Tax Organizer Steven R. Misener, CPA 15 South Main Suite 200 Logan, UT 84321

office@srmisener.com (435) 752-6666 (435) 752-6522 - fax

-	le: W-2s, all 1099 Provide copy of _l				•	r direct d	eposit	of refund).					
ivew Chemis.	First	M	Last		1.	Occupat		Birthdate		SS Number	Tuition/Books		Form 1098-T
Taxpayer	11130	IVI						Dirtildati		OO Namber	1 0101011/00085		1 01111 1090-1
Spouse		1											
Address	<u> </u>							1	F_r	nail	<u> </u>		
Home Phone			E-mail Cell Phone Cell Phone										
nome Frione	;			Cell F			_		Ce	ii Filone			
		т -				endent l							
Name S			SS Number		Birt	Birthdate Rela		ationship F		Form 1098-T	Tuition		Books
					Ch	ild Care	Expe	nses					
Provider's Name			Address				•			SS # or EIN		Amount Paid	
			,				1001000						
Estimate	nd Tay Baymont				IDΛ	Contribu	ution			Hoalth	Saving	s Acct (HCV)
Estimated Tax Payments				IRA Contributions Amount						Health Savings Acct (HSA) Amount			
Federal			Teed IDA Terretain			A			Cantributions		A	mount	
Date Amount		Trad IRA - Taxpayer						Contributions					
			Trad IRA - Spouse Roth IRA - Taxpayer					Withdrawals					
				Roth IF	RA - Spo	ouse							
		come									Items		
	Do you have any o	of the f						Ha	ve a	any of the follow	ing occur	red this y	
			Yes	No	Am	nount						Yes	No
Alimony - Divorce Date					Blind - Taxpa			ayer					
Commissions 1099's				Include Tax Form			Blind - Spouse						
Debt Forgiveness					Include Tax Form			Early Dist. from IRA/Pension Acc			unts		
Disability								Marital Status Changed					
Dividends					Tax Form		Home Energ	y - i.	e. furn, a/c, windows, ex	t. doors			
Gambling								Solar Credit					
Installment Sales					Include Tax Form			New Mailing	dress				
Interest - Bank, Etc.					Include	Tax Form		Refinanced Home - need closing stmt			nt		
IRA Distributions					Tax Form		Bought or Sold Home - need clos						
Land Sales								Any foreign accounts?					
Partnership/S-Corp/Trust/Estate (K-1)				Include Tax Form				Started a New Business					
Prizes and Awards							Alimony Paid						
Retirement 1099					Include	Tax Form		Name					
Royalties						Tax Form		SS#					
Social Security						SS Stmt		Amount					
	Stock Sales (Sell Price & Cost)				1	Tax Form		Divorce Da	ate				
Unemployment						Tax Form		Renewed DL - issue & exp date					
Wage W-2's						Tax Form		Refund - Direct Deposit or Mail?					
	tual Currency?			1				a Dire		poon or mair:			

Medical Expenses Insurance Premiums - other than Medicare	Charitable Contributions							
	Churches							
Long Term Care Insurance - Taxpayer	Charities							
Long Term Care Insurance - Spouse	Other Cash Contributions							
Prescriptions	Include all donation receipts							
Eyeglasses								
Doctors								
Dentists								
Hospital								
Ambulance								
Medical Mileage (# of miles)								
Hearing Aids & Batteries	Deseret Industries (with receipts)							
Insulin	Other Property Donated (with receipts)							
Other Medical Expenses	Charitable Auto Mileage (# of miles)							
Taxes	Rental Income and Expense							
	Total Rent Received							
Real Estate								
Principal Residence	Expenses Taxes							
Second Residence								
Lot/Land	Utilities							
	Mortgage Interest							
	Insurance							
Interest Evenes	Auto Mileage							
Interest Expense	Repairs							
Home Mortgage - pd to financial institutions	Supplies							
Home Mortgage - pd to individuals	Advertising							
Name and SS# of Individuals	Cleaning & Maintenance							
Interest Paid on Student Loans - Taxpayer	Other							
Interest Paid on Student Loans - Spouse								
Miscellaneous Deductions	Health Insurance							
Class Room Supplies (teachers)	Yes No							
Gambling Losses	Covered by health insurance? Every member of the household?							
	Purchased through marketplace?							
	II No - Name of insurance Company.							
	If Yes - PROVIDE CO							