



DP Financial & Tax, Inc.

8282 S. Memorial Dr, Suite 102 • Tulsa, OK 74133

Phone: (918) 392-7879 • Fax: (918) 392-7079

CLIENT INFORMATION ORGANIZER (Returning Clients: please fill out all RED fields)

FILL OUT BEFORE MEETING	First / Middle / Last	First / Middle / Last
	Name	Name
CELL #	SSN - -	SSN - -
HOME #	Occupation	Occupation
	Date of Birth - -	Date of Birth - -

EMAIL	EMAIL
ADDRESS	CITY ST ZIP

DEPENDENT INFORMATION					
Full Name (first name, middle initial, last name)	Social Security Number	Date of Birth	Day Care Exp Paid Y/N?	# Months Lived with Taxpayer	Education Tuition / Fees Paid Y/N?
(New Child)					

GENERAL QUESTIONS					
Y	N	If we did not prepare your return last year, do you have a copy of last year's tax return available?	Y	N	Was there a death of spouse or dependent in current tax year?
Y	N	Did your marital status change in 2011?	Y	N	Moving Expenses - Did you move? (50 Miles +)
Y	N	Has your address changed? Multiple states?	Y	N	Educator Expenses - (K-12 up to \$250) \$_____
Y	N	Can anyone claim you as a dependent?	Y	N	Jury Duty \$_____
Y	N	Do you have adoption expenses?	Y	N	Gambling Winnings: include \$ <u>not</u> on W-2G \$_____
Y	N	Are you planning to retire this year?	Y	N	Daycare Expenses Paid?
Y	N	Did you buy a home in 2011?	Y	N	Education/ Tuition Expenses?
Y	N	Did you sell your home in 2011?	Y	N	Other taxes paid in current year for prior years?
Y	N	If yes, did you receive a home-buyer credit in previous years?	Y	N	Alimony Paid: \$_____ Recipient SSN: - -
Y	N	Any energy efficiency improvements to your main home or purchase a car that qualifies for a credit?	Y	N	Early Withdrawal – 401(k), IRA, or other retirement? Reason: _____
Y	N	Can a different taxpayer try to claim a child listed above as a dependent?	Y	N	Do you have a foreign bank account?
Y	N	Do you claim dependents under a divorce decree or separation agreement?	Y	N	If yes, was the balance ever over \$10,000 during the year?
Y	N	Have you recently reviewed your automobile or homeowners insurance policy(s)	Y	N	Have you recently reviewed your life insurance policy?

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FILING STATUS		
<input type="checkbox"/> Single	<input type="checkbox"/> Married Filing Jointly	<input type="checkbox"/> Married Filing Separately
<input type="checkbox"/> Head of Household	<input type="checkbox"/> Qualifying Widow(er)	
BANK DIRECT DEPOSIT INFO	Checking _____	Savings _____
Bank	Routing #	Account #

INCOME SOURCES					
	W2 – State ___	Y / N	S-Corporation - K1	Y / N	Foreclosure (1099-A, 1099-C)
	1099 (MISC, B, INT, DIV, SA)	Y / N	Partnership - K1	Y / N	Cancelled debts (1099-A)
	1099 (MISC, B, INT, DIV, SA)	Y / N	Trust - K1	Y / N	Unemployment (1099-G)
	Social Security (SSA-1099)	Y / N	Rental Property Income	Y / N	State Refund (1099-G)
	IRA Distributions (1099-R)	Y / N	Royalty Income	Y / N	Alimony Received
	Pension (1099-R)	Y / N	Farm Income	Y / N	Did you Exercise/Receive Options?
	Self Employed (1099-Misc)	Y / N	FA Client – print tax forms	Y / N	Other: _____

Notes:

SCHEDULE A					
	Real Estate Taxes		Medical Ins. Premiums		Tax Prep Fees
	Mortgage Interest		Doctors / Hospital		Union Dues
	Mortgage Points Paid		Dental		Casualty Loss
	Charity – Cash		Eye Glasses		Safe Deposit Box
	Goodwill – Non Cash		Prescriptions		Investment Advisor Fees
	Charitable Miles		Medical Miles		Unreimbursed Exp (2106)
Yes / No	Are Non Cash amounts included on receipts?		LTC Insurance		Disaster Area Loss

SCHEDULE D – Sales of Stocks, Bonds, and Real Estate	
1) Were there any shares of stock sold in 2011?	Yes _____ No _____
2) Are any members of the household, financial planning clients of our firm?	Yes _____ No _____
3) Do we have 1099 - B from all financial institutions?	Yes _____ No _____
4) Do we have cost basis for ALL shares of stock sold in 2011?	Yes _____ No _____

Note: You will receive a 1099B of 1099S

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SCHEDULE E - See Rental Property Worksheet

1. Did you buy a new rental property this year?	(Need HUD)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2. Did you sell a rental property this year?	(Need HUD)	Yes <input type="checkbox"/>	No <input type="checkbox"/>

MISCELLANEOUS EXPENSE ITEMS

Student Loan Interest - Taxpayer \$ _____ Spouse \$ _____		No <input type="checkbox"/>
Education Expenses:	Tuition & Fees	\$ _____ No <input type="checkbox"/>
Student: _____	Books & Course Materials	\$ _____
Year: _____	FT or PT Student?	
Education Expenses:	Tuition & Fees	\$ _____
Student: _____	Books & Course Materials	\$ _____
Year: _____	FT or PT Student?	
KEOGH, SEP, or SIMPLE – Reirement Plan Contributions		No <input type="checkbox"/>
Taxpayer \$ _____	Please circle one: Keogh / SEP / SIMPLE	
Spouse \$ _____	Please circle one: Keogh / SEP / SIMPLE	
IRA Contributions		No <input type="checkbox"/>
Taxpayer \$ _____	Please circle one: Traditional / ROTH	
Spouse \$ _____	Please circle one: Traditional / ROTH	
Child Care Expenses – Name of Child _____	SSN# _____	\$ _____
Name of Child _____	SSN# _____	\$ _____
Care Provider _____	Tax ID # _____	
Address _____		
HSA – 1. Family or Single Plan? 2. Self Paid or Employer Paid?		'11 Contribution \$ _____
3. Since what date have you been eligible to make contributions? _____		
4. HSA Deductible Amount \$ _____ 5. Qual medical expenses \$ _____		'11 Distribution \$ _____

