .....\$ \_\_\_\_\_

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 .....\$ \_\_\_\_\_

Training & Education .....\$ \_\_\_\_\_

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 \_\_\_\_\_



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



**Pete Corrao, E.A.**

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Fax: 520.396.3134

## 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 mis-statements, 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: \_\_\_\_\_ Date \_\_\_\_\_  
Taxpayer

By: \_\_\_\_\_ Date \_\_\_\_\_  
Spouse

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



**Pete Corrao, E.A.**

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## **CHECK LIST**

### **Most Important and Commonly Forgotten**

- W2's
- 1099-Misc
- K1s from partnership, S-Corp, or estate and trusts
- SS cards for all family members including Newborns
- Proof of Health Insurance Form for all Family Members (Form 1095-A, B, or C)
- EITC Proof of Residence for Children (school records 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
- Student Loan Interest (Form 1098-E)
- College Tuition (Form 1098-T)
- Routing and Account Numbers for Direct Deposit
- HUD-1 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
- Last 2 Years of Tax Returns

\*Note: If you bring originals to your tax appointment I will be able to make copies.  
Please request this upon check in.

# Client Document Request (as of 2016)

**In 2016, Congress passed the PATH Act (“Protecting Americans Against Tax Hikes”) and the Affordable Care Act (“Obama Care”). As a result of this, additional documentation is now required for Health Care, the Earned Income Tax Credit, the Child Tax Credit, and the American Opportunity Tax Credit. In order to comply with these new requirements, please provide the following documents if you have not done so already. For new clients all documents are needed.**

1. \*Copy of Driver’s License, State Id card, or other picture id for all adults living in the household.
2. \*Copy of Social Security Cards for all named in item #1 as well as any child being claimed on the tax return as a dependent. \*Copy of Birth Certificates for all children.
3. Proof of health Insurance for **all members** of the household, Form 1095-A, B, or C.
4. Proof of Filing Status if there was change from last year. \*Copy of your marriage certificate or divorce decree.
5. Proof that each child who is being claimed has resided in your household for at least 183 days of the tax year. \*Provide any one of the following: A copy of school records, school letter or statement; landlord statement or lease agreement; health care provider statement; medical records; child care provider records; social service records; place of worship statement; employer statement; or Indian tribal official statement are all acceptable documents.
6. If child is over 18, proof of full time student status or disability status, see 7 below.
7. If your child is over 18 and in college, please provide Form 1098-T from the college, plus a transcript of fees charged by the college, and another transcript or receipt showing the fees paid by the student or parents.
8. \*Copy of last year’s federal and state tax return

Due to these new IRS requirements, I, as your tax professional, am required to substantiate the filing status, dependents and tax credits claimed on your tax return. If I fail to provide proper documentation to the IRS, it will result in a \$510 fine per credit, per return, for me, the tax preparer, so these documents are required.

\*Note: If you bring originals to your tax appointment I will be able to make copies. Please request this upon check in.