

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

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 provider:  Address:   
  
 SSN or employee ID:  Amount: \$   
 Name of care provider:  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	Amount	State	Amount
Overpayment - Prior Year	\$ <input type="text"/>	Overpayment - Prior Year	\$ <input type="text"/>
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"/>