

TAX ORGANIZER

Carroll's Tax Service
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This Tax Organizer is a great way to help you pull together information needed to prepare your taxes. It facilitates a quick workflow for your tax preparer and saves you time and money.

Please print and fill out the organizer and bring the completed form to your tax appointment. Don't forget to bring your source documents (W-2's, 1099's, etc.) and the last three years of tax returns if you are a new client. By doing this you greatly expedite the tax preparation process.

What to bring to the appointment:

- Original source documents such as W-2's, 1099's for interest, dividends, and miscellaneous income and health insurance documentation (1095-A, 1095-B, or 1095-C).
- Bring any statements from investment accounts showing gains or losses on sales of investments.
- Copies of the settlement statement from any purchase or sale of real estate.
- Any backup for itemized deductions like mortgage interest, charitable contributions or other items.
- **Please bring your last three filed tax returns if you are a new client**, or as many as you can put your hands on. (Tax returns are used to gain familiarity with your tax situation and very often are used to find deductions you might have missed or might have handled incorrectly.)

As a general rule, when in doubt.....bring it!

Personal Information

| | |
|-------------------|--|
| First Name | |
| Middle | |
| Last Name | |
| Social Security # | |
| Address | |
| Address 2 | |
| Address 3 | |
| City | |
| State | |
| Zip | |
| DOB | |
| Occupation | |

Spouse Information

| | |
|-------------------|--|
| First Name | |
| Middle | |
| Last Name | |
| Social Security # | |
| Address | |
| Address 2 | |
| Address 3 | |
| City | |
| State | |
| Zip | |
| DOB | |
| Occupation | |

Check One

| | | | |
|-------------------|--------------------------|-------------------------|--------------------------|
| Single | <input type="checkbox"/> | Married | <input type="checkbox"/> |
| Head of Household | <input type="checkbox"/> | Married Filing Separate | <input type="checkbox"/> |

Check One

| | |
|---|-----------------------------|
| Automatic deposit? | |
| Yes <input type="checkbox"/> (attached a VOID check) | No <input type="checkbox"/> |

Children

| | |
|------------------------|--|
| Name | |
| Date of Birth | |
| Social Security Number | |
| Relationship | |
| Months Lived at Home | |

| | |
|------------------------|--|
| Name | |
| Date of Birth | |
| Social Security Number | |
| Relationship | |
| Months Lived at Home | |

| | |
|------------------------|--|
| Name | |
| Date of Birth | |
| Social Security Number | |
| Relationship | |
| Months Lived at Home | |

| | |
|------------------------|--|
| Name | |
| Date of Birth | |
| Social Security Number | |
| Relationship | |
| Months Lived at Home | |

| | |
|------------------------|--|
| Name | |
| Date of Birth | |
| Social Security Number | |
| Relationship | |
| Months Lived at Home | |

Did you have Health Insurance the entire year? _____,

Per IRS Affordable Care Act, please bring proof of insurance (forms 1095-A, 1095-B, OR 1095-C) or employer issued insurance cards.

Earnings (Attach W-2 forms)

Interest: Attach 1099 Forms

| Payer | Amount |
|-------|--------|
| 1 | \$ |
| 2 | \$ |
| 3 | \$ |
| 4 | \$ |

Dividends - Attach 1099 Forms

| Payer | Total | Capital Gain | Ordinary Dividend |
|-------|-------|--------------|-------------------|
| 1 | \$ | \$ | \$ |
| 2 | \$ | \$ | \$ |
| 3 | \$ | \$ | \$ |
| 4 | \$ | \$ | \$ |

| | |
|--|----|
| Penalty on Early Withdrawal of Savings | \$ |
|--|----|

State Tax Refund

| | |
|-----------------|----|
| Amount Received | \$ |
|-----------------|----|

| | |
|--------------------------|---|
| <input type="checkbox"/> | Check if you did not itemize in prior years |
|--------------------------|---|

Capital Gains

| Description | Date Acquired | Date Sold | Sales Price | Cost or Basis |
|-------------|---------------|-----------|-------------|---------------|
| 1 | | | \$ | \$ |
| 2 | | | \$ | \$ |
| 3 | | | \$ | \$ |
| 4 | | | \$ | \$ |

Pensions/IRA Distributions - Attach Form 1099**Alimony Received If agreement dated before 01/01/19**

| | | | |
|---------------------------|--|----------|--|
| Payer | | Amount\$ | |
| Payer's Social Security # | | | |

Unemployment Received - Attach Form 1099G

| | |
|-----------------|----|
| Taxpayer Amount | \$ |
| Spouse Amount | \$ |

Social Security Received - Attach SSA-1099 Statement

| | |
|-----------------|----|
| Taxpayer Amount | \$ |
| Spouse Amount | \$ |

Miscellaneous Income

| | |
|--------------|--|
| Description: | |
| | |
| | |

Medical and Dental Expenses if more than 7.5% of your income

| | |
|---------------------------------|--|
| Prescriptions | |
| Insurance Premiums | |
| Long Term Care Premiums | |
| Doctors, Dentist, etc. | |
| Hospital, Clinics, etc. | |
| Lab and x-ray fees | |
| Long Term Care | |
| Eyeglasses and contact lenses | |
| Medical equipment and supplies | |
| Medical Transportation expenses | |
| Medical Mileage | |
| Lodging for medical purposes | |
| Other medical expenses | |

Taxes Paid if more than \$10,000 married or \$5000 single

| | |
|------------------------------------|--|
| State & Local Income Tax | |
| Real Estate Taxes - Residence | |
| Real Estate Taxes - Other Property | |
| Auto Taxes: | |
| Personal Property Taxes | |
| Other Taxes | |
| | |

Interest Paid - Attach 1098 Forms (if used to buy, build, or improve your main home or second home)

| | |
|---|--|
| Home Mortgage Interest Paid (1st) | |
| Home Mortgage Interest Paid (2nd) | |
| Home Equity Interest Paid | |
| Points or origination fees (please supply settlement statement) | |

Contributions - Attach Details

| | |
|--------------------------------------|--|
| Contributions by Cash or Check | |
| Contributions by Other than Cash | |
| Miles driven for charitable purposes | |

Self Employed Income

General Information

| | | |
|---|---------------------------------|-------------------------------|
| Accounting Method: Cash, Accrual, or other? | | |
| First Year: yes or no? | Is business operated by Spouse? | Is business operated jointly? |

| | |
|---------------------------------|--|
| Principal Business./Profession | |
| Business Name | |
| Business Address | |
| City, State, Zip | |
| Employer Identification Number | |
| Did you materially participate? | |
| Did you file any 1099 forms? | |

Income

| | |
|--|----|
| Did you receive any 1099 forms? | |
| Gross Receipts or Sales not including 1099s you received | \$ |
| Merchant card and third party network payments | \$ |
| Returns and Allowances | \$ |
| Other Income | \$ |

Cost of Goods Sold - *If Applicable*

| | |
|------------------------------------|----|
| Inventory at Beginning of the Year | \$ |
| Inventory at End of the Year | \$ |
| Purchases | \$ |
| Cost of Items for Personal Use | \$ |
| Cost of Labor | \$ |
| Materials and Supplies | \$ |
| Other Costs | \$ |

Expenses

| | |
|---|--|
| Advertising | |
| Car and Truck Expenses* | |
| Commissions & Fees | |
| Employee Benefit Programs | |
| Insurance (other than health) | |
| Self-employed Health Insurance | |
| Long term care | |
| Mortgage Interest (paid to banks, etc.) | |
| Other Interest | |
| Legal and Professional | |
| Office Expense | |
| Pension | |
| Profit Sharing Plans | |
| Rent - Vehicles, Machinery, and Equipment | |
| Rent - Other Business Property, Repairs | |
| Supplies | |
| Repairs/maintenance | |
| Taxes - Real Estate | |
| Taxes - Other | |
| Travel | |
| Licenses | |
| Total Meals and Entertainment | |
| Utilities | |
| Wages | |
| Other expenses | |
| Cell phone, internet, web design, etc. | |
| Computers | |
| Software | |

| | |
|----------------|--|
| Postage | |
| Contract labor | |
| Misc. labor | |

** Attach detailed schedule*

Check one

| | |
|--|-----------------------------|
| Did you dispose of or buy any business assets valued at more than \$500 (including real estate)? | |
| Yes <input type="checkbox"/> If yes, attach detailed schedule. | No <input type="checkbox"/> |

| | |
|---|-----------------------------|
| Did you have a home office during the year? | |
| Yes <input type="checkbox"/> If yes, fill out section below | No <input type="checkbox"/> |

| | | | |
|-----------------------|----|-------------------------------------|----|
| Mortgage Interest | \$ | Real estate taxes | \$ |
| Home Owners Insurance | \$ | Points | \$ |
| Total Square Footage | | Square Footage of business use area | |
| Rent | \$ | Utilities | \$ |
| Repairs/maintenance | \$ | Janitorial | \$ |
| Other | \$ | Value of home | \$ |

Rental Income

| |
|--------------------------------|
| Property Address & Description |
| 1. |
| 2. |
| 3. |

Owned by spouse or Owned Jointly?
 Active participation? Material participation?

| Property | 1. | 2. | 3. |
|---------------------------|----|----|----|
| Income: | | | |
| Rents Received | | | |
| Advertising | | | |
| Auto and Travel | | | |
| Cleaning/Maintenance | | | |
| Commissions | | | |
| Insurance | | | |
| Legal & Professional Fees | | | |
| Management Fees | | | |
| Mortgage Interest | | | |
| Other Interest | | | |
| Repairs | | | |
| Supplies | | | |
| Real Estate Taxes | | | |
| Other Taxes | | | |
| Utilities | | | |
| Landscaping | | | |
| Other Expenses | | | |
| Major Improvements | | | |

Retirement Savings

| | |
|---|----|
| IRA Contributions (Roth or Traditional) | \$ |
| Keogh/SEP Deduction | \$ |

Estimated Tax Payments

| Federal | Date Paid | Amount Paid |
|-----------------------------|-----------|-------------|
| Overpayment - Prior Year | | |
| 1st Quarter 4/15 | | |
| 2nd Quarter 6/15 | | |
| 3rd Quarter 9/15 | | |
| 4th Quarter 1/15 | | |

| State | Date Paid | Amount Paid |
|-----------------------------|-----------|-------------|
| Overpayment - Prior Year | | |
| 1st Quarter 4/15 | | |
| 2nd Quarter 6/15 | | |
| 3rd Quarter 9/15 | | |
| 4th Quarter 1/15 | | |