



SIMPLIFIED TAX ORGANIZER

PERSONAL INFORMATION *(Please review all information for changes and/or corrections.)*

Description	Taxpayer	Spouse
Full Name:		
Birthdate:		
Occupation:		
Social Security #:		

CONTACT INFORMATION *(Please verify information and change if necessary):*

Description	Information	
Home Address:		
	Own	Rent
Cell Phone #:		
Email Address:		

DEPENDENT INFORMATION *(Please include information for all dependents):*

Full Name	SSN	Birthdate	Income (if > \$4,200)
			\$

OTHER INFORMATION *(Please include all supporting documentation):*

Description	Information	
CURRENT CALENDAR YEAR		
IRS IP PIN:	Yes	No
1095-A	Yes	No

WAGES, SALARIES & TIPS *W-2*

Employer Name	Wages	Federal Withheld	State Withheld	State
	\$	\$	\$	

SOCIAL SECURITY BENEFITS *1099-SA*

	Gross Benefits Received	Federal Withheld	State Withheld	Medicare Premiums
Taxpayer	\$	\$	\$	\$
Spouse				

INCOME FROM RETIREMENT *1099-R*

Payer Name	Distribution Amount	Federal Withheld	State Withheld	State
	\$	\$	\$	

STATE AND LOCAL TAX REFUNDS *1099-G*

Source (State or City)	Tax Year	Refund Amount
		\$

PASSTHROUGH INCOME *K-1*

Entity Name	√	Entity Name	√

OTHER SOURCES OF INCOME *(Please include all 1099's or supporting documentation):*

Payer Name and/or Nature & Source <i>(List any other items and amounts below)</i>	Amount	Federal Withheld	State Withheld	State
Unemployment Income (Form 1099-G)	\$	\$	\$	
Alimony Received				
Jury Duty Pay				
Gambling Income (Form W-2G)				
Cancellation of Debt (1099-C)				
Royalties 1099				
Other <i>(Describe):</i>				

PROFIT OR LOSS FROM BUSINESS – SCHEDULE C 1099-NEC

Name of Business:	
Principal Product/Service:	Tax ID #:
Business Income (List Below):	Amount
Gross Receipts or Sales	\$
Other (Describe):	
Cost of Goods Sold (List Below):	Amount
Cost of Labor	\$
Purchases and Materials	
Other (Describe):	
Business Expenses (List Below):	Amount
Returns and Allowances	\$
Advertising	
Auto Expenses (Business Mileage: _____)	
Commissions and Fees	
Contract Labor	
Employee Benefit Programs	
Insurance (Other than Health)	
Interest Expense	
Legal and Professional Services	
Office Expenses	
Pension and Profit-Sharing Plans	
Rent or Lease of Machinery and Equipment	
Rent or Lease of Real Estate	
Repairs and Maintenance	
Supplies	
Taxes and Licenses	
Travel (Hotel, Airfare, Parking, Etc.)	
Meals	
Utilities	
Wages (Please include W-2s)	
Dues and Subscriptions	
Other (Describe):	

Listing of Significant Purchases for Business Use (Greater than \$2,500):

Description of Property	Date Purchased	Cost
		\$

INCOME OR LOSS FROM RENTAL ACTIVITY – SCHEDULE E 1099 RENT

Property Address:	
Rental Income (List Below):	Amount
Gross Rent Received	\$
Other (Describe):	
Rental Expenses (List Below):	Amount
Advertising	\$
Auto Expenses (Business Mileage: _____ x \$0.575)	
Cleaning and Maintenance	
Commissions	
Insurance	
Legal and Other Professional Fees	
Management Fees	
Mortgage Interest Paid (Include Form 1098)	
Repairs	
Supplies	
Taxes	
Utilities	
Association Dues	
Other (Describe):	

Listing of Significant Purchases for Rental Real Estate (Greater than \$2,500):

Description of Property	Date Purchased	Cost
		\$

Rental Information	
How many days was the property rented at fair market rate?	
How many days was the property used personally (including use by family members)?	

STUDENT LOAN INTEREST EXPENSE 1098-E

Payee Name	Amount
	\$

RETIREMENT CONTRIBUTIONS 5498

Payee Name	Traditional	Roth	SEP/SIMPLE
	\$	\$	\$

CHILD AND DEPENDENT CARE EXPENSES (Please include all supporting documentation):

Provider Name	Provider Address	SSN or EIN	Amount Paid
			\$

OTHER POTENTIALLY DEDUCTIBLE ITEMS (Please include all supporting documentation):

Nature and Source	Taxpayer/Joint	Spouse
Educator Expenses	\$	\$
Health Savings Account Contributions (Include form 1099-SA)		
Alimony Paid (List Recipient & SSN)		
Gambling Losses		
Tuition Expenses (Include Form 1098-T)		
§529 Plan Contributions to M.A.C.S. & M.P.A.C.T.		
Prior Year Tax Preparation Fees		
Other (Describe):		

QUALIFIED TUITION EXPENSES 1098-T

Provider Name	Provider Address	EIN	Amount Paid
			\$

FEDERAL TAX PAYMENTS

Detail	Amount Paid	Date Paid
Prior Year Overpayment Applied	\$	
1 st Quarter Estimate (Due 4/15/20xx)		
2 nd Quarter Estimate (Due 6/15/20xx)		
3 rd Quarter Estimate (Due 9/15/20xx)		
4 th Quarter Estimate (Due 1/15/20xx)		
Extension Payment (Due 4/15/20xx)		
Other (<i>Describe</i>):		

STATE TAX PAYMENTS

Detail	State	Amount Paid	Date Paid
Prior Year Overpayment Applied		\$	
1 st Quarter Estimate (Due 4/15/20xx)			
2 nd Quarter Estimate (Due 6/17/20xx)			
3 rd Quarter Estimate (Due 9/16/20xx)			
4 th Quarter Estimate (Due 1/15/20xx)			
Extension Payment (Due 4/15/20xx)			
Other (<i>Describe</i>):			

BANKING

Direct Deposit:	Yes	No
Would you like any refunds owed to you directly deposited?		
Name of Bank: _____		
Routing Number: _____ Account Number: _____		

