



George Goldstein Co.

Certified Public Accountants

Tax Organizer
For Tax Year 2018

When was the last Year we was filed your taxes? 2017 2016 2015

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 1099K

Expenses (Please do check all that apply) :

- Stud. Loan Interest Tuition Fees paid Mortgage Interest Home Equity Loan Interest
 Mortgage Loan Balance: _____

- Did you have Full Health Care in 2018 ? 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 _____



George Goldstein Co.

Certified Public Accountants

**Tax Organizer
For Tax Year 2018**

**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			