

## **PLS FINANCIAL INC**

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TAX PREPERATION SERVICES Website: www.plsfinancialinc.com • Email: admin@plsfinancialinc.com

Please complete this Organizer before your appointment. Prior year clients should use the proforma Organizer provided.

1. Personal Information								
Name		So	oc. Sec. No.	Date of	Birth (	Occupation	n Wo	ork Phone
Taxpayer								
Spouse								
Street Address			City		State	ZIP	Но	me Phone
Email Address		<u>'</u>					1	
Taxpayer Spouse Marital Status  Blind Yes No Yes No Married Will file jointly Yes No Single  Pres. Campaign Fund Yes No Widow(er), Date of Spouse's Death								es No
2. Dependents (Children & Other	<i>-</i>							
Name (First, Last)	Relationship	Date of Birth	Social Security Number	Months Lived With You	Disabled	Full Time Student	Dependent's Gross Income	s ID Protection PIN
Please provide for your appointment  - Last year's tax return (new clients only)  - All statements (W-2s, 1098s, 1099s, etc)  - Name and address label (from government booklet or card)  Please answer the following questions to determine maximum deductions								
Are you self-employed or do you receive hobby income?	Yes*	No	9. Were ther	-	ths, deaths	•		
2. Did you receive income from	Yes*	No	in your im	•	•			Yes No
raising animals or crops?  3. Did you receive rent from real		<u> </u>	10. Did you giv	•		ın \$15,000		Yes No
estate or other property?  4. Did you receive income from	Yes*	No	11. Did you ha or refinanc	-	ebts cance	lled, forgiv	ven,	Yes No
gravel, timber, minerals, oil, gas, copyrights, patents?	Yes*	No	12. Did you go	_	bankrupto	у		Yes No
5. Did you withdraw or write checks from a mutual fund?	Yes	No	13. (a) If you p	oaid rent,	how much	n did you p	oay?	
6. Do you have a foreign bank account, trust, or business?	Yes	No	(b) Was he	eat includ	led?			Yes No
7. Do you provide a home for or help support anyone not listed in Section 2 above?	Yes	No	14. Did you pa yourself, yo during the	our spou year?	se, or your	depender		Yes No
8. Did you receive any correspondence from the IRS or State Department of Taxation?	Yes	No	15. Did you pa spouse, or classes be	your dep	endent to			Yes No

<sup>\*</sup> Contact us for further instructions

dependents durir	althcare coverage u, your spouse an ng this tax season 195-A, 1095-B, and	id i? If yes,	Yes No	19. Did you purchas technology vehi 20. Did you install a residence such	icle or elect any energy	tric vehicle?	Yes	No
17. Did you apply for an exemption through the Marketplace /Exchange? If so, provide the exemption certificate number.				generators or fu improvements s windows, insula central air cond	Yes	Yes No		
	ochildren under the ar old students wi e of more than \$10	ith	Yes No	21. Did you own \$5 financial assets		ore in foreign	Yes	☐ No
3. Wage, Sala	ry Income			22. Have you or you an identity theft digit identity pro	protection	PIN by the IRS? I	-	-
Attach W-2s: Employer		Та	xpayer Spouse			Taxpayer		Spouse
Employer		Ia	Apayer Spouse					
				7. Property	Sold			
				Attach 1099-S and	d closing st	tatements		
				Propert	ty	Date Acquired	Cost & I	mp.
				Personal Reside	nce*			
				Vacation Home				
				Land Other				
Attach 1099-INT, For	m 1097-BTC & br	oker statem	ents Amount	(Job-Related M	oving).	e. Also see Section		_
				8. I.R.A. (Inc	dividual F	Retirement Acc	ct.)	
				Contributions for	tax year inc	come		✓ for
Tax Exempt					Ar	nount	Date	Roth
Tux Exempt				Taxpayer Spouse				
				Amounts withdraw	wn. Attach	1099-R & 5498		
5. Dividend In	come			Plan Trustee		Reason for Withdrawal	Reinves	sted?
From Mutual Funds &	& Stocks - Attach	1099-DIV					Yes	No
Payer	Ordinary	Capital Gains	Non- Taxable				Yes Yes	No No
		Gamo	Тахавто				Yes	No
				9. Pension,	Annuity	Income		
				Attach 1099-R		Reason for		
				Payer*	1	Withdrawal	Reinves	No
							Yes	No
6. Partnership	, Trust, Estate	Income					Yes Yes	No No
List payers of partne or estate income - At	• • • •	nership, S-c	corporation, trust,	* Provide stateme company with it contributions to	nformation			
				Did you receive:		Taxpayer	Spot	<u>ise</u>
				Social Securit	ty Benefits	Yes No	Yes	No
				Railroad Retir	rement	Yes No	Yes	No

Attach SSA 1099, RRB 1099

## 10. Investments Sold

Stocks, Bonds, Mutual Funds, Gold, Silver, Partnership interest - Attach 1099-B & confirmation slips

Investment	Date Acquired/Sold	Cost	Sale Price
	/		
	/		
	/		
	/		

	1	
11. Other Income	14. Interest Expense	
List All Other Income (including non-taxable)	Mortgage interest paid (attach 1098	
	Interest paid to individual for your	
Alimony Received	home (include amortization schede	ule)
Child Support	Paid to:	
Scholarship (Grants)	Name	
Unemployment Compensation (repaid)	Address	
Prizes, Bonuses, Awards	Social Security No.	
Gambling, Lottery (expenses )	Investment Interest	
Unreported Tips	Premiums paid or accrued for quali	fied
Director / Executor's Fee	mortgage insurance	
Commissions	_	
Jury Duty	15. Casualty/Theft Loss	
Worker's Compensation	<b>,</b>	
Disability Income	For property damaged by storm, wa	ater, fire, accident, or stolen.
Veteran's Pension	Location of Property	
Payments from Prior Installment Sale		
State Income Tax Refund	Description of Property	
Other		
Other		
		Other Federally Declared
12. Medical/Dental Expenses		Disaster Losses
·	Amount of Damage	
	Insurance Reimbursement	
Medical Insurance Premiums	Repair Costs	
(paid by you)	Federal Grants Received	
Prescription Drugs		
Insulin	16. Charitable Contribution	ns
Glasses, Contacts		
Hearing Aids, Batteries		
Braces		Other
Medical Equipment, Supplies	Church	
Nursing Care	United Way	
Medical Therapy	Scouts	
Hospital	Telethons	
Doctor/Dental/Orthodontist		
Mileage (no. of miles)	University, Public TV/Radio	
	Heart, Lung, Cancer, etc.	
	Wildlife Fund	
12 Tayon Boid	Salvation Army, Goodwill	
13. Taxes Paid	Other	
Real Property Tax (attach bills)	Non-Cash	
Personal Property Tax	<del></del>	
Other	Volunteer (no. of miles)	@ .14
Outo		

## 17. Child & Other Dependent Care Expenses

Name of Care Provider	Address	Soc. Sec. No. or Employer ID	Amount Paid

Also complete this section if you receive dependent care benefits from your employer.

18. Job-Related Moving Expenses	21. Business Mileage
✓ if you are a member of the Armed Forces on active duty and moving due to a permanent change of station due to	Do you have written records? Yes No
a military order.	Did you sell or trade in a car used
Date of move	for business? Yes No
Move Household Goods	If yes, attach a copy of purchase agreement
Lodging During Move	, ,
Travel to New Home (no. of miles)	Make/Year Vehicle
	Date purchased
	Total miles (personal & business)
19. Employment Related Expenses That You Paid	Business miles (not to and from work)
(Not self-employed)	From first to second job
	Education (one way, work to school)
if Armed Forces reservist, a qualified performing artist,	Job Seeking
a fee-basis state or local government official, or an individual with a disability claiming impairment-related work expenses.	Other Business
with a disability claiming impairment-related work expenses.	Round Trip commuting distance
Dues - Union, Professional	Gas, Oil, Lubrication
Books, Subscriptions, Supplies	Batteries, Tires, etc.
Licenses	Repairs
Tools, Equipment, Safety Equipment	Wash
Uniforms (include cleaning)	Insurance
Sales Expense, Gifts	Interest
Tuition, Books (work related)	Lease payments
Entertainment	Garage Rent
Office in home:	
In Square a) Total home	22. Business Travel
Feet b) Office	
c) Storage	If you are not reimburged for exact amount, give total expenses
Rent	If you are not reimbursed for exact amount, give total expenses.
Insurance	Airfare, Train, etc.
Utilities	Lodging
Maintenance	Meals (no. of days )
	Taxi, Car Rental
20. Investment-Related Expenses State use only	Other
20. Investment-helated Expenses State use only	Reimbursement Received
Tax Preparation Fee	
Safe Deposit Box Rental	
Mutual Fund Fee	
Investment Counselor	
Other	

23. Estimated Tax Paid		24. Other Deductions				
Due Date	Date Paid	Federal	State	Social Security No. Student Interest Paid Health Savings Account ( Archer Medical Savings A	\$Contributions \$	
25. Education	n Expenses			20. Questions, 00	minents, a other information	
Student's Name		Expense				
				Residence: Town Village City	School District	
27. Direct De	posit of Refund	I / or Saving	gs Bond Purc	hases		
	ave your refund(s) on which you to deposit you is. If so, please provi	ır federal tax rei	fund into up to th		Yes No	
Owner of account					Taxpayer Spouse Joint	
Type of account	MyRA Treasury Direct	Checkin	ng MSA Savings	Traditional Savings Coverdell Education Savin	Traditional IRA Roth IRA  gs HSA Savings SEP IRA	
Name of financial in	stitution					
Financial Institution	Routing Transit N	umber (if know	/n)			
Your account numb	er					
ACCOUNT 2						
Owner of account					Taxpayer Spouse Joint	
Type of account	MyRA Treasury Direct	Checkin	ng MSA Savings	Traditional Savings Coverdell Education Savin	Traditional IRA Roth IRA  By HSA Savings SEP IRA	
Name of financial in	stitution					
Financial Institution	Routing Transit N	umber (if know	/n)			
Your account numb	er					

## ACCOUNT 3

Owner of account			Taxpayer	Spouse	Joint
	cking ner MSA Savings	Traditional Savings Coverdell Education		<del>-</del>	oth IRA EP IRA
Name of financial institution					
Financial Institution Routing Transit Number (if k	nown)				
Your account number					
Would you like to purchase Series I Savings bon	ds with a portion of y	our refund? If so, please	answer the follow	ing:	
Amount used for bond purchases for yourself (ar	nd spouse if filing joir	ntly).			
Amount used to buy bonds for someone else (or	yourself only or spou	se only if filing jointly).			
Owner's name		or Beneficiary's applicable	X if name is for a beneficiary	Bond purchase Amo	ount
I					
To the best of my knowledge the inforn income, deductions, and other informa which I have adequate records.					
Taxpayer	Date	Spouse		Date	