# Gomez Tax Corp. Client Organizer\*

## markgomeztax@gmail.com

Text: 917-701-6396

1. Personal I	nformation (returning clients ca	n skip sections 1 th	rough 4)				
	Name	Soc. Sec. No.	Birthdate	Cell Phone	Occupation		
Taxpayeı	•						
Spouse							
Email							
	Address	City	State	Zip	Other Phone		
	<b>State-Issued Driver's License</b>						
	ID Number	State	Issue Date	<b>Expiration Date</b>			
Taxpayeı	•						
Spouse							
-		<del></del>			<b>-</b>		
2. Children	and Other Dependents						
	Name	Soc. Sec. No.	Relationship	Birthdate			
a					1		
b					1		
		•	•		<b>-</b>		
	Routing No. Account No.		}				
	Information						
Yes No	To4-3-4-4-4-3-4-3-4-3-4-1-4-1-4-1-4-1-4-	D - 41. ID 4.0	(Dl	000 D (			
	Contribute to a traditional or Roth IRA? (Please privide 1099-R forms)						
	If yes, how much? You \$ Spouse \$						
	Roll over an existing IRA to a ROTH IRA?						
	Receive any partnership, estate, or trust income?						
	Receive any Social Security? (If Yes, please provide 1099-SSA forms)						
	Have a casualty or theft loss over 10% of your income?						
	Move over 50 miles to a new residence because of a job change?						
	Pay any estimated taxes?	1st Qtr.	2nd Qtr.	3rd Qtr.	4th Qtr.		
	If Yes, please enter amounts		1	<u> </u>	1		
	Receive any state unemployme		provide forms.	7			
	Pay any student loan interest?	Interest Paid \$		1			
	Pay any college tuition?	Tuition Paid \$		-			

### Client Worksheet (Page 2)

6. Interest/Dividends	•			-	
Ban	k Name	Interest	Dividends	Qualified	Cap. Gain Div.
					+
7. Investments You S	•		mutual funds acco		ne institution)
8. Child Care Exper	ıses (Dav Co	re. Pre-School	l if hoth parents wo	ork)	
Name of Care		Address	i y oon parents we	EIN or SSN	Amount
L					
<ul><li>9. Itemized Deduction</li><li>a. Out-of-Pocke</li><li>b. Real Estate/P Personal Prop</li></ul>	t Medical E roperty Tax	es Paid	be greater than 7.	.5% of your inco	
c. Mortage Inte Additional In Mortgage Ins	terest	•			
d. Charitible Co		- Cash Non-cash		(Please provide d	lonation receipt)
e. Gambling Lo	sses		Winnings		(Please attach W2G)
f. Investment Ir	iterest				

## Client Worksheet (Page 3)

10. Business Worksheet (for self-employed sole-proprietors and freelancers with 1099-MISC income)

1. Income earned from self-employment (	(Form 1099-MISC)	
<b>.</b>		
2. Expenses paid (should be backed up w	oth physical receipts)	
Advertising		
Automobile:		
Date use began / /	$\neg$	
Biz. Mileage	-	
Total Mileage	-	
Parking	1	
Gas		
Insurance		
Oil changes		
Repairs		
Tire changes		
Tolls		
Commissions paid		
Contract Labor (1099s sent to others)		
Depreciation		
Insurance (non-medical)		
Mortgage Interest		
Business credit card interest		
Legal and professional fees		
Office expenses		
Equipment rental		
Rent (non-home)		
Repairs & maintenance		
Supplies or Production costs		
Licenses		
Travel		
Meals & entertainment		
Utilities (non-home)		
Business account bank fees		
Computer & internet expenses		
Publications		
Research		
Telephone		
Transportation		
Business Use of Your Home		
Square footage of work area		
Total square footage of home		
Rent paid		
Utilities paid		

#### Client Worksheet (Page 4)

#### 11. Rental Property Worksheet

	Property 1	Property 2	Property 3
Address &			
Date of purchas	e / /	/ /	/ /
Purchase amour			
(for depreciation	purposes)		
Rental income			
Advertising			
Auto & travel			
Cleaning /mainte	nance		
Insurance			
Legal & profgess	ional		
Management fees			
Mortgage interes	t		
Other interest			
Repairs			
Supplies			
Taxes			
Utilities			

<sup>\*</sup> NOTE: This organizer is presented as a guide and is to be used for informational purposes only. This organizer is not intented to calculate or prepare an income tax return, nor does this organizer constitute tax or legal advice. Consult Mark Gomez, or another tax professional when using this organizer.