



**Roberts,  
Ritschke &  
Tyczkowski, Ltd.**

Certified Public Accountants..

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**Client Tax Organizer  
2018**

Please complete this organizer before your appointment.

**1. Personal Information**

|                 |      |               |               |            |
|-----------------|------|---------------|---------------|------------|
|                 | Name | Soc. Sec. No. | Date of Birth | Occupation |
| Taxpayer        |      |               |               |            |
| Spouse          |      |               |               |            |
| Street Address  |      | City          | State         | ZIP        |
| Email Addresses |      |               |               |            |
| Work Phone      |      | Home Phone    |               | Cell Phone |

School District \_\_\_\_\_ County \_\_\_\_\_ City/Town/Village of (circle one) \_\_\_\_\_

In what format would you like the client copy of your tax return? **(Choose one)**

Paper

CD

Emailed Secure .pdf Email address: \_\_\_\_\_

**2. Dependents (Children & Others)**

| Name<br>(First, Last) | Relationship | Date of<br>Birth | Social Security<br>Number | Months<br>Lived<br>With You | Disabled | Full<br>Time<br>Student | Dependent's<br>Gross<br>Income |
|-----------------------|--------------|------------------|---------------------------|-----------------------------|----------|-------------------------|--------------------------------|
|                       |              |                  |                           |                             |          |                         |                                |
|                       |              |                  |                           |                             |          |                         |                                |
|                       |              |                  |                           |                             |          |                         |                                |
|                       |              |                  |                           |                             |          |                         |                                |

Please answer the following questions and provide any relevant information:

1. Did you receive rent from real estate or other property?

Yes  No

2. Do you have a foreign bank account, trust, or business?

Yes  No

3. Do you provide a home for or help support anyone not listed in Section 2 above?

Yes  No

4. Did you receive any correspondence from the IRS or a State Department of Revenue?

Yes  No

5. Did you buy or sell a business, a rental property, farm or any interest in any partnership or S corporation during 2018?

Yes  No

- 6. Were there any births, deaths, marriages, divorces or adoptions in your family?  Yes  No
- 7. Did you inherit any assets this year?  Yes  No
- 8. Were you gifted any non-cash assets this year?  Yes  No
- 9. Did you give a gift of cash or other assets of more than \$15,000 to one or more people?  Yes  No
- 10. Did you have any debts cancelled, forgiven, or refinanced? Did you go through bankruptcy proceedings?  Yes  No
- 11. (a) If you paid rent, how much did you pay? \$ \_\_\_\_\_  
 (b) Was heat included?  Yes  No
- 12. Did you pay interest on a student loan for yourself, your spouse, or your dependent during the year? See Section 13  Yes  No
- 13. Did you pay expenses for yourself, your spouse, or your dependent to attend classes beyond high school? See Section 17.  Yes  No
- 14. Did your children attend a **private** elementary, secondary or high school?  Yes  No  
 If yes, please provide tuition statements.
- 15. Did you have any children under the age of 19 OR 19 to 23 year old students with unearned income of more than \$2,100?  Yes  No
- 16. Did you forgive any debts this year?  Yes  No
- 17. Do you have an HSA (Health Savings Account):  Yes  No  
 If yes, please bring in:  
 A) Form 1099-SA  
 B) Form 5498-SA  
 C) Year end account statement
- 18. Did you have any out-of-state purchases in which no sales tax was paid?  Yes  No  
 If yes, total purchases. \$ \_\_\_\_\_

**3. Wages:** Please Bring In All Original W-2 Forms

**4. Interest & Dividend Income:** Please Bring In All 1099 Forms

**5. Property Sold**

Attach 1099-S and closing statements.

| Property      | Date Acquired | Cost | Improvements |
|---------------|---------------|------|--------------|
| Vacation Home |               |      |              |
| Land          |               |      |              |
| Other         |               |      |              |

Did you sell your Personal Residence or other real estate?  Yes  No  
 If yes, please bring in closing statement and 1099-S if one was received.

**6. Investments Sold**

Stocks, Bonds, Mutual Funds, Gold, Silver, Partnership interest – Attach 1099-B & brokerage realized gain/loss schedule.

| Investment | Date Acquired/Sold | Cost | Sale Price |
|------------|--------------------|------|------------|
|            | /                  |      |            |
|            | /                  |      |            |
|            | /                  |      |            |
|            | /                  |      |            |

### 7. Individual Retirement Accounts

Contributions:

|          | Amount | Date Contributed | For Tax Year | ✓ for Roth |
|----------|--------|------------------|--------------|------------|
| Taxpayer |        |                  |              |            |
| Spouse   |        |                  |              |            |

If you are eligible, would you like to consider a contribution to a retirement plan?  Yes  No

Amounts withdrawn: Attach 1099-R & 5498

| Plan Trustee | Reason for Withdrawal | Reinvested/Rollover                                      |
|--------------|-----------------------|--|
|              |                       | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|              |                       | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|              |                       | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|              |                       | <input type="checkbox"/> Yes <input type="checkbox"/> No |

### 8. Pension, Annuity Income

| Attach 1099-R Payer | Reason for Withdrawal | Reinvested/Rollover                                      |
|---------------------|-----------------------|--|
|                     |                       | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|                     |                       | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|                     |                       | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|                     |                       | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Did you receive:

|                     |  |   |
|---------------------|--|---|
| Social Security     | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse |
| Railroad Retirement | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No          |

Attach SSA-1099, RRB-1099

### 9. Other Income

List all other income (including non-taxable) and attach supporting documents.

- State Income Tax Refund \_\_\_\_\_
- Unemployment Compensation \_\_\_\_\_
- Alimony Received \_\_\_\_\_
- Gambling, Lottery \_\_\_\_\_
- Jury Duty \_\_\_\_\_
- Disability Income \_\_\_\_\_
- Worker's Compensation \_\_\_\_\_
- Prizes, Bonuses, Awards \_\_\_\_\_
- Commissions \_\_\_\_\_
- Director/Executor's Fee \_\_\_\_\_
- Payments from Prior Installment Sale \_\_\_\_\_
- Other \_\_\_\_\_
- Other \_\_\_\_\_

### 10. Medical Expenses

Did you have health insurance coverage for all of 2018?  Yes  No

Is coverage from employer?  Yes  No  
If yes, bring in all Form(s) 1095 received from employer or health insurance carrier.

Is coverage through the marketplace/exchange?  Yes  No

If yes, bring in Form 1095-A.

**NOTE: If you have a Health Savings Account (HSA) it is very important to bring in your year end account statement and Forms 1099-SA (distributions) and 5498-SA (contributions).**

Expenses paid out of pocket:

- Medical Insurance Premiums – Taxpayer \_\_\_\_\_
- Medical Insurance Premiums – Spouse \_\_\_\_\_
- Medicare Premium – Taxpayer \_\_\_\_\_
- Medicare Premium – Spouse \_\_\_\_\_
- Long Term Care Ins. Premium – Taxpayer \_\_\_\_\_
- Long Term Care Ins. Premium – Spouse \_\_\_\_\_
- Long Term Care Expenses \_\_\_\_\_
- Lodging \_\_\_\_\_
- Mileage (number of miles) \_\_\_\_\_
- Prescription Drugs \_\_\_\_\_
- Doctors & Dentists \_\_\_\_\_
- Hospitals \_\_\_\_\_
- Lab Fees \_\_\_\_\_
- Eyeglasses and contacts \_\_\_\_\_
- Other \_\_\_\_\_
- Other \_\_\_\_\_

Were any of the above medical expenses reimbursed by insurance? Amount received: \$ \_\_\_\_\_

### 11. Taxes Paid

|                             | Date Paid | Amount |
|-----------------------------|-----------|--------|
| Real Estate: (Attach Bills) |           |        |
| Residence                   |           |        |
| Cottage                     |           |        |
| Personal Property Tax       |           |        |
| Other                       |           |        |
| Other                       |           |        |

### 12. Estimated Taxes Paid

| Federal Amount | Date Paid | State Amount | Date Paid |
|----------------|-----------|--------------|-----------|
|                |           |              |           |
|                |           |              |           |
|                |           |              |           |

**13. Interest Expense (Attach 1098's)**

Mortgage Interest on Principal Residence: \_\_\_\_\_ Amount  
\_\_\_\_\_

Interest paid to individual for your home (include amortization schedule):  
 Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Social Security No. \_\_\_\_\_

Home Equity Loan Interest:  
 \_\_\_\_\_  
 \_\_\_\_\_

Mortgage Interest on Second Residence:  
 \_\_\_\_\_

Is your mortgage indebtedness greater than \$750,000?  Yes  No

Was any of your home equity indebtedness used other than to buy, build, or substantially improve your main home or second home?  Yes  No

If yes, what was the amount?  
 Please attach year end statements on loans. \_\_\_\_\_

Student Loan Interest:  
 \_\_\_\_\_  
 \_\_\_\_\_

Investment Interest:  
 \_\_\_\_\_  
 \_\_\_\_\_

**14. Charitable Contributions**

Did you contribute any amount of your IRA RMD to Charity?  Yes  No  
 If yes, please bring in details.  
 Also, do not include those donations in this section.

Volunteer Miles: \_\_\_\_\_ Miles

**Non-Cash Contributions:** Amount  
 Clothing & Household Items: \_\_\_\_\_

Political contributions are not deductible. You need to have a receipt or cancelled check for all contributions.

\_\_\_\_\_

Paid To: Amount  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Securities & Other:  
 Please bring in details of charitable organizations name, address, description of item, amount of contribution, and cost basis.

**15. Other Deductible Expenses:** Alimony Paid \_\_\_\_\_  
 Gambling Losses \_\_\_\_\_

**16. Child & Other Dependent Care Expenses**

Also complete this section if you have dependent care benefits through your employer.

| Name of Care Provider | Address | Soc. Sec. No. or Employer ID | Amount Paid |
|-----------------------|---------|------------------------------|-------------|
|                       |         |                              |             |
|                       |         |                              |             |

**17. College Education Expenses**

Attach Forms 1098-T and college tuition statements. Also Forms 1099-Q if distributions taken from Qualified Education Programs.

| Student's Name | Name of School | Student's Status in Spring 2018: 1 <sup>st</sup> ; 2 <sup>nd</sup> ; 3 <sup>rd</sup> ; 4 <sup>th</sup> Year or Beyond 4 <sup>th</sup> Year | Tuition & Fees | Books, Supplies & Equipment |
|----------------|----------------|--|----------------|-----------------------------|
|                |                |  |                |                             |
|                |                |  |                |                             |
|                |                |  |                |                             |

**18. Education Savings:** Please bring in all year end statements.

Did you contribute to a 529 plan for the future education benefit of a child, grandchild or relative?  Yes  No

| Name of Plan | Child Name | Relationship | Amount | Date Contributed |
|--------------|------------|--------------|--------|------------------|
|              |            |              |        |                  |
|              |            |              |        |                  |
|              |            |              |        |                  |

Are you interested in contributing to a plan for a minor by April 15, 2019, to reduce Wisconsin taxable income:  Yes  No

**19. Direct Deposit of Refund/Auto Withdrawal of Balance Due**

Would you like direct deposit of your refund?  Yes  No  
**If yes, please attach a voided check from your bank account.**

If you have a balance due, would you like automatic withdrawal from your bank account?  Yes  No  
**If yes, please attach a voided check from your bank account.**

The withdrawal date will be 4/15/19 unless you state another date here. **Alternate withdrawal date:** \_\_\_\_\_

**20. Additional Data**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**21. 2019 Planning**

Are there any changes expected for next year we should consider?

- Dependent Change       Salary Change       Moving       Job Change (Promotion/Retired)
- Children in College       Asset Sales       Retirement Distributions       Other

Explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**To the best of my knowledge the information enclosed in this client tax organizer is correct and includes all income, deductions, and other information necessary for the preparation of this year's income tax returns for which I have adequate records.**