



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
Taxpayer Name	Taxpayer Name	Spouse Name	Spouse Name
Taxpayer CELL #	Taxpayer SSN - -	Spouse SSN - -	Spouse SSN - -
HOME #	Taxpayer Occupation	Spouse Occupation	Spouse Occupation
Spouse CELL #	Date of Birth - -	Date of Birth - -	Date of Birth - -
TAXPAYER EMAIL:		SPOUSE EMAIL:	
ADDRESS	CITY	ST	ZIP

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 #

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	College Tuition / Fees Paid Y/N?
(New Child)					
M/F					
M/F					
M/F					

HEALTH INSURANCE	
Circle the appropriate option:	
1) Did everyone on the tax return have health insurance in 2014?	All Year Partial Year <i>(see below)</i> Not Covered
2) How were they covered?	Individual Policy Employer Policy
3) If coverage is partial year, circle months covered:	1 2 3 4 5 6 7 8 9 10 11 12

Notes: We need your forms 1095-A, 1095-B and/or 1095-C, if applicable.

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GENERAL QUESTIONS

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 2014?	Y	N	Moving Expenses - Did you move? (50 Miles +)	Y	N
Has your address changed? Multiple states?	Y	N	Teacher 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 \$ not on W-2G \$_____	Y	N
Are you planning to retire this year?	Y	N	Daycare Expenses Paid? Reimbursed? Y/N	Y	N
Did you buy a home in 2014?	Y	N	College Tuition Expenses?	Y	N
Do you claim dependents under a divorce decree or separation agreement?	Y	N	Alimony Paid: \$_____	Y	N
			Recipient SSN: - -	Y	N
Can a different taxpayer try to claim a child listed above as a dependent?	Y	N	Other state taxes paid in current year for prior years?	Y	N
Early Withdrawal – 401(k), IRA, or other retirement? Reason: _____	Y	N	Do you have a foreign bank account?	Y	N
Did you sell your home in 2014?	Y	N	If yes, was the balance ever over \$10,000 during the year?	Y	N
Any energy efficiency improvements to your main home or purchase a car that qualifies for a credit?	Y	N	Would you like to report & pay Use Tax on any out of state/online purchases?	Y	N

INCOME SOURCES

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

Notes:

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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		Eyeglasses		Safe Deposit Box	
Goodwill – Non Cash		Prescriptions		Investment Advisor Fees	
Charitable Miles		Medical Miles		Unreimbursed Exp (2106)	
Are Non Cash amounts included on receipts?	Yes / No	LTC Insurance		Disaster Area Loss	

SCHEDULE D – Sales of Stocks, Bonds, and Real Estate

1) Were there any shares of stock sold in 2014?	Yes _____ No _____
2) Are any members of the household, financial planning clients of our firm?	Yes _____ No _____
3) Do we have 1099-Bs from all financial institutions?	Yes _____ No _____
4) Do we have cost basis for ALL shares of stock sold in 2014?	Yes _____ No _____

Note: You will receive a 1099-B or 1099-S

SCHEDULE E – See Rental Property Worksheet

1. Do you own any rental properties?	Y / N		
2. If yes, how many hours during the year were spent managing <i>each</i> rental property?	_____		
3. Does anyone help manage/operate the rental(s)?	Y / N		
4. If yes, do they spend more time managing the rental(s) than you do?	Y / N		
5. Did you buy a new rental property this year?	(Need HUD)	Yes _____	No _____
6. Did you sell a rental property this year?	(Need HUD)	Yes _____	No _____

ESTIMATED TAX PAYMENTS

	Federal Estimated Payments		State Estimated Payments	
	Date Pd	Amount Pd	Date Pd	Amount Pd
Qtr 1 due April 15th		\$		\$
Qtr 2 due June 16th		\$		\$
Qtr 3 due Sept. 15th		\$		\$
Qtr 4 due Jan. 15th		\$		\$
Additional Pmts		\$		\$

1. Balance due paid w/ last year's return (Fed/St)

2. Previous refund applied to current year (Fed/St)

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MISCELLANEOUS EXPENSE ITEMS

Student Loan Interest - Taxpayer \$ _____ Spouse \$ _____ No ____	
College Expenses: Student One: _____	Tuition & Fees \$ _____ No ____ Books & Course Materials \$ _____ Circle One: Freshman / Sophomore / Junior / Senior FT or PT Student? Has the student been convicted of a felony for possessing or distributing a controlled substance? Y / N
College Expenses: Student Two: _____	Tuition & Fees \$ _____ No ____ Books & Course Materials \$ _____ Circle One: Freshman / Sophomore / Junior / Senior FT or PT Student? Has the student been convicted of a felony for possessing or distributing a controlled substance? Y / N
KEOGH, SEP, or SIMPLE – Retirement Plan Contributions No ____ Taxpayer \$ _____ Please circle one: Keogh / SEP / SIMPLE Spouse \$ _____ Please circle one: Keogh / SEP / SIMPLE	
IRA Contributions No ____ 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? 3. Since what date have you been eligible to make contributions? _____ 4. HSA Deductible Amount \$ _____ 5. Qual medical expenses \$ _____	'14 Contribution \$ _____ '14 Distribution \$ _____

THINGS STILL WAITING ON.....	