# Beatty & Co Tax and Accounting Client Tax Organizer

Personal Information	ation Taxpayer				Spouse								
First name & Initial													
Last name													
Social Security number													
Date of birth													
Occupation													
E-mail address													
Work phone		Cell				Work				Cell			
Home phone		Fax				Home				Fax			
Address										Apt/S	Suite		
City								State		ZI	IP		
Taxpayer Legally Blind Taxpayer Disabled Pres Campaign Fund (Taxpayer) Filing status: Single Head of Hou	sehold Ma	Yes Yes Yes Yes		No No No t  Mar	S P	pouse Le pouse Di res Cam separate	isabled paign			Year	of Spo	Yes Yes Yes Use	No No
Dependents (Children 8	Others)												
Name	,	Rela	itionship	Date of Birth		Social Security Number		Months Lived With You	<sup>1</sup> Disal	bled	Full Ti Stude		Dependent's Gross Income
Please answer the following que	stions to dete	rmine	maxin	num dedu	ctions:								
1 Did your marital status change during the year?		Yes		No 12	make	a contrib	ution t	ibution fron				Yes	□ No
2. Did your address change during the	_	Yes		No		401(k), IF		•				•	
Were there any changes in depend		Yes		No 13	\$14,00	give a g 00 to one	or mo	nore than ore people?				Yes	No
4. Did you receive unreported tip incom \$20 or more in any month?	L	Yes		No 14				ankruptcy, session pro	oceedir	nas?		Yes	☐ No
5. Did you receive any unemployment disability income?	or	Yes		No 15	. Did yo		i loss b	ecause of		J		Yes	□ No
6. Did you buy or sell any stocks, bond other investment property?	ds or	Yes		No 16	. Were	you notif	ied or	audited by ng agency?				Yes	☐ No
7. Did you purchase, sell, or refinance principal home or second home, or out a home equity loan?	-	Yes		No 17	. Did yo		rom a	home office				Yes	No No
Did you convert part or all of your traditional/SEP/SIMPLE IRA to a Recognition of the second s	OTH IRA?	Yes		18 No	-	ne IRS di our prepa		your tax re	turn			Yes	☐ No
9. Could you be claimed as a dependent another person's tax return?  9. Could you be claimed as a dependent another person's tax return?		Yes		19 No	-			have incon ign country				Yes	☐ No
Did you pay anyone for domestic services in your home?		Yes		20 No	,	u want to ax return'		ronically file	Э			Yes	□ No
11. Did you pay anyone for childcare	Г	Yes		21 No	-	-	•	rnet mercha pay sales/				Yes	□ No
services?				22	compl	iant heal	th insu	d you have Irance durii <b>A, 1095-B</b> ,	ng the			Yes	No

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# Income

Type of Income	Form(s) to Attach	# Attached	Notes
Wage & Salary Income	Form W-2s		
Pensions, Annuities, Profit Sharing, IRA's, etc.	Form(s) 1099-R		
Social Security/Railroad Benefits	Form(s) SSA-1099		
Interest Income	Form(s) 1099-INT & Broker statements		
Dividend Income	Form(s) 1099-DIV		
Partnership, Trust, Estate Income	Form(s) K-1		
Investments Sold	Form(s) 1099-B & confirmation slips (should include Date Acquired, Date Sold, Cost, and Sale Price)		
Property Sold	Form(s) 1099-S & closing statements		
Address of Property Sold	Date Acquired		Cost & Improvements
_			

### **Other Income**

Туре	Type Amount Type		Amount
Alimony Received		Gambling/lottery winnings	
Jury duty		Disability Income	
State Income tax refund		Other	
Other		Other	

**Adjustments to Income** 

Туре	Amount	Туре	Amount
Alimony Paid		Tuition and Fees paid	
Name		Who was it paid for?	
SS#		IRA/SEP Contributions - Taxpayer	
Educator Expenses		IRA/SEP Contributions - Spouse	
Health Savings Account		Student loan interest	

**Medical/Dental Expenses** 

Туре	Amount	Туре	Amount
Medical insurance premiums (paid by you)		Medical equipment, supplies	
Long Term Care insurance		Nursing care	
Prescription drugs		Medical therapy	
Glasses, contacts		Hospital	
Hearing aids, batteries		Doctor/Dental/Orthodontist	
Braces		Mileage	

# **Taxes Paid**

Туре	Amount	Туре	Amount
Real property tax (attach bills)		Other	
Personal property tax		Other	

Interest Expe	nse								
Mortgage interest	paid (attach 1098's)		Interest paid to individual for your home (attach		ur home (attach				
	, ,		amortization	on schedule)	·				
			Paid to			SSN			
Investment Intere	st		Address_						
Charitable Co	ntributions								
_	THE IDUCTIONS	Amount		Туре		Amount			
Type  Total cash contrib	uutions	Amount		7.		Amount			
	ontributions (If over \$500 attach list)		Charitable mileage						
Casualty/Thet				<u> </u>					
	naged by storm, water, fire, acc	sident er stelen							
	laged by Storm, water, me, act	Juent, or Stolen		A + F.D					
Location of Property				Amount of Damage					
				Insurance reimburs	sement				
Description of Property				Repair costs					
1 Topolty				Federal grants rece	eived				
Missollansou	s/Unreimbursed Exp	0000							
Wilscellaneous	Type	Amou	nt	Т,	/pe		Amount		
Dues - union, p	· ·	74.1104		Safe deposit box	,,,,,,		7 anount		
	ptions, supplies			IRA custodial fees					
Licenses	риона, вирриса			Investment periodic	cals advisory fees				
	ent, safety equipment		Job search expense						
Uniforms (including		1		Moving of househo		ed)			
Tuition, Books (we				Other	id goods for relate	,u)			
Entertainment	on related)			Other					
Tax Preparation F									
				Other					
Estimated Tax									
	Federal	State	9	ord O	Federal		State		
1 <sup>st</sup> Quarter				3 <sup>rd</sup> Quarter					
2 <sup>nd</sup> Quarter				4 <sup>th</sup> Quarter					
Day Care Exp	ense								
Provider #1				Provider #2					
Address									
EIN/SS#									
Amount Paid									
Children cared									
for									
	<u> </u>								
<b>Health Insura</b>	nce								
Taxpayer	Taxpayer								
	Indicate months covered: ☐ Full year ☐ Jan ☐ F Was exempt from health care			□Jul □Aug □Se	p	□Dec			
	Has Exemption Certificate No	umber?	]No If	yes, provide number					
Spouse	☐ I was insured through the☐ Insured privately, through			Form 1095-A, 1095- Not insured at all	B, and/or 1095-C				
	Indicate months covered: ☐ Full year ☐ Jan ☐F Was exempt from health care	Indicate months covered: □ Full year □ □ Jan □ Feb □ Mar □ Apr □ May □ Jun □ Jul □ Aug □ Sep □ Oct □ Nov □ Dec							
	Has Exemption Certificate No			yes, provide number	·				

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#### Health Insurance continued ☐ I was insured through the Marketplace Attach Form 1095-A, 1095-B, and/or 1095-C Dependent ☐ Insured privately, through employer, or Medicaid ☐ Not insured at all Indicate months covered: □Jan □Feb □Mar □Apr □May □Jun □Jul □Aug □Sep □Oct □Nov □Dec ☐ Full year Was exempt from health care mandate. Yes No Has Exemption Certificate Number? ☐ Yes ☐ No If yes, provide number ☐ I was insured through the Marketplace Attach Form 1095-A, 1095-B, and/or 1095-C Dependent ☐ Insured privately, through employer, or Medicaid ☐ Not insured at all Indicate months covered: □Jan □Feb □Mar □Apr □May □Jun □Jul □Aug □Sep □Oct □Nov □Dec ☐ Full year Was exempt from health care mandate. ☐Yes ☐No Has Exemption Certificate Number? ☐Yes ☐No If yes, provide number ☐ I was insured through the Marketplace Attach Form 1095-A, 1095-B, and/or 1095-C Dependent ☐ Insured privately, through employer, or Medicaid ■ Not insured at all Indicate months covered: □Jan □Feb □Mar □Apr □May □Jun □Jul □Aug □Sep □Oct □Nov □Dec ☐ Full year Was exempt from health care mandate. ☐Yes ☐No Has Exemption Certificate Number? ☐Yes ☐No If yes, provide number\_ ☐ I was insured through the Marketplace Attach Form 1095-A, 1095-B, and/or 1095-C Dependent ☐ Insured privately, through employer, or Medicaid ☐ Not insured at all Indicate months covered: □Jan □Feb □Mar □Apr □May □Jun □Jul □Aug □Sep □Oct □Nov □Dec Was exempt from health care mandate. ☐Yes ☐No Has Exemption Certificate Number? ☐ Yes ☐ No If yes, provide number\_ ☐ I was insured through the Marketplace Attach Form 1095-A, 1095-B, and/or 1095-C Dependent ☐ Insured privately, through employer, or Medicaid ☐ Not insured at all Indicate months covered: Has Exemption Certificate Number? ☐Yes ☐No If yes, provide number Self-Employment Information **Business Name** □Taxpayer □Spouse **Total Sales Expenses** Advertising Repairs Expense Commissions/Fees Supplies Expense **Dues & Publications** Taxes Interest Expense Travel Expense Meals & Entertainment Insurance Legal & Professional Fees Telephone Office Expense Utilities Rent (office) Expense Wages (gross W-2) **Equipment Rental Expense** Postage Auto Expense **Bank Charges** Auto Mileage Tools & Equipment Uniforms **Assets Purchased Notes** Date Amount Asset **Cost of Goods Sold** Inventory at beginning of year Material & supplies

Other:

Inventory at end of year

**Purchases** 

Cost of labor

Cost of items for personal use

Expenses Related to Business								
Auto Expense								
Name of business vehicle is used for								
Description of v	ehicle:				Date vehicle was	placed in service:		
Check if A	pplicable:							
	Anothe	er vehicle is	available for personal use		There is e	vidence to support your de	eduction	
	This ve	ehicle is ava	ilable for use during off-duty hours		The evide	nce is written		
Number of mile	s the vehicle w	vas driven d	uring the tax year: Business (	Commuting	Total			
Тур		Amount	Type	Amount		Туре	Amount	
Garage rent			Property tax		Gas			
Carage rent								
Insurance			Repairs		Tires			
Licenses			Tolls		Oil			
Parking fees	Parking fees Inter		Interest	Lease pa		ase payments		
Other								
Business Use	of Home							
Name of busine	ess home is us	ed for						
What is the squ	are footage of	your home	that was used regularly and exclusively	/ for business?	·			
What is the total	al square foota	ge of your h	ome?					
For daycare fac	cilities not used	d exclusively	for business, complete the following qu	uestions.				
How many	days during t	he year was	the area used?					
	hours per day		ea used? for the entire year					
The dayea	re racinty was	пт орстаноп	Tor the chare year	1				
	Expenses		Office expenses	Home	expenses	In the "Office expen		
Mortgage interes	st					column, enter those expenses that perta		
Real estate taxes					exclusively to your of the "Home expense	office. In		
Excess mortgage interest					column, enter those expenses that perta	<b>:</b>		
Insurance					entire dwelling.	iii io liie		
Rent								
Repairs & mainte	enance							
Utilities								

Other expenses

Rental Income	Property #1	Property #2	Property #3	Property #4
Address			115/1215/115	
City/State				
Rent Received				
Expenses				
Advertising				
Auto & Travel				
Auto Miles				
Cleaning & Maintenance				
Commissions Paid				
Grounds & Gardening				
Insurance				
Interest Expense				
Legal & Professional				
Management Fees				
Repairs & Maintenance				
Supplies				
Taxes				
Utilities				
Association Dues				
Pest Control				
Other:				
Notes				
				_
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