



George Goldstein Co.

Certified Public Accountants

Tax Organizer
For Tax Year 2017

When was the last Year we was **filed** your taxes? 2016 2015 2014

Taxpayer/Primary Name _____ SSN _____ DOB ____/____/____

Spouse Name _____ SSN _____ DOB ____/____/____

Address _____ Tel _____

_____ e-mail _____

Tax Payer Occupation _____ Spouse Occupation _____

If you are a repeat client, please **fill in only changes**. New Clients, please complete all sections.

- Single Married Filing Separately
 Married Filing Joint Unmarried Head of Household

Dependent Name	SSN	DOB	Relationship	Full-Time Student			
				Yes	No	Yes	No
	- -	/ /					
	- -	/ /					
	- -	/ /					
	- -	/ /					

For Direct Deposit and Direct Withdrawals

Name of Bank	Routing #	Account #

Income (Please do check all that apply and attach all documents):

- W2'S 1099 Int 1099 Dividends 1099 Misc. Income K1's Social Security
 1099-C (Cancellation) IRA/ Pension/ 1099R Unemployment Rental Income

Expenses (Please do check all that apply) :

- Stud. Loan Interest Tuition Fees paid Mortgage Interest Home Equity Loan Interest
 PMI Donation (Details) Uniforms Tools Union Dues Safe Dep.Box Professional Dues

- **Did you have Full Health Care in 2016 ? Yes / No. Did you receive Form 1095-A? (if yes, attach)**
- Provide Details of Medical Insurance for everyone. (Statement from employer/Insurance Company)
- Did you/Spouse/Children have any educational expenses?
Yes/No (If Yes, please do attach 1098-T and Payment Receipts)
- Did you have Investment income? **Yes/No** (If Yes, please do attach 1099-B)
- Did you have Rental Income? **Yes/No** (If Yes, complete attached income and expense sheet.)
- Did you have Miscellaneous income? **Yes/No** (If Yes, complete attached income and expense sheet.)
- Did you have Child care expenses? **Yes/No** (If Yes, please do attach letter/ receipt from the payer.)
- If you are claiming child care credit, additional child credit, earned income credit, please do provide birth certificate of children, school information, and medical insurance documents.

Signature Date Verified by

For Office Use Only:

Verified by Input by Date



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**Exhibit B
Schedule - E**

Rental Properties

Property Address	01	02	03
Prop. Type: Single/Duplex/Condo			
Rental Income			
Expense			
Advertisement			
Auto & Travel			
Cleaning & Maintenance			
Commission			
Insurance			
Professional Fee			
Mortgage Interest			
Other Interest			
Repairs			
Supplies			
Taxes			
Utilities			
Other (Attach details)			
Association Fees			
License			
Trash Fees			
Warranty			
Cost of Building & Date of Purchase			
Improvements			