

# **Tax Preparation Organizer for YOU, Our Valued Clients**

*provided courtesy of*

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**FAX 505-345-0712 (Pause, Pause) then press \*51 to activate our fax machine.**

**Fax or copy documents or place them on a thumb drive for pick up, due to E-mail services do not always have strong encrypted security. We strongly request that you do not email them!**

**We will require your driver's license(s), social security card(s), and your previous year income tax (if we did not prepare them)**

## **Instructions:**

**Save this PDF file to your computer Hard drive, OR Thumb drive OR storage device  
Fill in the fields that apply to your situation; **Re-Saving the file periodically as you go!**  
Print out the organizer when you have completed it.  
Bring it to our office at your schedule tax appointment**

## **Notes**

**For your identity protection we strongly urge you do NOT email this file to us once it is completed. Most email programs are Unencrypted and have severed security vulnerabilities.**

**If you prefer to hand write information on this simply printed out fill it out completely and bring with you to your next tax appointment.**

# Tax organizer for \_\_\_\_\_ (year) \_\_\_\_\_

Please complete this organizer and bring it to your tax appointment. Your last year's tax return is an excellent guide for completing this organizer. Make a special note wherever you have additional information not on last year's return.

**Please Print Legibly**  
**Personal information**

**Taxpayer**

Name \_\_\_\_\_

Social Security number \_\_\_\_\_ Date of birth \_\_\_\_\_

Driver's License number \_\_\_\_\_ Expiration date \_\_\_\_\_

Occupation \_\_\_\_\_

Mailing address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Email address \_\_\_\_\_

**Spouse**

Name \_\_\_\_\_

Social Security number \_\_\_\_\_ Data birth \_\_\_\_\_

Driver's License number \_\_\_\_\_ Expiration date \_\_\_\_\_

Occupation \_\_\_\_\_

	Taxpayer		Spouse				Marital Status	
	Yes	No	Yes	No			Married	
Blind							Single	
Disabled							Widow(er)	

Filing Jointly Yes \_\_\_\_\_ No \_\_\_\_\_

Do you want to contribute three dollars to the Presidential campaign fund?

Yes \_\_\_\_\_ No \_\_\_\_\_

**List dependent children (Others)**

Name	SSN	Date of Birth	Relationship	Dependent' Income

**Copied from the IRS Website:**

**If you have questions whether you qualify for claiming a dependent click on the links below.**

**Basic Question:**

Is there an age limit on claiming my child as a dependent?

**Answer**

To claim your child as your dependent, your child must meet either the qualifying child test or the qualifying relative test:

- To meet the **qualifying child test**, your child must be younger than you and either younger than 19 years old or be a "student" younger than 24 years old as of the end of the calendar year.
- There's no age limit if your child is "permanently and totally disabled" or meets the **qualifying relative test**.

In addition to meeting the qualifying child or qualifying relative test, your child must also meet all of the other tests to be your dependent:

1. Dependent taxpayer test
2. Citizen or resident test, and
3. Joint return test

**Additional Information**

[Whom May I Claim as a Dependent?](#)  
[Publication 501, Exemptions, Standard Deduction, and Filing Information](#)

**Category**  
[Filing Requirements, Status, Dependents, Exemptions](#)  
**Sub-Category**  
[Dependents & Exemptions](#)

**Please bring the following to your appointment**

**Last year's tax return unless we prepared it.**

**Copies of all W-2's, 1099 and supporting documents of income and expenses.**

**Mailing label given to you on your IRS tax booklet, if any.**

**Please answer the following questions:**

**Did you receive any notices from IRS this past year?**

**Yes**

**No**

**Did you have a foreign bank account(s)?**

**Yes**

**No**

**Did you pay to attend classes beyond high school?**

**Yes**

**No**

**Did you pay interest on student loans this past year?**

**Yes**

**No**

**Did you receive any rental income from property?**

**Yes**

**No**

**Did you receive any farm income?**

**Yes**

**No**

**Do you have self-employment income or expenses?**

**Yes**

**No**

**Were there any births, adoptions or death in the family?**

**Yes**

**No**

## **Income**

### **Wages (attach W-2s)**

**Name of Employer**

**Taxpayer** \_\_\_\_\_

**Spouse** \_\_\_\_\_

### **Refund Information (Required)**

**Please list (for your refund)**

**Bank Routing number** \_\_\_\_\_

**Bank Account number** \_\_\_\_\_

# Interest income attached 1099 - INT

<b>Payor, Bank, etc.</b>	<b>Amount</b>

## Dividends attach 1099-Div

<b>Payor (Company Name</b>	<b>Ordinary Income</b>	<b>Capital Gain</b>	<b>Non-Taxable</b>

## Partnership S-Corp., and other income attached with K1 forms

List the sources


**Real estate sold vacation property fair land etc.**

<b>Description</b>	<b>Date Acquired</b>	<b>Date Sold</b>	<b>Selling Price</b>	<b>Cost</b>

**Investments sold (stocks bonds mutual funds other)**

<b>Description</b>	<b>Date Acquired</b>	<b>Date Sold</b>	<b>Selling Price</b>	<b>Cost</b>

**Individual retirement account IRA**

<b>Contributions for this past year</b>	<b>Amount</b>	<b>Roth</b>	<b>Regular</b>
<b>Taxpayer</b>			
<b>Spouse</b>			

**Withdrawals from IRA attached 1099  
Reason for withdrawals**

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**Other Pension or Annuity income - attach 1099-R**

<b>Payor</b>	<b>Amount</b>

## **Other Income**

<b>Source</b>	<b>Amount</b>
<b>State income tax refund</b>	
<b>Commissions</b>	
<b>Unreported tips</b>	
<b>Installment sales payments received</b>	
<b>Alimony received</b>	
<b>Scholarships or grants</b>	
<b>Unemployment compensation</b>	
<b>Workers compensation</b>	
<b>Disability income</b>	
<b>Other</b>	

## **Expenses**

**Medical expense, Insurance, drugs, equipment, nursing, hospitals, doctors, etc.**

<b>List type:</b>	<b>Amount</b>

**Did you and your family have health insurance for all 12 months tax year**

Yes \_\_\_\_\_ No \_\_\_\_\_

**If less than 12 months of coverage please give three description for reason:**

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**Did you receive form 1095 - A, B or C health Insurance coverage**

Yes \_\_\_\_\_ No \_\_\_\_\_

## **Taxes paid other than W2 wage statements**

<b>Type of Tax</b>	<b>Amount</b>
<b>Federal income Tax estimates (Form 1040-ES)</b>	
<b>State Income Tax</b>	
<b>Real Estate Tax</b>	
<b>Personal Property Tax</b>	
<b>Other</b>	

## **Interest paid:**

	<b>Amount</b>
<b>Mortgage interest Paid</b>	
<b>Investment interest paid to:</b>	

## **Child or other dependent care expenses**

**Did you pay for dependent care of this past year yes?**



Yes \_\_\_\_\_ No \_\_\_\_\_

**List Details below**

Care Provider	SSN-EIN	Amounts Paid

**Casualty or Theft Loss**

**Did you have property stolen or damaged by store, water, fire, or accident this past year?**

Yes \_\_\_\_\_ No \_\_\_\_\_

**Please explain:**

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**Charitable Contributions**

**Paid by cash (Check)**

Name of Organization	Amount

**Moving Expenses (Job Related)**

**Did you move this past year due to change in job locations?**

Yes \_\_\_\_\_ No \_\_\_\_\_

**Please explain:**

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## **Employment Related Expenses (not reimbursed)**

**Did you buy tools, uniforms, licenses, or pay dues or educational expenses in relation to your work this past year?**

Yes \_\_\_\_\_ No \_\_\_\_\_

**Please explain:**

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## **Investment Expenses**

**Did you move this past year due to change in job locations?**

<b>Item</b>		<b>Amount</b>
<b>Investment interest paid</b>		
<b>Safe deposit box rent</b>		
<b>Tax Preparation fee(s)</b>		
<b>Other</b>		
<b>Other</b>		

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**SIGNATURE**

**DATE**

## **Questions?**

**Fax or Bring your documents with you for your appointment.**

**Email us at [Teelaccounting@lcloud.com](mailto:Teelaccounting@lcloud.com)**

**And we will respond within 24-48 Hours**

**Call 505-344-7917 Office**

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**Thank you for your patronage.**