Tax Organizer

Taxpayer Information

First Name: ⬭　Initial: ⬭　Last Name: ⬭

Date of Birth: ⬭　SSN#: ⬭　Occupation: ⬭

Address: ⬭　City: ⬭

State: ⬭　Zip: ⬭

Home Tel: ⬭　Work Tel: ⬭

Email ⬭

Filing Status

Single: ⬭　Married: ⬭　Married filing separately: ⬭　Head of household: ⬭　Qualified widow(er): ⬭

Spouse Information

First Name: ⬭　Initial: ⬭　Last Name: ⬭

Date of Birth: ⬭　SSN#: ⬭　Occupation: ⬭

Dependents

Name:	DOB:	SSN#:	Relationship:	Months at home:

Wage, Salary Income *(Provide W-2s)*

Employer Name:	Gross Wages:	Fed Withholdings:	State Withholdings:	Local Withholdings:

Other Income

Interest *(Provide 1099INT Forms)*

Payer:	Amount:	Payer:	Amount:
			$
			$
			$

Other Income *(Cont.)*

Dividends *(Provide 1099DIV Forms)*

Payer:	Total:	Capital Gains:	Ordinary Dividend:
	$	$	$
	$	$	$
	$	$	$
	$	$	$

Capital Gains *(Provide 1099B and 1099S Forms)*

Description:	Date Acquired:	Date Sold:	Cost:	Sale Price:
			$	$
			$	$
			$	$
			$	$

Pension / IRA Distributions *(Provide 1099R Forms)*

Payer:	Gross Distribution:	Taxable Amount:	Roth Conversion:
	$	$	$
	$	$	$
	$	$	$
	$	$	$

Check if federal or state tax was withheld. ☐

State tax refund *(Provide 1099G Forms)*

Amount Received: $ _____

Alimony Received *(Not including child support)*

Payer: _____ Payer SSN: _____ Amount: $ _____

Unemployment Received *(Provide 1099G Forms)*

Tax Payer Amount: $ _____ Spouse Amount: $ _____

Social Security Received *(Provide SSA-1099 Forms)*

Tax Payer Amount: $ _____ Spouse Amount: $ _____

Income from rental property *(Please fill out rental income section of this form)* $ _____

Miscellaneous Income

Tips and gratuities (not on W-2) $ _____ Bonuses and prizes $ _____

Recovery of bad debts previously deducted $ _____ Jury duty pay $ _____

Gambling / Lottery winnings $ _____ Disability Income $ _____

Veteran's Pension $ _____ Child Support $ _____

Scholarships / Grants $ _____

Other (Description and amount)

Deductions

Medical and dental expenses

Insurance Premiums: $ (_____)   Doctors, Dentists, etc (net): $ (_____)

Taxes Paid

State and local income tax: $ (_____)   Real estate taxes (residence): $ (_____)

Real estate taxes (other property, not rental): $ (_____)   Auto registration & licensing: $ (_____)

Other personal property tax: $ (_____)   Foreign income tax (not taken as credit): $ (_____)

Others (_____) $ (_____)   Others (_____) $ (_____)

Interest Paid *(Attach 1098 Forms)*

Home mortgage interest paid (1st): $ (_____)   Home mortgage interest paid (2nd): $ (_____)

Home mortgage (equity line): $ (_____)   Student loan interest: $ (_____)

Others (_____) $ (_____)   Others (_____) $ (_____)

Contributions *(Attach details)*

Cash or check: $ (_____)   Other than cash: $ (_____)

Miscellaneous Deductions

Unreimbursed employee business expenses: $ (_____)   Tax return preparation fees: $ (_____)

Investment council and advisory fees: $ (_____)   Other professional fees: $ (_____)

Safe deposit box rental: $ (_____)   Educator expenses: $ (_____)

Others (_____) $ (_____)   Others (_____) $ (_____)

Child and other dependent care expenses

Name of care (_____)   Address: (_____)

(_____)

SSN or employee ID: (_____)   Amount: $ (_____)

Name of care (_____)   Address: (_____)

(_____)

SSN or employee ID: (_____)   Amount: $ (_____)

Vehicle used for business

Business miles driven: (_____)   Actual expenses: $ (_____)

Education expenses

Interest paid on qualified student loans: $ (_____)

Tuition fees

Student *(first, last name):*	SSN:	Expenses:
(_____)	(_____)	$ (_____)
(_____)	(_____)	$ (_____)
(_____)	(_____)	$ (_____)

Business Income

Cash basis: ( )   Accrual basis: ( )   First year: ( )   Tax payer: ( )   Spouse: ( )

Principal business / Profession ( )   Business name: ( )

Business Address: ( )

City: ( )   State: ( )   Zip: ( )

Other accounting method: ( )

Income

Gross receipts or sales $ ( )   Returns and allowances: $ ( )   Other income $ ( )

Cost of Goods Sold *(If Applicable)*

Inventory at beginning of year: $ ( )   Inventory at end of year: $ ( )

Purchases: $ ( )   Cost of items for personal use: $ ( )

Cost of labor: $ ( )   Materials and supplies: $ ( )

Other costs: $ ( )

Expenses

Advertising: $ ( )   *Car & truck expenses: $ ( )   Commissions: $ ( )

Employee benefit programs: $ ( )   Insurance other than health: $ ( )

*Health insurance premiums for self: $ ( )   Mortgage interest (paid to banks, etc): $ ( )

Other interest: $ ( )   Legal & professional: $ ( )   Office expense: $ ( )

Pension and profit sharing plans: $ ( )   Rent - vehicles machinery & equipment: $ ( )

Rent - other business property: $ ( )   Repairs: $ ( )   Supplies: $ ( )

Taxes - real estate: $ ( )   Taxes - other: $ ( )   Travel: $ ( )

*Other: $ ( )   Total meals & entertainment: $ ( )   Utilities: $ ( )

Wages: $ ( )   *Attach detailed schedule*

Check if you acquired or disposed of any business assets (including real estate) during the year. ( )
If yes, provide detailed schedule

Check if you had a home office during the year. ( )

Rent: $ ( )   Utilities: $ ( )   Insurance: $ ( )

Janitorial: $ ( )   Miscellaneous: $ ( )   % of exclusive business use: $ ( )

Rental Income

Check if any property was purchased/converted to rental last year: ( )

Property Address *(include city and state)*   Percentage ownership

1. ( ) % ( )
2. ( ) % ( )
3. ( ) % ( )

Rental Income *(Cont.)*

Property		1.	2.	3.
Income	Rents received:	$	$	$
Expenses	Advertising:	$	$	$
	Association dues:	$	$	$
	Auto and travel:	$	$	$
	Cleaning/Maintenance:	$	$	$
	Commissions:	$	$	$
	Gardening:	$	$	$
	Insurance:	$	$	$
	Labor:	$	$	$
	Professional fees:	$	$	$
	Miscellaneous:	$	$	$
	Mortgage interest:	$	$	$
	Other Interest:	$	$	$
	Repairs and Maintenance:	$	$	$
	Supplies:	$	$	$
	Taxes:	$	$	$
	Telephone:	$	$	$
	Utilities:	$	$	$
	Improvements:	$	$	$
	Other:	$	$	$

Adjustments to Income

	Tax Payer	Spouse
Traditional IRA Contributions:	$	$
Roth IRA Contributions:	$	$
Self Employed KEOGH, SEP & SIMPLE Contributions:	$	$

Alimony paid

	SSN of Payee	Amount		SSN of Payee	Amount
1.		$	2.		$

Estimated Tax Payments

Federal			State		
Overpayment - Prior Year	$		Overpayment - Prior Year	$	
		Amount			Amount
1st Quarter Date		$	1st Quarter Date		$
2nd Quarter Date		$	2nd Quarter Date		$
3rd Quarter Date		$	3rd Quarter Date		$
4th Quarter Date		$	4th Quarter Date		$

Health Care Information

Did you have qualifying health care coverage, such as employer-sponsored coverage or government-sponsored coverage (i.e. Medicare/Medicaid) for every month of the year for your family?

Yes [ ]   No [ ]

Were you covered for part of the year?   From: [ ]   To: [ ]

Did anyone in your family qualify for an exemption from the health care coverage mandate?

Yes [ ]   No [ ]

Did you enroll for lower cost Marketplace Coverage through healthcare.gov under the Affordable Care Act? (If yes, please provide any Form(s) 1095-A you received.)

Yes [ ]   No [ ]