



# William Coppa, EA

## Personal Income and Expense Organizer

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

<b>Filing Status – Please circle ALL that apply</b>				
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

<b>Dependents</b>			
Name	Social Security #	Relationship	Date of Birth

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

Did you have health insurance through the Market Place?	Yes <i>If yes, attach 1095-A</i>	No
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<b>W2's &amp; 1099's</b> – 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

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

<b>Adjustments</b> – 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	Recipient/Paid To: SS of Recipient: Total Amount Paid:

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

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

### 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

<b>Address:</b>		<b>Address:</b>	
Annual Rental Income	\$	Annual Rental Income	\$
<b>Expenses</b>		<b>Expenses</b>	
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:	\$

Fixed Assets for Rental Property			
Street Address	Equipment	Purchase Date	Cost
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$

Investments
- Attach tax statement from investment company (ALL PAGES)
- 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"> <li>-Gambling losses are deductible only up to the amount of gambling winnings reported. A log must be kept to verify losses.</li> <li>-Work clothing is not deductible if adaptable for every day wear. Exception for safety equipment, such as steel-toe boots.</li> <li>- Expenses to enable individuals, who are physically or mentally impaired, to work are generally deductible.</li> </ul>

**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

**Privacy Policy**

We value our clients and their privacy is important to us. Therefore, we have adopted the following privacy policy to demonstrate our commitment to the protections of their privacy. We collect nonpublic information about our clients from various sources, including the following:

- Information we received from interviews regarding clients' tax situations
- Information we receive from applications, organizers, or by other means, such as client names, addresses, phone numbers, social security numbers, banking details, dependent information, income, and other tax-related data.
- Information from tax-related documents we require from clients in order to complete their tax returns.

We do not disclose any nonpublic information about our clients or former clients to anyone unless requested to do so by our clients or required by law. We restrict access to nonpublic information concerning our clients except to employees who need access to such information in order to provide products or services. We maintain physical, electronic, and procedural safeguards that comply with federal regulations to guard all nonpublic personal information. For further information about our privacy policy, please contact us.

**2022/2023 Notes from the office:**

- Work will begin only once ALL documents have been submitted to the office.
- Documents may be provided in-person, by mail, or digitally using Sharefile. Please do not email, text, fax your documents, or link to any other platform.
- If you do not have a ShareFile account, please email the office, [w.coppa@comcast.net](mailto:w.coppa@comcast.net), requesting a link and provide full names and email addresses for whoever you'd like to have access to your file (spouse, bookkeepers, finance managers, etc)
  - Scanned or original PDF's only. If you do not have a scanner please use a scanner app, pictures will not be accepted.
- DEADLINES
  - Business – March 15<sup>th</sup>, 2023
    - All paperwork must be provided to our office by March 1<sup>st</sup> to avoid an extension.
  - Personal Returns – April 18<sup>th</sup>, 2023
    - All paperwork must be provided to our office by March 1<sup>st</sup> to avoid an extension.
    - Please note an extension does not extend your deadline to pay only to file.