# Tax Organizer

# Taxpayer Information

First Name:	lr	nitial:	Last N	Name:	
Date of Birth:	SSN#:	Oc	ccupation:		
Address:				City:	
State:			) Zip: (		
Home Tel:		Work Tel:			
Email					
Filing Status					
Single: Married:	Married filing sep	parately:	Head of ho	ousehold: O Qual	ified widow(er):
			)		
Spouse Information	<u>n</u>				
First Name:	Ir	nitial:	Last N	Name:	
Date of Birth:	SSN#:	Oc	cupation:		
Dependents					
Name:	DOB:	SSN#:		Relationship:	Months at home:
Wage, Salary Inco	me (Provide W-2				
			bboldingo	State Withholdings	
Employer Name:	Gross Wages:		hholdings:	State Withholdings:	Local Withholdings:
			)		
Other Income					
Interest (Provide 1099INT	Forms)				



#### Tax Organizer 2/6

# Other Income (Cont.)

Dividends (Provide 1099DIV Fo	vrms)			
Payer:	Total:	Capital Gains:	Ordinary Divider	nd:
	\$	\$	\$	
	\$	\$	\$	
	\$	\$	\$	
	\$	\$	\$	
Capital Gains (Provide 1099B a	and 1099S Forms)			
Description:	,	ate Sold:	Cost:	Sale Price:
		<u></u> )\$		\$
		\$		\$
		\$		\$
		\$		\$
		) ¥		Ψ
Pension / IRA Distributions (Pro	,			
Payer:	Gross Distribution:	Taxable Amount:	Roth Conversion:	
	\$\$		\$	
	\$\$		\$	Check if federal
	\$\$		\$	or state tax was
	\$ () \$		\$	) withheld.
State tax refund (Provide 10990) Amount Received: \$	g child support)	~~~~		•
Payer:	Payer SS	SN: (	Amount:	\$
Unemployment Received (Prov	ide 1099G Forms)			
Tax Payer Amount: \$	Spouse Am	nount: \$		
Social Security Received (Provi	ide SSA-1099 Forms)			
Tax Payer Amount: \$	Spouse Am	nount: \$		
				_
Income from rental property (PI	ease fill out rental income	e section of this form)	\$	
Miscellaneous Income				
Tips and gratuities (not on W-2)	) \$	Bonuses and prizes	\$	$\overline{)}$
Recovery of bad debts previous		Jury duty		
Gambling / Lottery winnings \$		sability Income \$		
Veteran's Pension \$	Child Suppo			
Scholarships / Grants \$				
Other (Description and amount)	)			

# Tax Organizer 3/6

# 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 S Others \$
Interest Paid (Attach 1098 Forms)
Home mortgage interest paid (1st): \$ Home mortgage interest paid (2nd): \$
Home mortgage (equity line): \$ Student loan interest: \$
Others S C Others S C
Contributions (Attach details)
Cash or check: \$
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 S 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 (first, last name): SSN: Expenses:

### Tax Organizer 4/6

# **Business Income**

Principal business / Profession       Business name:         Business Address:	Cash basis: Accrual basis: First year:	Tax payer: Spouse:
City:       State:       Zip:         Other accounting method:       Income         Gross receipts or sales \$       Returns and allowances: \$       Other income \$         Cost of Goods Sold (If Applicable)       Inventory at end of year: \$       Purchases: \$         Inventory at beginning of year: \$       Cost of items for personal use: \$       Purchases: \$         Cost of labor: \$       Materials and supplies: \$       Other costs: \$         Cost of labor: \$       Materials and supplies: \$       Other costs: \$         Expenses       Advertising: \$       Car & truck expenses: \$       Commissions: \$         Advertising: \$       'Car & truck expenses: \$       Commissions: \$       Other income \$         "Health insurance premiums for self: \$       Montgage interest (paid to banks, etc): \$       Other interest: \$       Other interest: \$       Other income \$         "Health insurance premiums for self: \$       Rent - vehicles machinery & equipment: \$       Other interest: \$       Other income \$         "Health insurance premiums for self: \$       Rener: \$       Supplies: \$       Trave: \$       Other income \$         "Health insurance state: \$       Traxes - other: \$       Trave: \$       Trave: \$       Other income \$         "Other income \$       Trave: \$       Insurance: \$       Utilitities: \$       Decemption \$	Principal business / Profession	Business name:
Other accounting method:       Income         Gross receipts or sales \$       Returns and allowances: \$       Other income \$         Gross receipts or sales \$       Inventory at end of year: \$       Inventory at end of year: \$         Verthases: \$       Cost of Items for personal use: \$       Purchases: \$         Purchases: \$       Cost of items for personal use: \$       Cost of labor: \$         Other costs: \$       Materials and supplies: \$       Cost of labor: \$         Expenses       Advertising: \$       Cost of a truck expenses: \$       Commissions: \$         Advertising: \$       *Car & truck expenses: \$       Commissions: \$       Personal use: \$         Property defined programs: \$       Insurance other than health: \$       Personal use: \$       Personal use: \$         *Health insurance premiums for self: \$       Mortgage interest (paid to banks, etc): \$       Personal use: \$       Personal use: \$         Pension and profit sharing plans: \$       Rent - vehicles machinery & equipment: \$       Personal use: \$       Personal use: \$         Yuder: \$       Taxes - real estate: \$       Taxes - other: \$       Travel: \$       Personal use: \$         Yuder: \$       Total meals & entertainment: \$       Utilities: \$       Personal use: \$       Personal use: \$         Yuder: \$       Total meals & entertainment: \$       Utilities: \$	Business Address:	
Income Gross receipts or sales \$ Returns and allowances: \$ Other income \$ Cost of Goods Sold (If Applicable) Inventory at beginning of year: \$ Purchases: \$ Cost of laters for personal use: \$ Cost of laters is Cost of items for personal use: \$ Cost of lator: \$ C	City: State:	Zip:
Gross receipts or sales \$       Returns and allowances: \$       Other income \$         Cost of Goods Sold (If Applicable)       Inventory at end of year: \$       Purchases: \$         Purchases: \$       Cost of labor: \$       Inventory at end of year: \$       Purchases: \$         Cost of labor: \$       Materials and supplies: \$       Other costs: \$       Purchases: \$         Cost of labor: \$       Materials and supplies: \$       Other costs: \$       Purchases: \$         Expenses       Advertising: \$       "Car & truck expenses: \$       Commissions: \$         Advertising: \$       "Car & truck expenses: \$       Commissions: \$       Personal use: \$         Health insurance premiums for self: \$       Mortgage interest (paid to banks, etc): \$       Pension and profit sharing plans: \$       Rent - vehicles machinery & equipment: \$         Pension and profit sharing plans: \$       Repairs: \$       Supplies: \$       Taxes - real estate: \$       Taxes - other: \$       Travel: \$       Value: \$         "Other: \$       Total meals & entertainment: \$       Utilities: \$       "Attach detailed schedule         Check if you acquired or disposed of any business assets (including real estate) during the year.       Percentage       Percentage         Yeas, indeclatal beckedule       Percentage       Percentage       Percentage         Check if any property was purchased/conve	Other accounting method:	
Inventory at beginning of year: \$ Inventory at end of year: \$ Purchases: \$ Cost of items for personal use: \$ Cost of labor: \$ Materials and supplies: \$ Cost of labor: \$ Materials and supplies: \$ 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 expenses: \$ Pension and profit sharing plans: \$ Repairs: \$ Supplies: \$ 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 Rent: \$ Utilities: \$ Insurance: \$ Antitorial: \$ Miscellaneous: \$ % of exclusive Janitorial: \$ Miscellaneous: \$ % of exclusive Percentage Property Address (include city and state) 1 % 2 %	Gross receipts or sales \$	Contraction Contra
Purchases: \$       Cost of items for personal use: \$         Cost of labor: \$       Materials and supplies: \$         Other costs: \$       Materials and supplies: \$         Expenses       Advertising: \$         Advertising: \$       *Car & truck expenses: \$         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: \$       Pension and profit sharing plans: \$         Taxes - real estate: \$       Taxes - other: \$       Travel: \$       Percentage         *Other: \$       Total meals & entertainment: \$       Utilities: \$       Attach detailed schedule         Check if you acquired or disposed of any business assets (including real estate) during the year.       Percentage       Percentage         Yes, provide detailed schedule       S       S       S       Percentage         Check if you had a home office during the year.       S       S       S       Percentage         Yes, provide detailed schedule       Miscellaneous: \$       S       S       Percentage         Check if any property was purchased/converted to rental last year:       Percentage <td>Cost of Goods Sold (If Applicable)</td> <td></td>	Cost of Goods Sold (If Applicable)	
Cost of labor: \$       Materials and supplies: \$         Other costs: \$       Expenses         Advertising: \$       *Car & truck expenses: \$       Commissions: \$         Employee benefit programs: \$       Insurance other than health: \$       Employee benefit programs: \$         *Health insurance premiums for self: \$       Mortgage interest (paid to banks, etc): \$       Other interest: \$         *Health insurance premiums for self: \$       Mortgage interest (paid to banks, etc): \$       Other interest: \$         Other interest: \$       Legal & professional: \$       Office expense: \$         Pension and profit sharing plans: \$       Rent - vehicles machinery & equipment: \$       Pension and profit sharing plans: \$         Rent - other business property: \$       Repairs: \$       Supplies: \$       Percentage         *Other: \$       Total meals & entertainment: \$       Utilities: \$       *////////////////////////////////////	Inventory at beginning of year: \$ Inve	entory at end of year: \$
Other costs: \$	Purchases: \$ Cost of items for person	nal use: \$
Expenses         Advertising: \$*Car & truck expenses: \$Commissions: \$         Employee benefit programs: \$Insurance other than health: \$         Preletth insurance premiums for self: \$Nortgage 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: \$S upplies: \$         Taxes - real estate: \$Taxes - other: \$Travel: \$         *Other: \$Total meals & entertainment: \$Utilities: \$         Wages: \$Total meals & entertainment: \$Utilities: \$         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: \$	Cost of labor: \$ Materials and supplies	s: \$
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: \$       Pension and profit sharing plans: \$         Rent - other business property: \$       Repairs: \$       Supplies: \$         Taxes - real estate: \$       Taxes - other: \$       Travel: \$         *Other: \$       Total meals & entertainment: \$       Utilities: \$         *Wages: \$       *Attach detailed schedule         Check if you had a home office during the year.       *Attach detailed schedule         Check if you had a home office during the year.       % of exclusive         Janitorial: \$       Miscellaneous: \$       Insurance: \$         Percentage       */* of exclusive       Percentage         Orberk if any property was purchased/converted to rental last year:       Percentage         01	Other costs: \$	
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: \$         *Other 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.       % of exclusive business use: \$       Percentage ownership         Janitorial: \$       Miscellaneous: \$       \$       Percentage ownership         1.       .       %       .         2.       %       %       .	Expenses	
*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: \$ Total meals & entertainment: \$ Utilities: \$ 'Other: \$ Total meals & entertainment: \$ Utilities: \$ Wages: \$ Rent - vehicles machinery & equipment: \$ 'Other: \$ Total meals & entertainment: \$ Utilities: \$ Wages: \$ Total meals & entertainment: \$ Utilities: \$ Wages: \$ Note that a home office during the year (heck if you had a home office during the year Rent: \$ Utilities: \$ Insurance: \$ Rent: \$ Utilities: \$ Insurance: \$ Rent: \$ Miscellaneous: \$ % of exclusive business use: \$ Percentage ownership 1 % 2 %	Advertising: \$	\$ Commissions: \$
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: \$         *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.          Rent: \$       Utilities: \$       *         Rent: \$       Utilities: \$       \$         Miscellaneous: \$       % of exclusive business use: \$       *         Percentage ownership       *       *         1.       %       *       *         2.       %       %       %	Employee benefit programs: \$ Insurance	ce other than health: \$
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.       *Attach detailed schedule         Check if you had a home office during the year.       Rent: \$       Utilities: \$         Rent: \$       Utilities: \$       Insurance: \$         Janitorial: \$       Miscellaneous: \$       \$         Percentage       Percentage       ownership         1.       %       %       \$         2.       %       %       %	*Health insurance premiums for self: \$	Nortgage interest (paid to banks, etc): \$
Rent - other business property: Repairs:   Taxes - real estate: Taxes - other:   Taxes - real estate: Taxes - other:   *Other: Total meals & entertainment:   *Other: Total meals & entertainment:   Wages: Utilities:   Wages: *Attach detailed schedule   Check if you acquired or disposed of any business assets (including real estate) during the year.   Check if you had a home office during the year.   Rent: Utilities:   Xent: Utilities:   Miscellaneous: % of exclusive business use:   business use: \$   Percentage ownership   1. %   2. %	Other interest: \$ Legal & professional:	\$ Office expense: \$
Taxes - real estate:       Taxes - other:       Travel:	Pension and profit sharing plans: \$	nt - vehicles machinery & equipment: \$
*Other: \$ Total meals & entertainment: \$ Utilities: \$ *Attach detailed schedule Wages: \$ *Attach detailed schedule Check if you acquired or disposed of any business assets (including real estate) during the year Check if you had a home office during the year Rent: \$ Utilities: \$ Insurance: \$ Janitorial: \$ Miscellaneous: \$ business use: \$ Rental Income Check if any property was purchased/converted to rental last year: Property Address (include city and state) 1 % 2 %	Rent - other business property: \$	airs: \$ Supplies: \$
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: \$         Janitorial: \$       Miscellaneous: \$         Miscellaneous: \$       % of exclusive business use: \$         Property Address (include city and state)          1.       %         2.       %	Taxes - real estate: \$ Taxes - other: \$	Travel: \$
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) 1%% 2	*Other: \$ Total meals & entertainment:	\$ Utilities: \$
If yes, provide detailed schedule Check if you had a home office during the year. Rent: \$ Utilities: \$ Insurance: \$ Janitorial: \$ Miscellaneous: \$ Wiscellaneous: \$ Property Address (include city and state)	Wages: \$	*Attach detailed schedule
Rent: \$ Utilities: \$   Janitorial: \$ Miscellaneous: \$   Miscellaneous: \$ % of exclusive business use: \$     Rental Income   Check if any property was purchased/converted to rental last year:   Property Address (include city and state)   1.   2.   %	Check if you acquired or disposed of any business assets (ind If yes, provide detailed schedule	cluding real estate) during the year.
Janitorial: \$ Miscellaneous: \$ % of exclusive business use: \$ Percentage Overship 1. % 9 2. %	Check if you had a home office during the year.	
Sanitonal: \$       Miscellaneous: \$       business use: \$         Rental Income       Check if any property was purchased/converted to rental last year:       Percentage ownership         Property Address (include city and state)       %       %         1.       %       %         2.       %       %	Rent: \$ Utilities: \$	Insurance: \$
Check if any property was purchased/converted to rental last year: Percentage ownership 1. 2. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4.	Janitorial: \$ Miscellaneous: \$	
Property Address (include city and state)  1.  2.  .  .  .  .  .  .  .  .  .  .  .	Rental Income	
Property Address (include city and state)     ownership       1.     %       2.     %		year:
2.	Property Address (include city and state)	ownership
	2	
3.	3.	

#### Tax Organizer 5/6

# Rental Income (Cont.)

4th Quarter Date

\$

Property		1.	2.		3.	
Income	Rents received:	\$	\$	\$		
Expenses	Advertising:	\$	\$	\$		
	Association dues:	\$	\$	\$		
	Auto and travel:	\$	\$	\$		
	Cleaning/Maintenance:	\$	\$	\$		
	Commissions:	\$	\$	\$		
	Gardening:	\$	\$	\$		
	Insurance:	\$	\$	\$		
	Labor:	\$	\$	\$		
	Professional fees:	\$	\$	\$		
	Miscellaneous:	\$	\$	\$		
	Mortgage interest:	\$	\$	\$		
	Other Interest:	\$	\$	\$		
	Repairs and Maintenance:	\$	\$	\$		
	Supplies:	\$	\$	\$		
	Taxes:	\$	\$	\$		
	Telephone:	\$	\$	\$		
	Utilities:	\$	\$	\$		
	Improvements:	\$	\$	\$		
	Other:	\$	\$	\$		
Adjustm	ents to Income	-	Tax Payer	Spouse		
Traditional	IRA Contributions:	\$ (		\$		
Roth IRA C	Contributions:	\$ (		\$		
Self Emplo	yed KEOGH, SEP & SIMPLE	Contributions: \$ (		\$		
Alimony pa	id SSN of Paye	e Amount	SSN o	of Payee A	mount	
	1.	\$	2.	\$		
Estimat	ed Tax Payments					
Federal			State			
Overpaym	ent - Prior Year \$		Overpayment - Prior	r Year \$		
		Amount			Amount	
1st Quarter Date () \$ ()			1st Quarter Date () \$ ()			
2nd Quarter Date \$			2nd Quarter Date \$			
3rd Quarte	r Date 🔵 💲 (		3rd Quarter Date		\$	

4th Quarter Date

\$ (

#### Health Care Information

Did you have qualifying health care coverage, such as employer-sponsored coverage or governmentsponsored 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 yes, please provide any Form(s) 1095			jov un	der the Affordable Care Act? (If
	Yes		No	