

Tax Organizer

Tax Return Year

TAXPAYER INFORMATION

First Name _____ Initial ____
 Last Name _____
 SSN _____
 Occupation _____
 Date of Birth _____
 Telephone: Home _____
 Work _____
 Cell _____
 Email Address _____
 Street Address _____
 City _____ State _____ Zip _____

SPOUSE INFORMATION

First Name _____ Initial ____
 Last Name _____
 SSN _____
 Occupation _____
 Date of Birth _____
 Telephone: Home _____
 Work _____
 Cell _____
 Email Address _____

FILING STATUS

Single Married Head of Household Married Filing Separate

SALARIES AND WAGES (enclose all W-2 forms)

W-2	Gross Income	Federal Withheld	FICA	Medicare	State Withheld	SDI
1						
2						
3						
4						

REFUND

Automatic deposit? Yes (attach a VOID check) No

DEPENDENTS

Name _____
 Date of Birth _____
 SSN _____
 Relationship _____
 Months Lived at Home _____

Name _____
 Date of Birth _____
 SSN _____
 Relationship _____
 Months Lived at Home _____

Name _____
 Date of Birth _____
 SSN _____
 Relationship _____
 Months Lived at Home _____

Name _____
 Date of Birth _____
 SSN _____
 Relationship _____
 Months Lived at Home _____

ADJUSTMENTS TO INCOME

ALIMONY PAID

Payee _____
 Payee's SSN _____
 Amount _____

IRA CONTRIBUTIONS, ETC.

IRA Deduction _____
 SIMPLE Plan Deduction _____
 Keogh/SEP Deduction _____
 Education IRA Deduction _____
 Penalty on Early Withdrawal _____

ESTIMATED TAX PAYMENTS

FEDERAL	Date Paid	Amount
Overpayment-Prior Year		
1 st Quarter		
2 nd Quarter		
3 rd Quarter		
4 th Quarter		
STATE	Date Paid	Amount
Overpayment-Prior Year		
1 st Quarter		
2 nd Quarter		
3 rd Quarter		
4 th Quarter		

OTHER INCOME

INTEREST — *Attach Forms 1099INT*
Payor _____ Amount _____

DIVIDENDS — *Attach Forms 1099DIV*
Payor _____ Amount _____

STATE TAX REFUND — *Attach Forms 1099G*
Amount Received: _____
 Check if you did not itemize in prior year

CAPITAL GAINS — *Attach Forms 1099B and 1099S*

Description	Date Acquired	Date Sold	Sales Price	Cost or Basis

PENSIONS/IRA/ANNUITY INCOME — *Attach Forms 1099R*
Payor _____ Amount _____

ALIMONY RECEIVED
Payor _____
Payor's SSN _____ Amount _____

UNEMPLOYMENT BENEFITS RECEIVED — *Attach Forms 1099G*
Taxpayer Amount _____
Spouse Amount _____

SOCIAL SECURITY BENEFITS RECEIVED — *Attach Forms SSA-1099*
Taxpayer Amount _____
Spouse Amount _____

OTHER INCOME (CONTINUED)

INCOME FROM PARTNERSHIPS, ESTATES, LLCs, TRUSTS, AND S CORPORATIONS
Attach Forms K-1 and list any not received yet.

OTHER INCOME
Including jury duty fees, finder's fees, director's fees, prizes, gambling winnings, disability payments, unreported tip income and any other income (whether taxable or non-taxable)
Attach detailed schedule

RENTAL INCOME & EXPENSES

Property	# 1	# 2
INCOME		
Rents Received		
EXPENSES		
Advertising		
Association Dues		
Auto & Travel		
Cleaning/Maintenance		
Insurance		
Labor		
Professional Fees		
Miscellaneous		
Mortgage Interest		
Other Interest		
Repairs & Maintenance		
Supplies		
Taxes		
Telephone		
Utilities		
Improvements		
Other:		

ITEMIZED DEDUCTIONS

INCOME FROM BUSINESS OR PROFESSION

MEDICAL & DENTAL EXPENSES*Attach detailed schedule*

Insurance Premiums _____

Doctors, Dentists, etc. (Net) _____

TAXES PAID

State & Local Income Tax _____

Real Estate Taxes – Residence _____

Real Estate Taxes – Other Property _____

Auto License: No. of Cars _____

Auto License: Fees Paid _____

Personal Property Taxes _____

Other Taxes _____

INTEREST PAID – Attach Forms 1098Home Mortgage (1st) _____Home Mortgage (2nd) _____

Home Mortgage (Equity Line) _____

Student Loan Interest _____

CONTRIBUTIONS – Attach Detailed Schedule

Contributions by Cash or Check _____

Contributions Other than Cash _____

MISCELLANEOUS DEDUCTIONS

Union/Professional Dues _____

Investment Expenses _____

Tax Return Preparation Fees _____

Safe Deposit Box Rental _____

Unreimbursed Employee

Business Expenses* _____

Other: _____

*Attach detailed schedule

GENERAL INFORMATION Cash Basis Accrual Basis First Year Taxpayer Spouse

Principal Business/Profession _____

Business Name _____

Business Address _____

City, State, Zip _____

INCOME

Gross Receipts or Sales _____

Returns and Allowances _____

Other Income _____

COST OF GOODS SOLD – If Applicable

Inventory at Beginning of the Year _____

Purchases _____

Cost of Labor _____

Materials & Supplies _____

Other Costs _____

Inventory at End of the Year _____

EXPENSES

Advertising _____

Car & Truck Expenses* _____

Commissions _____

Employee Benefit Programs _____

Insurance (other than health) _____

Health Insurance Premiums for Self* _____

Interest _____

Legal & Professional _____

Office Expense _____

Pension & Profit Sharing Plans _____

Rent – Vehicles, Machinery & Equipment _____

Rent – Business Property _____

Repairs & Maintenance _____

Supplies _____

Taxes – Property _____

Taxes – Other _____

Travel _____

Total Meals & Entertainment* _____

Utilities _____

Wages _____

Other* _____

*Attach detailed schedules

HOME OFFICE

Did you have a home office during the year?

 Yes No

If yes, attach detailed schedule of expenses including mortgage interest (or rent), real estate taxes, utilities, property insurance, maintenance & cleaning

MISCELLANEOUS QUESTIONS

If any of the following items pertain to you or your spouse for the tax year, please check the appropriate box and include all pertinent details.

- | | Yes | No | |
|-----|--------------------------|--------------------------|--|
| 1. | <input type="checkbox"/> | <input type="checkbox"/> | Did you have any interest in, or signature, or other authority over a bank, securities, or other financial account in a foreign country? |
| 2. | <input type="checkbox"/> | <input type="checkbox"/> | Did you have foreign income, pay any foreign taxes, or file any foreign information reporting or tax return forms? Provide details. |
| 3. | <input type="checkbox"/> | <input type="checkbox"/> | Were there any births, adoptions, marriages, divorces, or deaths in your immediate family during the year? |
| 4. | <input type="checkbox"/> | <input type="checkbox"/> | Are any of your unmarried children, who might be claimed as dependents, 19 years of age or older? |
| 5. | <input type="checkbox"/> | <input type="checkbox"/> | Did any of your dependents have income of \$950 or more? (\$400 if self-employed) |
| 6. | <input type="checkbox"/> | <input type="checkbox"/> | Did any of your children under age 19 have investment income over \$1,900? |
| 7. | <input type="checkbox"/> | <input type="checkbox"/> | Did you pay an individual or an organization to perform services for the care of a dependent under 13 years old in order to enable you to work or attend school on a full-time basis? (Please provide details) |
| 8. | <input type="checkbox"/> | <input type="checkbox"/> | Did you pay an individual to perform in-home health care services for yourself, your spouse, or dependents? |
| 9. | <input type="checkbox"/> | <input type="checkbox"/> | Did you incur employment agency fees or job hunting expenses? |
| 10. | <input type="checkbox"/> | <input type="checkbox"/> | Did you incur moving expenses during the year due to a change of employment? |
| 11. | <input type="checkbox"/> | <input type="checkbox"/> | Does anyone owe you money that has become uncollectible? |
| 12. | <input type="checkbox"/> | <input type="checkbox"/> | Did you incur legal fees? |
| 13. | <input type="checkbox"/> | <input type="checkbox"/> | Did you acquire or dispose of any business assets (including real estate) during the year? |
| 14. | <input type="checkbox"/> | <input type="checkbox"/> | Did you purchase, sell or refinance your principal home or your second home, or obtain a home equity loan during the year? If yes, please provide escrow papers and other relevant information. |
| 15. | <input type="checkbox"/> | <input type="checkbox"/> | Did you make gifts in excess of \$13,000 during the tax year? |
| 16. | <input type="checkbox"/> | <input type="checkbox"/> | Did you incur a loss because of damaged or stolen property? |
| 17. | <input type="checkbox"/> | <input type="checkbox"/> | Did you receive any distribution from an IRA or other qualified plan? (Form 1099R) |
| 18. | <input type="checkbox"/> | <input type="checkbox"/> | If yes, was this rolled over? (Form 1099R) |
| 19. | <input type="checkbox"/> | <input type="checkbox"/> | Did you open a Roth IRA account or convert an IRA into a Roth IRA? |
| 20. | <input type="checkbox"/> | <input type="checkbox"/> | Were you granted or did you exercise any stock options? |
| 21. | <input type="checkbox"/> | <input type="checkbox"/> | Do you or your spouse want to allocate \$3 to the Presidential Election Campaign Fund? |

Please provide a copy of your prior year return if it was NOT prepared by our firm.

Signature: _____

Taxpayer

Spouse