

# 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:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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

Employer Name:	Gross Wages:	Fed Withholdings:	State Withholdings:	Local Withholdings:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

## Other Income

Interest (Provide 1099INT Forms)

Payer:	Amount:	Payer:	Amount:
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>

**Other Income (Cont.)**

Dividends (Provide 1099DIV Forms)

Payer:	Total:	Capital Gains:	Ordinary Dividend:
<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>

Capital Gains (Provide 1099B and 1099S Forms)

Description:	Date Acquired:	Date Sold:	Cost:	Sale Price:
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>

Pension / IRA Distributions (Provide 1099R Forms)

Payer:	Gross Distribution:	Taxable Amount:	Roth Conversion:	Check if federal or state tax was withheld. <input type="checkbox"/>
<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	
<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	
<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	
<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	

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 <i>(first, last name)</i> :	SSN:	Expenses:
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>

**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. <input type="text"/>	% <input type="text"/>
2. <input type="text"/>	% <input type="text"/>
3. <input type="text"/>	% <input type="text"/>

**Rental Income (Cont.)**

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

**Adjustments to Income**

	Tax Payer	Spouse
Traditional IRA Contributions:	\$ <input type="text"/>	\$ <input type="text"/>
Roth IRA Contributions:	\$ <input type="text"/>	\$ <input type="text"/>
Self Employed KEOGH, SEP & SIMPLE Contributions:	\$ <input type="text"/>	\$ <input type="text"/>

  

Alimony paid	SSN of Payee	Amount	SSN of Payee	Amount
1.	<input type="text"/>	\$ <input type="text"/>	2.	<input type="text"/>

**Estimated Tax Payments**

Federal	State
Overpayment - Prior Year \$ <input type="text"/>	Overpayment - Prior Year \$ <input type="text"/>

  

	Amount		Amount
1st Quarter Date <input type="text"/>	\$ <input type="text"/>	1st Quarter Date <input type="text"/>	\$ <input type="text"/>
2nd Quarter Date <input type="text"/>	\$ <input type="text"/>	2nd Quarter Date <input type="text"/>	\$ <input type="text"/>
3rd Quarter Date <input type="text"/>	\$ <input type="text"/>	3rd Quarter Date <input type="text"/>	\$ <input type="text"/>
4th Quarter Date <input type="text"/>	\$ <input type="text"/>	4th Quarter Date <input type="text"/>	\$ <input type="text"/>

## 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