

PREMIER ACCOUNTING A TAX SERVICES, LLC

Income Tax Guide & Client **Organizer**



**Assemble your tax info
and take advantage of deductions**

Income Tax Guide and Client Organizer

TAX YEAR

Year of Taxes

INCOME TAX APPOINTMENT IS FOR:

Name

Date

Day of Week

Time

PROVIDED BY

PREMIER ACCOUNTING AND TAX SERVICES, LLC

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643 Canyon Crest Road
Beaumont, CA 92223

This booklet is provided to assist you in assembling your tax information and to ensure that you are taking advantage of all allowable deductions. Please fill out all pages that apply to you as completely as possible and supply supporting documentation as required. This will enable us to prepare a complete and accurate return reflecting current tax laws.

PERSONAL INFORMATION

Check here if there are no changes from last year
 Check if you want your refund (if any) direct deposited
 (Attach a voided check)
 Married during year (date _____)
 Divorced during year (date _____)
 Spouse died during year (date _____)
 Moved during year (date _____)
 Legaly blind? You Spouse Disabled? You Spouse

Phone: Home _____ Office _____ Office _____
Taxpayer Spouse

Taxpayer _____
First Name, Middle Initial, Last Name Birthdate

Occupation _____ SSN _____

Street Address _____ Township _____

County _____ City _____ State _____ Zip Code _____

Email Address _____

Spouse _____
First Name, Middle Initial, Last Name Birthdate

Occupation _____ SSN _____

DEPENDENTS

You must provide a social security number for all dependents.

Name (First, M.I., Last)	Relationship	Birthdate	SSN	Moths in Home
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

INCOME

WAGES / SALARIES / W-2 FORMS

	Name of Employer	Gross Earnings	Federal	Taxes Withheld State	Local
T					
S					

Enclosed all copies of W-2 wage statements

INTEREST INCOME

Enclose Forms 1099-INT received. If 1099s not available, please list payers and amounts received. Add separate sheet if necessary.

Ownership if Married:
T - Taxpayer, S - Spouse, J - Joint

Name of Payer		Amount
Interest from Seller Financed Mortgages (Name, Address and SSN)		
Interest Portion of Payments on Installment Sales		
Penalty for Early Withdrawal of Savings		

DIVIDEND INCOME

Enclose Forms 1099-DIV. If 1099s not available, please list payers and amounts received. Add separate sheet if necessary.

Name of Payer	Total Dividends	Investment Expense	Withheld Fed. Tax	Non Taxable
1				
2				
3				

Capital Gains Distributions

Ownership if Married: T - Taxpayer, S - Spouse, J - Joint	Total Gains	28% Gains	25% Gains	Sec. 1202 Gains
1				
2				
3				

**Any foreign financial accounts or trusts? Yes ___ No ___ If yes, explain.
(Includes bank and brokerage accounts)**

CAPITAL GAINS AND LOSSES
Sale of Property / Real Estate / Stocks / Bonds / Etc.

Furnish the information outlined below, enclose statements from brokers on purchases and sales of stock of commodities, real estate transaction papers, selling expenses and Form 1099-S.

UNITS	Name of stock or property description	T S J ↓	DATES		AMOUNTS	
			Acquired	Sold	Sales Price	Purchase Price

Installments Sales:

1. If anything above was sold on the installment basis, list line number. # _____
2. If so, how much did you receive on the principal during the year? \$ _____
3. How much (if any) was received on principal on a prior year's installment sale? \$ _____
4. List all interest received from installment sales on previous page with Interest Income.

***IF NEW INSTALLMENT SALE, ALSO REPORT SELLING EXPENSES, MORTGAGE ASSUMED,
AND, IF USED IN BUSINESS, ACCUMULATED DEPRECIATION.**

SOCIAL SECURITY		Cash Received	Medicare Paid	Total
Use amount reported on Social Security Benefit Statement (SSA-1099)	Taxpayer			
	Spouse			

Enclose SSA-1099

SALE OF PERSONAL RESIDENCE

Date old residence acquired: _____ Cost or basis: _____

Improvements (additions, landscaping, driveway, new roof, etc.): _____

Fixing-up expenses (painting, repairs, etc. to prepare for sale): _____

Date old residence sold: _____ Selling price: _____

Expenses of sale (commissions, legal fees, points, stamps, etc.): _____

1. Was any part of the residence rented or used for business? Yes ___ No ___
2. How many months out of the last 60 months before the sale date did you live in it as your principal place of residence? _____
3. If married, did both you and your spouse own the residence? Yes ___ No ___

Any foreign financial accounts or trusts? (includes bank and brokerage accounts)

MISCELLANEOUS INCOME

(Important to list even if not taxable; show losses in brackets)

Amount

Alimony (provide name and SSN of payer)	
Child support payments/assistance	
Jury duty (or other public service)	
Tips/gratuities (not reported on W-2)	
Prizes/awards/lottery winnings (explain)	
Commissions/bonuses (not reported on W-2)	
Pensions/annuities (furnish Form 1099-R)	
IRA/Keogh/SEP/SIMPLE distributions	
Veterans benefits/disability income	
Business/self-employment/farm/rental (furnish a schedule or details)	
Unemployment compensation	
Barter and exchanges	
Scholarships and fellowships	
Workers' compensation/loss of time payments	
Other (explain):	

DEDUCTIONS AND CREDITS

Check the following deductions and credits carefully. From your cancelled checks paid invoices or other records, determine your deductible expenditures during the past year. Enter the amount in the space provided after each deductible item. Also enter items you think are deductible that do not appear on the deduction lists so it can be determined whether they are allowable. Keep all paid receipts, contracts and cancelled checks for these deductions at least three years after the due date for filing.

IRA / KEOGH / SEP / SIMPLE RETIREMENT PLANS

	Covered by Pension Plan	Date Deposited	Regular IRA	Roth IRA	Keogh	SEP	SIMPLE
Taxpayer	Y / N	/ /					
Spouse	Y / N	/ /					

In date column show month, day and year you have or intend to deposit funds. If various dates, enter "99/99/99." If amount not known and you want the maximum deduction, write MAX in appropriate column. Furnish details on rollovers or withdrawals.

MEDICAL	Total mileage all trips	Amount paid by you
Medical or Health Savings Account contributions		
Drugs and medicine		
Prescriptions (doctor prescribed only, general drugs not allowed)		
Insulin		
Drugs and medicine		
Insurance premiums paid by you (include Medicare)		
Group health plans (deducted from taxable salary)		
Doctors, dentists, clinics, hospitals, etc.		
Physicians, dentists, etc.		
Clinics, hospitals, etc.		
Other		

Other medical expenses	Amount paid by you		Amount paid by you
Acupuncture services		Special schooling and transportation for physically or mentally handicapped	
Ambulance		Support or corrective devices	
Artificial limbs and teeth		Therapy and X-ray	
Glasses and eye examinations		Transportation (fares for medical care)	
Hearing aids and batteries		Total mileage for medical (items in this section)	
Lab tests		Other	
Medical care in home for aged			
Nurses (expense and board)			
Rental or purchase of medical, healing or convalescent equipment			

TAKES

Description of Tax	State Located	Amount of Tax
Real estate taxes (home - do not include special assessments)		
Real estate taxes (other)		
Property tax rebates (if any)		
Personal property tax (if any)		
State or local taxes (not listed elsewhere or on W-2)		
Sales tax		
Other		

INTEREST PAID

If you borrowed money after October 12, 1987, bring a list showing the dates, amounts and the use of the proceeds.

Primary Residence	Amount
Home mortgage paid to financial institution	
Home mortgage paid to an individual:	
Name _____	
Address _____	
SSN _____	
Second Residence	
Home mortgage paid to financial institution	
Home mortgage paid to an individual:	
Name _____	
Address _____	
SSN _____	
Other	
Home improvement loans	
Interest on investments	
Interest on school loans (when did repayments begin? _____)	

CONTACT LENDING AGENCIES FOR AMOUNT OF INTEREST PAID DURING THE YEAR IF NOT SHOWN ON END-OF-YEAR STATEMENTS OR REPORTED BY MAIL. ENCLOSE FORM 1098.

MOVING EXPENSES

If your residence has changed because you transferred to a new place of employment or because you changed employers, the cost of the move may be deductible. The information below is necessary to determine the amount allowable, if any.

1. Distance from former residence to new business location _____ miles
2. Distance from former residence to former business location _____ miles
3. Subtract line 2 from line 1. _____ miles

If line 3 is less than 50 miles, stop here, you may not deduct moving expenses.

Date new employment began _____

Still employed at this location? _____ If "no." date left _____

Transportation of family:	Amount
Expenses for train, bus, air travel, auto (include mileage), etc.	
Cost of lodging en route	
Cost of moving furniture and personal effects (date of move ____/____/____)	
Moving expenses paid by employer	

MEDICAL	Total mileage all trips	Amount paid by you
Medical or Health Savings Account contributions		
Drugs and medicine		
Prescriptions (doctor prescribed only, general drugs not allowed)		
Insulin		
Drugs and medicine		
Insurance premiums paid by you (include Medicare)		
Group health plans (deducted from taxable salary)		
Doctors, dentists, clinics, hospitals, etc.		
Physicians, dentists, etc.		
Clinics, hospitals, etc.		
Other		

Other medical expenses	Amount paid by you		Amount paid by you
Acupuncture services		Special schooling and transportation for physically or mentally handicapped	
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Other		

MISCELLANEOUS INCOME

(Important to list even if not taxable; show losses in brackets)

Amount

Alimony (provide name and SSN of payer)	
Child support payments/assistance	
Jury duty (or other public service)	
Tips/gratuities (not reported on W-2)	
Prizes/awards/lottery winnings (explain)	
Commissions/bonuses (not reported on W-2)	
Pensions/annuities (furnish Form 1099-R)	
IRA/Keogh/SEP/SIMPLE distributions	
Veterans benefits/disability income	
Business/self-employment/farm/rental (furnish a schedule or details)	
Unemployment compensation	
Barter and exchanges	
Scholarships and fellowships	
Workers' compensation/loss of time payments	
Other (explain):	

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IRA / KEOGH / SEP / SIMPLE RETIREMENT PLANS

	Covered by	Date	Regular	Roth	Keogh	SEP	SIMPLE
	Pension Plan	Deposited	IRA	IRA			
Taxpayer	Y / N	/ /					
Spouse	Y / N	/ /					

In date column show month, day and year you have or intend to deposit funds. If various dates, enter "99/99/99." If amount not known and you want the maximum deduction, write MAX in appropriate column. Furnish details on rollovers or withdrawals.

CAPITAL GAINS AND LOSSES

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Enclose SSA-1099

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Improvements (additions, landscaping, driveway, new roof, etc.): _____

Fixing-up expenses (painting, repairs, etc. to prepare for sale): _____

Date old residence sold: _____ Selling price: _____

Expenses of sale (commissions, legal fees, points, stamps, etc.): _____

1. Was any part of the residence rented or used for business? Yes ___ No ___
2. How many months out of the last 60 months before the sale date did you live in it as your principal place of residence? _____
3. If married, did both you and your spouse own the residence? Yes ___ No ___

Any foreign financial account or trust for which you are the owner, joint owner, or holder of a power of appointment should be reported on Form 8871, Foreign Financial Accounts Report, and attached to this return.

MISCELLANEOUS INCOME

(Important to list even if not taxable; show losses in brackets)

Amount

Alimony (provide name and SSN of payer)	
Child support payments/assistance	
Jury duty (or other public service)	
Tips/gratuities (not reported on W-2)	
Prizes/awards/lottery winnings (explain)	
Commissions/bonuses (not reported on W-2)	
Pensions/annuities (furnish Form 1099-R)	
IRA/Keogh/SEP/SIMPLE distributions	
Veterans benefits/disability income	
Business/self-employment/farm/rental (furnish a schedule or details)	
Unemployment compensation	
Barter and exchanges	
Scholarships and fellowships	
Workers' compensation/loss of time payments	
Other (explain):	

DEDUCTIONS AND CREDITS

Check the following deductions and credits carefully. From your cancelled checks paid invoices or other records, determine your deductible expenditures during the past year. Enter the amount in the space provided after each deductible item. Also enter items you think are deductible that do not appear on the deduction lists so it can be determined whether they are allowable. Keep all paid receipts, contracts and cancelled checks for these deductions at least three years after the due date for filing.

IRA / KEOGH / SEP / SIMPLE RETIREMENT PLANS

	Covered by	Date	Regular	Roth			
	Pension Plan	Deposited	IRA	IRA	Keogh	SEP	SIMPLE
Taxpayer	Y / N	/ /					
Spouse	Y / N	/ /					

In date column show month, day and year you have or intend to deposit funds. If various dates, enter "99/99/99." If amount not known and you want the maximum deduction, write MAX in appropriate column. Furnish details on rollovers or withdrawals.

CASUALTY / THEFT LOSSES

From fire, storm, theft, etc. If more than one, provide similar detail for each.

Kind of property or item	Date acquired	Cost or basis
		Insurance reimbursement
Describe how or what happened		Fair market value before
		Fair market value before
Kind of property or item	Date acquired	Cost or basis
		Insurance reimbursement
Describe how or what happened		Fair market value before
		Fair market value before

CONTRIBUTIONS A receipt is needed for any contributions claimed. Please summarize total donations below and include all receipts

Cash Contributions

Name of Organization	Amount

Non-cash contributions (fair market value of clothing, furniture, food, etc. Include itemized list if over \$500)

Name of Organization	Items Donated	Date	Value

Volunteer work - mileage (church, hospitals or non-profit organizations)

Name of Organization	Items Donated	Parking	Mileage

Meals, lodging and other expenses may also be allowed; list full details.

F I S I C I

MISCELLANEOUS DEDUCTIONS

	Amount		Amount
Tax preparation fees		Safety deposit box	
Union dues		Professional dues	
Subscriptions/trade journals		Tools/shoes/glasses	
Uniforms (cost and upkeep)		Employment agency fees	
Second job mileage		Job hunting expenses	
Handicapped job expenses		Job-related education expenses (explain):	
Telephone (explain requirement):			
Investment expenses (describe):			

Alimony paid to:

SSN:

Amount:

HOUSEHOLD EMPLOYEES

if you employed persons such as maids, care givers, or gardeners to perform services in your home, the following information is necessary to complete your tax return.

Name of person	Address	ID#	Amount

CHILD AND DEPENDENT CARE

If you or your spouse paid someone to care for your child or other qualifying person so either of you could work or look for work, you may be able to take a credit for child and dependent care expenses. A qualifying person is any dependent child under the age of 13 or your disabled spouse who is not able to care for himself or herself.

Enter the number of qualifying persons (_____).

Child care provider	Address	ID#	Amount

OFFICE IN HOME

Check if justified for business or professional use by Taxpayer _____ Spouse _____ Both _____

Date acquired		Utilities	
Cost of land		Interest	
Cost of home		Taxes	
Cost of improvements		Insurance	
Sq. footage of living area		Rubbish & maintenance	
Sq. footage of office area		Other	

EMPLOYEE BUSINESS EXPENSES

For outside salespersons or individuals not fully reimbursed by employer.

Vehicle mileage (odometer reading)	Vehicle 1	Vehicle 2
A. End of year		
B. Beginning of year		
1. Business miles		
2. Commuting miles		
3. Personal miles		
4. Total miles driven		

Vehicle expense (if both taxpayer and spouse have deductions, use vehicle 1 for taxpayer, 2 for spouse)

	Vehicle 1	Vehicle 2	Vehicle 1	Vehicle 2
Gas and oil				
Washing and lube			Licenses	
Repairs and maintenance			Lease payments	
Tires/accessories			Interest	
Insurance			Garage rent	
	Make	Year	Model	Date acq.
	Cost or basis			
Vehicle 1				
Vehicle 2				

Travel expenses – away from home (number of nights _____)

	Tax Payer	Spouse	Tax Payer	Spouse
Transportation			Auto rentals	
Lodging			Cabs, bus, etc.	
Meals and tips				

Other business expenses (must have supportive record for entertainment and gifts)

Entertainment		Commissions	
Tickets/events		Gifts/cards	
Postage/freight		Office supplies	
Phone		Dues/subscriptions	
Furniture/equipment		Dues/subscriptions	

Total of above expenses reimbursed

Did you purchase any other business equipment during year? Yes No

If yes, provide list of date bought, cost, description and trade-in details.

I have adequate records and sufficient evidence to support use of vehicles and deductions listed above (Please sign) _____

REFUNDS, CREDITS AND TAXES PAID

	Federal	State	Local
Credit from last year's tax returns			
Cash payments for estimated tax			
April 15 Date paid _____			
June 15 Date paid _____			
September 15 Date paid _____			
January 15 Date paid _____			
Balance due on last year's tax returns Date paid _____			
Cash refund on last year's tax returns Date received _____			

EARNED INCOME CREDIT

If you have more than three qualifying children, only list the three youngest children.

Child's name (First, M.I., Last)	Birthdate	Relationship	Number of months lived in your home	Full-time student under the age of 24?

- 1. Are you a qualifying child for another taxpayer? Yes _____ No _____
- 2. Is there more than one nonspouse adult occupying the home? (If "no," stop) Yes _____ No _____
- 3. If the other adult is not the child's parent or grandparent, did the adult occupy the home the entire year? (If "no," stop) Yes _____ No _____
- 4. Does the other adult treat your child as his/her own child or grandchild? (If "no," stop) Yes _____ No _____
- 5. Is the other adult's income greater than yours? Yes _____ No _____

PARTNERSHIP, S CORP, ESTATES AND TRUSTS

Enclose your copies of Schedule K-1, returns or other documents. Enter name, address and federal Employer Identification Number from any partnership, joint venture, limited liability company, corporation, estate or trust for which you do not have a Schedule K-1.

QUESTIONS (For yes answers, supply details)

- 1. Were you eligible to be claimed as a dependent on another tax return? Yes _____ No _____
- 2. Were you notified by the IRS, state or city of any change to any prior year tax return? Yes _____ No _____
- 3. Did you make any gifts of \$13,000 in value to any individual? Yes _____ No _____
- 4. Did you have living expenses in a foreign country as a result of income earned abroad? Yes _____ No _____
- 5. Do you have any worthless stocks or uncollectible bad debts? Yes _____ No _____
- 6. Did you receive any reimbursement (medical, insurance) for an expense that was claimed as a deduction on a prior tax return? Yes _____ No _____
- 7. Do you expect any significant changes in income or your tax liability in the coming Year? Yes _____ No _____
- 8. Did you receive any income from a source that is not listed in this booklet? Yes _____ No _____
- 9. Do you wish to designate (at no cost to you) \$3.00 of your taxes to the Presidential Campaign Fund? Yes _____ No _____

OTHER CREDITS

Did you pay college tuition for yourself, spouse or dependent? Yes ___ No ___
If "yes," attach Form 1098-T)

Did you make any energy-efficient improvements to your principal residence, such as insulation, windows, doors, furnace, etc.? Yes ___ No ___
(If "yes," (If "yes," please provide details on a separate sheet. Include receipts.)

Did you purchase an electric vehicle or electric plug-in vehicle? Yes ___ No ___
(If "yes," attach manufacturer's certification and purchase statement.)

CHECK LIST AND CERTIFICATION

Review amounts and details listed in this tax booklet for completeness and include the following items when presenting your information for preparation of your tax returns:

- _____ 1. This completed Client Organizer
- _____ 2. All W-2 Forms.
- _____ 3. Form K-1 indicated partnerships, limited liability companies, joint ventures, S corporations, estate and trust documents.
- _____ 4. Forms 1099 indicated dividend and interest income.
- _____ 5. Buy/sell statements to cover stock sales, real estate transactions and installment sales.
- _____ 6. Copies of sales contracts to determine finance charges.
- _____ 7. If you are a new client, provide copies of last year's tax returns.
- _____ 8. Copies of sales contracts to determine finance charges.
- _____ 9. Check If you are a new client, provide copies of last year's tax returns.
- _____ 10.

OTHER QUESTIONS OR COMMENTS

Please note any other questions or comments on a separate piece of paper and keep with this booklet.

I have reviewed the information contained in this booklet and to the best of my knowledge it is true, correct, and complete.

(Please Sign) _____

