

# SIMPLIFIED TAX ORGANIZER

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

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

**<u>CONTACT INFORMATION</u>** (*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	Yes	No		
1095-A						

## WAGES, SALARIES & TIPS W2

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	

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

Payer Name and/or Nature & Source (List any other items and amounts below)	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 (Describe):				

# **INTEREST INCOME** 1099-INT

Payer Name	Interest Income	U.S. Bond Interest	Tax-Exempt Interest
	\$	\$	\$

# DIVIDEND INCOME 1099-DIV

Payer Name	Ordinary Dividends	Qualified Dividends	Capital Gain Distributions
	\$	\$	\$

# CAPITAL GAINS & LOSSES 1099-B

Property Description	Date Acquired	Date Sold	Gross Sales Price	Cost Basis
			\$	\$

# **ITEMIZED DEDUCTIONS (SCHEDULE A)**

Medical Expenses	Taxpayer/Joint	
Prescription Medicines and Drugs	\$	
Health Insurance Premiums Paid	φ	
Long-Term Care Insurance Premiums Paid		
Insurance Reimbursements Paid to You		
Medical Miles ( miles driven		
Lodging Destars Destists Etc.		
Doctors, Dentists, Etc.		
Hospitals		
Lab Fees		
Eyeglasses and Contacts		
Other (Describe):		
Taxes Paid	Townowow/Ioint	
	Taxpayer/Joint	
Real Estate Taxes	Φ	
Personal Property Taxes (including Car Tags)		
General Sales Tax Paid on Specified Items		
Other (Describe):		
Mortgage Interest Paid 1098 (List Institution Paid)	Taxpayer/Joint	
	\$	
Cash Contributions (List Organization Paid)	Taxpayer/Joint	
	\$	
Charitable Miles (		
Noncash Contributions (List Organization & Description)	Taxpayer/Joint	Spouse
	\$	\$
		l

# 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
	\$	\$	\$

## **<u>CHILD AND DEPENDENT CARE EXPENSES</u>** (*Please include all supporting documentation*):

Provider Name	Provider Address	SSN or EIN	Amount Paid
			\$

### **<u>OTHER POTENTIALLY DEDUCTIBLE ITEMS</u>** (*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 <sup>st</sup> Quarter Estimate (Due 4/15/20xx)		
2 <sup>nd</sup> Quarter Estimate (Due 6/15/20xx)		
3 <sup>rd</sup> Quarter Estimate (Due 9/15/20xx)		
4 <sup>th</sup> Quarter Estimate (Due 1/15/20xx)		
Extension Payment (Due 4/15/20xx)		
Other (Describe):		

# STATE TAX PAYMENTS

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

### **BANKING**

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

# TAX PLANNING INFORMATION FOR NEXT TAX YEAR

Do you expect any of the following to occur in the following year?	Yes	No
A change in marital status		
A change in dependents		
A substantial change in income		
A substantial change in withholding		
A substantial change in deductions		

# **OTHER ITEMS OF SIGNIFICANCE**

# State Use Taxes

Amount of Internet and out of state	purchases for which yo	u did not pay sales tax	\$_
-------------------------------------	------------------------	-------------------------	-----

Please include any other information that might be of significance.		

I (We) have submitted this information for the sole purpose of preparing my (our) tax return(s). Each item can be substantiated by receipts, canceled checks or other documents. This information is true, correct and complete to the best of my (our) knowledge. Payment is completed at time of service.

Taxpayer Signature:	 Date:	
Spouse Signature:	 Date:	