

Tax Organizer For Individuals



Please mail or fax this Tax Organizer and all supporting documents to:

3945 Rivers Avenue
North Charleston, SC 29405
Office: 843-747-1013
Text: 843-732-1829
Fax: 843-302-8203
Email: info.ncats@gmail.com
Website: <http://mynccounting.com>

You may also email the document directly to your tax prepare or go on our website and upload the documents.

If you have any questions, please call, text or email us.



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North Charleston, SC 29405

info.ncats@gmail.com

Phone: (843)747-1013 | Fax: (843)302-8203

RE: Tax Preparation Engagement Letter

Name: _____

Last 4 of Social Security Number: _____

Thank you for choosing N Charleston MBM Accounting & Tax to assist you with your _____ taxes. This letter confirms the terms of our engagement with you and outlines the nature and extent of the services we will provide.

We will prepare your _____ federal and state income tax returns. We will depend on you to provide the information we need to prepare complete and accurate returns. We may ask you to clarify some items but will not audit or otherwise verify the data you submit. An Organizer is enclosed to help you collect the data required for your return. The Organizer will help you avoid overlooking important information. By using it, you will contribute to the efficient preparation of your returns and help minimize the cost of our services.

We will perform accounting services only as needed to prepare your tax returns. Our work will not include procedures to find defalcations or other irregularities. Accordingly, our engagement should not be relied upon to disclose errors, fraud, or other illegal acts, though it may be necessary for you to clarify some of the information you submit. We will inform you of any material errors, fraud, or other illegal acts we discover.

The law imposes penalties when taxpayers underestimate their tax liability. Call us if you have concerns about such penalties.

Should we encounter instances of unclear tax law, or of potential conflicts in the interpretation of the law, we will outline the reasonable courses of action and the risks and consequences of each. We will ultimately adopt, on your behalf, the alternative you select.

Our fee is based on the time required at standard billing rates plus out-of-pocket expenses. Invoices are due and payable upon presentation. All accounts not paid within thirty (30) days are subject to interest charges to the extent permitted by state law.

We will return your original records to you at the end of this engagement. Store these records, along with all supporting documents, in a secure location. We retain copies of your records and our work papers from your engagement for up to seven years, after which these documents will be destroyed.

If you have not selected to e-file your returns with our office, you will be solely responsible to file the returns with the appropriate taxing authorities. Review all tax-return documents carefully before signing them. Our engagement to prepare your _____ tax returns will conclude with the delivery of the completed returns to you, or with e-filed returns, with your signature and our subsequent submittal of your tax return.

To affirm that this letter correctly summarizes your understanding of the arrangements for this work, sign the enclosed copy of this letter in the space indicated and return it to us in the envelope provided.

Thank you for the opportunity to be of service. If you have any questions, contact our office at (843)747-1013.

Sincerely,



Tony McGill
North Charleston MBM Accounting & Tax

(Both spouses must sign for preparation of join returns.)
or type your first and last name with the last 4 of your Social Security Number.

Accepted By:

Taxpayer

Spouse

Date

Personal Information		Taxpayer		Spouse	
First name & Initial					
Last name					
Social Security number					
Date of birth					
Occupation					
E-mail address					
Work phone		Cell		Work	Cell
Home phone		Fax		Home	Fax
Address					Apt/Suite
City				State	ZIP

Taxpayer Legally Blind Yes No Spouse Legally Blind Yes No
 Taxpayer Disabled Yes No Spouse Disabled Yes No
 Pres Campaign Fund (Taxpayer) Yes No Pres Campaign Fund (Spouse) Yes No
Filing status: Single Head of Household Married filing joint Married filing separate Widower Year of Spouse death? _____

Dependents (Children & Others)							
Name	Relationship	Date of Birth	Social Security Number	Months Lived With You	Disabled	Full Time Student	Dependent's Gross Income

Please answer the following questions to determine maximum deductions:

- | | |
|---|--|
| <p>1. Did your marital status change during the year? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2. Did your address change during the year? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>3. Were there any changes in dependents? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>4. Did you receive unreported tip income of \$20 or more in any month? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>5. Did you receive any unemployment or disability income? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>6. Did you buy or sell any stocks, bonds or other investment property? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>7. Did you purchase, sell, or refinance your principal home or second home, or take out a home equity loan? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>8. Did you convert part or all of your traditional/SEP/SIMPLE IRA to a ROTH IRA? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>9. Could you be claimed as a dependent on another person's tax return? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>10. Did you pay anyone for domestic services in your home? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>11. Did you pay anyone for childcare services? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> | <p>12. Did you receive a distribution from or make a contribution to a retirement plan (401(k), IRA, etc)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>13. Did you give a gift of more than \$14,000 to one or more people? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>14. Did you go through bankruptcy, foreclosure, or repossession proceedings? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>15. Did you incur a loss because of damaged or stolen property? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>16. Were you notified or audited by either the IRS or State taxing agency? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>17. Did you work from a home office or use your car for business? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>18. May the IRS discuss your tax return with your preparer? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>19. Were you a citizen of, have income from, or live in a foreign country? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>20. Do you want to electronically file your tax return? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>21. Did you buy any internet merchandise for which you did not pay sales/use tax? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>22. Health Insurance Did you have ACA compliant health insurance during the year? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> |
|---|--|

(Attach Form 1095-A, 1095-B, and/or 1095-C)



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Income

Type of Income	Form(s) to Attach	# Attached	Notes
Wage & Salary Income	Form W-2s		
Pensions, Annuities, Profit Sharing, IRA's, etc.	Form(s) 1099-R		
Social Security/Railroad Benefits	Form(s) SSA-1099		
Interest Income	Form(s) 1099-INT & Broker statements		
Dividend Income	Form(s) 1099-DIV		
Partnership, Trust, Estate Income	Form(s) K-1		
Investments Sold	Form(s) 1099-B & confirmation slips (should include Date Acquired, Date Sold, Cost, and Sale Price)		
Property Sold	Form(s) 1099-S & closing statements		
Address of Property Sold	Date Acquired	Cost & Improvements	

Other Income

Type	Amount	Type	Amount
Alimony Received		Gambling/lottery winnings	
Jury duty		Disability Income	
State Income tax refund		Other	
Other		Other	

Adjustments to Income

Type	Amount	Type	Amount
Alimony Paid Name _____ SS# _____		Tuition and Fees paid Who was it paid for? _____ IRA/SEP Contributions - Taxpayer	
Educator Expenses		IRA/SEP Contributions - Spouse	
Health Savings Account		Student loan interest	

Medical/Dental Expenses

Type	Amount	Type	Amount
Medical insurance premiums (paid by you)		Medical equipment, supplies	
Long Term Care insurance		Nursing care	
Prescription drugs		Medical therapy	
Glasses, contacts		Hospital	
Hearing aids, batteries		Doctor/Dental/Orthodontist	
Braces		Mileage	

Taxes Paid

Type	Amount	Type	Amount
Real property tax (attach bills)		Other _____	
Personal property tax		Other _____	

Interest Expense

Mortgage interest paid (attach 1098's)		Interest paid to individual for your home (attach amortization schedule)	
		Paid to _____	SSN _____
Investment Interest		Address _____	

Charitable Contributions

Type	Amount	Type	Amount
Total cash contributions		Charitable mileage	
Total non-cash contributions (if over \$500 attach list)			

Casualty/Theft Loss

For property damaged by storm, water, fire, accident, or stolen			
Location of Property		Amount of Damage	
		Insurance reimbursement	
Description of Property		Repair costs	
		Federal grants received	

Miscellaneous/Unreimbursed Expenses

Type	Amount	Type	Amount
Dues - union, professional		Safe deposit box	
Books, subscriptions, supplies		IRA custodial fees	
Licenses		Investment periodicals, advisory fees	
Tools, equipment, safety equipment		Job search expense	
Uniforms (including cleaning)		Moving of household goods (job related)	
Tuition, Books (work related)		Other _____	
Entertainment		Other _____	
Tax Preparation Fee		Other _____	

Estimated Tax Payments

	Federal	State		Federal	State
1 st Quarter			3 rd Quarter		
2 nd Quarter			4 th Quarter		

Day Care Expense

Provider #1	Provider #2
Address	
EIN/SS#	
Amount Paid	
Children cared for	

Health Insurance

Taxpayer	<input type="checkbox"/> I was insured through the Marketplace <input type="checkbox"/> Insured privately, through employer, or Medicaid	Attach Form 1095-A, 1095-B, and/or 1095-C <input type="checkbox"/> Not insured at all
	<i>Indicate months covered:</i> <input type="checkbox"/> Full year <input type="checkbox"/> Jan <input type="checkbox"/> Feb <input type="checkbox"/> Mar <input type="checkbox"/> Apr <input type="checkbox"/> May <input type="checkbox"/> Jun <input type="checkbox"/> Jul <input type="checkbox"/> Aug <input type="checkbox"/> Sep <input type="checkbox"/> Oct <input type="checkbox"/> Nov <input type="checkbox"/> Dec	
	Was exempt from health care mandate. <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Has Exemption Certificate Number? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide number _____	
Spouse	<input type="checkbox"/> I was insured through the Marketplace <input type="checkbox"/> Insured privately, through employer, or Medicaid	Attach Form 1095-A, 1095-B, and/or 1095-C <input type="checkbox"/> Not insured at all
	<i>Indicate months covered:</i> <input type="checkbox"/> Full year <input type="checkbox"/> Jan <input type="checkbox"/> Feb <input type="checkbox"/> Mar <input type="checkbox"/> Apr <input type="checkbox"/> May <input type="checkbox"/> Jun <input type="checkbox"/> Jul <input type="checkbox"/> Aug <input type="checkbox"/> Sep <input type="checkbox"/> Oct <input type="checkbox"/> Nov <input type="checkbox"/> Dec	
	Was exempt from health care mandate. <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Has Exemption Certificate Number? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide number _____	

Health Insurance continued

Dependent _____	<input type="checkbox"/> I was insured through the Marketplace <input type="checkbox"/> Insured privately, through employer, or Medicaid	Attach Form 1095-A, 1095-B, and/or 1095-C <input type="checkbox"/> Not insured at all <i>Indicate months covered:</i> <input type="checkbox"/> Full year <input type="checkbox"/> Jan <input type="checkbox"/> Feb <input type="checkbox"/> Mar <input type="checkbox"/> Apr <input type="checkbox"/> May <input type="checkbox"/> Jun <input type="checkbox"/> Jul <input type="checkbox"/> Aug <input type="checkbox"/> Sep <input type="checkbox"/> Oct <input type="checkbox"/> Nov <input type="checkbox"/> Dec Was exempt from health care mandate. <input type="checkbox"/> Yes <input type="checkbox"/> No Has Exemption Certificate Number? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide number _____
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Self-Employment Information

Business Name _____

Total Sales		<input type="checkbox"/> Taxpayer	<input type="checkbox"/> Spouse
Expenses			
Advertising		Repairs Expense	
Commissions/Fees		Supplies Expense	
Dues & Publications		Taxes	
Interest Expense		Travel Expense	
Insurance		Meals & Entertainment	
Legal & Professional Fees		Telephone	
Office Expense		Utilities	
Rent (office) Expense		Wages (gross W-2)	
Equipment Rental Expense		Postage	
Auto Expense		Bank Charges	
Auto Mileage		Tools & Equipment	
		Uniforms	
Assets Purchased		Notes	
Date	Amount	Asset	
Cost of Goods Sold			
Inventory at beginning of year		Material & supplies	
Purchases		Other:	
Cost of items for personal use		Other:	
Cost of labor		Inventory at end of year	

Expenses Related to Business

Auto Expense

Name of business vehicle is used for _____

Description of vehicle: _____

Date vehicle was placed in service: _____

Check if Applicable:

Another vehicle is available for personal use

There is evidence to support your deduction

This vehicle is available for use during off-duty hours

The evidence is written

Number of miles the vehicle was driven during the tax year: Business _____ Commuting _____ Total _____

Type	Amount	Type	Amount	Type	Amount
Garage rent		Property tax		Gas	
Insurance		Repairs		Tires	
Licenses		Tolls		Oil	
Parking fees		Interest		Lease payments	
Other _____		_____		_____	
_____		_____		_____	

Business Use of Home

Name of business home is used for _____

What is the square footage of your home that was used regularly and exclusively for business? _____

What is the total square footage of your home? _____

For daycare facilities not used exclusively for business, complete the following questions.

How many days during the year was the area used? _____

How many hours per day was the area used? _____

The daycare facility was in operation for the entire year

Expenses	Office expenses	Home expenses	In the "Office expenses" column, enter those expenses that pertain exclusively to your office. In the "Home expenses" column, enter those expenses that pertain to the entire dwelling.
Mortgage interest			
Real estate taxes			
Excess mortgage interest			
Insurance			
Rent			
Repairs & maintenance			
Utilities			
Other expenses			

Rental Income	Property #1	Property #2	Property #3	Property #4
Address				
City/State				
Rent Received				
Expenses				
Advertising				
Auto & Travel				
Auto Miles				
Cleaning & Maintenance				
Commissions Paid				
Grounds & Gardening				
Insurance				
Interest Expense				
Legal & Professional				
Management Fees				
Repairs & Maintenance				
Supplies				
Taxes				
Utilities				
Association Dues				
Pest Control				
Other:				
Other:				
Other:				
Other:				
Other:				
Other:				

Notes

I (We, if filing Jointly) acknowledge that the above information provided by me/us is true and accurate to the best of my/our knowledge. I/We hereby relieve NC MBM Accounting & Tax Services, LLC, its agents and affiliates, from any liability whatsoever, regarding the preparation of this/ these tax returns, and agree to hold them harmless from any damages I/We may suffer and understand that my/our sole relief is limited to the return of any fee paid for the preparation of these tax documents. I/we guarantee payment of the preparation fee and any related charges.

Primary Taxpayer's Signature _____ Date _____

Print Name _____

Spouse's Signature _____ Date _____

Print Name _____

