

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	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"/>