

Atwood Tax Client Organizer

Taxpayer Information

First Name: (_____) Initial: (____) Last Name: (_____)
Date of Birth: (____/____/____) SSN: (____-____-____) Occupation: (_____)
Address: (_____) City: (_____) State: (____) Zip: (_____)
Phone Number: (_____) home () work () cell () Email: (_____)

Spouse Information

First Name: (_____) Initial: (____) Last Name: (_____)
Date of Birth: (____/____/____) SSN: (____-____-____) Occupation: (_____)
Phone Number: (_____) home () work () cell () Email: (_____)

Dependents

Name:	DOB:	SSN:	Relationship:	# Months @ Home:
(_____)	(____/____/____)	(____-____-____)	(_____)	(_____)
(_____)	(____/____/____)	(____-____-____)	(_____)	(_____)
(_____)	(____/____/____)	(____-____-____)	(_____)	(_____)

Did any of your dependents attend college at any time during the tax year? No () Yes () (if yes, please fill out the education expenses section on [page 4](#))

Wage/Salary Income (Provide W2's)

Employer Name:	Gross Wages:	Fed Withholdings:	State Withholdings:
(_____)	(_____)	(_____)	(_____)
(_____)	(_____)	(_____)	(_____)
(_____)	(_____)	(_____)	(_____)

Other Income

Interest income (Provide 1099-INT forms)

Payer:	Amount:	Payer:	Amount:
(_____)	(_____)	(_____)	(_____)
(_____)	(_____)	(_____)	(_____)

Dividend income (Provide 1099-DIV forms)

Payer:	Total:	Capital Gains:	Ordinary Dividend:
(_____)	(_____)	(_____)	(_____)
(_____)	(_____)	(_____)	(_____)

Capital gains (Provide 1099-B forms)

Description: _____ Date Acquired: (____/____/____) Date Sold: (____/____/____) Cost: (_____) Sale Price: (_____)
(_____) (____/____/____) (____/____/____) (_____) (_____)
(_____) (____/____/____) (____/____/____) (_____) (_____)

Pension / IRA Distribution (Provide 1099-R forms)

Payer: _____ Gross Distribution: (_____) Taxable Amount: (_____) Roth Conversion: (_____) Reason for withdrawal: (_____)
(_____) (_____) (_____) (_____) (_____)
(_____) (_____) (_____) (_____) (_____)

Does your distribution qualify as a coronavirus-related distribution? No (___) Yes (___) (complete checklist below)

“A coronavirus-related distribution is a distribution that is made from an eligible retirement plan to a qualified individual from January 1, 2020, to December 30, 2020” You are a qualified individual if (check which apply) -

- You were diagnosed with SARS-CoV-2 or with COVID-19 by a test approved by the CDC;
- Your spouse or dependent was diagnosed with SARS-CoV-2 or COVID-19 by a test approved by the CDC;
- You experienced adverse financial consequences as a result of being quarantined, being furloughed or laid off, or having work hours reduced due to SARS-CoV-2 or COVID-19;
- You experienced adverse financial consequences as a result of being unable to work due to lack of child care due to SARS-CoV-2 or COVID-19; or
- You experienced adverse financial consequences as a result of closing or reducing hours of a business that you own or operate due to SARS-CoV-2 or COVID-19.

State tax refund (Provide 1099-G form)

Amount Received: (_____)

Alimony Received (does not include child support)

Payer Name: (_____) Payer SSN: (____ - ____ - ____) Amount: (_____)

Unemployment Received (Provide 1099-G form)

Amount Received: (_____)

Social Security Received (Provide SSA-1099 forms)

Amount Received Taxpayer: (_____) Spouse: (_____)

Did you receive any self-employed / business income? No (___) Yes (___) (if yes, please fill out [page 5](#))

Did you receive any income from Rental property? No (___) Yes (___) (if yes, please fill out [page 6](#))

Miscellaneous Income

Tips (not on W2): (_____)
Gambling winnings (**provide W-2Gs**): (_____)
Child Support: (_____)
Scholarships/Grants: (_____)

Jury Duty Pay: (_____)

Other (Description and amount): (_____)

COVID-19 Stimulus Received:

First Distribution – Generally Received in Summer 2020 (_____)

Second Distribution – Generally Received in late Dec. 2020 or early Jan. 2021 (_____)

Foreign Bank and Financial Accounts

Type of Account: Bank Account (___) Securities Account (___) Other (please specify) (_____)

Maximum Value of Account: (_____)

Financial Institution: (_____)

Mailing Address: (_____)

Deductions

Medical and Dental Expenses – After Tax

Insurance premiums: (_____) Medical miles driven: (_____) Out of pocket expenses: (_____)

Health Insurance

Did you have health insurance for every month of the tax year? Yes (___) No (___)

- Health Insurance Marketplace Statement (**Provide Form 1095-A**)
- Health Coverage (**Provide Form 1095-B**)
- Employer-Provided Health Insurance Offer and Coverage (**Provide Form 1095-C**)

Taxes Paid

State and local income tax: (_____) Real estate taxes (personal residence): (_____)

Real estate taxes (other non-rental property): (_____)

Interest Paid (Provide 1098 Forms)

Home Mortgage Interest Paid (1st): (_____) Home Mortgage Interest Paid (2nd): (_____)

Home Mortgage Equity Line: (_____) Private Mortgage Insurance Premiums: (_____)

Student Loan Interest: (_____)

Contributions to Qualified Organizations/501C3s (Provide Documentation)

Cash, Check, Credit Card: (_____) Value of donated items: (_____)

Miscellaneous Deductions – (If applicable for your state income taxes)

Unreimbursed Employee Business Expenses: (_____) Tax Return Prep Fees: (_____)

Investment Fees: (_____) Safety Deposit Box Rental: (_____) Educator Expenses: (_____)

Installment of Energy Efficient Windows/Doors/Water Heater/Furnace: (_____) Other: (_____)

Child and Dependent Care Expenses

Name of Care Provider: (_____) Address: (_____)

SSN or Federal ID: (_____) Amount: (_____)

Name of Care Provider: (_____) Address: (_____)

SSN or Federal ID: (_____) Amount: (_____)

Do you pay tuition to any primary or secondary private schools? Yes (___) No (___)

Education Expenses - Tuition (Provide 1098-T Forms)

Student Name: (_____)

Institution Name: (_____) Institution Federal ID: (____ - _____)

Tuition Paid: (_____) Scholarships/Grants Received: (_____) Books/Supplies Purchased: (_____)

Student Name: (_____)

Institution Name: (_____) Institution Federal ID: (____ - _____)

Tuition Paid: (_____) Scholarships/Grants Received: (_____) Books/Supplies Purchased: (_____)

IRA Contributions (made outside of a W2 job)

	Taxpayer	Spouse
Traditional IRA Contributions:	(_____)	(_____)
Roth IRA Contributions:	(_____)	(_____)
SEP SIMPLE or KEOGH:	(_____)	(_____)

Rent Paid (for personal residence only)

Name of Landlord: (_____)

Dates Occupied: (_____) – (_____)

Monthly Rent: (_____)

Was heat included in rent? Yes (___) No (___)

Name of Landlord: (_____)

Dates Occupied: (_____) – (_____)

Monthly Rent: (_____)

Was heat included in rent? Yes (___) No (___)

Wisconsin Residents - Edvest/Tomorrow's Scholar 529 Plan Contribution

Did you contribute to a 529 Plan? Yes (___) No (___)

Amount Contributed: (_____)

Beneficiary Name: (_____)

Amount Contributed: (_____)

Beneficiary Name: (_____)

Business Income (Self-Employed)

Principal Business Activity/Profession: (_____) Business Name: (_____)

Business Address: (_____)

Cash Basis: () Accrual Basis: () First Year: ()

Income

Gross Receipts or Sales: (_____)

Expenses

Advertising: (_____)

Commissions: (_____)

Employee Benefit Programs: (_____)

Insurance – Other than Health: (_____)

Health Insurance Premiums: (_____)

Interest: (_____)

Legal and Professional Fees: (_____)

Office Supplies and Expense: (_____)

Rent (property): (_____)

Equipment Rental: (_____)

Repairs: (_____)

Supplies: (_____)

Taxes: (_____)

Travel: (_____)

Mileage:

Business Miles: (_____) Total Miles: (_____)

*If claiming actual automobile expenses:

Repairs: (_____) Interest: (_____)

Gas: (_____) Oil Changes: (_____)

Insurance: (_____) License: (_____)

PPP Loan Income

Did you receive a PPP Loan: No () Yes ()

If yes, how much did you receive: (_____)

Merchant Fees: (_____)

Bank Fees: (_____)

Software: (_____)

Professional Development: (_____)

Dues and Subscriptions: (_____)

Postage and Delivery: (_____)

Meals and Entertainment: (_____)

Utilities: (_____)

Wages: (_____)

Web Expense: (_____)

Phone: (_____)

Internet: (_____)

*If deducting home office expense use [page 7](#)

Assets Purchased:

Description: (_____)

Date: (/ /) Amount: (_____)

Description: (_____)

Date: (/ /) Amount: (_____)

Rental Property

Property Address: _____ % Ownership _____ Property Type _____
 Property 1 (_____) (_____) (_____)
Street City, State Zip

Property 2 (_____) (_____) (_____)
Street City, State Zip

Income/Rent Received: **Property 1** (_____) **Property 2** (_____)

Check if property was purchased or converted to rental property during the tax year: ()

Expenses:

- Advertising: (_____) (_____)
- Association Dues: (_____) (_____)
- Cleaning: (_____) (_____)
- Insurance: (_____) (_____)
- Contract Labor: (_____) (_____)
- Yard Maintenance: (_____) (_____)
- Professional Fees: (_____) (_____)
- Management Fees: (_____) (_____)
- Mortgage Interest: (_____) (_____)
- Other Interest: (_____) (_____)
- Repairs/Maint: (_____) (_____)
- Supplies: (_____) (_____)
- Property Taxes: (_____) (_____)
- Telephone: (_____) (_____)
- Utilities: (_____) (_____)
- Other: (_____) (_____)

Number of Days Rented or Available for Rent:
 Property 1: (_____)
 Property 2: (_____)

Mileage:
 Business Miles: (_____)
 Total Miles: (_____)

Depreciable Improvements/Assets:
 Date: (___/___/___) Amount: (_____) Description: (_____)
 Date: (___/___/___) Amount: (_____) Description: (_____)
 Date: (___/___/___) Amount: (_____) Description: (_____)
 Date: (___/___/___) Amount: (_____) Description: (_____)

Home Office Deduction

Property:

Square feet of home: (_____)

Square feet used for business: (_____)

Expenses (totals for the year):

Insurance: (_____)

Internet: (_____)

Mortgage Interest: (_____)

Rent: (_____)

Repairs/Maint: (_____)

Property Taxes: (_____)

Telephone: (_____)

Utilities: (_____)

Other: (_____)

Miscellaneous Items

Alimony Paid

SSN of Payee: (____ - ____ - ____)

Amount Paid: (_____)

Estimated Tax Payments

Federal

Overpayment – previous tax year: (_____)

Quarter 1: Amount (_____) Date Paid (___/___/___)

Quarter 2: Amount (_____) Date Paid (___/___/___)

Quarter 3: Amount (_____) Date Paid (___/___/___)

Quarter 4: Amount (_____) Date Paid (___/___/___)

State

Overpayment – previous tax year: (_____)

Quarter 1: Amount (_____) Date Paid (___/___/___)

Quarter 2: Amount (_____) Date Paid (___/___/___)

Quarter 3: Amount (_____) Date Paid (___/___/___)

Quarter 4: Amount (_____) Date Paid (___/___/___)

Notes, Comments or Questions:
