

TAX ORGANIZER

Taxpayer Information

First Name:	Initial:	Last Name:	
_____	_____	_____	
Date of Birth:	SSN#:	Occupation:	
_____	_____	_____	
Address:	State:	City:	ZIP:
_____	_____	_____	_____
Home Tel:	Work Tel:	Email:	
_____	_____	_____	

Filing Status

Single: Married: Married Filing Separately: Head of Household: Qualified Widow(er):
Registered Domestic Partner:

Spouse Information

First Name:	Initial:	Last Name:	
_____	_____	_____	
Date of Birth:	SSN#:	Occupation:	
_____	_____	_____	
Telephone:	_____		
_____	_____		

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

Dividends (Provide 1099DIV Forms)

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

Capital Gains (Provide 1099B Forms & 1099S Forms)

Description:	Date Acquired:	Cost:	Sale Price:
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____

Other Income (Continued)

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 (Complete rental income section on page 5 of this form) \$ _____

Miscellaneous Income: (If so, please attach related documents)

Tips/Gratuities: \$ _____ Bonuses & Prizes: \$ _____
(Not included on W-2)

Recovery of Debts: \$ _____ Jury Duty Pay: \$ _____
(Bad debt previously deducted)

Gambling/Lottery: \$ _____ Disability Income: \$ _____

Veteran's Pension: \$ _____ Child Support: \$ _____

Scholarship/Grants: \$ _____ Other: \$ _____

Deductions

Medical and Dental Expenses

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

Taxes Paid

Income Tax Total: \$ _____ Real Estate Taxes: \$ _____
(State & Local) *(Residence)*

Automobile: \$ _____ Real Estate Taxes: \$ _____
(Registration & licensing) *(Other property, not rental)*

Other Personal Tax: \$ _____ Foreign Income Tax: \$ _____
(Property) *(Not taken as credit)*

Other: \$ _____ Other: \$ _____

Other: \$ _____ Other: \$ _____

Student Loan Interest: \$ _____ Home Mortgage Interest: \$ _____
(Interest paid)

Other: \$ _____ Other: \$ _____

Other: \$ _____ Other: \$ _____

Child and Other Dependent Care Expenses

Name of Caregiver: _____ Street Address: _____

City: _____ State: _____ ZIP: _____

SSN or Employee ID: _____ Amount: \$ _____

Name of Caregiver: _____ Street Address: _____

City: _____ State: _____ ZIP: _____

SSN or Employee ID: _____ Amount: \$ _____

Vehicle Used for Business

Miles Driven: _____ Street Address: _____

Deductions (continued)

Education Expenses

Student Name	SSN:	Expenses:
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

Business Income

Cash Basis: First Year: Taxpayer: Spouse:

Principal Business/Profession: _____

Business Name: _____

Business Street Address: _____

City: _____ State: _____ ZIP: _____

Income

Gross Receipts/Sales: \$ _____ Other: \$ _____

Other income: \$ _____

Cost of Goods Sold (if applicable)

Start of Year Inventory: \$ _____ End of Year Inventory: \$ _____

Purchases: \$ _____ Cost of Items for Personal Use: \$ _____

Cost of Labor: \$ _____ Materials and Supplies: \$ _____

Advertising: \$ _____ Commissions: \$ _____

Legal & Professional: \$ _____ Pension/Profit Sharing Plans: \$ _____

Insurance: \$ _____ Health Insurance Premiums (self): \$ _____

Supplies: \$ _____ Utilities: \$ _____

Car/Truck Expenses: \$ _____ Repairs: \$ _____

Travel: \$ _____ Total Meals & Entertainment: \$ _____

Business Income (continued)

Income

Taxes:	\$ _____	Gifts:	\$ _____
Dues/Access:	\$ _____	Printing:	\$ _____
Postage:	\$ _____	Telephone:	\$ _____
Professional Development:	\$ _____	Others:	\$ _____
		<i>Attach list</i>	
Rent:	\$ _____	Printing:	\$ _____
<i>Vehicles, Machinery, Equipment</i>		<i>Other business property</i>	

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

Check if you had a home office during the year.

Rent:	\$ _____	Utilities:	\$ _____	Insurance:	\$ _____
Janitorial:	\$ _____	Miscellaneous:	\$ _____	Sq. Ft. of Home Office	_____
				Total Sq. Ft. of Home	_____

Foreign Accounts Assets

Do you have non-US assets? Yes No

Bank Name	Account Number	Highest Balance in the Year
_____	1. _____	\$ _____
_____	2. _____	\$ _____

Control Over \$10,000? Yes No

Property	Country	Address
_____	_____	_____
_____	_____	_____
_____	_____	_____

Any other foreign accounts abroad? If so, please attach statement.

Rental Income

Check if any property was purchased/converted to rental last year.

Property Address (Street, City, State, ZIP)	Percentage Ownership
1. _____	% _____
2. _____	% _____
3. _____	% _____

Property	1.	2.	3.
<i>Income</i> Rent Received:	\$ _____	\$ _____	\$ _____
<i>Expenses</i> Advertising:	\$ _____	\$ _____	\$ _____
Association Dues:	\$ _____	\$ _____	\$ _____
Auto and Travel:	\$ _____	\$ _____	\$ _____
Cleaning, etc:	\$ _____	\$ _____	\$ _____
Commissions:	\$ _____	\$ _____	\$ _____
Gardening:	\$ _____	\$ _____	\$ _____
Insurance:	\$ _____	\$ _____	\$ _____
Labor:	\$ _____	\$ _____	\$ _____
Professional Fees:	\$ _____	\$ _____	\$ _____
Miscellaneous:	\$ _____	\$ _____	\$ _____
Mortgage Interest:	\$ _____	\$ _____	\$ _____
Other Interest:	\$ _____	\$ _____	\$ _____
Repairs/Mainenance:	\$ _____	\$ _____	\$ _____
Supplies:	\$ _____	\$ _____	\$ _____
Taxes:	\$ _____	\$ _____	\$ _____
Telephone:	\$ _____	\$ _____	\$ _____
Utilities:	\$ _____	\$ _____	\$ _____
Improvements:	\$ _____	\$ _____	\$ _____

Adjustments to Income

	Taxpayer	Spouse
Traditional IRA Contributions:	\$ _____	\$ _____
Roth IRA Contributions:	\$ _____	\$ _____
Self Employed KEOGH, SEP & SIMPLE Contributions:	\$ _____	\$ _____
Alimony	Payee SSN	Amount
	_____	\$ _____
	_____	\$ _____

Estimated Tax Payments

Federal		State	
Overpayment - Prior Year:	\$ _____	Overpayment - Prior Year:	\$ _____
1 st Quarter _____	\$ _____	1 st Quarter _____	\$ _____
2 nd Quarter _____	\$ _____	2 nd Quarter _____	\$ _____
3 rd Quarter _____	\$ _____	3 rd Quarter _____	\$ _____
4 th Quarter _____	\$ _____	4 th Quarter _____	\$ _____

Health Care Information

Please attach your 1095 A/B/C.

Did you have qualifying health 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 exception from 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 1095-A you received.) Yes No



Confirmation

By signing below, I confirm that the information given in this form in addition to any attachments and/or addendums is true, complete and accurate to the best of my knowledge.

Signature

Date

