



## CONFIDENTIAL CLIENT DATA: THE BASICS

\_\_\_\_\_  
Your Full Name

\_\_\_\_\_  
Spouse Name

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Social Security Number (Spouse)

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Date of Birth (Spouse)

\_\_\_\_\_  
Country of Citizenship/Green Card

\_\_\_\_\_  
Country of Citizenship/Green Card

\_\_\_\_\_  
Occupation

\_\_\_\_\_  
Occupation

Date Establishing Residency in Foreign Country: \_\_\_\_\_

Date Moved Back to U.S. \_\_\_\_\_

Length of Employment Contract: \_\_\_\_\_ Type of VISA/Permit: \_\_\_\_\_

If Married, did you file a Joint U.S. Tax Return Last Filing Year: YES NO Last Year Tax Return was Filed: \_\_\_\_\_

\_\_\_\_\_  
Foreign Country Resident Address

\_\_\_\_\_  
Foreign Country Resident Address

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Email Address (Spouse)

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Phone Number (Spouse)

\_\_\_\_\_  
Child/Dependent's Name Birthdate

\_\_\_\_\_  
Child/Dependent's Name Birthdate

\_\_\_\_\_  
Social Security Number (Child)

\_\_\_\_\_  
Social Security Number (Child) US Citizen:

US Citizen: YES NO Student: YES NO

YES NO Student: YES NO

If NO, what Country: \_\_\_\_\_

If NO, what Country: \_\_\_\_\_

Live with Taxpayer: YES NO

Live with Taxpayer: YES NO

Dependent Care Expenses (Babysitting/Daycare): \$ \_\_\_\_\_



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### FOREIGN EMPLOYMENT: (State amounts in the foreign currency received)

Employer Name: \_\_\_\_\_ US Company: YES NO  
Employer Address: \_\_\_\_\_ City/Country:: \_\_\_\_\_  
Gross Wages: \_\_\_\_\_ Foreign Tax Paid: \_\_\_\_\_

Spouse's Employer: \_\_\_\_\_ US Company: YES NO  
Employer Address: \_\_\_\_\_ City/Country:: \_\_\_\_\_  
Gross Wages: \_\_\_\_\_ Foreign Tax Paid: \_\_\_\_\_

Currency Wates / Taxes were paid to you: \_\_\_\_\_ ( USD EURO POUND RUPIES, etc. )

### HOUSING:

Does your employer pay for your living expenses: YES NO If YES, value: \_\_\_\_\_  
If NO, please list housing expenses you paid for the tax year: Rent \_\_\_\_\_  
Utilities \_\_\_\_\_  
Other \_\_\_\_\_

### SELF-EMPLOYMENT:

Are you self-employed in the Foreign Country: YES NO Business/Profession: \_\_\_\_\_

Please see the SELF-EMPLOYMENT worksheet to list your Foreign Self-employment Income & Expenses.

NOTE: Your foreign net self-employment income is subject to Social Security & Medicare Taxes, unless you live in a country that has a Social Security Treaty with the U.S. and qualify for exemption.

### CLIENT VERIFICATION:

The undersigned taxpayer verifies that all information stated throughout this Tax Organizer & Questionnaire is true and correct. Further, the undersigned takes responsibility if information on the Tax Organizer & Questionnaire necessary to prepare an accurate tax return is not disclosed. In addition, the undersigned taxpayer understands that it is the taxpayer's responsibility to maintain documentation to support the information disclosed on the Tax Organizer & Questionnaire, which will be required in the event of an audit.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



The information below is Required by the IRS if your Foreign accounts exceed 10,000

Are you a signatory on a Foreign Bank or Investment Account? YES NO

**Bank** Name \_\_\_\_\_ Acct # \_\_\_\_\_  
Address \_\_\_\_\_ Balance \_\_\_\_\_  
Country \_\_\_\_\_

**Bank** Name \_\_\_\_\_ Acct # \_\_\_\_\_  
Address \_\_\_\_\_ Balance \_\_\_\_\_  
Country \_\_\_\_\_

**Investments** Name \_\_\_\_\_ Acct # \_\_\_\_\_  
Address \_\_\_\_\_ Balance \_\_\_\_\_  
Country \_\_\_\_\_

**Joint Account Owners** Name \_\_\_\_\_ Soc Sec # \_\_\_\_\_  
Address \_\_\_\_\_ Relation \_\_\_\_\_  
Country \_\_\_\_\_ Acct # \_\_\_\_\_  
Acct # \_\_\_\_\_



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| INTERET   |                  |                     |              |
|-----------|------------------|---------------------|--------------|
| Bank Name | Regular Interest | Tax-Exempt Interest | Tax Withheld |
|           |                  |                     |              |
|           |                  |                     |              |
|           |                  |                     |              |
|           |                  |                     |              |

| DIVIDENDS      |                   |                     |              |
|----------------|-------------------|---------------------|--------------|
| Payor / Broker | Regular Dividends | Qualified Dividends | Tax Withheld |
|                |                   |                     |              |
|                |                   |                     |              |
|                |                   |                     |              |
|                |                   |                     |              |

| CAPITAL GAINS |               |                     |              |
|---------------|---------------|---------------------|--------------|
| Stock Name    | Sale Proceeds | Date: Sold / Purch. | Purch. Price |
|               |               | /                   |              |
|               |               | /                   |              |
|               |               | /                   |              |
|               |               | /                   |              |
|               |               | /                   |              |
|               |               | /                   |              |
|               |               | /                   |              |
|               |               | /                   |              |
|               |               | /                   |              |
|               |               | /                   |              |

| OTHER INCOME |                     |  |              |
|--------------|---------------------|--|--------------|
| 401K/IRA     | 1099-R Distribution |  | Tax Withheld |
|              |                     |  |              |

| Social Security | Benefits Paid |  | Tax Withheld |
|-----------------|---------------|--|--------------|
|                 |               |  |              |

| Unemployment | Benefits Paid |  | Tax Withheld |
|--------------|---------------|--|--------------|
|              |               |  |              |

|  |  |  |  |
|--|--|--|--|
|  |  |  |  |
|  |  |  |  |



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## Medical Expenses

|                             |  |
|-----------------------------|--|
| Health Insurance            |  |
| Doctor/Dentists/Hospital    |  |
| Therapists                  |  |
| Prescriptions               |  |
| Travel to: Doctors/Hospital |  |

## Medical Expenses

|                         |  |                |    |
|-------------------------|--|----------------|----|
| 1st Home: Interest Paid |  | Principal Debt | \$ |
| 2nd Home: Interest Paid |  | Principal Debt | \$ |

## Real Estate Tax

## Foreign Tax Paid on Investments

 Excl: VAT

## Foreign Tax Credit: Prior Years

## Charitable Contributions

 Health (must be US recognized Nonprofit Organization)

|                        |  |                                    |
|------------------------|--|------------------------------------|
| Check/Credit Card      |  |                                    |
| Property/Clothing/etc. |  | Thrif / Resale Value               |
| Art & Collectibles     |  | Appraisal required is over \$5,000 |
| Stock                  |  | Market Value at donation date      |

## Miscellaneous

|                       |  |
|-----------------------|--|
| Investments Fees      |  |
| Tax Preparation Fees  |  |
| Employee Business Exp |  |

## Moving Expenses

(must be more than 50 miles from your previous job)

|                              |  |
|------------------------------|--|
| Transporting Fun. & Clothing |  |
| Lodging Exp during Move      |  |

 Excl: Meals

## ESTIMATED TAX PAID: TO THE IRS

APRIL 15  1st Quarter

JUNE 15  2nd Quarter

SEPT 15  3rd Quarter

JAN 15  4th Quarter

This 4th Quarter Payment is AFTER the Calendar year

## FOREIGN TAXES PAID

Foreign Country Name: \_\_\_\_\_

2nd Foreign Country Name: \_\_\_\_\_