

Bunting, Tripp & Ingley^{LLP}

CERTIFIED PUBLIC ACCOUNTANTS SINCE 1926

Client Organizer

LOCATIONS {

Lake Wales: 230 E. Tillman Avenue Lake Wales, FL 33853 Phone 863.676.7981 Fax 863.676.8899
Tampa : 730 S Sterling Ave. #304 Tampa, FL 33609-4542 Phone 813.874.0745 Fax 813.874.1646



Primary Name: _____ SS#: _____
Occupation: _____ D.O.B _____ Cell Phone: _____
Spouse Name: _____ SS#: _____
Occupation: _____ D.O.B _____ Cell Phone: _____
Address (if changed): _____

Marital Status: _____ Phone (Home): _____
Phone (Work): _____ Sp Phone (Work): _____
Email: _____ Email (Sp): _____

Dependents List By Name (First, Middle Initial, And Last Name)	Date Of Birth	SS Number	Relationship	Months Lived At Home

If your child didn't live with you but is claimed as your dependent under a pre-1985 agreement, check here. ☐

If someone else can claim you as a dependent, check here. ☐

Traditional IRA Contributions \$ _____
Keogh/SEP/SIMPLE Contributions \$ _____
Roth IRA Contributions \$ _____
Estimated Tax Payments: Federal \$ _____
State \$ _____

Alimony paid \$ _____
Recipient's SSN \$ _____
Lodging expenses during move \$ _____

CHECK THE INCOME ITEMS WHICH PERTAIN TO YOU

- | | | |
|---|--|---|
| <input type="checkbox"/> State Tax Refund | <input type="checkbox"/> Pension, Retirement Income | <input type="checkbox"/> Social Security |
| <input type="checkbox"/> Wage Statement - W-2 | <input type="checkbox"/> IRA Distributions | <input type="checkbox"/> Municipal Bonds |
| <input type="checkbox"/> Interest | <input type="checkbox"/> Income from Rentals | <input type="checkbox"/> Self-Emp business Income |
| <input type="checkbox"/> Dividends | <input type="checkbox"/> Partnerships/Corporations (K-1) | <input type="checkbox"/> Commissions - 1099's |
| <input type="checkbox"/> Mutual Fund Distributions | <input type="checkbox"/> Estate/Trusts | <input type="checkbox"/> Education Expenses |
| <input type="checkbox"/> Alimony Received | <input type="checkbox"/> Farm Income | |
| <input type="checkbox"/> Unemployment | <input type="checkbox"/> Did you buy or sell a personal residence? | |
| <input type="checkbox"/> Lottery or Gambling Earnings | <input type="checkbox"/> Installment Sale | |
| <input type="checkbox"/> Did you sell any stock, real estate, business autos or business equipment? | | |

Child Care Information (Note: This information is required for each provider.)

Provider's Name: _____
Provider's Address: _____

Provider's SSN/EIN: _____
Amount Paid to Provider: _____

Possible Itemized Deductions

Medical & Dental:

Dr	\$
Dr	\$
Dr	\$
Dr	\$
Operations	\$
Prescription Drugs	\$
Med/dental Insurance	\$
Long-term Care Insurance	\$
Hospital & Emergency	\$
Lab & X-ray	\$
Visiting Nurses/in-home Care	\$
Dental	\$
Dentures & Braces	\$
Glasses & Contact Lenses	\$
Supplies	\$
Hearing Aids & Batteries	\$
Orthopedic Shoes	\$
Therapy Treatments	\$
Canes/crutches/braces	\$
Wheelchairs	\$
On Doctors Advice	
Air Conditioning Costs	\$
Vaporizers	\$
Thermometers & Bandages	\$
Other	\$
Medical Miles Driven	\$
Other Medical Transportation	\$

Contributions (Substantiated):

Church	\$
United Way	\$
	\$
	\$
	\$
Other	\$
Value Of Furniture Or Clothing	
Given To:	\$
	\$
	\$
Volunteer Work Expenses:	
Supplies	\$
Auto Miles Driven	
Taxes:	\$
Real Estate Tax	\$
Personal Property Tax	\$
State Income Tax	\$
Sales Tax	\$
Interest Paid:	
Home Mortgage Interest	\$
2nd Mortgage/home Equity	\$
Home Mortgage To Individual	\$
Name	
Address	
Points Paid At Closing	\$
Investment Interest	\$
Casualty Losses:	
	\$
	\$

Miscellaneous & Employee Business Expenses:

Business Travel	\$	Safe Deposit Box	\$
Out Of Town/temporary	\$	Safety Shoes & Gloves	\$
Education Expenses	\$	Sales/entertainment	\$
Employment/Job Seeking Fees	\$	Tax Return Preparation	\$
Investment Expenses	\$	Uniform Cleaning	\$
Miles Driven To 2nd Job	\$	Union Dues	\$
Office-in-home Expense	\$	Vehicle Use (Auto/truck) Miles	\$
Other	\$	For Work (Non Commute)	\$
		Work Tools	\$

Self-Employed Business Expense

Advertising	\$	Rent Or Lease Payments	\$
Car & Trucking Expense	\$	Repairs And Maintenance	\$
Legal & Professional Services	\$	Supplies	\$
Meals	\$	Taxes & Licenses	\$
Office Expenses	\$	Travel	\$
Other	\$	Utilities/telephone	\$

Education Expenses:

Student Loan Interest	\$	Post-secondary, Tuitions & Fees	\$
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