



- ☐ First available tax preparer
☐ Specific tax preparer: _____

Tax Organizer

Tax Year 20____

<input type="checkbox"/> New Client Referred by: _____	<input type="checkbox"/> Existing Client <input type="checkbox"/> Returning Client (not a client last year)	Will submit tax documents by: <input type="checkbox"/> Secure Portal <input type="checkbox"/> Fax <input type="checkbox"/> Mail/UPS/FedEx <input type="checkbox"/> In person
General Information (not sold or shared)	Taxpayer	Spouse
First name & middle initial		
Last name & suffix (if applicable, i.e., Jr, Sr, II, IV)		
SSN		
Date of birth		
Occupation		
Company (and Base if airline industry)		
Email		
Phone		

Preferred point of contact: ☐ Taxpayer ☐ Spouse ☐ Either

Filing Address

(For IRS residency purposes) Several factors must be considered in determining your state of residency; however, no single item (drivers' license, voter registration, mailing address for bank accounts, etc.) will make you a resident.

Street Address _____ Apt. # _____

City _____ State _____ Zip Code _____

After e-filing, send me a copy of my paid invoice and tax return for my records by:

- ☐ secure portal (no fee) ☐ mail (if different from above) _____

Dependents (list additional dependents in Additional Notes to Tax Preparer on page 4)

☐ Check here if no change from last year.

Full Name	SSN	DOB	Relationship	Full time student	Disabled?

Filing Status

****Lines 1-4 In General Information above also required for Spouse if filing Married Filing Separately**

- ☐ Single ☐ Married Filing Jointly ☐ Married Filing Separately** ☐ Head of Household

Check All Applicable for the Tax Year

- ☐ New Marriage ☐ Separation/Divorce ☐ IRS Identity PIN ☐ Digital Currency - Sold



www.crewtaxes.com

5530 Greens Rd. Houston, TX 77032

(281) 540-3040 or 1-877- 372-6888

Wages and Compensation: Check & submit all applicable forms received.

- ☐ W-2
- ☐ W2-G – Gambling Winnings (Loss \$_____)
Must have receipts
- ☐ SSA-1099 or RRB-1099
- ☐ 1099-B – Sale of Stocks/Bonds
- ☐ 1099-C – Cancellation of Debt
- ☐ 1099-DIV – Dividend and Distribution
- ☐ 1099-G – State or Local Refund
- ☐ 1099-G – Unemployment Compensation
- ☐ 1099-INT – Interest Income
- ☐ 1099-K – Payment Card & 3rd Party Transaction
- ☐ 1099-MISC – Miscellaneous or Royalty Income
- ☐ 1099-NEC – Nonemployee Compensation
Submit a Schedule C Worksheet for expenses related to each 1099-NEC form
- ☐ 1099-R – Pensions, Retirement, Annuities
- ☐ 1099-S – Proceeds Real Estate Transactions
- ☐ 1099-SA – Distributions from HSA
- ☐ 1099 composite/consolidated
Reports from companies like RobinHood, Schwab, etc.
- ☐ Alimony Received? Amount \$_____

Additional Tax Forms and Documents: Check & submit all applicable forms received:

- ☐ 1095-A Marketplace Health Insurance – submit; (Forms 1095-B & 1095-C do not submit); retain with tax records.
- ☐ 1098 Mortgage Interest (homeowners)
- ☐ Sold Home – submit Disclosure or Settlement document from closing documents & Forms 1098 Mortgage Interest
- ☐ Lived in more than one state during tax year
State: ____ Dates:_____
State: ____ Dates:_____
State: ____ Dates:_____
- ☐ 5498-IRA - Roth, Traditional &/or Rollover IRA
- ☐ 5498-SA – Contributions to HSA
- ☐ K-1 – Corporation, estate, trust, partnership
- ☐ Alimony Paid
(Include amount only if divorce granted in 2018 or prior) _____
Date of Divorce _____
\$ _____ SSN of Recipient _____
- ☐ Made Additional Estimated Tax Payments
IRS: \$_____ State:\$_____
These payments were paid directly to IRS or the State; not withheld from payroll. Please provide the documentation of these additional estimated tax payments.
- ☐ Please submit last year's tax return if we did not prepare your tax return last year. This enables your tax preparer to make sure nothing is overlooked.
- ☐ Submit copy of front/back of valid driver's license if you resided in CA, NJ, NY, OH at any time during the tax year and we did not prepare your tax return last year.

Childcare/Daycare Costs – Tax ID Number is required for credit.

Child must be under 13 years old to qualify; exception applies for qualifying adult.

- ☐ I have childcare/daycare costs & will submit appropriate invoices/receipts. Document must have each child's name, provider's name, provider's full address, Tax ID number and amount paid for each child.

Education (submit forms)☐ Form 1098-E – Student Loan Interest☐ Taxpayer☐ Spouse☐ Form 1099-Q – Payments from Qualified Education Programs

	Student Name	Books/Supplies	Year of Program
<input type="checkbox"/> Form 1098-T - Tuition	_____	\$ _____	<input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/> 4 th
	_____	\$ _____	<input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/> 4 th

Medical Expenses***

(Must exceed 7.5% of Adjusted Gross Income; retain all receipts with your tax records).

***Do not include medical expenses reimbursed by others, paid with pretax dollars or claimed elsewhere on your return.

Long Term Care Premiums	\$ _____	Medical aids such as eyeglasses, contact lenses, hearing aids	\$ _____
Deductible Paid	\$ _____		
Doctor, dentist & hospital fees	\$ _____	Medical equipment	\$ _____
Prescription Medicine	\$ _____	Other: _____	\$ _____

Sales Tax

We will use the preset amount based on your income. For taxpayers in states with income tax, we will use either your state income tax or the sales tax (whichever is higher).

☐ Sales Tax paid on a vehicle, boat, etc. purchase \$ _____. This amount can be added to preset amount.**Additional Taxes (if applicable)**☐ Yearly Automobile/RV/Boat \$ _____☐ Property taxes paid \$ _____
Includes school, MUD, county, local**Charitable Contributions (submit receipts for donations exceeding \$500)**Taxpayers **must** keep a record of all cash contributions. Examples are canceled checks, a bank copy of a cancelled check, a bank statement containing the name of the charity with date and amount, or a receipt from the charity with date and amount of contribution.

Cash Contributions \$ _____

Noncash Contribution (Goodwill, Salvation Army, etc) \$ _____

Federally Declared Disaster Losses**(i.e., Hurricane Helene, California Wildfire, Tornado, Earthquake, Windstorm, Houston Derecho)**

Name of Disaster #1	_____	Cost of property loss	_____
Date of Loss	_____	Insurance reimbursement	\$ _____
FEMA Number	_____		
Name of Disaster #2	_____	Cost of property loss	_____
Date of Loss	_____	Insurance reimbursement	\$ _____
FEMA Number	_____		

Disaster Notes to Tax Preparer:

Tax Credits – Check applicable and submit receipts.

- ☐ Residential Energy Efficiency Improvements** ☐ Residential Clean Energy (i.e., solar) ☐ Electric vehicle

** Residential Energy Improvements are Energy Star rated items that include exterior windows/doors, water heaters, HVAC and insulation.

Additional Forms

Check all that apply. Printable and online forms requested below are available on our website.

- ☐ Owned/Operated a Business - Submit Schedule C Worksheet.
☐ Owned Rental Property - Submit Schedule E Worksheet for each property owned.
☐ Owned/Operated a Farm - Submit Schedule F Worksheet
☐ Resided in AL, AR, CA or HI during the tax year? Submit Employee Business Expense Worksheet.

Additional Notes to Tax Preparer:

Direct Deposit/Payment Information: Free!

If same as last year, write "Same as last year". You can choose Direct Deposit even if not filing electronically.

Name of Bank _____ ☐ Checking ☐ Savings
Routing Number ____-____-____ Account Number _____



For e-filing, we will complete IRS Form 8879 Electronic Filing Authorization for your signature.

Tax preparation fees are due at time of filing. Payment methods are cash, check, credit cards or ACH.

I verify that the information and financial values I have provided on this Tax Organizer are true, accurate and complete, to the best of my knowledge and belief, and that I possess the corresponding receipts and documentation to be retained with my tax records.

Signature: _____ **Date:** _____