

Tax Organizer

Taxpayer Information

First Name: _____ Initials: _____ 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 Widower:

Spouse Information

First Name: _____ Initials: _____ Last Name: _____

Date of Birth: _____ SSN#: _____ Occupation: _____

Dependents

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

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

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

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

Other Income:

Interest (Provide 1099INT Forms)

Payer:	Amount:	Payer:	Amount:
	\$		\$
	\$		\$
	\$		\$
	\$		\$

Dividends (Provide 1099DIV Forms)

Description:	Date Acquired:	Capital Gains:	Ordinary Dividend:
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$

Other Income (cont.):

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*):

Taxpayer Amount: \$ _____ Spouse Amount: \$ _____

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

Taxpayer 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.: \$ _____

Taxes Paid

State and Local Income Tax: \$ _____ Real Estate Tax (residence): \$ _____

Real estate taxes (other property, not rental): \$ _____

Auto registration and licensing: \$ _____ Other personal property tax: \$ _____

Foreign income tax (not taken as credit): \$ _____

Others: \$ _____ \$ _____ Others: \$ _____ \$ _____

Deductions (cont):

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 fee: \$ _____

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: _____ 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: \$ _____

Costs 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 expenses: \$ _____

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 & state)*

Percentage ownership:

1.	%
2.	%
3.	%

Property

Income

Rents Received:

Expenses

Advertising:

Association duties:

Auto & travel:

Cleaning/Maintenance:

Commission:

Gardening:

Insurance:

Labor:

Professional Fees:

Miscellaneous:

Mortgage Interest:

Other Interest:

Repairs & Maintenance:

Supplies:

Taxes:

Telephone:

1.

2.

3.

	1.	2.	3.
Rents Received:	\$	\$	\$
Advertising:	\$	\$	\$
Association duties:	\$	\$	\$
Auto & travel:	\$	\$	\$
Cleaning/Maintenance:	\$	\$	\$
Commission:	\$	\$	\$
Gardening:	\$	\$	\$
Insurance:	\$	\$	\$
Labor:	\$	\$	\$
Professional Fees:	\$	\$	\$
Miscellaneous:	\$	\$	\$
Mortgage Interest:	\$	\$	\$
Other Interest:	\$	\$	\$
Repairs & Maintenance:	\$	\$	\$
Supplies:	\$	\$	\$
Taxes:	\$	\$	\$
Telephone:	\$	\$	\$

Utilities:

\$	\$	\$
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Improvements:

\$	\$	\$
----	----	----

Other:

\$	\$	\$
----	----	----

Adjustments to Income:

Traditional IRA Contributions:

Taxpayer	Spouse
\$	\$

Roth IRA Contributions:

\$	\$
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Self Employed KEOGH, SEP & SIMPLE Contributions:

\$	\$
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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

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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 example 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: