

Client Tax Organizer

Dan Schouten CPA -- www.US-TaxCPA.com

Orchis Yotsuya 205 -- Sugacho 3, Shinjuku-ku -- Tokyo 160-0018 Japan -- Tel/Fax +81-3-3353-5626 -- Dan@us-taxcpa.com

First, save this form to your computer using the "save icon", "save", or "save as" command on the File menu, and then Open File. Do not use "save a copy" command. This is a PDF file to be used only in Adobe Reader / Acrobat. Do not complete in your Mac browser or Mac document preview mode. When you complete, please forward by mail, e-mail, or click www.us-taxcpa.com/TaxOrganizer.html to send through our Secure File Exchange Portal. Remember to save your data file before upload.

Please send all tax document files in one transfer, do not zip files.

This organizer only captures some common elements for typical returns. You must provide additional info if your tax situation exceeds the parameters of this organizer.

This Client Tax Organizer is for Tax Return Year.				Change Year <u>and</u> your tax information below as appropriate.			
Contact Information		Use your Personal Email Address for all future contact and Maintain Discussion Thread for best service.					
Your Personal Email Address		Home Phone		Office Phone		Cell Phone	
Comment / Best time to call							
Enter all Information below in Normal Text Capitalization and correct spelling as it should appear on your tax return... do not text message!!							
Filing Information	First Name	M I	Last Name	Date of Birth mm/dd/yyyy	Social Security Number xxx-xx-xxxx	Occupation	Check X if Blind Dis-abled
	Taxpayer						
	Spouse						
If legally married in any country or state, enter spouse info above. If no SSN or ITIN, enter "None".							
Filing Status	<input type="checkbox"/> Single <input type="checkbox"/> Married Filing Joint <input type="checkbox"/> Married Filing Separate <input type="checkbox"/> Head of Household <input type="checkbox"/> Qualifying Widow(er)						
Comment							
Current Mailing Address	Apartment / Street						
	City State/Pref		Zip code	Country			
More Info About Return							
Dependents	Add appropriate details for qualified dependents, such as income, disabled, college student, not living with you due to separation/divorce, etc.						
First Name	Last Name	Soc. Sec. Number xxx-xx-xxxx	Relationship (Son, etc.)	Date of Birth mm/dd/yyyy	Additional Details		
More Info for Dependents							
Health Insurance	Indicate Qualified Health Insurance Coverage for all family members (e.g., All Members Jan-Dec, None, All Exempt & Reason, etc.) Bona fide foreign residents and those out of the US for at least 330 days may be exempt from the Affordable Care Act insurance coverage requirement.						
U.S. Estimated Income Tax Payments Enter any payments made for US income tax for this tax organizer year.				Tax Organizer Contents			
Type of Payment	Date Paid	Amount Paid		Page 1	Contact, Filing Info, Dependents, Estimated Tax Payments		
Estimated Pymt 1				Page 2	Foreign Residency, Employment Info, US Trip Dates		
Estimated Pymt 2				Page 3	Compensation, Foreign Taxes and Housing Expense		
Estimated Pymt 3				Page 4	Interest, Dividend, Cap Gain/Loss Income		
Estimated Pymt 4				Page 5	Foreign Bank / Financial Asset Reports, Income Deductions		
4868 Extension				Page 6	Real Estate Rental Income / Schedule E -----		
Additional Information About Return				Page 7/8	Self-Employment Income / Vehicle Expenses		

Foreign Residency / Employment Info				Taxpayer				Spouse if working only			
Your Last Foreign Home Address During the Year		Apartment / Street									
		City, State/Pref, Zip Code, Country									
Employer's Name (Enter major employer if more than one.)											
Employer's U.S. Address, if any.		Building / Street									
		City, State, Zip Code									
Employer's Foreign Address		Building / Street									
		City, State/Pref, Zip Code, Country									
Type of Employer				<input type="checkbox"/> A Foreign Entity				<input type="checkbox"/> A Foreign Entity			
				<input type="checkbox"/> Fgn Affiliate of US Company				<input type="checkbox"/> Fgn Affiliate of US Company			
				<input type="checkbox"/> A US Company				<input type="checkbox"/> A US Company			
				<input type="checkbox"/> Self				<input type="checkbox"/> Self			
				<input type="checkbox"/> Other -- Specify Below				<input type="checkbox"/> Other -- Specify Below			
Last year to file Form 2555 to exclude foreign income											
Check Box If You Ever Revoked the Exclusions				<input type="checkbox"/> Yes				<input type="checkbox"/> Yes			
What is your country of citizenship?											
Country of Residence During Year and Date Established											
(e.g. Singapore-2/15/2005 and Japan 9/2/2013 for a 2013 tax return)											
Date you began living outside US (mm/dd/yyyy)											
Indicate Type of Living Quarters Outside the US				<input type="checkbox"/> Purchased House				<input type="checkbox"/> Purchased House			
				<input type="checkbox"/> Rented House / Apartment				<input type="checkbox"/> Rented House / Apartment			
				<input type="checkbox"/> Quarters Furnished by Employer				<input type="checkbox"/> Quarters Furnished by Employer			
Family members that lived with and the length of period											
e.g., Spouse and Children--Entire Period -- for living with you for the full year.											
Check Box if you ever claimed to foreign authorities you are not a bone fide resident of country (e.g. Diplomat, etc.)				<input type="checkbox"/> Yes				<input type="checkbox"/> Yes			
Check Box if you are required to pay income tax in your foreign country of residence.				<input type="checkbox"/> Yes				<input type="checkbox"/> Yes			
What is your work visa type and permitted length of stay											
(e.g., Humanities -- 3 Years)											
Check Box if you maintained a home in the US				<input type="checkbox"/> Yes				<input type="checkbox"/> Yes			
Address of Home											
Name of Occupants											
Relationship to you (e.g., mother, tenant, etc.)											
Check Box if rental unit				<input type="checkbox"/> Yes				<input type="checkbox"/> Yes			
US Arrival and Departure Dates Enter dates in mm/dd/yyyy format in Chronological Order											
If not living in a foreign country for the whole calendar year, enter arrival and departure dates for all countries visited, including US, for the 12-month period since you moved away from the US. For countries visited other than US, enter the name of country in the "days on business box".											
Taxpayer						Spouse if working only					
Date Arrived US (mm/dd/yyyy)	Date Left (mm/dd/yyyy)	Days on Business	Income Earned	Date Arrived US (mm/dd/yyyy)	Date Left (mm/dd/yyyy)	Days on Business	Income Earned				
Check Box if your US-earned income was excluded from your Foreign Country Tax Return. If checked, income will taxable in US.											
<input type="checkbox"/> Business trip income sourced to US						<input type="checkbox"/> Business trip income sourced to US					
Comment											

Compensation and Foreign Housing Expense		Taxpayer		Spouse if working only	
Currency which the Compensation was Paid (ex. JPY, SGD)					
Total Wages and Compensation					
Please provide tax documents for your compensation, such as W2, Japan gensen (W2), national tax return and local income tax assessments, etc.					
Housing Benefit not Included in Salary					
Housing Benefit not included in salary = annual market price of rent - the amount actually paid or deducted from salary. This is additional compensation for US Tax.					
Additional benefits not included in salary, e.g. Commutation, Dependent Ed., etc. Indicate Amount and Type					
National Income Tax Paid to Foreign Country					
Local Inhabitant Income Taxes					
Check Box whether Taxes were Paid during Calendar year, or Accrued for the Calendar Year		<input type="checkbox"/> Paid during calendar year <input type="checkbox"/> Accrued for the year		<input type="checkbox"/> Paid during calendar year <input type="checkbox"/> Accrued for the year	
Comment					
Foreign Housing Expense (Enter Annual Total Exp.)					
Foreign housing expense includes: rent, utilities (gas, water, electric only --no phone or Internet), property insurance, non-refundable deposits and real estate commissions, furniture rental, residential parking and household repairs. Expenses include any amount paid by you, deducted from salary, or paid by your employer.					
Income Reported on US W2					
This W2 form is provided as a convenience, but it is better to send a <u>copy</u> of the statement and <u>check appropriate boxes on the right.</u>		<input type="checkbox"/> W2(s) Sent Separately		<input type="checkbox"/> W2(s) Sent Separately	
		<input type="checkbox"/> Earned Before/After Fgn Residency		<input type="checkbox"/> Earned Before/After Fgn Residency	
		<input type="checkbox"/> Earned During Fgn Residency Only		<input type="checkbox"/> Earned During Fgn Residency Only	
		<input type="checkbox"/> Before, After & During Foreign Res.		<input type="checkbox"/> Before, After & During Foreign Res.	
Employer ID No. (EIN)					
Employer Name					
Employer Street Address					
Employer City, State, Zip					
Control Number					
Your Name on W2					
1. Wages					
2. Federal Tax Withheld					
3. Social Security Wages					
4. Social Security Tax Withheld					
5. Medicare Wages					
6. Medicare Tax Withheld					
7. Social Security Tips					
8. Allocated Tips					
9.					
10. Dependent Care Benefits					
11. Distributions Non-Qualified Deferred Plans					
Box 12		Code		Amount	
12a					
12b					
12c					
12d					
13. Check Boxes		<input type="checkbox"/> Statutory Employee <input type="checkbox"/> Retirement Plan <input type="checkbox"/> Third Party Sick Pay		<input type="checkbox"/> Statutory Employee <input type="checkbox"/> Retirement Plan <input type="checkbox"/> Third Party Sick Pay	
14. Other Description & Amount					
15. State					
Employer's State ID Number					
16. State Wages					
17. State Income Tax					
18. Local Wages					
19. Local Tax					
20. Locality Name					
School District					

Best to send copies of all your bank and brokerage statements, and then do not duplicate any info below.

Interest Income	Enter interest income as reported on your 1099-INT, etc. Check box if statements sent separately and do not repeat data entry below.				<input type="checkbox"/> Statements sent separately
Enter Payer's Name ---->	Name of Entity that paid you income.				
1. Interest Income					
2. Early withdrawal penalty					
3. US savings bond /Treasury interest					
4. Federal income tax withheld					
5. Investment Expenses					
6. Foreign tax paid					
7. Foreign country					
8. Tax Exempt interest					
9. Spec. Private activity bond interest					
10. Market Discount					
11. Bond Premium					
12.					
13. Bond premium on Tax-exempt Bond					
14. Tax-exempt/credit bond CUSIP					
15-16. State name / ID Number					
17. State Tax Withheld					
Comment					

Dividend Income	Enter dividend income as reported on your 1099-Div, etc. Check box if statements sent separately and do not repeat data entry below.				<input type="checkbox"/> Statements sent separately
Enter Payer's Name ---->	Name of Entity that paid you income.				
1a. Total ordinary dividends					
1b. Qualified dividends					
2a. Total cap gain distributions					
2b. Unrecaptured 1250 gain					
2c. Section 1202 gain					
2d. Collectibles 28% gain					
3. Nondividend distributions					
4. Federal income tax withheld					
5. Investment expenses					
6. Foreign tax paid					
7. Foreign country or US possession					
8. Cash liquidation distributions					
9. Non-Cash liquidation distrib.					
10. Exempt Interest Dividends					
11. Spec Private Act Bond Int Div					
12-13. State name / ID number					
14. State Tax Withheld					
Comment					

Capital Gains and Losses	If your stock sales were reported to the IRS on a 1099B, you must provide your brokerage statement in order to report correctly on your return. Use space below to report other transactions, or provide excel file is best.				<input type="checkbox"/> Statements sent separately
Property Description (ex. 200 Shs Foreign Stock Name)	Date Acquired	Date Sold	Sales Proceeds	Purchase Cost	
Comment					

Foreign Financial Accounts and Foreign Financial Assets Note change in FBAR reporting and complete this section.

Check Box if you had an interest or signature authority over a foreign bank/financial account located outside the United States and enter name of Country Below. -

Enter Name of foreign countries where foreign financial account is located.

Check box if the total aggregate value/sum of all accounts exceeded \$10,000 at any time during the tax year

Example: 5 foreign bank accounts (including Citibank Japan), each with \$2,001 on deposit. Total aggregate value is \$10,005. Must report all foreign accounts on Form FinCEN 114. Include foreign brokerage accounts, exclude US banks on military establishments.

Check Box if you received a distribution from, were grantor, or transferor to a foreign trust.

If you had more than \$10,000 in foreign bank or financial accounts, you should file Form FinCEN 114 (formerly TD F 90-22.1) on line at the following link: <http://bsaefiling.fincen.treas.gov/NoRegFBARFiler.html> We can file this form on your behalf for an additional fee of Y10,000, plus Y3,000 per account for individual and joint filing. An additional fee applies if individual filing is required for spouse. To do so, enter your bank details below and forward your signed copy of Form 114a Record of Authorization (Part I) available at the above link. Please note, the due date for the FBAR is June 30 and we do not guarantee filing your report by that date. Do not enter any info below if filing the FinCEN 114 yourself.

Maximum Value of Account During Tax Year (Indicate Currency)	Type of Account - Bank - Securities - Other (Specify)	Name of Financial Institution	To file on your behalf, you must complete Part I and forward authorization form linked at: http://www.fincen.gov/forms/files/FBARE-FileAuth114aRecordSP.pdf Full Address of Financial Institution (Street, City, Zip, Country)	Your Account Number	Specify: T- taxpayer J- joint S- spouse O- Other*
Ex. GBP 25000	Bank	Citibank Japan	x-x-x Chuo-ku, Tokyo, xxx-xxxx, Japan	55555555	T

*Other. For corporate accounts, specify the account number above and list in the following order: Number of account holders / Name of Major Joint Holder or Organization / their tax identification number, if known / and their full address. Additional nominal fee may apply.

Statement of Specified Foreign Financial Assets (FATCA -- Form 8938) New Since 2011 Tax Year

Check box if you are required to file Form 8938 to report foreign financial assets and forward your 8938 Organizer linked below.

Click here to see who must file Form 8938: <http://www.us-taxcpa.com/Do-I-need-to-file-Form-8938.pdf>

Click here to download Form 8938 Excel Organizer: <http://www.us-taxcpa.com/Form8938DataOrganizer.xlsx>

Comment

Deductions from Income Indicate qualified deductions from your income below. Indicate appropriate country currency (e.g., Yen, US\$, etc.)		Other Information Check box for other items / issues sending about your return.	
Taxpayer IRA Deduction. Indicate Amt and Type (Traditional / Roth)	<input type="checkbox"/>	1099s for Interest, Dividends, Stocks	<input type="checkbox"/>
Spouse IRA Deduction. Indicate Amt and Type (Traditional / Roth)	<input type="checkbox"/>	1099-R for retirement plan distributions	<input type="checkbox"/>
Student Loan Interest (Indicate who) --	<input type="checkbox"/>	Stock transactions in an Excel sheet	<input type="checkbox"/>
Post-Secondary education expense (who) --	<input type="checkbox"/>	Rental income in Excel file --	<input type="checkbox"/>
Medical Expenses, including medical, dental, and health insurance	<input type="checkbox"/>	K1 Partnership Statements --	<input type="checkbox"/>
US State and Local income taxes --	<input type="checkbox"/>	Company Income and Balance Sheets	<input type="checkbox"/>
Home mortgage Interest-- Interest Only (indicate currency)	<input type="checkbox"/>	Multi-year Extended Organizer Workbook	<input type="checkbox"/>
Home real estate taxes (indicate currency) --	<input type="checkbox"/>	State tax returns needed. Indicate below.	<input type="checkbox"/>
Charity and gifts to US-based Organizations ONLY --	<input type="checkbox"/>		<input type="checkbox"/>
Investment Interest Expense (Interest On) --	<input type="checkbox"/>	Check box if forgiven debt and explain below.	<input type="checkbox"/>
Other Investment Mgmt Expenses (e.g., management fees)	<input type="checkbox"/>		<input type="checkbox"/>
Tax preparation fees --	<input type="checkbox"/>	Prior Year US Tax Return (New Clients)	<input type="checkbox"/>
Unreimbursed job expenses --	<input type="checkbox"/>	Other issues below not covered by this organizer	<input type="checkbox"/>
Other. Amount and Type --	<input type="checkbox"/>		<input type="checkbox"/>
Other. Amount and Type --	<input type="checkbox"/>		<input type="checkbox"/>
Moving expenses for storage/transportation of household items	<input type="checkbox"/>	1095-A, B or C for Health Insurance Coverage	<input type="checkbox"/>
Moving Expenses for Travel and Lodging (No food)	<input type="checkbox"/>		<input type="checkbox"/>
Date of Move (mm/dd/yyyy) --	<input type="checkbox"/>	See Real Estate details attached below.	<input type="checkbox"/>
You moved from where to where (e.g., NY to Tokyo)	<input type="checkbox"/>	See Self-Employment Income attached below.	<input type="checkbox"/>
Comment			
Comment			

Rental Income and Expenses		Enter Rental Income and Expenses below.				<input type="checkbox"/> Statements sent separately
Property Number	1	2	3	4	5	
Type of Property (Mult / Single Family Residential, Commercial, Land, etc.)						
Full Address						
Number of rental days during year						
Number of Days Personal Use						
Date Purchased						
Dates lived on Property, if any						
Date placed in rental service						
Country Currency						
Original Total Cost of Property						
Enter total cost of property as of date place in service as a rental unit. For later improvements made, e.g., new roof, plumbing, enter description and cost for these depreciable items in the Improvement rows at the bottom of this Page, including type, date placed in service and cost. Provide additional sheet if necessary.						
Property Number	1	2	3	4	5	
Cost of Building Only						
Date Sold						
--Gross Sales Proceeds						
-- Sales Closing Costs						
Do you need to file any 1099s? (yes/no)	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	
Rents Received						
Enter Expenses below:						
Advertising						
Check Auto expense and enter on Page 8	Enter Page 8	Enter Page 8	Enter Page 8	Enter Page 8	Enter Page 8	
Travel (Business portion only)						
Business Food and Entertainment						
Cleaning/Maint.						
Commissions						
Insurance						
Legal / Tax Prep and Professional Fees						
Management Fees						
Bank Mortgage Interest						
Other Interest						
Repairs						
Supplies						
Property Tax						
Other Taxes						
Utilities						
Other Expense Type / Amount						
Other Expense Type / Amount						
Other Expense Type / Amount						
Other Expense Type / Amount						
Improvement Type / Date / Cost						
Improvement Type / Date / Cost						
Improvement Type / Date / Cost						
Comment						
Comment						

Self-Employment Income		Enter Self-Employment Business Revenue and Expense in the form below. Enter Vehicle/Auto Expense details on the following page.			
Type of Business (Indicate type and Taxpayer/Spouse)					
Business name, if any					
Address of Business					
Accounting method (indicate cash or accrual)					
Did you participate in the business activities (yes or no)		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did you start the business in current tax year (yes or no)		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did you make any payments that require filing a1099? Did you file a 1099?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		Business A		Business B	
Country Currency Used (Yen, GBP, etc.)					
Gross Receipts/Revenue					
Beginning inventory					
Purchases					
Ending inventory					
Cost of Goods Sold (calculation)					
Advertising Expense					
Vehicle Expense		Enter Vehicle / Auto expenses on the following page.		Enter Vehicle / Auto expenses on the following page.	
Commissions and Fees					
Contract labor					
Employee benefits, excluding pensions, etc.					
Insurance					
Mortgage interest paid to banks, etc.					
Other interest					
Legal and professional services					
Office expense					
Pension and profit sharing plans					
Vehicle and machinery rent					
Other business property rent					
Supplies					
Taxes and licenses					
Travel expense					
Deductible meals and entertainment expense					
Utilities					
Other. Indicate type and expense amount					
Other. Indicate type and expense amount					
Other. Indicate type and expense amount					
Other. Indicate type and expense amount					
Other. Indicate type and expense amount					
Other. Indicate type and expense amount					
Enter Business Use of Your Home in the Row below in the following order: Sq. feet of home / Sq. feet of bus. use / Insurance / Rent / Repairs / Utilities / Other expenses type					
Enter Depreciated Assets Below (Computers, etc.) by Type of item / Service Date / Cost					
Type of item / Service Date / Cost					
Type of item / Service Date / Cost					
Type of item / Service Date / Cost					
Type of item / Service Date / Cost					
Comment					

Vehicle / Auto Use Information	Enter All Vehicle Use Expenses and Details in the form below. Identify which business or real estate rental property is associated with each vehicle.			
Identify Vehicle				
Which property or business used in?				
Was your vehicle used for personal use on off-duty hours? (yes or no)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Was it used by more than 5% owner or related person? (yes or)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you/spouse have another vehicle for personal use? (yes or no)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have evidence to support your deduction? (yes or no)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, is the evidence written? (yes or no) -----	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Vehicle A		Vehicle B	
Total miles driven during the current tax year.				
Business mile driven.				
Commuting miles included in total miles driven				
Parking fees / tolls				
Vehicle interest expense				
Personal property tax				
Gasoline/oil/repairs				
Vehicle insurance				
Vehicle registration fees				
Vehicle lease or rental cost				
Type of Owned Vehicle (Toyota xxx 2007)				
Date Placed in service				
Cost of Vehicle				
Other				
Comment				
Comment				