



**CYGNET
INCOME TAX
& BOOKKEEPING SERVICE**

**TAX YEAR
2020**

Client Tax Organizer

**Please complete this questionnaire
before your appointment.**

Inside this Tax Organizer

Personal Information	1
Income— Personal & Small Business	2
Tax Related Deductions	3
Taxes Paid & Related Deductions	3
Child & Dependent Care Expenses	3
Our Privacy Policy Statement	4
Client Disclosure	4

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

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: _____