

# INCOME TAX ORGANIZER

Taxpayer's Name				Social Security Number	
Spouse's Name				Social Security Number	
Taxpayer's Occupation			Date of Birth (D.O.B.)		Blind?
Spouse's Occupation			Date of Birth (D.O.B.)		Blind?
Address					e-mail
City	State	Zip	Home Phone	Work Phone	

### DEPENDENT CHILDREN (who live with you)

1) Name	Social Security No.	D.O.B.	2) Name	Social Security No.	D.O.B.
3) Name	Social Security No.	D.O.B.	4) Name	Social Security No.	D.O.B.

### OTHER DEPENDENTS

1) Name	Social Security	Time at home	Relationship	Income	Support by you	Support by dependent & others
2) Name	Social Security	Time at home	Relationship	Income	Support by you	Support by dependent & others

### THINGS TO BRING (if applicable) :



- Last Year's Tax Return (if new client)
- W-2 Forms for Wages
- 1099 R for Retirement
- 1099s for Interest, Dividends, and Other Income
- K-1s from Partnerships, Corporations or Estates
- Social Security Benefits Statement
- Voided Check for Direct Deposit
- Property Tax Statement
- IRA Year-end Statements
- 1098s: Mortgage Interest, Contributions, Tuition
- Closing Papers for Purchases & Sales, including purchase and sale dates & amounts
- All Other Statements Showing Income
- Last Pay Stub of the Year
- Proof of Health Insurance

<p><b>◆ RENTAL/SELF-EMPLOYMENT/FARMING INCOME &amp; EXPENSE</b></p> <p><b>Total Received: \$</b> _____</p> <p><b>Expenses:</b></p> <ul style="list-style-type: none"> <li>Taxes .....</li> <li>Utilities.....</li> <li>Interest .....</li> <li>Insurance.....</li> <li>Repairs.....</li> <li>Supplies.....</li> <li>Equipment .....</li> <li>Advertising.....</li> <li>Other .....</li> </ul> <p><b>Business Mileage (on back)</b></p> <p><b>Home Office Information (exclusive use):</b></p> <p>Office sq. footage _____ House sq. footage _____</p> <ul style="list-style-type: none"> <li>Utilities paid .....</li> <li>Insurance paid .....</li> <li>Repairs.....</li> <li>Improvements .....</li> </ul> <p><b>Sale of Stock or Other Property</b></p> <table style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 70%;">Sale of Stock or Other Property</th> <th style="width: 15%;">Cost</th> <th style="width: 15%;">Sale \$</th> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table> <p><b>Please bring supporting documents. Dates are important!</b></p>	Sale of Stock or Other Property	Cost	Sale \$							<p><b>OTHER INCOME</b></p> <ul style="list-style-type: none"> <li>★ Wages (Forms W-2) .....</li> <li>★ Interest (Forms 1099) .....</li> <li>★ Dividends (Forms 1099).....</li> <li>    Tips .....</li> <li>◆ Child Care.....</li> <li>★ Pensions/Annuities/Roth Conversions ...</li> <li>    Jury Duty .....</li> <li>★ Gambling Winnings .....</li> <li>★ Unemployment (1099-G).....</li> <li>    Alimony Received.....</li> <li>★ Prizes (1099-Misc.).....</li> <li>★ Debt Cancellation .....</li> <li>★ Partnerships &amp; S Corporations .....</li> <li>★ Estates &amp; Trusts.....</li> <li>★ Social Security/RR Retirement .....</li> <li>    Scholarships &amp; Fellowships.....</li> <li>★ State Tax Refunds.....</li> <li>★ Royalties.....</li> <li>    Disability.....</li> <li>    Veteran's Payments.....</li> <li>    Other .....</li> </ul>
Sale of Stock or Other Property	Cost	Sale \$								

# Deductions and Credit Items

## ADJUSTMENTS

**Payments to an IRA**      Regular  Roth   
 Taxpayer    Amount \$     SEP  SIMPLE   
 Spouse      Amount \$

### Penalty for Early Withdrawal

**Alimony Paid \$:**                      SS#:                      -                      -

### Self-Employed Health Insurance

### Student Loan Interest

### Job Related Moving Expenses:

Travel & Lodging—Move .....  
 Costs of Moving Household Items.....  
 Reimbursement.....

**Pymts to MSA/HSA:** Taxpayer \_\_\_\_\_ Spouse \_\_\_\_\_

**Withdrawal from MSA/HSA:** Taxpayer \_\_\_\_\_ Spouse \_\_\_\_\_

## MEDICAL EXPENSES

Insurance & Medicare (not pretax) .....  
 Long Term Care Insurance .....  
 Prescriptions.....  
 Eyeglasses, Hearing Aids & Batteries.....  
 Doctors.....  
 Dentists .....  
 Hospital / Ambulance.....  
 Auto Mileage..... miles  
 Other Medical Expenses, Travel.....  
 Reimbursement.....  
 Did you receive reimbursement at work? \_\_\_\_\_

## TAXES

Real Estate Taxes.....  
 Sales tax paid on vehicle.....  
 Other sales tax paid (from receipts).....  
 State taxes paid for earlier years.....

### State Tax Estimates

date pd. \$ \_\_\_\_\_      date pd. \$ \_\_\_\_\_  
 date pd. \$ \_\_\_\_\_      date pd. \$ \_\_\_\_\_

### Federal Tax Estimates

date pd. \$ \_\_\_\_\_      date pd. \$ \_\_\_\_\_  
 date pd. \$ \_\_\_\_\_      date pd. \$ \_\_\_\_\_

Vehicle License Tabs, Pers. Prop. Tax.. \_\_\_\_\_

## INTEREST EXPENSE

Home Mortgage—Paid to Financial Institutions (**Form 1098**)  
*First Mortgage/Refinance*.....  
*Loan Origination Fee/Discount Fee*.....  
*Second Mortgage*.....  
*Home Equity*.....  
 Mortgage Insurance (new purchase).....  
 Second Home Interest Payments.....  
 Home Mortgage—Pd. to Individuals.....  
 (name, address, Social Security number) \_\_\_\_\_  
 Investment Interest: *Margin Account*.....  
*Other Investment Interest*.....

## HIGHER EDUCATION EXPENSES

Post Secondary Tuition/Req. Fees Paid.....  
 Date: \_\_\_\_\_ Year in School.....

## ADOPTION EXPENSES

Amount Paid: \_\_\_\_\_ Date Finalized: \_\_\_\_\_

## CONTRIBUTIONS

Churches (received) .....  
 Other Contributions of Money (received) .  
 Charitable Auto Mileage.....  
 Volunteer Expenses (received).....  
 Property Donated (for which you have  
     receipts (fair market value)—  
     bring documentation if over \$500) .....  
 Auto, Boat Donations (Form 1098C) ....  
 Other.....  
 Other.....

## CASUALTY & THEFT LOSSES

Cost of Property Lost.....  
 Fair Market Value of Property.....  
 Insurance Reimbursement Received ....  
 Ponzi-style Scheme Loss.....

## JOB RELATED AUTOMOBILE EXPENSE

Total Miles .....  
 Business Miles .....  
 Commuting Miles.....  
 Personal Miles .....  
     Jan. 1 - Odometer Beginning: .....  
     Dec. 31 - Odometer Ending: .....  
 Gas & Oil.....  
 Interest.....  
 Tolls & Local Transportation.....  
 Lease Payments .....  
 Other.....

## JOB / INVESTMENT RELATED DEDUCTIONS

LIMITED: Dues & Subscriptions.....  
 Education (incl. miles above) ...  
 Safety Equipment/Uniforms.....  
 Job Seeking Expense  
     (incl. miles above).....  
 Legal/Accounting Fees.....  
 Tools/Equipment/Supplies.....  
 Business Entertainment.....  
 Investment & Tax Advice .....  
 Safe Deposit Box .....  
 Hobby Losses.....  
 Other/IRA Fees.....  
 Gambling Losses.....  
 Impairment Related Work Expenses.....  
 Classroom materials for Educators .....

## CHILD CARE EXPENSES

Names, addresses, and ID#s of provider(s), amount paid.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Do you have a dependent care benefit plan at work? \_\_\_\_\_