Beatty & Co Tax and Accounting Client Tax Organizer

Personal Information Taxpayer									Spouse							
Fir	st name & Initial															
La	st name															
So	cial Security number															
Da	te of birth															
Oc	cupation															
E-I	mail address															
W	ork phone		С	ell					Work				Cel	I		
Но	me phone		F	ах					Home				Fax	(
Ad	dress												Apt	/Suite		
Cit	у										State		2	ZIP		
Taxpayer Legally Blind Taxpayer Disabled Pres Campaign Fund (Taxpayer) Filing status: Single Head of Household Mai						No No No t	Лarrie	Sp	oouse Le oouse Di es Cam separate	isabled paign	t			ar of Sp	Ye Ye Ye Oouse	s 🔲 No
D	ependents (Chi	ildren & Others)													
	Nam	e		Relationship Date of Birth				Social Month Security Lived W Number You		With	Disabled	Full ⁵ Stud		Dependent's Gross Income		
Ple	ase answer the follo	wing questions to d	eterr	nine i	maxim	num de	duc	ctions:								
	d your marital status cha during the year?	ange		Yes		No	12 I	make a				Ye	s No			
2.	Did your address chang	e during the year?		Yes		No	40.1		n (401(k), IRA, etc)?			_				
	Were there any change		Ш	Yes		No	131	\$14,00	ou give a gift of more than 000 to one or more people?			Ye	s No			
	Did you receive unrepor \$20 or more in any mon	ith?		Yes		No	14.	Did you	u go thro sure, or				edings	, [Ye	s 🗌 No
	Did you receive any une disability income?			Yes		No	15.	Did you	ı incur a ed or sto				J		Ye	s 🗌 No
	Did you buy or sell any other investment proper			Yes		No	16.	Were y		ied or	audited	by eit	her		Ye	s No
	Did you purchase, sell, principal home or secon out a home equity loan?	nd home, or take		Yes		No	17.	Did you		rom a	home o	-	r		Ye	s No
8.	Did you convert part or traditional/SEP/SIMPLE	all of your		Yes		No	18.	May the	e IRS di ur prepa		your ta	x retui	rn		Ye	s 🗌 No
9.	Could you be claimed a another person's tax ret	s a dependent on		Yes		No	19 \	Were you from, o	u a citiz r live in						Ye	s No
10.	Did you pay anyone for services in your home?			Yes		No	20.	Do you your ta	want to x return		onically	file			Ye	s No
11.	Did you pay anyone for	childcare		Yes		No	21.	Did you for whice	u buy an ch you c						Ye	s No
	services?				_		22.		Insurai ant heal Form	th insu	rance o	luring	the yea		Ye	s No

Beatty & Co Tax and Accounting beattyandco@gmail.com

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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.	I 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	Amount	Туре	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 schedule)					
			Paid to			SSN		
Investment Intere	st		Address					
Charitable Co	ntributions							
_	THE IDUCTIONS	Amount		Туре		Amount		
Type Total cash contrib	uutions	Amount		• • • • • • • • • • • • • • • • • • • •		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 expens				
Uniforms (including		1	Moving of household goods (job rela			ed)		
Tuition, Books (we			Other		id goods for relate	,u)		
Entertainment	on related)		Other					
Tax Preparation F			Other					
				Otriei				
Estimated Tax								
	Federal	State	9	ord O	Federal		State	
1 st Quarter				3 rd Quarter				
2 nd Quarter				4 th Quarter				
Day Care Exp	ense							
Provider #1				Provider #2				
Address								
EIN/SS#								
Amount Paid								
Children cared								
for								
	<u> </u>							
Health Insura	nce							
Taxpayer	Taxpayer							
	Indicate months covered: ☐ Full year ☐ Jan ☐ Feb ☐ Mar ☐ Apr ☐ May ☐ Jun ☐ Jul ☐ Aug ☐ Sep ☐ Oct ☐ Nov ☐ Dec Was exempt from health care mandate. ☐ Yes ☐ No							
	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 ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	eb □Mar □Apr [□May □Jun	□Jul □Aug □Se	p □Oct □Nov [□Dec		
	Was exempt from health care mandate. \[Yes \							

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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 ☐ 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: 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 busine	ss vehicle is ι	used for						
Description of vehicle: Date vehicle was placed in service:								
Check if Ap	pplicable:							
	Anothe	er vehicle is	available for personal use		There is e	vidence to support your de	eduction	
	This ve	ehicle is ava	ailable for use during off-duty hours		The evide	ence is written		
Number of miles	s the vehicle v	vas driven d	uring the tax year: Business	Commuting	Total			
Туре		Amount	Туре	Amount		Туре	Amount	
						7,7,60		
Garage rent			Property tax		Gas			
Insurance			Repairs		Tires			
Licenses			Tolls		Oil			
Parking fees	Parking fees Inte		Interest		Lease payments			
Other								
Business Use	of Home			<u> </u>				
Name of busine	ss home is us	sed for						
What is the squa	are footage of	f your home	that was used regularly and exclus	ively for business?)			
What is the tota	l square foota	ge of your h	nome?					
For daycare fac	ilities not used	d exclusively	for business, complete the following	ng questions.				
How many	days during t	he year was	the area used?					
	hours per day							
The daycar	e facility was	порегацог	for the entire year					
	Expenses		Office expenses	Home	expenses	In the "Office expen	ses"	
Mortgage interes	Mortgage interest					column, enter those expenses that perta		
Real estate taxes					exclusively to your of the "Home expense	office. In		
Excess mortgage interest						column, enter those)	
Insurance					expenses that perta entire dwelling.	iin to the		
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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