

# Tax Organizer

This Tax Organizer is designed to help you collect and report the information needed to prepare your income tax return. The following worksheets will help in the preparation of your tax return by focusing attention on your specific needs.

Enter your information in the designated areas on the worksheets. If you need to include additional information, you may use the back of a worksheet or an additional page.

In addition, please provide a **copy** of the following information:

- Copy of your last year's federal and state tax returns (**if not already in our possession**)
- Form(s) W-2 and 1099-MISC (reporting income)
- Form(s) 1099-G (reporting unemployment or state tax refund)
- Form(s) 1099-R (reporting pension, IRA, or annuity income)
- Form(s) 1099-C (reporting cancellation of debt. Complete insolvency worksheet(s))
- Form(s) 1099-INT, 1099-DIV, 1099-OID (reporting interest and dividend income)
- Form(s) 1098 (reporting interest paid, copies of real estate tax bills and other information relating to real property holdings)
- Form(s) SSA-1099 (reporting social security benefits)
- Form 1095-A, 1095-B, 1095-C, 1099-HC (**Proof of Health Insurance**)
- All other income sources, copy of any notices from the IRS, or any items you have questions about

Forward all tax related documents to DMB Financial **no later than March 15.**

| Send your tax documents to DMB Financial via the Client Portal, Fax, Mail, or Email. |   |
|--|---|
| <b>Client Portal</b>   | Access the client portal at <a href="https://customerportal.dmbfinancial.com/login">https://customerportal.dmbfinancial.com/login</a> |
| <b>Fax</b>   | (978) 338-2342  |
| <b>Mail</b>  | DMB Financial, 500 Cummings Center, Suite 2550, Beverly MA 01915.<br><b>ATTN: Tax Department</b>                                      |
| <b>Email</b>   | <a href="mailto:taxdept@dmbfinancial.com">taxdept@dmbfinancial.com</a>  |

Should you have any questions, please contact the Tax Department at **(978) 522-1434**.

**Note:** For tax documents received after March 15, filing for an extension might be necessary.

## Basic Taxpayer Information

### Filing Status

☐ Single

☐ Married Filing Jointly

☐ Married Filing Separately

Check this box if you did not live with spouse at any time during the year ☐

Check this box if you are eligible to claim spouse's exemption ☐

Check this box if your spouse itemizes deductions ☐

☐ Head of Household (\*Please answer additional questions below)

☐ Qualifying Surviving Spouse

### \*Head of Household Verification

1- Did you pay more than half of the household expenses?

Yes No

2- Are you considered unmarried for the tax year? (Explanation below)

Yes No

3- Do you have a qualifying child or dependent?

Yes No

#### **To be considered unmarried means:**

*Your spouse did not live in the home for the last 6 months of the tax year.*

### Personal Information

|                        | TAXPAYER | SPOUSE |
|------------------------|----------|--------|
| Last name              |          |        |
| First name             |          |        |
| Middle initial         |          |        |
| Suffix                 |          |        |
| Social Security Number |          |        |
| Occupation/Job Title   |          |        |
| Date of birth          |          |        |
| Email                  |          |        |
| Home Phone             |          |        |
| Work Phone             |          |        |
| Mobile Phone           |          |        |
| Blind                  | Yes No   | Yes No |
| Address                |          |        |
| City, State, Zip Code  |          |        |

***(Provide copy of the front and back of driver's license if you live in AL, IL, NM, NY, or OH)***

| Dependent Information  |             |             |             |      |  |         |  |            |  |        |    |
|--|-------------|-------------|-------------|------|--|---------|--|------------|--|--------|----|
|  | Dependent 1 | Dependent 2 | Dependent 3 |      |  |         |  |            |  |        |    |
| First name   |             |             |             |      |  |         |  |            |  |        |    |
| Last name  |             |             |             |      |  |         |  |            |  |        |    |
| Middle initial   |             |             |             |      |  |         |  |            |  |        |    |
| Suffix   |             |             |             |      |  |         |  |            |  |        |    |
| Social Security Number   |             |             |             |      |  |         |  |            |  |        |    |
| Relationship   |             |             |             |      |  |         |  |            |  |        |    |
| Date of birth  |             |             |             |      |  |         |  |            |  |        |    |
| Full-time student  | Yes      No | Yes      No | Yes      No |      |  |         |  |            |  |        |    |
| Number of Months lived in Taxpayer's home last year  |             |             |             |      |  |         |  |            |  |        |    |
| Gross Income of Dependents   | \$          | \$          | \$          |      |  |         |  |            |  |        |    |
| Child Care Expense of dependents   | \$          | \$          | \$          |      |  |         |  |            |  |        |    |
| Child Care Expenses  | Yes      No |             |             |      |  |         |  |            |  |        |    |
| <p>If yes, provide daycare providers name, address, SSN or EIN, and amount.</p> <table border="1"> <tr> <td>Name</td> <td></td> </tr> <tr> <td>Address</td> <td></td> </tr> <tr> <td>SSN or EIN</td> <td></td> </tr> <tr> <td>Amount</td> <td>\$</td> </tr> </table> |             |             |             | Name |  | Address |  | SSN or EIN |  | Amount | \$ |
| Name   |             |             |             |      |  |         |  |            |  |        |    |
| Address  |             |             |             |      |  |         |  |            |  |        |    |
| SSN or EIN   |             |             |             |      |  |         |  |            |  |        |    |
| Amount   | \$          |             |             |      |  |         |  |            |  |        |    |

| Tax Questionnaire                                     |             |   |
|---|-------------|---|
| Cancellation of Debt                                  | Yes      No | <p>If yes, provide 1099-c and complete an Insolvency Worksheet for each cancellation of debt received (<b>Insolvency Worksheet is at the end of this Tax Organizer</b>).</p> <p>If you require assistance with the worksheet(s) please contact the office to schedule an appointment.</p> |
| Business Income / Other Income (Explain)              | Yes      No | If yes, please contact us for additional instructions.  |
| Rental Property (Property you own and rent to others) | Yes      No | If yes, please contact us for additional instructions.  |

## Tax Questionnaire

|   |     |    |   |                            |    |                       |    |                          |    |                         |    |                    |    |                               |    |                                |    |                      |    |       |    |  |    |
|---|-----|----|---|----------------------------|----|-----------------------|----|--------------------------|----|-------------------------|----|--------------------|----|-------------------------------|----|--------------------------------|----|----------------------|----|-------|----|--|----|
| Identity Protection PIN                                   | Yes | No | If you were provided with a protection PIN from IRS, please provide letter.   |                            |    |                       |    |                          |    |                         |    |                    |    |                               |    |                                |    |                      |    |       |    |  |    |
| Medical Insurance <i><b>for all household members</b></i> | Yes | No | If yes, for how many months?<br>Please provide proof of health insurance for all household members.<br>For Example: 1095-A, 1095-B, 1095-C, or 1099-HC  |                            |    |                       |    |                          |    |                         |    |                    |    |                               |    |                                |    |                      |    |       |    |  |    |
| IRA contribution (Not included in W2's)                   | Yes | No | If yes, provide amount of contribution.<br><table border="1" style="width: 100%; margin-top: 10px;"> <tr> <td style="width: 60%;">Amount</td> <td style="width: 40%;">\$</td> </tr> </table>  | Amount                     | \$ |                       |    |                          |    |                         |    |                    |    |                               |    |                                |    |                      |    |       |    |  |    |
| Amount  | \$  |    |   |                            |    |                       |    |                          |    |                         |    |                    |    |                               |    |                                |    |                      |    |       |    |  |    |
| Student Loan Interest                                     | Yes | No | If yes, provide 1098-E.   |                            |    |                       |    |                          |    |                         |    |                    |    |                               |    |                                |    |                      |    |       |    |  |    |
| Tuition Payments  | Yes | No | If yes, provide form(s) 1098-T and amounts spent on books, supplies, and equipment needed for a course of study.<br><i>(Please indicate for how many years you have received the Hope Scholarship Credit or AOTC).</i>  |                            |    |                       |    |                          |    |                         |    |                    |    |                               |    |                                |    |                      |    |       |    |  |    |
| Medical and Dental Expenses (Out of Pocket Only)          | Yes | No | If yes, provide a list detailing the type of expense and amount paid.<br><br><i><b>*Do not include amounts paid for or reimbursed by insurance or health insurance premiums paid with pre-tax income.</b></i> <table border="1" style="width: 100%; margin-top: 10px;"> <tr><td>Health Insurance Premiums*</td><td>\$</td></tr> <tr><td>Medical Prescriptions</td><td>\$</td></tr> <tr><td>Doctor and Dentists Fees</td><td>\$</td></tr> <tr><td>Clinic or Hospital Fees</td><td>\$</td></tr> <tr><td>Lab and x-ray Fees</td><td>\$</td></tr> <tr><td>Eyeglasses and Contact Lenses</td><td>\$</td></tr> <tr><td>Medical Equipment and Supplies</td><td>\$</td></tr> <tr><td>Medical Miles Driven</td><td>\$</td></tr> <tr><td>Other</td><td>\$</td></tr> <tr><td> </td><td>\$</td></tr> </table> | Health Insurance Premiums* | \$ | Medical Prescriptions | \$ | Doctor and Dentists Fees | \$ | Clinic or Hospital Fees | \$ | Lab and x-ray Fees | \$ | Eyeglasses and Contact Lenses | \$ | Medical Equipment and Supplies | \$ | Medical Miles Driven | \$ | Other | \$ |  | \$ |
| Health Insurance Premiums*                                | \$  |    |   |                            |    |                       |    |                          |    |                         |    |                    |    |                               |    |                                |    |                      |    |       |    |  |    |
| Medical Prescriptions                                     | \$  |    |   |                            |    |                       |    |                          |    |                         |    |                    |    |                               |    |                                |    |                      |    |       |    |  |    |
| Doctor and Dentists Fees                                  | \$  |    |   |                            |    |                       |    |                          |    |                         |    |                    |    |                               |    |                                |    |                      |    |       |    |  |    |
| Clinic or Hospital Fees                                   | \$  |    |   |                            |    |                       |    |                          |    |                         |    |                    |    |                               |    |                                |    |                      |    |       |    |  |    |
| Lab and x-ray Fees  | \$  |    |   |                            |    |                       |    |                          |    |                         |    |                    |    |                               |    |                                |    |                      |    |       |    |  |    |
| Eyeglasses and Contact Lenses                             | \$  |    |   |                            |    |                       |    |                          |    |                         |    |                    |    |                               |    |                                |    |                      |    |       |    |  |    |
| Medical Equipment and Supplies                            | \$  |    |   |                            |    |                       |    |                          |    |                         |    |                    |    |                               |    |                                |    |                      |    |       |    |  |    |
| Medical Miles Driven                                      | \$  |    |   |                            |    |                       |    |                          |    |                         |    |                    |    |                               |    |                                |    |                      |    |       |    |  |    |
| Other   | \$  |    |   |                            |    |                       |    |                          |    |                         |    |                    |    |                               |    |                                |    |                      |    |       |    |  |    |
|   | \$  |    |   |                            |    |                       |    |                          |    |                         |    |                    |    |                               |    |                                |    |                      |    |       |    |  |    |
| Real Estate Property Tax                                  | Yes | No | If yes, provide form 1098, tax bill, or proof of payment.   |                            |    |                       |    |                          |    |                         |    |                    |    |                               |    |                                |    |                      |    |       |    |  |    |
| Other Personal Property Tax. (Not real estate tax)        | Yes | No | If yes, provide tax bill or proof of payment.   |                            |    |                       |    |                          |    |                         |    |                    |    |                               |    |                                |    |                      |    |       |    |  |    |
| Mortgage Interest   | Yes | No | If yes, provide Forms(s) 1098   |                            |    |                       |    |                          |    |                         |    |                    |    |                               |    |                                |    |                      |    |       |    |  |    |
| Cash Donations  | Yes | No | If yes, provide a list of charitable organization(s) and donated amount.  |                            |    |                       |    |                          |    |                         |    |                    |    |                               |    |                                |    |                      |    |       |    |  |    |
| Non-cash donations  | Yes | No | If yes, provide a list of charitable organization(s), description of donation, and amount donated. <i><b>(Additional info might be needed depending on the value of donated item)</b></i>   |                            |    |                       |    |                          |    |                         |    |                    |    |                               |    |                                |    |                      |    |       |    |  |    |

## Tax Questionnaire

|  |     |    |   |                                     |  |                              |  |                |  |
|--|-----|----|---|-------------------------------------|--|------------------------------|--|----------------|--|
| Energy Efficient Home Improvements   | Yes | No | If yes, provide copy receipt(s).  |                                     |  |                              |  |                |  |
| New Clean Vehicle Purchased 2023 or later  | Yes | No | If yes, please contact us.  |                                     |  |                              |  |                |  |
| Rental Expense (Personal, not Business)  | Yes | No | If yes, provide total rent paid and number of months.   |                                     |  |                              |  |                |  |
| Purchase a Residence   | Yes | No | If yes, provide the closing statement.  |                                     |  |                              |  |                |  |
| Refinance Mortgage   | Yes | No | If yes, provide the closing statement.  |                                     |  |                              |  |                |  |
| Received First Time Homebuyer Credit in a Prior Year   | Yes | No | If yes, provide the closing statement.  |                                     |  |                              |  |                |  |
| Any other expense(s)   | Yes | No | If yes, provide a copy of the receipt(s).   |                                     |  |                              |  |                |  |
| Assets Sold  | Yes | No | If yes, provide proof.  |                                     |  |                              |  |                |  |
| Investments  | Yes | No | If yes, provide proof.  |                                     |  |                              |  |                |  |
| Estimated Tax Payments   | Yes | No | If yes, please send us the list of payments.  |                                     |  |                              |  |                |  |
| Direct Deposit for Refund  | Yes | No | <p>If yes, specify checking or savings, routing number and account number.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;">Type of Account (Checking, Savings)</td> <td></td> </tr> <tr> <td>Routing Number (Nine digits)</td> <td></td> </tr> <tr> <td>Account Number</td> <td></td> </tr> </table> <p>If your answer is No, a refund check will be mailed to the address on your tax return.</p>    | Type of Account (Checking, Savings) |  | Routing Number (Nine digits) |  | Account Number |  |
| Type of Account (Checking, Savings)  |     |    |   |                                     |  |                              |  |                |  |
| Routing Number (Nine digits)   |     |    |   |                                     |  |                              |  |                |  |
| Account Number   |     |    |   |                                     |  |                              |  |                |  |
| Direct Withdrawal for Payment<br><i>Check Box is same Account as above</i><br><input type="checkbox"/> | Yes | No | <p>If not using the same account indicated before, specify checking or savings, routing number and account number.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;">Type of Account (Checking, Savings)</td> <td></td> </tr> <tr> <td>Routing Number (Nine digits)</td> <td></td> </tr> <tr> <td>Account Number</td> <td></td> </tr> </table> <p>If not, send your tax payment via postal service.</p> | Type of Account (Checking, Savings) |  | Routing Number (Nine digits) |  | Account Number |  |
| Type of Account (Checking, Savings)  |     |    |   |                                     |  |                              |  |                |  |
| Routing Number (Nine digits)   |     |    |   |                                     |  |                              |  |                |  |
| Account Number   |     |    |   |                                     |  |                              |  |                |  |

# Additional Information

Use the space below to list any significant tax event changes, such as the birth of a child, marriage, divorce or separation, job change, moved, etc.

---

---

---

---

---

---

Use the space below to list any other sources of income not mentioned prior, such as the sale of stocks (1099-B), sale of a home (1099-S), merchant card/third party network payments (1099-K), rental income, unreported tips, etc.

---

---

---

---

---

---

Use the space below to list any other expenses not mentioned prior, such as improvements to rental property, home office expenses, legal fees, ect.

---

---

---

---

---

---

Use the space below to provide any additional information.

---

---

---

---

## Explanation of Insolvency Worksheet

The insolvency worksheet (on the next page) is used to determine if the 1099-C is taxable or not. A separate insolvency worksheet must be completed for each 1099-C.

Report the balance or fair market value (FMV) of your liabilities and assets as of the day before the debt was forgiven. For example, if box 1 of the 1099-C reports **02/15/2024** as the date of identifiable event, then report the balance or FMV of your liabilities and assets as of **02/14/2024**, the day before the identifiable event.

If you require assistance or have questions on how to complete the worksheet, please contact us at 978-522-1434 to schedule an appointment.

**IMPORTANT ADVICE:** Keep the records used to complete the worksheet, such as credit card statements, bank statements, online values, appraisals, balance sheets, etc.

| Liabilities |  | Explanation   |
|-------------|--|---|
| 1           | Credit card debt   | Reference credit card statements to calculate outstanding credit card balance. Contact us for help with the credit cards enrolled in the debt settlement program. |
| 2           | Mortgage(s) on real property   | Reference bank statement to calculate outstanding mortgage balance of first and second loans on primary residence.  |
| 3           | Car and other vehicle loans  | Reference bank statement to calculate outstanding loan balance  |
| 4           | Personal loans   | Reference bank statement to calculate outstanding loan balance  |
| 5           | Medical bills owed   | Reference medical bill statements to calculate outstanding medical bill balance.  |
| 6           | Student loans  | Reference bank statement to calculate outstanding student loan balance.   |
| 7           | Accrued or past-due mortgage interest  | Reference bank statement to calculate past-due balance.   |
| 8           | Accrued or past-due real estate taxes  | Reference town or city records to calculate past-due real estate taxes.   |
| 9           | Accrued or past-due utilities  | Reference utility statements to calculate past-due balance  |
| 10          | Accrued or past-due childcare costs  | Reference statements to calculate past-due balance  |
| 11          | Federal or state income taxes remaining due (for prior tax years)  | Reference tax returns and IRS letters to calculate past-due taxes.  |
| 12          | Loans owed to IRA, 401(k) and other retirement plans   | Reference loan statements to calculate outstanding balance.   |
| 13          | Loans against life insurance policies  | Reference statements to calculate outstanding balance   |
| 14          | Judgments  | Reference judgement schedule to calculate outstanding balance.  |
| 15          | Business debts (including those owed as a sole proprietor or partner)  | Reference balance sheets to calculate outstanding debt.   |
| 16          | Margin debt on stocks and other debt to purchase, or secured by investment assets other than real property   | Contact us for assistance.  |
| 17          | Other liabilities (debts) not included above   | Contact us for assistance   |
| 18          | <b>Total liabilities immediately before the cancellation. Add lines 1 through 17.</b>  |   |
| Assets      |  | Explanation   |
| 19          | Cash and bank account balances   | Reference bank statement to calculate balance of all checking and savings accounts.   |
| 20          | Homes  | Reference appraisals, newspapers, or Zillow.com to determine a FMV of home.   |
| 21          | Cars and other vehicles  | Reference newspapers, online sales, or Kelly Blue Book to determine a FMV of vehicles.  |
| 22          | Computers  | Reference thrift shop values to determine FMV of assets   |
| 23          | Household goods and furnishings  | Reference thrift shop values to determine FMV of assets   |
| 24          | Tools  | Reference thrift shop values to determine FMV of assets   |
| 25          | Jewelry  | Reference thrift shop values to determine FMV of assets   |
| 26          | Clothing   | Reference thrift shop values to determine FMV of assets   |
| 27          | Books  | Reference thrift shop values to determine FMV of assets   |
| 28          | Stocks and bonds   | Reference brokerage statements to calculate asset value.  |
| 29          | Investments in coins, stamps, paintings, or other collectibles   | Reference recent sales, online values pawn shop appraisals to determine FMV of assets   |
| 30          | Firearms, sports, photography, and other hobby equipment   | Reference statements to determine FMV of asset.   |
| 31          | Interest in retirement accounts (IRA accounts, 401(k) accounts, and other retirement accounts)   | Reference statements to determine FMV of asset  |
| 32          | Interest of your pension plan  | Contact us for assistance.  |
| 33          | Interest in education accounts   | Reference statement to determine FMV of asset   |
| 34          | Cash value of life insurance   | Reference statement or contact insurance company.   |
| 35          | Security deposits with landlords, utilities, and others  | Reference bank statement to calculate balance.  |
| 36          | Interests in partnerships  | Contact us for assistance.  |
| 37          | Value of investment in a business  | Contact us for assistance.  |
| 38          | Other investments (for example, annuity contracts, guaranteed investment contracts, mutual funds, commodity accounts, interests in hedge funds, and options) | Reference statement to determine FMV of assets.   |
| 39          | Other assets not included above, timeshare, ...  | Contact us for assistance   |
| 40          | <b>FMV of total assets immediately before the cancellation. Add lines 18 through 39.</b>   |   |

# Insolvency Worksheet

Name of creditor: \_\_\_\_\_

Name of debtor: \_\_\_\_\_

Amount of cancelled debt: \$ \_\_\_\_\_

Date debt was cancelled (mm/dd/yyyy): \_\_\_\_\_

**IMPORTANT ADVICE:** Keep the records used to complete this worksheet, such as credit card statements, bank statements, online values, appraisals, balance sheets, etc.

| Liabilities |  |    | <u>Amount Owed the Day Before the Cancellation</u> |
|-------------|--|----|--|
| 1           | Credit card debt   | \$ |  |
| 2           | Mortgage(s) on real property (including first and second mortgages and home equity loans)  | \$ |  |
| 3           | Car and other vehicle loans  | \$ |  |
| 4           | Personal loans   |    |  |
| 5           | Medical bills owed   | \$ |  |
| 6           | Student loans  | \$ |  |
| 7           | Accrued or past-due mortgage interest  | \$ |  |
| 8           | Accrued or past-due real estate taxes  | \$ |  |
| 9           | Accrued or past-due utilities (water, gas, electric)   | \$ |  |
| 10          | Accrued or past-due child care costs   | \$ |  |
| 11          | Federal or state income taxes remaining due (for prior tax years)  | \$ |  |
| 12          | Loans owed to IRA accounts, 401(k) accounts and other retirement plans   | \$ |  |
| 13          | Loans against life insurance policies  | \$ |  |
| 14          | Judgments  | \$ |  |
| 15          | Business debts (including those owed as a sole proprietor or partner)  | \$ |  |
| 16          | Margin debt on stocks and other debt to purchase or secured by investment assets other than real property  | \$ |  |
| 17          | Other liabilities (debts) not included above   | \$ |  |
| 18          | <b>Total liabilities immediately before the cancellation. Add lines 1 through 17.</b>  | \$ |  |
| Assets      |  |    | <u>FMV the Day Before the Cancellation</u>         |
| 19          | Cash and bank account balances   | \$ |  |
| 20          | Homes (including the value of land)  | \$ |  |
| 21          | Cars and other vehicles  | \$ |  |
| 22          | Computers  | \$ |  |
| 23          | Household goods and furnishings (for example, appliances, electronics, furniture, etc.)  | \$ |  |
| 24          | Tools  | \$ |  |
| 25          | Jewelry  | \$ |  |
| 26          | Clothing   | \$ |  |
| 27          | Books  | \$ |  |
| 28          | Stocks and bonds   | \$ |  |
| 29          | Investments in coins, stamps, paintings, or other collectibles   | \$ |  |
| 30          | Firearms, sports, photography, and other hobby equipment   | \$ |  |
| 31          | Balance in retirement accounts (IRA accounts, 401(k) accounts, and other retirement accounts)  | \$ |  |
| 32          | Interest in a pension plan   | \$ |  |
| 33          | Interest in education accounts   | \$ |  |
| 34          | Cash value of life insurance (Not the face value of the policy)  | \$ |  |
| 35          | Security deposits with landlords, utilities, and others  | \$ |  |
| 36          | Interests in partnerships  | \$ |  |
| 37          | Value of investment in a business  | \$ |  |
| 38          | Other investments (for example, annuity contracts, guaranteed investment contracts, mutual funds, commodity accounts, interests in hedge funds, and options) | \$ |  |
| 39          | Other assets not included above, timeshare, ...  | \$ |  |
| 40          | <b>FMV of total assets immediately before the cancellation. Add lines 19 through 39.</b>   | \$ |  |

Signature: \_\_\_\_\_

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