



SEND DOCUMENTS COPIES ONLY

Client Organizer
Personal Information

Please fill all basic information and email it back to:
mzunigah@msn.com
Or by mail to: MZ CONSULTING SERVICES
3478 Buskirk Ave., Ste. 1000
Pleasant Hill, CA 94523

Prior Year Filing Status [ ] Single [ ] MFJ [ ] MFS [ ] HOH [ ] QW
Your Name SSN
Spouse's Name SSN
Address Apt.
Address
City State Zip
County School District
Day Phone Evening Phone
Taxpayer Email
Taxpayer Occupation Spouse Occupation
Taxpayer DOB Spouse DOB

Dependents

Dependent 1
First Name M. Last Name
SSN Relationship
DOB No. of months resided with you
Child care expenses paid Amount paid by employer
Education Credit

Dependent 2
First Name M. Last Name
SSN Relationship
DOB No. of months resided with you
Child care expenses paid Amount paid by employer
Education Credit

Dependent 3
First Name M. Last Name
SSN Relationship
DOB No. of months resided with you
Child care expenses paid Amount paid by employer
Education Credit

Taxes Paid

Table with columns for Federal and State taxes, including Amt Paid and Date Paid for each quarter (1st Qtr to 4th Qtr).

Please indicate if any of the following items apply to you or your spouse and mark the appropriate box.

		<b>General Information</b>
Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Did your marital status change over the last year?
<input type="checkbox"/>	<input type="checkbox"/>	Were there any changes in your dependents from last year?
<input type="checkbox"/>	<input type="checkbox"/>	Did you incur any child care expenses?
<input type="checkbox"/>	<input type="checkbox"/>	Did you change jobs during the last year?
<input type="checkbox"/>	<input type="checkbox"/>	Did you move during the last year?
<input type="checkbox"/>	<input type="checkbox"/>	Are you being claimed (or eligible to be claimed) as a dependent on anyone else's return?

		<b>Income Information</b>
Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Have you received all W-2's from all employers? How many? _____
<input type="checkbox"/>	<input type="checkbox"/>	Did you earn interest from a foreign bank?
<input type="checkbox"/>	<input type="checkbox"/>	Are you an authorized signature holder on a foreign bank account?
<input type="checkbox"/>	<input type="checkbox"/>	Did you or your spouse have any IRA accounts?
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive a Schedule K-1 from a partnership, S Corporation or trust?
<input type="checkbox"/>	<input type="checkbox"/>	Did you or your spouse receive any social security benefits during the year?
<input type="checkbox"/>	<input type="checkbox"/>	Did you or your spouse receive any prize or gambling winnings during the past year?
<input type="checkbox"/>	<input type="checkbox"/>	Did you or your spouse receive Unemployment Compensation or Jury Duty pay?

		<b>Business Information</b>
Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Did you start a new business or purchase any rental property during the past year?
<input type="checkbox"/>	<input type="checkbox"/>	Have you purchased any business assets or converted any assets to business use?
<input type="checkbox"/>	<input type="checkbox"/>	Did you dispose of any business assets?
<input type="checkbox"/>	<input type="checkbox"/>	Did you cease operating any business or rental property?

		<b>Other Information</b>
Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Did you or your spouse pay any tuition costs?
<input type="checkbox"/>	<input type="checkbox"/>	Did you or your spouse pay any student loan interest?
<input type="checkbox"/>	<input type="checkbox"/>	Did you purchase or sell your principal home?
<input type="checkbox"/>	<input type="checkbox"/>	Did you incur a loss due to damaged or stolen property?
<input type="checkbox"/>	<input type="checkbox"/>	Did you make any federal or state estimated tax payments?
<input type="checkbox"/>	<input type="checkbox"/>	Did you or any member of your tax household have insurance through the Health Insurance Marketplace?
<input type="checkbox"/>	<input type="checkbox"/>	If yes, did you or any member of your tax household receive a Form 1095-A?

		<b>Itemized Deductions</b>
Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Cash donations
<input type="checkbox"/>	<input type="checkbox"/>	Real estate and personal property taxes paid
<input type="checkbox"/>	<input type="checkbox"/>	Health/Dental/Other insurance premiums
<input type="checkbox"/>	<input type="checkbox"/>	Long term insurance premiums
<input type="checkbox"/>	<input type="checkbox"/>	Prescription medications
<input type="checkbox"/>	<input type="checkbox"/>	Medical mileage
<input type="checkbox"/>	<input type="checkbox"/>	Mortgage Interest statement
<input type="checkbox"/>	<input type="checkbox"/>	Gambling losses (up to amount of winnings)

**Information to Bring:**

<input type="checkbox"/>	Driver's License & Social Security Cards
<input type="checkbox"/>	Copy of prior year return
<input type="checkbox"/>	Original W-2's and other statements of income received from employers
<input type="checkbox"/>	1099's and other statements reporting interest/dividend/miscellaneous income
<input type="checkbox"/>	Other income received

### Income

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Primary Number of W-2's?	_____	Received?	_____
Spouse Number of W-2's?	_____	Received?	_____
Number of 1099's?	_____	Received?	_____
Income from Mutual Funds	_____		
Rental Income?	_____	Other?	_____

### Business Income

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Business Activity:	_____	Name:	_____
Product:	_____	Gain/Loss:	_____
Income from Sales:	_____	Other:	_____
Insurance Proceeds Paid:	_____	Casualty:	_____
Bad Debts for Prior Year:	_____	Theft:	_____
Home Office %:	_____	Mortgage:	_____
Depreciable Equipment:	_____	Rent:	_____
Records:	_____		_____
Taxes Paid:	_____	Records:	_____
Purchases:	_____	Records:	_____
Improvements:	_____	Records:	_____
Travel/Lodging:	_____	Records:	_____

### Deductions

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IRA Contributions Made:	_____	HAS/MSA:	_____
Student Loan Interest Paid:	_____		
Prior Year Itemized Deduction:	_____		
Medical Expenses:	_____	Major:	_____
Vision Expenses:	_____	Dental:	_____
Routine Medical:	_____	Prescriptions:	_____
Transportation:	_____	Other:	_____
Casualty Losses:	_____		
Charitable Contributions:	_____		
Donations:	_____		
Gambling Losses:	_____		
Other:	_____		

### Miscellaneous

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Do you have a copy of your Prior year return? \_\_\_\_\_

Any non-standard forms? \_\_\_\_\_