

**From:**

**To:**

Point CPA  
PO Box 1411  
Bismarck, ND 58502-1411



## **2018 Client Organizer**

This information is complete and correct to the best of my (our) knowledge.

Taxpayer signature \_\_\_\_\_ Date \_\_\_\_\_

Spouse signature \_\_\_\_\_ Date \_\_\_\_\_

**Point CPA  
PO Box 1411  
Bismarck, ND 58502-1411  
701-751-3646**

Dear :

This letter is to confirm and specify the terms of our engagement with you and to clarify the nature and extent of the services we will provide. In order to ensure an understanding of our mutual responsibilities, we ask all clients for whom returns are prepared to confirm the following arrangements.

We will prepare your 2018 federal and state income tax returns from information which you will furnish to us. We will not audit or otherwise verify the data you submit, although it may be necessary to ask you for clarification of some of the information. We will furnish you with questionnaires and worksheets to guide you in gathering the necessary information. Your use of such forms will assist in keeping the fee to a minimum.

It is your responsibility to provide all the information required for the preparation of complete and accurate returns. You should retain all the documents, cancelled checks and other data that form the basis of income and deductions. These may be necessary to prove the accuracy and completeness of the returns to a taxing authority. You have the final responsibility for the income tax returns and, therefore, you should review them carefully before you sign them.

Our work in connection with the preparation of your income tax returns does not include any procedures designed to discover defalcations and/or irregularities, should any exist. We will render such accounting and bookkeeping assistance as determined to be necessary for preparation of the income tax returns.

The law provides various penalties that may be imposed when taxpayers understate their tax liability. If you would like information on the amount or the circumstances of these penalties, please contact us.

Your returns may be selected for review by the taxing authorities. Any proposed adjustments by the examining agent are subject to certain rights of appeal. In the event of such government tax examination, we will be available upon request to represent you and will render additional invoices for the time and expenses incurred.

Our fee for these services will be based upon our standard fees as listed on our website, [www.pointcpa.com](http://www.pointcpa.com). Any necessary bookkeeping or accounting services provided will be billed at our standard billing rates plus out-of-pocket expenses. All invoices are due and payable upon presentation.

If the foregoing fairly sets forth your understanding, please sign the enclosed copy of this letter in the space indicated and return it to our office. However, if there are other tax returns you expect us to prepare, please inform us by noting so at the end of the return copy of this letter.

We want to express our appreciation for this opportunity to work with you.

Very truly yours,

Point CPA

Accepted By: \_\_\_\_\_

Date: \_\_\_\_\_

**Point CPA  
PO Box 1411  
Bismarck, ND 58502-1411  
701-751-3646**

Dear :

This Tax Organizer is designed to help you gather the tax information needed to prepare your 2018 personal income tax return. To help you complete the Organizer with minimal time and effort, when available, you will find certain information from your 2017 personal income tax return.

To protect your privacy, your Tax Organizer contains masked data. Masked data displays as asterisks. For example, a Social Security number could display as \*\*\*-\*\*-6789, an account number as \*\*\*\*\*6789, and a date of birth as \*\*/\*\*/2000. If you would like to confirm the masked data or make a change to your data, please contact this office. Do not indicate any changes to your data on your Tax Organizer. When you receive your completed tax return(s), make sure you review all Social Security numbers, bank account numbers, and dates of birth for accuracy.

Enter 2018 information on the Tax Organizer pages provided. If any information does not apply to you or is incorrect, please draw a line through it or make the necessary corrections.

The Client Questionnaire asks about pertinent tax items necessary for preparing the most accurate tax return possible. Please answer all questions and attach a statement when necessary for additional information not provided in the Client Organizer.

You will also need to provide the following information:

- Forms W-2 for wages, salaries and tips.
- All Forms 1099 for interest, dividends, retirement, miscellaneous income, Social Security, state or local refunds, gambling winnings, etc.
- Brokerage statements showing investment transactions for stocks, bonds, etc.
- Schedule K-1 from partnerships, S corporations, estates and trusts.
- Statements supporting educational expenses, deductions or distributions, including any Forms 1098-T, 1098-E, or 1099-Q.
- All Forms 1095-A, 1095-B, and/or 1095-C related to health care coverage or the Premium Tax Credit.
- Statements supporting deductions for mortgage interest, taxes, and charitable contributions (including any Form 1098-C).
- Copies of closing statements regarding the sale or purchase of real property.
- Legal papers for adoption, divorce, or separation involving custody of your dependent children.
- Any tax notices sent to you by the IRS or other taxing authority.
- A copy of your income tax return from last year, if not prepared by this office.

IRS regulations require paid tax preparers who expect to prepare and file 11 or more federal individual, nonresident alien, or trust tax returns to file them electronically. To comply with this

requirement your return will be electronically filed this year. The benefits of e-filing include a secure way to file tax returns and it provides proof of acceptance that the IRS has accepted your return for processing. Contact this office if you prefer your return be filed on paper.

Thank you for the opportunity to serve you.

Sincerely,

Point CPA

## Questions

Please check the appropriate box and include all necessary details and documentation.

|   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| <b>Personal Information</b>   |                          |                          |
| Did your marital status change during the year?   | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, explain: _____  |                          |                          |
| Did your address change from last year?   | <input type="checkbox"/> | <input type="checkbox"/> |
| Can you be claimed as a dependent by another taxpayer?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you change any bank accounts, or did routing transit numbers (RTN) and/or bank account number change for existing bank accounts that have been used to direct deposit (or direct debit) funds from (or to) the IRS or other taxing authority during the tax year? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you receive an Identity Protection PIN (IP PIN) from the IRS or have you been a victim of identity theft? If yes, attach the IRS letter.  | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you reside in or operate a business in a Federally declared disaster area? The Federally declared disaster areas include victims of hurricanes, tropical storms, floods, as well as wildfires.  | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Dependent Information</b>  |                          |                          |
| Were there any changes in dependents from the prior year?   | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, explain: _____  |                          |                          |
| Do you have any children under age 19 or a full-time student under age 24 with unearned income in excess of \$2,100?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you have dependents who must file a tax return?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you provide over half the support for any other person(s) other than your dependent children during the year?   | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you pay for child care while you worked, looked for work, or while a full-time student?   | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you pay any expenses related to the adoption of a child during the year?  | <input type="checkbox"/> | <input type="checkbox"/> |
| If you are divorced or separated with child(ren), do you have a divorce decree or other form of separation agreement which establishes custodial responsibilities?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Did any dependents receive an Identity Protection PIN (IP PIN) from the IRS or have they been a victim of identity theft? If yes, attach the IRS letter.  | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Purchases, Sales and Debt Information</b>  |                          |                          |
| Did you start a new business or purchase rental property during the year?   | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you sell, exchange, or purchase any assets used in your trade or business?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you acquire a new or additional interest in a partnership or S corporation?   | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you sell, exchange, or purchase any real estate during the year?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you purchase or sell a principal residence during the year?   | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you foreclose or abandon a principal residence or real property during the year?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you acquire or dispose of any stock during the year?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you take out a home equity loan this year?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you refinance a principal residence or second home this year?   | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you sell an existing business, rental, or other property this year?   | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you lend money with the understanding of repayment and this year it became totally uncollectable?   | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you have any debts canceled or forgiven this year, such as a home mortgage or student loan(s)?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you purchase a qualified plug-in electric drive vehicle or qualified fuel cell vehicle this year?   | <input type="checkbox"/> | <input type="checkbox"/> |

## Income Information

- Did you have any foreign income or pay any foreign taxes during the year, directly or indirectly, such as from investment accounts, partnerships or a foreign employer?
- Did you receive any income from property sold prior to this year?
- Did you receive any unemployment benefits during the year?
- Did you receive any disability income during the year?
- Did you receive tip income not reported to your employer this year?
- Did any of your life insurance policies mature, or did you surrender any policies?
- Did you receive any awards, prizes, hobby income, gambling or lottery winnings?
- Do you expect a large fluctuation in income, deductions, or withholding next year?
- Did you have any sales or other exchanges of virtual currencies, or used virtual currencies to pay for goods or services, or you are holding virtual currencies as an investment?

## Retirement Information

- Are you an active participant in a pension or retirement plan?
- Did you receive any Social Security benefits during the year?
- Did you make any withdrawals from an IRA, Roth, myRA, Keogh, SIMPLE, SEP, 401(k), or other qualified retirement plan?
- If yes, were any withdrawals due to a Federally declared disaster?
- Did you receive any lump-sum payments from a pension, profit sharing or 401(k) plan?
- Did you make any contributions to an IRA, Roth, myRA, Keogh, SIMPLE, SEP, 401(k), or other qualified retirement plan?

## Education Information

- Did you, your spouse, or your dependents attend a post-secondary school during the year, or plan to attend one in the coming year?
- Did you have any educational expenses during the year on behalf of yourself, your spouse, or a dependent? If yes, attach any Form(s) 1098-T and receipts for qualified tuition and related expenses
- Did anyone in your family receive a scholarship of any kind during the year?
- If yes, were any of the scholarship funds used for expenses other than tuition, such as room and board?
- Did you make any withdrawals from an education savings or 529 Plan account?
- If yes, were any of these withdrawals rolled over into a ABLE (Achieving a Better Life Experience) account?
- Did you make any contributions to an education savings or 529 Plan account?
- Did you pay any student loan interest this year?
- Did you cash any Series EE or I U.S. Savings bonds issued after 1989?
- Would you like a worksheet to aid in the completion of a Free Application for Federal Student Aid (FAFSA) with the U.S. Department of Education?

## Health Care Information

- Did you have qualifying health care coverage, such as employer-sponsored coverage or government-sponsored coverage (i.e. Medicare/Medicaid) for your family? "Your family" for health care coverage refers to you, your spouse if filing jointly, and anyone you can claim as a dependent. If yes, attach any Form(s) 1095-B and/or 1095-C you received.
- Did anyone in your family qualify for an exemption from the health care coverage mandate? Examples of exemptions include (but are not limited to) certain non-citizens, members of a health care sharing ministry, members of Federally-recognized Indian tribes, and exemptions requested from the Marketplace. If yes, attach the Exemption Certificate Number (ECN) or type of exemption.
- Did you enroll for lower cost Marketplace Coverage through healthcare.gov under the Affordable Care Act? If yes, attach any Form(s) 1095-A you received.
- Did you enroll for lower cost Marketplace Coverage through healthcare.gov under

- the Affordable Care Act and share a policy with anyone who is not included in your family?
- Did you make any contributions to a Health savings account (HSA) or Archer MSA?
- Did you receive any distributions from a Health savings account (HSA), Archer MSA, or Medicare Advantage MSA this year?
- Did you pay long-term care premiums for yourself or your family?
- Did you make any contributions to an ABLE (Achieving a Better Life Experience) account? If yes, attach any Form(s) 5498-QA you received.
- Did you receive any withdrawals from an ABLE (Achieving a Better Life Experience) account? If yes, attach any Form(s) 1099-QA you received.
- If you are a business owner, did you pay health insurance premiums for your employees this year?
- Did you receive any Health Coverage Tax Credit (HCTC) advance payments? If yes, attach any Form(s) 1099-H you received.

### Itemized Deduction Information

- Did you incur a casualty or theft loss or any condemnation awards during the year?
- If yes, did the loss occur in a Federally declared disaster area?
- Did you pay out-of-pocket medical expenses (Co-pays, prescription drugs, etc.)?
- Did you make any cash or noncash charitable contributions (clothes, furniture, etc.)?
- If yes, please provide evidence such as a receipt from the donee organization, a canceled check, or record of payment, to substantiate all contributions made.
- Did you donate a vehicle or boat during the year? If yes, attach Form 1098-C or other written acknowledgment from the donee organization.
- Did you pay real estate taxes for your primary home and/or second home?
- Did you pay any mortgage interest on an existing home loan? If yes, attach any Form(s) 1098 you received.
- Did you incur interest expenses associated with any investment accounts you held?
- Did you make any major purchases during the year (cars, boats, etc.)?
- Did you make any out-of-state purchases (by telephone, internet, mail, or in person) for which the seller did not collect state sales or use tax?

### Miscellaneous Information

- Did you make gifts of more than \$15,000 to any individual?
- Did you utilize an area of your home for business purposes?
- Did you engage in any bartering transactions?
- Did you retire or change jobs this year?
- Did you incur moving costs because of a permanent change of station as a member of the Armed Forces on active duty?
- Did you pay any individual as a household employee during the year?
- Did you make energy efficient improvements to your main home this year?
- Did you receive a distribution from, or were you a grantor or transferor for a foreign trust?
- Did you have a financial interest in or signature authority over a financial account such as a bank account, securities account, or brokerage account, located in a foreign country?
- Do you have any foreign financial accounts, foreign financial assets, or hold interest in a foreign entity?
- Did you receive correspondence from the State or the IRS?
- If yes, explain: \_\_\_\_\_
- Do you have previous years of tax returns that are either unfiled or filed with unpaid balances due?
- Do you want to designate \$3 to the Presidential Election Campaign Fund? If you check yes, it will not change your tax or reduce your refund.



General: 1040 **Personal Information**

Filing (Marital) status code (1 = Single, 2 = Married filing joint, 3 = Married filing separate, 4 = Head of household, 5 = Qualifying widow(er)) \_\_\_\_\_  
 Mark if you were married but living apart all year \_\_\_\_\_ Mark if your nonresident alien spouse does not have an ITIN \_\_\_\_\_  
**Taxpayer** **Spouse**  
 Social security number \_\_\_\_\_  
 First name \_\_\_\_\_  
 Last name \_\_\_\_\_  
 Occupation \_\_\_\_\_  
 Designate \$3.00 to the presidential election campaign fund? (1 = Yes, 2 = No, 3=Blank) 2 \_\_\_\_\_  
 Mark if legally blind \_\_\_\_\_  
 Mark if dependent of another taxpayer \_\_\_\_\_  
 Taxpayer between 19 and 23, full-time student, with income less than 1/2 support? (Y, N) \_\_\_\_\_  
 Date of birth \_\_\_\_\_  
 Date of death \_\_\_\_\_  
 Work/daytime telephone number/ext number \_\_\_\_\_  
 Do you authorize us to discuss your return with the IRS (Y, N) Y

General: 1040, Contact **Present Mailing Address**

Address \_\_\_\_\_  
 Apartment number \_\_\_\_\_  
 City/State postal code/Zip code \_\_\_\_\_  
 Foreign country name \_\_\_\_\_  
 Foreign phone number \_\_\_\_\_  
 Home/evening telephone number \_\_\_\_\_  
 Taxpayer email address \_\_\_\_\_  
 Spouse email address \_\_\_\_\_

General: 1040 **Dependent Information**

| First Name | Last Name | Date of Birth | Social Security No. | Relationship | Months in home | Care expenses paid for dependent |
|------------|-----------|---------------|---------------------|--------------|----------------|----------------------------------|
| _____      | _____     | _____         | _____               | _____        | _____          | _____                            |
| _____      | _____     | _____         | _____               | _____        | _____          | _____                            |
| _____      | _____     | _____         | _____               | _____        | _____          | _____                            |

Credits: 2441 **Child and Dependent Care Expenses**

Provider information:  
 Business name \_\_\_\_\_  
 First and Last name \_\_\_\_\_  
 Street address \_\_\_\_\_  
 City, state, and zip code \_\_\_\_\_  
 Social security number OR Employer identification number \_\_\_\_\_  
 Tax Exempt or Living Abroad Foreign Care Provider (1 = TE, 2 = LAFCP) \_\_\_\_\_  
 Amount paid to care provider in 2018 \_\_\_\_\_  
**Taxpayer** **Spouse**  
 Employer-provided dependent care benefits that were forfeited \_\_\_\_\_

Health Care: Coverage **Health Care Coverage**

**"Your family" for health care coverage refers to you, your spouse if filing jointly, and anyone you can claim as a dependent.**  
 2018 Information **Prior Year Information**  
 Was your entire family covered for the full year with minimum essential health care coverage? (Y, N) \_\_\_\_\_

Income: B1 **Interest Income**

Please provide all copies of Form 1099-INT or other statements reporting interest income.

| T/S/J | Payer Name | Interest Income | Prior Year Information |
|-------|------------|-----------------|------------------------|
| _____ | _____      | _____           | _____                  |
| _____ | _____      | _____           | _____                  |
| _____ | _____      | _____           | _____                  |
| _____ | _____      | _____           | _____                  |
| _____ | _____      | _____           | _____                  |

Income: B3 **Seller Financed Mortgage Interest**

T, S, J \_\_\_\_\_ Payer's name \_\_\_\_\_ Payer's social security number \_\_\_\_\_  
 Payer's address, city, state, zip code \_\_\_\_\_  
 Amount received in 2018 \_\_\_\_\_ Amount received in 2017 \_\_\_\_\_

Income: B2 **Dividend Income**

Please provide copies of all Form 1099-DIV or other statements reporting dividend income.

| T/S/J | Payer Name | Ordinary Dividends | Qualified Dividends | Prior Year Information |
|-------|------------|--------------------|---------------------|------------------------|
| _____ | _____      | _____              | _____               | _____                  |
| _____ | _____      | _____              | _____               | _____                  |
| _____ | _____      | _____              | _____               | _____                  |
| _____ | _____      | _____              | _____               | _____                  |
| _____ | _____      | _____              | _____               | _____                  |
| _____ | _____      | _____              | _____               | _____                  |
| _____ | _____      | _____              | _____               | _____                  |
| _____ | _____      | _____              | _____               | _____                  |

Income: D **Sales of Stocks, Securities, and Other Investment Property**

Please provide copies of all Forms 1099-B and 1099-S.

| T/S/J | Description of Property | Date Acquired | Date Sold | Gross Sales Price<br>(Less expenses of sale) | Cost or Other Basis |
|-------|-------------------------|---------------|-----------|--|---------------------|
| _____ | _____                   | _____         | _____     | _____  | _____               |
| _____ | _____                   | _____         | _____     | _____  | _____               |
| _____ | _____                   | _____         | _____     | _____  | _____               |
| _____ | _____                   | _____         | _____     | _____  | _____               |
| _____ | _____                   | _____         | _____     | _____  | _____               |
| _____ | _____                   | _____         | _____     | _____  | _____               |
| _____ | _____                   | _____         | _____     | _____  | _____               |
| _____ | _____                   | _____         | _____     | _____  | _____               |

Income: Income **Other Income**

Please provide copies of all supporting documentation.

|  | 2018 Information |        | Prior Year Information |
|--|------------------|--------|------------------------|
|  | Taxpayer         | Spouse | Prior Year Information |
| State and local income tax refunds             | _____            | _____  | _____                  |
| Alimony received                               | _____            | _____  | _____                  |
| Unemployment compensation                      | _____            | _____  | _____                  |
| Unemployment compensation repaid               | _____            | _____  | _____                  |
| Social security benefits                       | _____            | _____  | _____                  |
| Medicare premiums to be reported on Schedule A | _____            | _____  | _____                  |
| Railroad retirement benefits                   | _____            | _____  | _____                  |

| T/S/J         | 2018 Information | Prior Year Information |
|---------------|------------------|------------------------|
| Other Income: | _____            | _____                  |
| _____         | _____            | _____                  |
| _____         | _____            | _____                  |

1040 Adj: IRA **Adjustments to Income - IRA Contributions**

Please provide year end statements for each account and any Form 8606 not prepared by this office.

Taxpayer Spouse

**Traditional IRA Contributions for 2018 -**

If you want to contribute the maximum allowable traditional IRA contribution amount, enter the applicable code: (1 = Deductible only, 2 = Both deductible and nondeductible)

Enter the total traditional IRA contributions made for use in 2018 \_\_\_\_\_

**Roth IRA Contributions for 2018 -**

Mark if you want to contribute the maximum Roth IRA contribution

Enter the total Roth IRA contributions made for use in 2018 \_\_\_\_\_

Educate: Educate2 **Higher Education Deductions and/or Credits**

Complete this section if you paid interest on a qualified student loan in 2018 for qualified higher education expenses for you, your spouse, or a person who was your dependent when you took out the loan.

| T/S   | Qualified student loan interest paid | 2018 Information | Prior Year Information |
|-------|--------------------------------------|------------------|------------------------|
| _____ | _____                                | _____            | _____                  |
| _____ | _____                                | _____            | _____                  |

Complete this section if you paid qualified education expenses for higher education costs in 2018. Qualified education expenses include tuition and fees required for enrollment or attendance at an eligible educational institution. Please provide all copies of Form 1098-T.

| T/S   | Ed Exp Code* | Student's SSN | Student's First Name | Student's Last Name | Qualified Expenses | Prior Year Information |
|-------|--------------|---------------|----------------------|---------------------|--------------------|------------------------|
| _____ | _____        | _____         | _____                | _____               | _____              | _____                  |
| _____ | _____        | _____         | _____                | _____               | _____              | _____                  |
| _____ | _____        | _____         | _____                | _____               | _____              | _____                  |
| _____ | _____        | _____         | _____                | _____               | _____              | _____                  |

\*Education Expense Code: 1 = American opportunity credit; 2 = Lifetime learning credit; 3 = Tuition and fees deduction. The student qualifies for the American opportunity credit when enrolled at least half-time in a program leading to a degree, certificate, or recognized credential; has not completed the first 4 years of post-secondary education; has no felony drug convictions on student's record.

1040 Adj: 3903 **Job Related Moving Expenses**

Complete this section if you moved to a new home due to service in the armed forces.

Description of move \_\_\_\_\_  
 Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_  
 Mark if the move was due to service in the armed forces \_\_\_\_\_  
 Number of miles from old home to new workplace \_\_\_\_\_  
 Number of miles from old home to old workplace \_\_\_\_\_  
 Mark if move is outside United States or its possessions \_\_\_\_\_  
 Transportation and storage expenses \_\_\_\_\_  
 Travel and lodging (not including meals) \_\_\_\_\_  
 Total amount reimbursed for moving expenses \_\_\_\_\_

1040 Adj: OtherAdj **Other Adjustments to Income**

Alimony Paid:

| T/S                      | Recipient name | Recipient SSN | 2018 Information | Prior Year Information |
|--------------------------|----------------|---------------|------------------|------------------------|
| _____                    | _____          | _____         | _____            | _____                  |
| Street address           |                | _____         | _____            | _____                  |
| City, State and Zip code |                | _____         | _____            | _____                  |

|                    | Taxpayer | Spouse | Prior Year Information |
|--------------------|----------|--------|------------------------|
| Educator expenses: | _____    | _____  | _____                  |
| Other adjustments: | _____    | _____  | _____                  |
| _____              | _____    | _____  | _____                  |
| _____              | _____    | _____  | _____                  |

General: Bank **Direct Deposit/Electronic Funds Withdrawal Information**

Per IRS Security Summit requirements, verify the name of financial institution, routing transit number, account number, and type of account below. If you would like to have a refund direct deposited into or a balance due debited from your bank account(s), please enter information in the fields below. Note that electronic funds will be withdrawn only from the primary account listed below.

Mark to verify all accounts listed below have been reviewed, updated as needed, and are correct. \_\_\_\_\_

Primary account:

Financial institution routing transit number \_\_\_\_\_  
 Name of financial institution \_\_\_\_\_  
 Your account number \_\_\_\_\_  
 Type of account (1 = Savings, 2 = Checking, 3 = IRA\*) \_\_\_\_\_  
 Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) \_\_\_\_\_  
 Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) \_\_\_\_\_  
 Enter the maximum dollar amount, or percentage of total refund Dollar \_\_\_\_\_ or Percent (xxx.xx) \_\_\_\_\_

Secondary account #1:

Financial institution routing transit number \_\_\_\_\_  
 Name of financial institution \_\_\_\_\_  
 Your account number \_\_\_\_\_  
 Type of account (1 = Savings, 2 = Checking, 3 = IRA\*) \_\_\_\_\_  
 Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) \_\_\_\_\_  
 Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) \_\_\_\_\_  
 Enter the maximum dollar amount, or percentage of total refund Dollar \_\_\_\_\_ or Percent (xxx.xx) \_\_\_\_\_

Secondary account #2:

Financial institution routing transit number \_\_\_\_\_  
 Name of financial institution \_\_\_\_\_  
 Your account number \_\_\_\_\_  
 Type of account (1 = Savings, 2 = Checking, 3 = IRA\*) \_\_\_\_\_  
 Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) \_\_\_\_\_  
 Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) \_\_\_\_\_  
 Enter the maximum dollar amount, or percentage of total refund Dollar \_\_\_\_\_ or Percent (xxx.xx) \_\_\_\_\_

\*Refunds may only be direct deposited to established traditional, Roth or SEP-IRA accounts. Make sure direct deposits will be accepted by the bank or financial institution.

Electronic Filing: ID Auth **Identity Authentication**

**Taxpayer -**

Form of identification ( 1 = Driver's license, 2 = State issued identification card, 3 = No applicable identification, 4 = Identification not provided) \_\_\_\_\_  
 Identification number \_\_\_\_\_  
 Issue date \_\_\_\_\_  
 Expiration date \_\_\_\_\_  
 Location of issuance \_\_\_\_\_  
 Document number (New York only) \_\_\_\_\_

**Spouse -**

Form of identification ( 1 = Driver's license, 2 = State issued identification card, 3 = No applicable identification, 4 = Identification not provided) \_\_\_\_\_  
 Identification number \_\_\_\_\_  
 Issue date \_\_\_\_\_  
 Expiration date \_\_\_\_\_  
 Location of issuance \_\_\_\_\_  
 Document number (New York only) \_\_\_\_\_

**NOTES/QUESTIONS:**

**IRS regulations require paid tax preparers who expect to prepare a certain amount of federal individual tax returns to file them electronically. To comply with this requirement your return will be electronically filed this year if it qualifies for electronic filing under IRS rules. Taxpayers may choose to file a paper return instead of filing electronically.**

Mark if you want to file a paper return even if you qualify for electronic filing \_\_\_\_\_[1]

Receive email notification(s) when your electronic file is accepted by the taxing agency (Blank = None, 1 = Return, 2 = Return & Extension) \_\_\_\_\_[2]

If 1 or 2, please provide email address on Organizer Form ID: Info

Mark if you are filing a balance due return electronically and you want to pay the amount due by debiting your financial institution account \_\_\_\_\_[9]

The IRS requires a Personal Identification Number (PIN) be used in signing returns that are electronically filed.

Each taxpayer and spouse, if applicable, must provide a 5 digit self-selected PIN of your choice other than all zeroes.

Taxpayer self-selected Personal Identification Number (PIN) \_\_\_\_\_[7]

Spouse self-selected Personal Identification Number (PIN) \_\_\_\_\_[8]

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**NOTES/QUESTIONS:**