



# WJ GORDON & ASSOCIATES

## ACCOUNTING FOR ALL SEASONS

### CLIENT TAX PREPARATION ORGANIZER

Thank you for selecting W. J. Gordon & Associates to prepare your tax returns.

Please complete this client organizer to ensure we receive all tax documents/information needed to accurately complete your returns.

**\*\*WE ARE ASKING ALL CLIENTS TO PROVIDE THEIR TAX DOCUMENTS BY UPLOADING THEM SECURELY TO SHAREFILE.  
PLEASE CONTACT OUR OFFICE IF YOU HAVE NOT PREVIOUSLY RECEIVED AN INVITE TO SHAREFILE\*\***

**BEST CONTACT PHONE NUMBER** \_\_\_\_\_

**TAXPAYER**

LAST NAME \_\_\_\_\_

FIRST NAME \_\_\_\_\_

CELL PHONE \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

**SPOUSE**

LAST NAME \_\_\_\_\_

FIRST NAME \_\_\_\_\_

CELL PHONE \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

**\*\*\*Please provide both taxpayer AND spouse (if applicable) email address & cell phone**

\* Have you moved since filing last year's tax return? If YES, provide the move date. \_\_\_\_\_ AND list new address in the section below.

\* Did you sell your home during the tax year? If YES, provide settlement statement and date of sale. \_\_\_\_\_

\* Have you renewed your Driver's License since filing last year's tax return? If YES, provide a copy of your new license.

\* Are you a new client? If YES, fill out the information below, provide a prior year Tax Return and copy of your Driver's License(s).

**\*\*Both the Taxpayer and Spouse (if applicable) must provide a copy of their Driver's License**

**SSN**

OCCUPATION \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

WORK PHONE \_\_\_\_\_

HOME PHONE \_\_\_\_\_

**ADDRESS**

CITY \_\_\_\_\_

**SSN**

OCCUPATION \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

WORK PHONE \_\_\_\_\_

STATE \_\_\_\_\_

ZIP \_\_\_\_\_

#### **FEDERAL FILING STATUS**

SINGLE \_\_\_\_\_ MARRIED FILING JOINTLY \_\_\_\_\_ MARRIED FILING SEPARATELY \_\_\_\_\_ HEAD OF HOUSEHOLD \_\_\_\_\_

QUALIFYING WIDOW(ER)-YEAR SPOUSE DIED \_\_\_\_\_

CAN TAXPAYER BE CLAIMED AS DEPENDENT OF ANOTHER PERSON? YES \_\_\_\_\_ NO \_\_\_\_\_

IF YES, WAS TAXPAYER CLAIMED AS DEPENDENT ON THAT PERSON'S RETURN? \_\_\_\_\_

CAN SPOUSE BE CLAIMED AS DEPENDENT OF ANOTHER PERSON? YES \_\_\_\_\_ NO \_\_\_\_\_

IF YES, WAS SPOUSE CLAIMED AS DEPENDENT ON THAT PERSON'S RETURN? \_\_\_\_\_

ARE YOU A U.S. CITIZEN, A U.S. NATIONAL OR LAWFULLY PRESENT IN THE UNITED STATES? YES \_\_\_\_\_ NO \_\_\_\_\_

**PERSONAL INCOME TAX ESTIMATES PAID (NOT withholding) Provide copies of your checks/payments.****DID YOU PAY ESTIMATED TAXES? (\*\*\*\*Do not include prior year liability payments) YES \_\_\_\_\_ NO \_\_\_\_\_**

	Federal Tax Paid	Date Paid	State Tax Paid	Date Paid	Local Tax Paid	Date Paid
1st Quarter Estimate	\$		\$		\$	
2nd Quarter Estimate	\$		\$		\$	
3rd Quarter Estimate	\$		\$		\$	
4th Quarter Estimate	\$		\$		\$	

**FINANCIAL INSTITUTION INFORMATION:****IF YOU ARE ENTITLED TO A FEDERAL OR STATE REFUND, PLEASE CHOOSE FROM THE BELOW OPTIONS:**

**\*NOTE: If our office does not receive a copy of a voided check, our office will automatically request a paper refund check (if applicable). We require a voided check be sent to us each year to avoid any errors.**

 Issue a check and mail to client's home Direct Deposit into checking account **\*\*\*Attach copy of voided check** Credit to next year as prepaid taxes**\*\*\* ALL CLIENTS MUST ANSWER THE BELOW SECTION OF QUESTIONS AS REQUIRED BY THE IRS:**

At any time during the year, did you have a financial interest in or signature authority over a financial account(such as a bank account, securities account or brokerage account) located in a FOREIGN country? YES \_\_\_\_\_ NO \_\_\_\_\_

At any time during the year, did you buy, receive, sell, exchange or otherwise acquire any financial interest in any virtual currency(this includes cryptocurrencies)? YES \_\_\_\_\_ NO \_\_\_\_\_

Did you purchase health insurance through Healthcare.gov? YES \_\_\_\_\_ NO \_\_\_\_\_ IF YES, provide Form 1095-A.

**DEPENDENT/EIC/CHILD & DEPENDENT CARE CREDIT INFORMATION****FOR EACH DEPENDENT YOU MUST PROVIDE: First & Last Name, SSN, Relationship to TAXPAYER and Date of Birth.**

**\*\*Please note, we may request a copy of each child's birth certificate if you qualify for certain tax credits.**

**\*\*To Claim a Dependent on your tax return, the dependent CANNOT claim themselves if/when filing their own tax return.**

**Dependent Information:**

Name:	SSN:	Birthdate:	Relationship:	ChildCare	Amount:

For Child Care Expenses, use the below table.

Child Care Name:	Address:	EIN#:	Amount:

**EDUCATION INFORMATION - ANSWER & PROVIDE DOCUMENTS OR FORMS IF APPLICABLE**

Is the taxpayer or spouse a full-time student? \_\_\_\_ IF YES, taxpayer, spouse or both? \_\_\_\_\_

Does the taxpayer or spouse have Qualified Education Expenses? \_\_\_\_ IF YES, provide Form 1098-T.

Did the taxpayer or spouse receive a distribution from an Education Saving Account? \_\_\_\_ IF YES, provide Form 1099-Q.

Are any dependents listed on the return full time or part time college students? \_\_\_\_ IF YES, complete table below.

**Dependent Student Information - Please provide Form 1098-T and Form 1099-Q, if applicable**

Name:	School Name:	1098-T Tuition Pd:	1099-Q Amt Recv'd:	Amt of non-tuition Education Exp:	Full-time Part-time
		\$	\$	\$	
		\$	\$	\$	
		\$	\$	\$	

**PERSONAL INCOME - ANSWER AND PROVIDE DOCUMENTATION OR FORMS IF APPLICABLE**

Did **you or your spouse** receive any of the following forms of income?

1. Employment Income? \_\_\_\_ If yes, please provide Form W-2 from all of your employers.
2. Social Security Benefits? \_\_\_\_ If yes, please provide Form 1099 SSA.
3. Railroad Retirement Benefits? \_\_\_\_ If yes, please provide Form 1099 RRB.
4. Distribution from IRA, Pension, Annuity or other retirement plan? \_\_\_\_ If yes, provide Form(s) 1099-R.
5. Unemployment Compensation or a state or local tax refund? \_\_\_\_ If yes, provide Form(s) 1099-G.
6. Lottery or gambling winnings? \_\_\_\_ If yes, provide Form(s) W-2 G.
7. Interest income from savings, brokerage or other account? \_\_\_\_ If yes, provide Form(s) 1099-INT.
8. Dividend income? \_\_\_\_ If yes, provide Form(s) 1099-DIV.
9. Brokerage/investment accounts (ex. Fidelity, E-Trade, Charles Schwab, etc)? \_\_\_\_ If yes, provide Form(s) 1099-B.
10. Nonemployee Compensation? \_\_\_\_ If yes, provide Form(s) 1099-NEC.

If you received the 1099-NEC as a single-owner business, complete our Schedule C Organizer.

11. Rental Income? \_\_\_\_ If yes, provide Form(s) 1099-MISC and complete our Schedule E Organizer.
12. Pass-Through Business (LLC, S-Corp) or Trust income? \_\_\_\_ If yes, provide Form(s) K-1.
13. Royalties, prizes, awards or other miscellaneous income? \_\_\_\_ If yes, provide for 1099-MISC.
14. Jury Duty Pay? \_\_\_\_ If yes, provide amount. \$\_\_\_\_\_
15. Alimony? \_\_\_\_ If yes, provide any court documents along with the following:  
 Amount Received - \$\_\_\_\_\_ Date of Divorce - \_\_\_\_\_  
 Payer's SSN \_\_\_\_\_ Payer's Name \_\_\_\_\_
16. Any other taxable income? \_\_\_\_ If yes, provide any tax forms received or relevant information below.

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## ADJUSTMENTS & DEDUCTIONS TO INCOME--PROVIDE DOCUMENTS OR FORMS IF APPLICABLE

Did you or your spouse have/incur any of the following expenses/deductions?

1. Mortgage Interest Paid? \_\_\_\_ If yes, provide Form(s) 1098.
2. Property Taxes Paid? \_\_\_\_ If yes, provide Form(s) 1098 or property tax bills.
3. CASH charitable contributions? \_\_\_\_  
If yes, you MUST provide letter from charity and/or copies of cancelled checks or receipts.
4. Donate any goods to a charity? \_\_\_\_  
If yes, you MUST provide donation slip showing: DATE, TYPE OF GOODS, AND VALUE
5. Educator expenses? \_\_\_\_ If yes, please provide amount/receipts. \$ \_\_\_\_  
If both taxpayer and spouse are teachers, provide separate information for both.
6. Contribution to a Traditional or Roth IRA? \_\_\_\_ Which? Traditional \_\_\_\_ Roth \_\_\_\_  
If yes, provide documentation, statements & amount. \$ \_\_\_\_
7. Student Loan Interest? \_\_\_\_ If yes, provide Form 1098-E or other documentation from lender.
8. HSA Account? \_\_\_\_ If yes, you MUST provide Forms 1099-SA AND 5498-SA.
9. Medical or dental expenses? \_\_\_\_ **\*\*\*Limitations apply based on income**  
If yes, provide receipts, statements or other documentation. May Include: Doctor, Dentist, or Hospital Fees, prescriptions, labs, medical equip/supplies, vision expenses, long-term care fees, etc.
10. Your own health insurance policy? (do not include amounts paid through an employer plan) \_\_\_\_  
If yes, provide annual premium paid. \$ \_\_\_\_
11. Casualty or Theft Loss? \_\_\_\_ If yes, please talk to your tax preparer about qualifying losses.
12. Did you pay Alimony? \_\_\_\_ If yes, provide any court documents along with the following:  
Amount Paid - \$ \_\_\_\_ Date of Divorce - \_\_\_\_  
Recipient's SSN \_\_\_\_ Recipient's Name \_\_\_\_
13. Did you borrow for a vehicle new to you in 2025? \_\_\_\_ If yes, provide the following:  
VIN # \_\_\_\_ Vehicle Make/Model \_\_\_\_  
Loan Amount \_\_\_\_ Lender Name \_\_\_\_  
Interest Paid in 2025 \_\_\_\_  
Provide purchase documentation with details above and loan statements
14. Any other tax related expenses/deductions? \_\_\_\_ If yes, provide documentation and information below.  
\_\_\_\_\_  
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\_\_\_\_\_

**NOTES (Please include below any additional information that was not listed above or didn't fit in the space provided):**

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