



CYGNET  
INCOME TAX  
& BOOKKEEPING SERVICE

TAX YEAR  
**2019**

# Client Tax Organizer

Please complete this questionnaire before your appointment.

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Please provide for you appointment or drop-off service:

- Last years tax return (new clients only).
- Copies of W-2's, 1099's and K-1 forms.
- All year-end lender loan statements, including those refinanced or paid off during the year.
- Settlement statements for properties bought or sold during the year.
- 1099 forms reporting all stock sales for the year as well as the purchase dates and purchases prices.
- 1099 forms reporting :  
Unemployment Compensation,  
Social Security Benefits  
State Tax Refunds.
- Form 5498 reporting all IRA balances in accounts and from 1099 forms showing

IRA withdrawals and rollovers.

- Social Security Numbers of all dependents not previously supplied.
- Is there anyone that will not be reported as a dependent this year and must be removed from your tax return? Let us know.



We are available year round to assist with your tax questions.

**!!!!REMINDER!!!!**

It is important to keep all receipts and supporting documents used in preparing each year's tax return for at least four (4) years.

These records and receipts may be required by your **STATE** and/or the **INTERNAL REVENUE SERVICE** in the event your tax return is audited.

Available Services

- Income Tax Resolution
- Accounts Receivable
- Accounts Payable
- Sales Tax Payable
- Bank Reconciliation
- Estimated Taxes
- Daily Money Management Services
- Business Consulting

## Section One-Personal Information

Taxpayer (T): \_\_\_\_\_  
 S/S# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 DOB: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Spouses (S): \_\_\_\_\_  
 S/S# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 DOB: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone #:( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_  
 Daytime Phone #:( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ T/S \_\_\_\_\_

**Dependents (Children and Others)**

Name: \_\_\_\_\_  
 S/S# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 DOB: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Relationship: \_\_\_\_\_ Student: F/T P/T \_\_\_\_\_  
 Name: \_\_\_\_\_  
 S/S# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 DOB: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Relationship: \_\_\_\_\_ Student: F/T P/T \_\_\_\_\_



## Section Two-Income

### Income

**WAGES** Amount  
 \_\_\_\_\_ #W-2's GROSS \$ \_\_\_\_\_ T  
 \_\_\_\_\_ #W-2's GROSS \$ \_\_\_\_\_ S

**INTEREST** Amount  
 \_\_\_\_\_ #1099's TOTAL \$ \_\_\_\_\_ T  
 \_\_\_\_\_ #1099's TOTAL \$ \_\_\_\_\_ S  
 \_\_\_\_\_ #1099's TOTAL \$ \_\_\_\_\_ J

**DIVIDENDS** Amount  
 \_\_\_\_\_ #1099's TOTAL \$ \_\_\_\_\_ T  
 \_\_\_\_\_ #1099's TOTAL \$ \_\_\_\_\_ S  
 \_\_\_\_\_ #1099's TOTAL \$ \_\_\_\_\_ J

### RENTAL INCOME

Gross Income: \$ \_\_\_\_\_

**Expenses** Amount  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_

### Other Income

Alimony: \$ \_\_\_\_\_  
 Self-Employed Income: \$ \_\_\_\_\_  
 Pensions/Annuities: \$ \_\_\_\_\_  
 Royalties: \$ \_\_\_\_\_  
 Estates/Trusts (K-1's): \$ \_\_\_\_\_  
 Jury Duty: \$ \_\_\_\_\_  
 Unemployment Comp: \$ \_\_\_\_\_  
 Tips: \$ \_\_\_\_\_  
 Lottery: \$ \_\_\_\_\_  
 Prizes/Awards: \$ \_\_\_\_\_  
 Hobby: \$ \_\_\_\_\_  
 Commissions: \$ \_\_\_\_\_  
 State/Local Tax Refund: \$ \_\_\_\_\_ J  
 Social Security Benefits: \$ \_\_\_\_\_ T  
 \_\_\_\_\_ \$ \_\_\_\_\_ S  
 IRA/Retirement/Annuity: \$ \_\_\_\_\_ T  
 \_\_\_\_\_ \$ \_\_\_\_\_ S



Let us take the confusion out of your taxes and get you all the deductions you deserve.



## Self-Employed Business Expenses

### Income:

Gross: \$ \_\_\_\_\_  
 Other Income 1099's: \$ \_\_\_\_\_ : \$ \_\_\_\_\_ : \$ \_\_\_\_\_ : \$ \_\_\_\_\_

Beg. Inv: \$ \_\_\_\_\_ End Inv: \$ \_\_\_\_\_ Purchases: \$ \_\_\_\_\_

Begin. Mileage 01/01 \_\_\_\_\_ Auto 1 Auto 2  
 End. Mileage 12/31 \_\_\_\_\_  
 Miles to work: \_\_\_\_\_ Work Miles: \_\_\_\_\_ Parking / Tolls: \$ \_\_\_\_\_

Advertising: \$ \_\_\_\_\_ Bnk Chgs: \$ \_\_\_\_\_ Comm/Fees: \$ \_\_\_\_\_ Entertainment: \$ \_\_\_\_\_  
 Meals: \$ \_\_\_\_\_ Interest: \$ \_\_\_\_\_ Lgl/Prof Fees: \$ \_\_\_\_\_ Office Exp: \$ \_\_\_\_\_  
 PP Tax/Lic: \_\_\_\_\_ Repairs/Maintenance: \$ \_\_\_\_\_ Supplies: \$ \_\_\_\_\_  
 Uniforms: \$ \_\_\_\_\_ Rent: \$ \_\_\_\_\_ Insurance: \$ \_\_\_\_\_  
 Utilities: Gas: \$ \_\_\_\_\_ Electric: \$ \_\_\_\_\_ Telephone: \$ \_\_\_\_\_ Internet: \$ \_\_\_\_\_ Water: \$ \_\_\_\_\_  
 Other: \_\_\_\_\_ : \$ \_\_\_\_\_ : \$ \_\_\_\_\_

### Equipment Purchases/Sold

Date	Type/Description	Amount
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

### Qualified Home Office Expenses

In Square Feet: A.) Total Home: \_\_\_\_\_ B.) Office: \_\_\_\_\_ C.) Storage: \_\_\_\_\_

Purchasing a vacation time share, mobile home or second home can save you tax dollars as well as give you the needed time to relax. Ask us why.



Day-care and Summer Camp can be deductible if you are looking for a job. Ask us



## Section Three— Taxes Paid

**Federal Income Tax Paid** \$ \_\_\_\_\_

*Federal Estimated Income Tax Paid*

Date	Amount
04/ __ / __	\$ _____
06/ __ / __	\$ _____
09/ __ / __	\$ _____
01/ __ / __	\$ _____

**State Income Tax Paid** \$ \_\_\_\_\_

*State Estimated Income Tax Paid*

Date	Amount
04/ __ / __	\$ _____
06/ __ / __	\$ _____
09/ __ / __	\$ _____
01/ __ / __	\$ _____

### Personal Property Tax

Automobile: \$ \_\_\_\_\_  
 Real Estate Tax: \$ \_\_\_\_\_

### State Renters Relief Deduction

Rent: \$ \_\_\_\_\_ Monthly \$ \_\_\_\_\_ Yearly

Landlord Name: \_\_\_\_\_  
 Address: \_\_\_\_\_

### Deductible Interest

Home Mortgage Interest: \$ \_\_\_\_\_  
 Home Equity Interest: \$ \_\_\_\_\_  
 Private Mort. Interest: \$ \_\_\_\_\_  
 Investments: \$ \_\_\_\_\_



**If you're having too much money withheld, the government has your money free of interest. Ask how to put more money in your pocket.**

## Section Four— Tax Related Deductions and Credits

### Charitable Contributions

Name of Organization	Amount
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
Contributions other than CASH*	\$ _____
_____	\$ _____
_____	\$ _____

\*Must have receipt with Name of Organization, Description of Donation and Value.

### Other Deductions

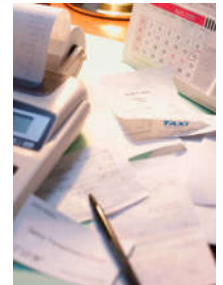
Educators Expense: \$ \_\_\_\_\_ T \$ \_\_\_\_\_ S  
 Student Loan Interest: \$ \_\_\_\_\_ T \$ \_\_\_\_\_ S  
 IRA Contributions: \$ \_\_\_\_\_ T \$ \_\_\_\_\_ S  
 Health Sav. Acct: \$ \_\_\_\_\_ T \$ \_\_\_\_\_ S  
 Casualty or Theft Loss? (  ) Yes (  ) No

Prescriptions: T \$ \_\_\_\_\_ S \$ \_\_\_\_\_  
 Medical Ins. T \$ \_\_\_\_\_ S \$ \_\_\_\_\_  
 CO pays: T \$ \_\_\_\_\_ S \$ \_\_\_\_\_  
 Doctor Bills: T \$ \_\_\_\_\_ S \$ \_\_\_\_\_  
 Dentist Bills: T \$ \_\_\_\_\_ S \$ \_\_\_\_\_  
 Optometrist Bills: T \$ \_\_\_\_\_ S \$ \_\_\_\_\_  
 Medical Sup: T \$ \_\_\_\_\_ S \$ \_\_\_\_\_

Hearing Aids and Batteries: T \$ \_\_\_\_\_ S \$ \_\_\_\_\_

Lodging away from home for Medical: T \$ \_\_\_\_\_ S \$ \_\_\_\_\_

Medical Transportation: T \_\_\_\_\_ miles S \_\_\_\_\_ miles



**Are you self employed or do you receive hobby income? Ask us about deductions you may be eligible for.**



**Moving Expenses can be deductible because of relocation to a new job. Ask about the qualifications to be eligible to get a tax deduction**

## Section Five— Child & Dependent Care Expenses

**Child's Name:** \_\_\_\_\_  
**Amount:** \$ \_\_\_\_\_  
**Provider Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
 S/S or EIN of Provider: \_\_\_\_\_

**Child's Name:** \_\_\_\_\_  
**Amount:** \$ \_\_\_\_\_  
**Provider Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
 S/S or EIN of Provider: \_\_\_\_\_

VISIT US ON THE WEB AT  
[WWW.CYGNETTAX.COM](http://WWW.CYGNETTAX.COM)

251 Pawtuxet Avenue  
Warwick, Rhode Island 02888

**Call TODAY  
to schedule your  
tax appointment**

## **IMPORTANT: Tax Organizer Enclosed**



CYGNET TAX doesn't  
disclose any of your  
Personal Information.

### **Our Privacy Policy Statement**

Protecting your privacy is important to our business. CYGNET TAX will not voluntarily disclose without written consent our client's private information to nonaffiliated third parties, except as permitted by law.

Since CYGNET TAX collects personal information about you from information we receive when preparing your tax return, we restrict access to private client information to those employees who need to know that information to provide services to you. We maintain physical, electronic, and procedural safeguards that comply with federal standards to protect your nonpublic personal information.

Your confidence in us is important and we want you to know that your personal account information is safe. If you have any questions or concerns, please contact us.

### **Client Disclosure**

By signing below you attest to the best of your knowledge that the enclosed information is correct and includes all income, deductions, and other information necessary for the preparation of this year's income tax returns for which you have adequate records.

You also acknowledge that you have read the "Our Privacy Policy Statement" and understand that CYGNET TAX does not disclose your nonpublic personal information to nonaffiliated third parties.

You further acknowledge that CYGNET TAX will send you information from time to time about services or products that they might introduce.

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