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# TAX ORGANIZER

## Basic Taxpayer Information

	First Name	Initial	Last Name	Suffix	Social Security No.
Taxpayer					
Spouse					

	Occupation	Date of Birth	Check if			
			Disabled	Blind	Dependent of Another	Presidential Election Contrib.
Taxpayer						
Spouse						

Street Address		Phone Res:	
City, State & Zip		Phone Work:	
E-mail Address		Cell Phone:	

School District \_\_\_\_\_

Filing Status  1 - Single; 2 - Married filing joint; 3 - Married filing separate; 4 - Head of Household; 5 - Qualifying Widower

## Dependent Information

	First Name	Last Name	Social Sec. No.	Relationship	Months in home	Date of Birth	Disabled or full time student
1							
2							
3							
4							
5							
6							

## Wages and Salaries

	Employer Name	Wages	Federal Tax Withheld	FICA Withheld	Medicare Withheld	State Tax Withheld	Local Tax Withheld
1							
2							
3							
4							
5							
6							

## Pensions and IRAs

	Payer's Name	Gross Distribution	Taxable Distribution	Federal Tax Withheld	IRA
1					
2					
3					
4					

### Attestation and Signature:

To the best of my knowledge the enclosed information is correct and includes all income, deductions, and other information necessary for the preparation of this year's income tax returns for which I have adequate records.

Sign \_\_\_\_\_ Date \_\_\_\_\_  
 here \_\_\_\_\_ Date \_\_\_\_\_

## General Questions

Please check if "Yes" and provide documentation, if possible.

- |                          |  |
|--------------------------|--|
| <input type="checkbox"/> | 1. Has your marital status changed?  |
| <input type="checkbox"/> | 2. Have you been notified by the IRS of changes to a prior year's return, or received any other tax correspondence?                |
| <input type="checkbox"/> | 3. Are you being claimed as a dependent by another person?   |
| <input type="checkbox"/> | 4. Are there any changes in the dependent information from the prior year?   |
| <input type="checkbox"/> | 5. Did you have any children under the age of 19 (or 24 if a full time student) who received more than \$950 in investment income? |
| <input type="checkbox"/> | 6. Do you have dependents who are neither U.S. citizens nor U.S. residents?  |
| <input type="checkbox"/> | 7. Did you provide over half of the support for another person (or persons) during the year?                                       |
| <input type="checkbox"/> | 8. Did you purchase or sell a principal residence?   |
| <input type="checkbox"/> | 9. Did you receive payments from a pension or profit sharing plan?   |
| <input type="checkbox"/> | 10. Did you receive any distributions from an IRA or other qualified plan?   |
| <input type="checkbox"/> | 11. Did you receive any disability income?   |
| <input type="checkbox"/> | 12. Did you receive any foreign income or pay any foreign taxes?   |
| <input type="checkbox"/> | 13. Did you receive interest from a bank account or other financial account based in a foreign country?                            |
| <input type="checkbox"/> | 14. Were you the grantor of or transferor to a foreign trust?  |
| <input type="checkbox"/> | 15. Were either you or your spouse enlisted in the military or National Guard?   |
| <input type="checkbox"/> | 16. If you or your spouse are self-employed, are either of you covered under an employer's health plan at another job?             |
| <input type="checkbox"/> | 17. Did you incur any non-business bad debts?  |
| <input type="checkbox"/> | 18. Did you receive proceeds from an installment sale?   |
| <input type="checkbox"/> | 19. Did you make a loan at an interest rate below market rate?   |
| <input type="checkbox"/> | 20. Did you make gifts of over \$13,000 to an individual?  |
| <input type="checkbox"/> | 21. Were there any changes to a prior year's income, deductions, or credits?   |
| <input type="checkbox"/> | 22. Did your employer pay premiums on life insurance in excess of \$50,000?  |
| <input type="checkbox"/> | 23. Were any payments made on student loans?   |
| <input type="checkbox"/> | 24. Did you pay any educational tuition or fees for you or a dependent?  |
| <input type="checkbox"/> | 25. Did you purchase a 'clean fuel' or electric hybrid vehicle in ?  |
| <input type="checkbox"/> | 26. Did you refinance a mortgage or take out a home equity loan?   |
| <input type="checkbox"/> | 27. Were any contributions made to a traditional or Roth IRA for ?   |
| <input type="checkbox"/> | 28. Did you make any contributions to HSA (Health Savings Account) in ?  |
| <input type="checkbox"/> | 29. Did you purchase a new motor vehicle after Feb 16, 2009 and before Jan 1, 2010?  |

## Business and Investment Questions

- |                          |  |
|--------------------------|--|
| <input type="checkbox"/> | 1. Did you receive stock from a stock bonus plan with your employer?   |
| <input type="checkbox"/> | 2. Did you buy or sell any bonds?  |
| <input type="checkbox"/> | 3. Did you surrender any U.S. savings bonds?   |
| <input type="checkbox"/> | 4. Did you suffer a casualty, theft or condemnation?   |
| <input type="checkbox"/> | 5. Did you start a business, purchase a rental property or farm, or acquire interests in partnerships or S-corporations? |
| <input type="checkbox"/> | 6. Did you own any investments for which you were not personally "at-risk?"  |
| <input type="checkbox"/> | 7. Did you own any interest in a Real Estate Mortgage Investment Conduit (REMIC)?  |
| <input type="checkbox"/> | 8. Did you sell any property or equipment on installments?   |
| <input type="checkbox"/> | 9. Did you incur any business-related educational expenses?  |
| <input type="checkbox"/> | 10. Did you incur any travel and entertainment expenses?   |
| <input type="checkbox"/> | 11. Did you purchase any special fuels for non-highway use?  |
| <input type="checkbox"/> | 12. Did you make any contributions to a Keogh or a self-employed SEP, SIMPLE or Qualified plan?                          |

### Interest Income

Please provide copies of all Form 1099-INT or other statements reporting interest income.

\* F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint.

*F/S/J	Payer
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	
12	

Taxable Interest Income		Tax Exempt Interest		Specified Priv Act Interest	
Prior Year Amount	Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount	Current Year Amount

### Dividend Income

Please provide copies of all Form 1099-DIV or other statements reporting dividend income.

\* F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint.

*F/S/J	Payer
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	
12	

Ordinary Dividends		Qualified Dividends		Capital Gains	
Prior Year Amount	Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount	Current Year Amount

### Income or Loss from Partnerships, S Corporations, and Trusts

	Name	Income	Loss	Other Expenses	Passive (Yes / No)	*P/S/T
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						

\*P/S/T - enter entity type (P)artnership, (S) Corporation, (T)rust

**Gains or Losses from Sales of Stocks, Securities or Other Assets**

	Kind of Property and Description	Date acquired	Date sold	Sales Price	Cost or other basis
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					

**Other Income**

		Prior Year Amount	Current Year Taxpayer	Current Year Spouse
1	Taxable refunds of state and local income taxes			
2	Alimony received			
3	Business income or (loss) - Schedule C			
4	Other gains or (losses) - Form 4797			
5	Rents and royalties - Schedule E pg 1			
6	Farm income or (loss) - Schedule F			
7	Unemployment compensation			
8	Total social security benefits			
9	Tips			
10	Child care taxable benefits			
11	Prizes and awards			
12	Scholarships and fellowships			
13	Other income not provided for in this organizer			
14				
15				
16				

**Adjustments to Income**

		Prior Year Amount	Current Year Taxpayer	Current Year Spouse
1	Educator expenses			
2	Business expenses of reservists, performing artists and fee-based gov officials			
3	Health savings account deduction			
4	Moving expenses			
5	Self-employed SEP, SIMPLE, and qualified plans			
6	Penalty on early withdrawal of savings			
7	Alimony paid			
8	Your IRA deduction			
9	Spouse's IRA deduction			
10	Student loan interest			
11	Tuition and fees deduction			

### Itemized Deductions

		Prior Year Amount	Current Year Amount
1a	Medical and dental expenses (other than long-term care premiums)		
1b	Long-term care premiums                      Taxpayer                                      Spouse		
2	Other state and local taxes paid not reported elsewhere in this Organizer		
3	State and local sales tax paid		
4	Real estate taxes		
5	Personal property taxes		
6	Other taxes		
7	Home mortgage interest and points reported on Form 1098		
8	Home mortgage interest not reported on Form 1098 Name:                                      Address:                                      SSN:		
9	Home mortgage points not reported on Form 1098		
10	Qualified mortgage insurance premiums		
11	Investment interest paid		
12	Gifts to charity by cash or check		
13	Gifts to charity other than by cash or check		
14	Mileage driven to charitable activities		
15	Casualty and theft losses - Form 4684		
16	Unreimbursed employee expenses		
	Travel expenses (exclude meals)		
	Meals and entertainment		
	Parking and tolls (enter other vehicle information on Page 7)		
	Telephone used for employer's business (allocate cost)		
	Professional organization or union dues		
	Educational expenses required to maintain your job		
	Office in home required by employer		
	Tools and equipment		
	Safety and protective clothing		
	Uniform costs		
	Professional journals subscriptions		
	Job seeking costs		
	Other		
17	Other expenses		
	Investment expenses		
	Tax preparation fees		
	Safe deposit box rental		
	Other		
18	Other miscellaneous deductions		

### Education Expenses

	Student's Name	Type of Expense	Year of School	Amount
1				
2				
3				
4				
5				
6				

### Child or Dependent Care Expenses

	Persons or Organizations Who Provided the Care		Social Security or ID Number	Amount Paid
	Name	Address		
1				
2				
3				
4				



### Vehicle Information and Expenses

		Vehicle One	Vehicle Two
1	Description of vehicle		
2	Is the vehicle used in a business or by an employee?		
3	Cost (including sales tax)		
4	Date placed in service		
5	Business miles:		
6	Commuting miles (daily commuting miles times the number of trips to work)		
7	Other personal use miles		
8	Total miles driven		
9	Gas and oil expenses		
10	Repairs and maintenance		
11	Auto insurance		
12	Registration, licenses, and fees		
13	Other auto expenses (identify)		
14	Auto rentals		

### Auto Mileage Documentation

	Yes	No
1 Is another car available for personal use?		
2 Do you have evidence to support your mileage information reported above?		
3 If "Yes," is the evidence written in a log or other place?		

### Business Use of Home

	Yes	No
Do you use any part of your home regularly and exclusively for business?		
Total area of home (in square feet)		
Total area used for business		
House Insurance		
Repairs and Maintenance		
Utilities		
Rent		
Property Taxes		
Mortgage Interest		
Home Equity Loan Interest		
Internet		
Phone		

