



William Coppa, EA

Personal Income and Expense Organizer

	Primary Taxpayer	Spouse
Legal Name		
Social Sec. #		
Date of Birth		
Drivers Lic. #	License #: Issue Date: Expiration Date:	License #: Issue Date: Expiration Date:
Occupation		
E-Mail		
Phone		
Address		
Client Type	<input type="checkbox"/> New Client <input type="checkbox"/> Returning Client	

Filing Status – Please circle ALL that apply				
Single	Married Filing Jointly	Married Filing Separately	Taxpayer 65 or Older	Taxpayer Blind
Head of Household	Qualifying Widow(er)	Dependent of Another Taxpayer	Spouse 65 or Older	Spouse Blind

Dependents			
Name	Social Security #	Relationship	Date of Birth

Direct Deposit Information <small>Automatic funds withdrawal not available</small>	Bank	<input type="checkbox"/> Checking <input type="checkbox"/> Savings
	Routing #	
	Account #	

Did you have health insurance through the Market Place?	Yes	No
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W2's & 1099's – Please specify the number of each being reported and provided						
Taxpayer	___ W2	___ Social Sec.	___ Pension	___ IRAs	___ Unemployment	___ Other
Spouse	___ W2	___ Social Sec.	___ Pension	___ IRAs	___ Unemployment	___ Other

Other Income – Please describe and attach supporting documentation	
State & Local Income Tax Refunds	
Alimony Received	<i>Amount Received:</i> <i>Date of divorce finalized:</i>
Gambling	
Stimulus Payment #3	

Adjustments – Please attach supporting documentation	
IRA, SEP, Keough Contributions	
Health Ins. Premiums for Self-Employed	
Student Loan Interest	
Education, Tuition, Fees	
Penalty for Early Withdrawal of Savings	
Alimony	<i>Recipient/Paid To:</i> <i>SS of Recipient:</i> <i>Total Amount Paid:</i>

Child Care – Please attach supporting documentation			
Child		Child	
Provider		Provider	
Address		Address	
EIN/ SS#		EIN/ SS#	
Total Payment		Total Payment	

Estimated Income Tax Paid – <u>Do NOT include withholding</u>			
Federal Payments		State Payments	
<i>Date of Payment</i>	<i>Amount</i>	<i>Date of Payment</i>	<i>Amount</i>

Schedule A: Medical & Dental Expenses Paid					
Insurance Premiums	Physicians, Dentists, Etc.	Medical Supplies	Prescriptions	Medical Mileage	Reimbursements for Expenses
\$	\$	\$	\$	\$	\$

Schedule B: Interest Received		Schedule B: Dividends Received	
<i>Paid By</i>	<i>Amount</i>	<i>Paid By</i>	<i>Amount</i>

Taxes Paid			
Balance of State taxes due from <i>prior</i> year	Real Estate Taxes Primary Property	Real Estate Taxes Secondary Property	Personal Property Tax
\$	\$	\$	\$

Interest Paid			
<i>Primary Residence</i>		<i>Secondary Residence</i>	
Home Mortgage Interest	\$	Home Mortgage Interest	\$
Current Amount of Mortgage	\$	Current Amount of Mortgage	\$
Mortgage Insurance Premiums	\$	Mortgage Insurance Premiums	\$
Deductible Pts. On Mortgage	\$	Deductible Pts. On Mortgage	\$

Rental Income, Expenses & Depreciation			
Address:		Address:	
Annual Rental Income	\$	Annual Rental Income	\$
Expenses		Expenses	
Advertising	\$	Advertising	\$
Cleaning & Maintenance	\$	Cleaning & Maintenance	\$
Commissions	\$	Commissions	\$
Insurance	\$	Insurance	\$
Legal & Professional Fees	\$	Legal & Professional Fees	\$
Management Fees	\$	Management Fees	\$
Mortgage Interest	\$	Mortgage Interest	\$
Other Interest	\$	Other Interest	\$
Repairs	\$	Repairs	\$
Supplies	\$	Supplies	\$
Taxes	\$	Taxes	\$
Utilities	\$	Utilities	\$
Other:	\$	Other:	\$
Depreciation		Depreciation	
Asset		Asset	
Date of Purchase		Date of Purchase	
Cost	\$	Cost	\$

Investments
- Attach tax statement from investment company (<i>ALL PAGES</i>)
- Attach K-1's from Corporations, Partnerships, Trusts, Estates

Contributions	
Cash	\$
Other: Attach documentation, date, name, address, & description of contribution/donation.	\$

Please answer the following questions	Yes	No
Did you move? If yes, please provide a copy of your HUD/Closing Disclosure		
Did you buy or sell a home within the last 3 years?		
Did you own a mobile home or boat?		
Did you have a rental property?		
Did you receive any foreign income, or do you have foreign bank accounts?		
Did you have a loss on any bad debt which will never be repaid?		
Did you support or help to support an older relative?		
Did you receive child support?		
Were you audited by the IRS or the state in the past year?		
Did you, your spouse or child(ren) attend college this year?		

Other Deductions / Questions/ Notes
<p>Notes:</p> <ul style="list-style-type: none"> -Gambling losses are deductible only up to the amount of gambling winnings reported. A log must be kept to verify losses. -Work clothing is not deductible if adaptable for every day wear. Exception for safety equipment, such as steel-toe boots. - Expenses to enable individuals, who are physically or mentally impaired, to work are generally deductible.

Please attach the following, if applicable:

- W2's
- 1099-C, Cancellation of debt
- 1099-G, Unemployment income or state and/or local refunds
- 1099-Misc, for any independent contractor work
- 1099-R/Form 8606, Payments/Dist. from IRAs or retirement plans
- 1099-S, Income from sale of property
- 1099-Int, 1099-Div, 1099-B, K-1 from investment or retirement plans
- SSA- 1099, Social Security benefits received
- Alimony Received
- Business of Farm income, profit and loss, capital equipment information
- Child Care Expenses
- Property Tax