

# Individual Income Tax Organizer

## SECTION 1: Personal Information

### TAX PAYER INFORMATION (Please print clearly)

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ M.I. \_\_\_\_\_ SS# \_\_\_\_\_  
 Occupation \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Taxpayer E-mail Address \_\_\_\_\_  
 Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Emergency Contact Name \_\_\_\_\_ Phone Number \_\_\_\_\_

**A digital copy (PDF) of your tax return will be made available to you.**

### SPOUSE INFORMATION

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ M.I. \_\_\_\_\_ SS# \_\_\_\_\_  
 Occupation \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Spouse E-mail Address \_\_\_\_\_  
 Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

### DEPENDENTS

Full Name (First Last)	Social Security No.	Birth Date	Relationship (Son, Daughter)	Months person lived in your home during the year	Did you provide more than 50% support for person?

"You" refers to both taxpayer and spouse – enter "?" if unsure

- YES  NO **NEW CLIENTS ONLY: Drivers license, Social Security Cards, copy of last year's tax return**  
 YES  NO **ALL CLIENTS: Did you have health insurance through the Market Place? Form 1095-A is required**  
 YES  NO **ALL CLIENTS: Proof of residency for your school-age children (a Student Profile from the school)**  
 YES  NO Were you legally married as of December 31st?  
 YES  NO If yes, were you living with your spouse as of December 31st?  
 YES  NO Did your spouse die within the last 2 years? If yes, date of death: \_\_\_\_\_  
 YES  NO Are any of your dependent children who are not full time students, 19 years of age or older?  
 YES  NO Did any of the children have earned income (**wages**) above \$12,950 for the year?  
 YES  NO Did any of the children have unearned income (**investment income**) greater than \$1,150?  
 YES  NO Did any of the children have a disability? **If yes, provide a letter from the doctor explaining the details.**  
 YES  NO Did you make any contributions to a 529 plan? **Amount contributed \$** \_\_\_\_\_  
 YES  NO Were any children born or adopted? **Provide statement for other expenses**

\_\_\_\_\_  
Taxpayer Signature

\_\_\_\_\_  
Spouse Signature

\_\_\_\_\_  
Date

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# Questions – All Taxpayers

## SECTION 2: Questions that could lead to helpful deductions

“You” refers to both taxpayer and spouse – enter “?” if unsure

<input type="checkbox"/> YES <input type="checkbox"/> NO	Did any member of your household have health care coverage through the Marketplace (Obama Care)? <b>If Yes, Form 1095-A is required in order to process your return.</b>
<input type="checkbox"/> YES <input type="checkbox"/> NO	Did you or your spouse receive unemployment benefits during the tax year? <b>How much?</b> \$ _____
<input type="checkbox"/> YES <input type="checkbox"/> NO	Did you or your spouse have any dealings with virtual currency, i.e. Bitcoin, Ethereum, Litecoin, Dash, etc.? <b>If yes, Form 8949 must be completed by taxpayer. Coinbase or Cointracker software is helpful for this.</b>
<input type="checkbox"/> YES <input type="checkbox"/> NO	Are you or your spouse legally blind?
<input type="checkbox"/> YES <input type="checkbox"/> NO	Did you or your spouse have more than \$10,000 in crypto or a foreign account? <b>If yes, how much?</b> \$ _____
<input type="checkbox"/> YES <input type="checkbox"/> NO	Do you own or have financial interest in a foreign bank or financial account? <b>If yes, how much?</b> \$ _____
<input type="checkbox"/> YES <input type="checkbox"/> NO	Were you a citizen of or live in a foreign country, or receive income from a foreign investment or bank account?
<input type="checkbox"/> YES <input type="checkbox"/> NO	Did you or your spouse receive any income from online sales or Aribnb, Uber, Lyft, etc.?
<input type="checkbox"/> YES <input type="checkbox"/> NO	Did you or your spouse receive any other income not provided with this organizer?
<input type="checkbox"/> YES <input type="checkbox"/> NO	Did you or your spouse have any gambling winnings or losses during the year? <b>Attach W2G</b>
<input type="checkbox"/> YES <input type="checkbox"/> NO	Did you pay for child care during the tax year that allowed you to work? <b>Amount paid</b> \$ _____ Provider's name & tax ID _____ Provider's address & phone _____
<input type="checkbox"/> YES <input type="checkbox"/> NO	Did you or anyone in your family pay student loan interest? <b>Amount paid</b> \$ _____
<input type="checkbox"/> YES <input type="checkbox"/> NO	Are either you or your spouse legally blind?
<input type="checkbox"/> YES <input type="checkbox"/> NO	Did you or your spouse <input type="checkbox"/> collect or <input type="checkbox"/> pay alimony during the tax year? <b>Amount</b> \$ _____ Recipients Name and SSN: _____ Date of divorce or separation: _____
<input type="checkbox"/> YES <input type="checkbox"/> NO	Did you purchase a new energy-efficient car, truck or van? If yes, Year, Make and Model: _____
<input type="checkbox"/> YES <input type="checkbox"/> NO	Were any children attending college? (Provide Form 1098-T) <b>School Name:</b> _____ Tuition paid by you \$ _____ Books \$ _____ Year in college: 1 2 3 4 Tuition paid by student \$ _____ Books paid by student \$ _____
<input type="checkbox"/> YES <input type="checkbox"/> NO	Did you buy, sell, or refinance a principal residence? (Provide closing statement)
<input type="checkbox"/> YES <input type="checkbox"/> NO	Did you use any mortgage loan proceeds for purposes other than to buy, build, or substantially improve your home?
<input type="checkbox"/> YES <input type="checkbox"/> NO	If you sold a home, did you claim the first time home buyers credit when it was purchased?
<input type="checkbox"/> YES <input type="checkbox"/> NO	Can someone else claim you or your spouse as a dependent on their tax return?
<input type="checkbox"/> YES <input type="checkbox"/> NO	Did you contribute to a <input type="checkbox"/> Traditional or <input type="checkbox"/> ROTH IRA?(if yes, pick one) <b>Amount contributed</b> \$ _____
<input type="checkbox"/> YES <input type="checkbox"/> NO	Did you receive a state income tax refund last year? <b>If yes, how much?</b> \$ _____
<input type="checkbox"/> YES <input type="checkbox"/> NO	Did you or your spouse roll over any amounts from a retirement account last year? <b>Attach Form 1099-R</b>
<input type="checkbox"/> YES <input type="checkbox"/> NO	Did you or your spouse buy, sell or transfer any stocks or bonds or sell rental or investment property?
<input type="checkbox"/> YES <input type="checkbox"/> NO	Did you or your spouse receive any income from an installment sale?
<input type="checkbox"/> YES <input type="checkbox"/> NO	Do you or your spouse own a business or an interest in an LLC, partnership, or S-corp?
<input type="checkbox"/> YES <input type="checkbox"/> NO	Did you or your spouse start a business or purchase rental property?
<input type="checkbox"/> YES <input type="checkbox"/> NO	Do you make any energy efficient or solar energy improvements to your home? <b>If yes, provide details.</b>
<input type="checkbox"/> YES <input type="checkbox"/> NO	Did you or do you plan to contribute money before April 15th to an HSA for the prior tax year?
<input type="checkbox"/> YES <input type="checkbox"/> NO	Are or your spouse involved in a bankruptcy, foreclosure, or repossession?
<input type="checkbox"/> YES <input type="checkbox"/> NO	Did you or your spouse have any debt (including credit cards) forgiven or cancelled? <b>Attach Form 1099-C</b>
<input type="checkbox"/> YES <input type="checkbox"/> NO	Are you or your spouse a member of the military?
<input type="checkbox"/> YES <input type="checkbox"/> NO	Do you wish to Direct Deposit any federal or state refunds? (If yes, you must attach a “Voided” check) Direct deposit to <input type="checkbox"/> Checking <input type="checkbox"/> Savings <b>Bank Name:</b> _____ Routing # _____ Account # _____
<input type="checkbox"/> YES <input type="checkbox"/> NO	Payment for your tax return is <b>due when you pick up your taxes.</b> Did you want to pay by credit card? IF YES, ----> Card No. _____ Exp. Date _____ / _____ CVV _____ IF YES, ----> Name as it appears on the card _____ Billing Zip Code _____

\_\_\_\_\_  
Taxpayer Signature

\_\_\_\_\_  
Spouse Signature

\_\_\_\_\_  
Date

**(USE EXACT FIGURES — don't round up or down!)**

**FILING STATUS (check one)**

- Single .....
- Married Filing Jointly .....
- Married Filing Separately .....
- Head of Household .....
- Qualified Widower / Surviving Spouse .....

**INCOME**

- Taxpayer-Wages from your job ..... \$ \_\_\_\_\_
- Spouse-Wages from your job ..... \$ \_\_\_\_\_
- Dividends Income ..... \$ \_\_\_\_\_
- Interest Income ..... \$ \_\_\_\_\_
- Taxpayer-Social Security received..... \$ \_\_\_\_\_
- Spouse-Social Security received ..... \$ \_\_\_\_\_
- Taxpayer-Pension/Retirement ..... \$ \_\_\_\_\_
- Spouse-Pension/Retirement..... \$ \_\_\_\_\_
- Annuities..... \$ \_\_\_\_\_
- Alimony Received (pre-2019 divorce) ..... \$ \_\_\_\_\_
- Royalties..... \$ \_\_\_\_\_
- RMD-Required Minimum Dist-IRA..... \$ \_\_\_\_\_
- State income tax refund (last year)..... \$ \_\_\_\_\_

**OTHER INCOME**

- Unemployment..... \$ \_\_\_\_\_
- Gambling Winnings..... \$ \_\_\_\_\_
- Gambling Losses ..... (\$ \_\_\_\_\_)
- Jury Duty Pay..... \$ \_\_\_\_\_

**TAXES PAID**

- Real estate taxes paid on your home .... \$ \_\_\_\_\_
- Auto Registration (all vehicles) ..... \$ \_\_\_\_\_
- \_\_\_\_\_ \$ \_\_\_\_\_

**ESTIMATED TAXES PAID:**

Due	Date Paid	IRS	AZ
April 15	_____	\$ _____	\$ _____
June 15	_____	\$ _____	\$ _____
Sept 15	_____	\$ _____	\$ _____
Jan 15	_____	\$ _____	\$ _____

**MEDICAL EXPENSES**

- Prescriptions ..... \$ \_\_\_\_\_
- Health Insurance Premiums (post tax) ..... \$ \_\_\_\_\_
- Doctors ..... \$ \_\_\_\_\_
- Dentist ..... \$ \_\_\_\_\_
- Hospital, Laboratory, X-Rays ..... \$ \_\_\_\_\_
- Glasses & Eye Exams ..... \$ \_\_\_\_\_
- Hearing Aids & Batteries ..... \$ \_\_\_\_\_
- Long Term Care Insurance ..... \$ \_\_\_\_\_
- Prosthetic Appliances..... \$ \_\_\_\_\_
- Physical Therapy..... \$ \_\_\_\_\_
- Insurance Reimbursements listed above .. \$ \_\_\_\_\_
- Lodging for medical purposes..... \$ \_\_\_\_\_
- Miles driven for medical ..... \$ \_\_\_\_\_

**CHARITABLE CONTRIBUTIONS**

**CASH CONTRIBUTIONS**

- Church..... \$ \_\_\_\_\_
- \_\_\_\_\_ \$ \_\_\_\_\_
- \_\_\_\_\_ \$ \_\_\_\_\_
- \_\_\_\_\_ \$ \_\_\_\_\_
- \_\_\_\_\_ \$ \_\_\_\_\_
- \_\_\_\_\_ \$ \_\_\_\_\_

**NON CASH-CONTRIBUTIONS (over \$500 add'l detail)**

- Salvation Army / Goodwill Industries ..... \$ \_\_\_\_\_
- \_\_\_\_\_ \$ \_\_\_\_\_
- \_\_\_\_\_ \$ \_\_\_\_\_
- \_\_\_\_\_ \$ \_\_\_\_\_
- \_\_\_\_\_ \$ \_\_\_\_\_

**AZ STATE TAX CREDITS**

- AZ-321 Qual Charitable Organization Name(s):
- \_\_\_\_\_ \$ \_\_\_\_\_
  - \_\_\_\_\_ \$ \_\_\_\_\_
  - \_\_\_\_\_ \$ \_\_\_\_\_
  - \_\_\_\_\_ \$ \_\_\_\_\_
  - \_\_\_\_\_ \$ \_\_\_\_\_

- AZ-322 Public School Name(s)
- \_\_\_\_\_ \$ \_\_\_\_\_
  - \_\_\_\_\_ \$ \_\_\_\_\_
  - \_\_\_\_\_ \$ \_\_\_\_\_

- AZ-323 Private Tuition Aid ..... \$ \_\_\_\_\_
- AZ-340 Foster Care ..... \$ \_\_\_\_\_
- AZ-340 Military Family Relief ..... \$ \_\_\_\_\_

Miles driven for charity ..... \_\_\_\_\_

**INTEREST PAID**

- Mortgage interest paid on home ..... \$ \_\_\_\_\_
- HELOC Interest paid on home..... \$ \_\_\_\_\_
- Student loan interest ..... \$ \_\_\_\_\_
- Other interest paid..... \$ \_\_\_\_\_

**EMPLOYEE EXPENSES (Use the business organizer if you have a business)**

Educator Expenses ..... \$ \_\_\_\_\_

**ADJUSTMENTS TO INCOME**

- IRA Contributions / Penalty-early withdrawal..... \$ \_\_\_\_\_
- Child Care Expense (No. of Children \_\_\_\_\_) .. \$ \_\_\_\_\_
- Medical Savings Account..... \$ \_\_\_\_\_
- \_\_\_\_\_ \$ \_\_\_\_\_
- \_\_\_\_\_ \$ \_\_\_\_\_
- \_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_  
Taxpayer Signature

\_\_\_\_\_  
Spouse Signature

\_\_\_\_\_  
Date





PETER F. CORRAO, L.L.C.  
**BOOKKEEPING & TAX SERVICE**



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## Letter of Engagement

Thank you for choosing this office to prepare your tax return. This letter confirms the terms of my engagement with you and outlines the nature and extent of services I will provide.

I will prepare your federal and state tax returns for the current tax year from the information you furnish to me. It is your responsibility to provide me with all the information required for the preparation of complete and accurate returns. I will not audit or otherwise verify the data you submit, although I may ask you to clarify some of it. You, therefore, specifically confirm to me that all items of taxable income have been disclosed to me and that you have written records to substantiate all items claimed (receipts, cancelled checks, diaries, log books, etc.) and that you have reasonably estimated the market values of non-cash charitable contribution items.

Since the final responsibility for the completeness and accuracy of the returns is yours, you agree to review them carefully to fully acquaint yourself with all items contained therein to ensure that there are no omissions or mis-statements, before you sign them.

It is important for you to know that the law imposes a penalty if a taxpayer makes a substantial understatement of tax liability. You should also know that the IRS audit procedures will almost always include questions on deductions that require strict documentation such as travel and entertainment expenses, and business usage of autos and computers. In preparing your returns, I rely on your representations that I have been informed of all bartering transactions and that you understand and have complied with the documentation requirements for your expenses and deductions.

My fee for tax services is based on the complexity of the tax return(s) and the amount of time it takes me to complete the tax return(s). I expect to be paid in full upon the completion of the return. Tax returns will not be e-filed until your fee is paid in full. Any unpaid invoices over 90 days will be referred for collection. I am committed to safeguarding your confidential information. I do not disclose any non-public personal information about my clients or former clients except as required by law, and the National Association of Enrolled Agents (NAEA). Additionally, upon your written request, I will disclose information about you to the parties you specify. Any material you furnish for use in preparing your returns will be returned to you at the completion of your returns. If the returns are examined by taxing authorities, requests may be made for supporting documentation. Therefore, I recommend that you retain all pertinent records for at least seven years.

If the tax services and terms outlined above are in accordance with your understanding of our engagement, please sign this letter in the space provided. I appreciate the opportunity to serve you. If you have any questions, need additional information, or if I can be of assistance in any way, please call me.

Very truly yours,

Peter F. Corrao, E.A.

By: \_\_\_\_\_ Date \_\_\_\_\_  
Taxpayer

By: \_\_\_\_\_ Date \_\_\_\_\_  
Spouse

PETER F. CORRAO, L.L.C.  
**BOOKKEEPING & TAX SERVICE**



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## **CHECK LIST**

### **Most Important and Commonly Forgotten**

- W2's and / or 1099-Misc
- W2-G Gambling Winnings
- 1099-R (pension / retirement)
- SSA-1099 Annual Social Security Statement(s)
- Drivers License and Social Security cards for all family members including Newborns
- Form 1095-A (if you had health insurance through the Market Place, Obama Care)
- Proof of Residence for Children (student profile, health ins form, or medical records)
- Mortgage Interest Paid (Form 1098)
- Property Taxes Paid
- Car Registration (for cars, boats, trucks, trailers, quads, jet skis, etc.)
- Day Care Name and Tax ID Number
- K1s from partnership, S-Corp, or estate and trusts
- Student Loan Interest (Form 1098-E)
- College Tuition (Form 1098-T)
- Routing and Account Numbers for Direct Deposit
- Closing Statement for New Home Purchase or Refinance
- Business Income and Expenses (Business Organizer)
- Rental Income and Expenses (Rental Organizer)

#### **New Clients Only**

- All of the Above Items
- Copy of the Last Tax Return You Filed