



# Client Organizer Questionnaire - US 1040

(for Form 1040 US Returns)

## Contact Information

Date: \_\_\_\_\_  
MM/DD/YYYY

Client First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_

Mailing Address \_\_\_\_\_

Residing Address (if different) \_\_\_\_\_

Other Address (if applicable) \_\_\_\_\_

Home Phone \_\_\_\_\_ Cellular Phone \_\_\_\_\_ Other Phone \_\_\_\_\_

Email \_\_\_\_\_ Alternate email \_\_\_\_\_

### Preferred Method of Contact:

Phone \_\_\_\_\_ Email \_\_\_\_\_ Skype \_\_\_\_\_ Other \_\_\_\_\_

Preferred Days/Times \_\_\_\_\_ Time Zone \_\_\_\_\_

## Basic Information

Date of Birth \_\_\_\_\_ Occupation \_\_\_\_\_  
(mm/dd/yyyy)

Social Security Number (or Individual Tax Identification Number) (US) \_\_\_\_\_

Name on SSN or ITIN Card: \_\_\_\_\_

Foreign Tax ID Number \_\_\_\_\_ Other \_\_\_\_\_

## Marital Status As of Dec 31, 2019

Single (never married)      Married      Common-Law      Separated      Divorced      Widowed

Date of Marital Status Change \_\_\_\_\_  
(mm/dd/yyyy)

## Residency and Immigration Information

US Citizen \_\_\_\_\_ Canadian Citizen \_\_\_\_\_ Green Card Holder \_\_\_\_\_ Other \_\_\_\_\_ (check all that apply)

Passport Number \_\_\_\_\_ Issuing Country \_\_\_\_\_ Expiry Date \_\_\_\_\_

Visa Type \_\_\_\_\_ Visa Number \_\_\_\_\_ Expiry Date \_\_\_\_\_

Client Name: \_\_\_\_\_

**Spouse Information (if applicable):**

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_ M F

Date of Birth \_\_\_\_\_ Occupation \_\_\_\_\_ Disabled? Y N  
(mm/dd/yyyy)

Social Security Number (or Individual Tax Identification Number) (US) \_\_\_\_\_

Name on SSN or ITIN Card: \_\_\_\_\_

Foreign Tax ID Number: \_\_\_\_\_

US Citizen \_\_\_\_\_ Canadian Citizen \_\_\_\_\_ Green Card Holder \_\_\_\_\_ Other \_\_\_\_\_ (check all that apply)

Passport Number \_\_\_\_\_ Issuing Country \_\_\_\_\_ Expiry Date \_\_\_\_\_  
(mm/dd/yyyy)

Visa Type \_\_\_\_\_ Visa Number \_\_\_\_\_ Expiry Date \_\_\_\_\_  
(mm/dd/yyyy)

Check all that apply: Medical Expenses Education Expenses Other \_\_\_\_\_

Additional Information:

**Dependent Information (please use additional pages as needed)**

**NOTE:** Dependents may not be limited to just children

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_ M F

Date of Birth \_\_\_\_\_ Relationship \_\_\_\_\_ Disabled? Y N  
(mm/dd/yyyy)

Number of Months resided with taxpayer \_\_\_\_\_ Gross Income \$ \_\_\_\_\_

Social Security Number (or Individual Tax Identification Number) (US) \_\_\_\_\_

Name on SSN or ITIN Card: \_\_\_\_\_

Foreign Tax ID Number: \_\_\_\_\_

US Citizen \_\_\_\_\_ Canadian Citizen \_\_\_\_\_ Green Card Holder \_\_\_\_\_ Other \_\_\_\_\_ (check all that apply)

Passport Number \_\_\_\_\_ Issuing Country \_\_\_\_\_ Expiry Date \_\_\_\_\_  
(mm/dd/yyyy)

Visa Type \_\_\_\_\_ Visa Number \_\_\_\_\_ Expiry Date \_\_\_\_\_  
(mm/dd/yyyy)

Expenses – Check all that apply: Child Care Expenses Medical Expenses Education Expenses

Other \_\_\_\_\_

Additional Information:

Client Name: \_\_\_\_\_

**Dependent Information (please use additional pages as needed)**

**NOTE:** Dependents may not be limited to just children

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_ M F

Date of Birth \_\_\_\_\_ Relationship \_\_\_\_\_ Disabled? Y N  
(mm/dd/yyyy)

Number of Months resided with taxpayer \_\_\_\_\_ Gross Income \$ \_\_\_\_\_

Social Security Number (or Individual Tax Identification Number) (US) \_\_\_\_\_

Name on SSN or ITIN Card: \_\_\_\_\_

Foreign Tax ID Number: \_\_\_\_\_

US Citizen \_\_\_\_\_ Canadian Citizen \_\_\_\_\_ Green Card Holder \_\_\_\_\_ Other \_\_\_\_\_ (check all that apply)

Passport Number \_\_\_\_\_ Issuing Country \_\_\_\_\_ Expiry Date \_\_\_\_\_  
(mm/dd/yyyy)

Visa Type \_\_\_\_\_ Visa Number \_\_\_\_\_ Expiry Date \_\_\_\_\_  
(mm/dd/yyyy)

Expenses – Check all that apply: Child Care Expenses Medical Expenses Education Expenses

Other \_\_\_\_\_

Additional Information:

**Dependent Information (please use additional pages as needed)**

**NOTE:** Dependents may not be limited to just children

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_ M F

Date of Birth \_\_\_\_\_ Relationship \_\_\_\_\_ Disabled? Y N  
(mm/dd/yyyy)

Number of Months resided with taxpayer \_\_\_\_\_ Gross Income \$ \_\_\_\_\_

Social Security Number (or Individual Tax Identification Number) (US) \_\_\_\_\_

Name on SSN or ITIN Card: \_\_\_\_\_

Foreign Tax ID Number: \_\_\_\_\_

US Citizen \_\_\_\_\_ Canadian Citizen \_\_\_\_\_ Green Card Holder \_\_\_\_\_ Other \_\_\_\_\_ (check all that apply)

Passport Number \_\_\_\_\_ Issuing Country \_\_\_\_\_ Expiry Date \_\_\_\_\_  
(mm/dd/yyyy)

Visa Type \_\_\_\_\_ Visa Number \_\_\_\_\_ Expiry Date \_\_\_\_\_  
(mm/dd/yyyy)

Expenses – Check all that apply: Child Care Expenses Medical Expenses Education Expenses

Other \_\_\_\_\_

Additional Information:

**Tax Returns and other Information**

Instructions to Client: Complete the next 3 pages for your individual situation. If applicable, additional pages will be provided for your spouse to complete.

Client Name: \_\_\_\_\_

**US Return** \*Please provide a copy\*

1. Year last US return Filed \_\_\_\_\_  
 Type of return: 1040    1040NR    Other \_\_\_\_\_
2. Can you or your spouse be claimed as a dependent on anyone else's return?    Yes \_\_\_ No \_\_\_ Not Sure \_\_\_
3. Did you pay for more than half of the cost of keeping up the home during the year?    Yes \_\_\_ No \_\_\_ Not Sure \_\_\_
4. Have you ever received a request from the IRS to file a US return?    Yes \_\_\_ No \_\_\_ Not Sure \_\_\_
5. Did you move during the tax year(s)?    Yes \_\_\_\_\_ No \_\_\_\_\_    If yes, Date of Move: \_\_\_\_\_  
 \_\_\_\_\_  
mm/dd/yyyy  
 Previous Address: \_\_\_\_\_
6. State of Residence on Dec 31: \_\_\_\_\_
7. States resided in during 2019: \_\_\_\_\_

**US Foreign Earned Income Exclusion (Form 2555)**

8. Have you previously filed Form 2555?    Yes \_\_\_ No \_\_\_ Not Sure \_\_\_
9. **Date residency established outside of the United States** \_\_\_\_\_  
 \_\_\_\_\_  
mm/dd/yyyy
10. While residing outside the US did you:  
 Rent your home?    Own your home?    Was it Employer provided?    Other \_\_\_\_\_
11. Did you maintain a home in the US while residing outside the US?    Yes    No  
 Address of US home: \_\_\_\_\_
12. Were you present in the US at any time during the last calendar year?    Yes    No  
 If yes, please provide a list of dates in detail. (EX: January 9 – 25, 2019, August 3-15, 2019)  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## US Returns-Additional information

ClientName: \_\_\_\_\_

**Please complete applicable years - check all that apply**

### Income

**2016    2017    2018    2019**

1. Employment Income (wages)				
2. Earned tip or casual income				
3. Received interest, dividend or other investment income (1099 int/div)				
4. Received a form 1099				
5. Sold shares/units of stock/mutual funds				
6. <b>Purchased, sold, mined, traded or owned crypto/virtual currency</b>				
7. Have income not reported on a slip (jury duty, gambling winnings, alimony/support, etc.)				
8. Ever withdrawn monies from retirement plan				
9. Are Self-Employed				
10. Own rental Property located in the US				
11. Own rental property located outside the United States?				
12. Own <b>any</b> shares in a US LLC or other Corporation? (if yes, please see section "Other")				
13. Own <b>any</b> interest in a Partnership (if yes, please see section "Other")				
14. Are the executor of an Estate (if yes, please see section "Trusts")				
15. Received a gift or bequest during the year (if yes, please see section "Trusts")				
<b>Deductions</b> (receipts must be available upon request by IRS/CRA)	<b>2016</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>
16. Made contributions to a retirement plan (if yes, please see section "Retirement Accounts")				
17. Paid Expenses for Post-Secondary Education for yourself or family member				
18. Paid Medical Expenses (including medical travel)				
19. Paid Mortgage interest				
20. Paid Real Estate Taxes				
21. Paid State tax last year / filed a state return				
22. Donated to a charity				
23. Paid for preparation of last year's tax return(s)				
24. Paid Estimated Taxes to the IRS (not reported on a slip)				
25. Paid Student Loan Interest				
26. Incurred a casualty/theft loss				
27. Paid Moving Expenses				
28. Paid alimony				
29. Incurred Employment Expenses				
30. Purchased a home or vacation home				
<b>Payments</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>
31. Made estimated tax payments to the IRS (not reported on a tax slip)				

## US Specialized Accounts and Reporting

Client Name: \_\_\_\_\_

<b>Foreign Bank Account Reporting (FBAR)</b>	<b>Yes</b>	<b>No</b>	<b>Not Sure</b>
1. Do you have signing authority on or an interest in any bank/financial accounts* outside of the US?			
2. Did the aggregate value of <b>ALL</b> accounts exceed \$10,000USD at any time during the last year?			
3. Have you previously received a letter from the IRS requesting you to file this form?			
<b>*NOTE: Financial accounts include chequing, savings, retirement plans, life insurance policies with a cash surrender value, stocks/bonds/mutual funds held inside an account, Canadian registered plans (RRSP, TFSA, RDSP, RRIF, etc.)</b>			
<b>Retirement Accounts</b>			
4. Do you <b>own or contribute</b> to a retirement/pension plan located outside the United States?	<b>Yes</b>	<b>No</b>	<b>Not Sure</b>
Is the plan sponsored by an employer?			
5. Have you inherited a retirement/pension plan outside the United States?			
6. Have you previously made an election to defer taxation on Form 8891 or Form 8833?			
<b>*If yes, please attach the statement showing the value of the plan(s) on Dec 31<sup>st</sup>*</b>			
<b>Trusts/Gifts</b>			
7. Do you own/contribute to or are you a beneficiary of:	<b>Yes</b>	<b>No</b>	<b>Not Sure</b>
a. A tax deferred plan located outside the United States?			
b. A tax exempt plan located outside the United States?			
c. Any other tax deferred/preferred plan located outside the United States?			
d. Deferred Profit Sharing Plan (DPSP)?			
e. Employer Stock Purchase Plan (ESPP)			
f. Any other Trust?			
<b>*If yes, please provide statements for the entire calendar year for all applicable accounts*</b>			
8. Have you received a gift/bequest of more than \$100,000USD?			
9. Have you received more than \$15601 USD from a corporation or partnership?			
10. Have you previously filed Form 3520 and/or 3520A?			
11. Have you previously received a letter from the IRS requesting you file these forms?			
<b>Other</b>			
12. Do you own/have interest in 10% or more of a non-US corporation/partnership?	<b>Yes</b>	<b>No</b>	<b>Not Sure</b>
<b>*If yes, please attach an income statement and balance sheet and a copy of the last return filed in respect of the applicable corporation/Partnership*</b>			
13. Have you previously filed Form 5471 or Form 8865?			
14. Have you previously received a letter from the IRS requesting you file these forms?			