

Tax Organizer
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Please provide: W-2s, all 1099s, 1098s, Voided Check (for direct deposit of refund).
New Clients: Provide copy of prior year tax return.

	First	M	Last	Occupation	Birthdate	SS Number	Tuition/Books	Form 1098-T
Taxpayer								
Spouse								
Address						E-mail		
Home Phone			Cell Phone			Cell Phone		

Dependent Information							
Name	SS Number	Birthdate	Relationship	Form 1098-T	Tuition	Books	

Child Care Expenses			
Provider's Name	Address	SS # or EIN	Amount Paid

Estimated Tax Payments		IRA Contributions		Health Savings Acct (HSA)	
Federal		Amount		Amount	
Date	Amount	Trad IRA - Taxpayer	Trad IRA - Spouse	Contributions	Withdrawals

Income			
Do you have any of the following income?			
	Yes	No	Amount
Alimony - Divorce Date			
Commissions 1099's			Include Tax Form
Debt Forgiveness			Include Tax Form
Disability			
Dividends			Include Tax Form
Gambling			
Installment Sales			Include Tax Form
Interest - Bank, Etc.			Include Tax Form
IRA Distributions			Include Tax Form
Land Sales			
Partnership/S-Corp/Trust/Estate (K-1)			Include Tax Form
Prizes and Awards			
Retirement 1099R			Include Tax Form
Royalties			Include Tax Form
Social Security			Include SS Stmt
Stock Sales (Sell Price & Cost)			Include Tax Form
Unemployment			Include Tax Form
Wage W-2's			Include Tax Form
Bought/Sold Virtual Currency?			

Other Items		
Have any of the following occurred this year?		
	Yes	No
Blind - Taxpayer		
Blind - Spouse		
Early Dist. from IRA/Pension Accounts		
Marital Status Changed		
Home Energy - i.e. furn, a/c, windows, ext. doors		
Solar Credit		
New Mailing Address		
Refinanced Home - need closing stmt		
Bought or Sold Home - need closing stmt		
Any foreign accounts?		
Started a New Business		
Alimony Paid		
Name		
SS#		
Amount		
Divorce Date		
Renewed DL - issue & exp date		
Refund - Direct Deposit or Mail?		

Medical Expenses	
Insurance Premiums - other than Medicare	
Long Term Care Insurance - Taxpayer	
Long Term Care Insurance - Spouse	
Prescriptions	
Eyeglasses	
Doctors	
Dentists	
Hospital	
Ambulance	
Medical Mileage (# of miles)	
Hearing Aids & Batteries	
Insulin	
Other Medical Expenses	

Taxes	
Real Estate	
Principal Residence	
Second Residence	
Lot/Land	

Interest Expense	
Home Mortgage - pd to financial institutions	
Home Mortgage - pd to individuals	
Name and SS# of Individuals	
Interest Paid on Student Loans - Taxpayer	
Interest Paid on Student Loans - Spouse	
Interest Paid on New Auto Purchase	

Miscellaneous Deductions	
Class Room Supplies (teachers)	
Gambling Losses	

Charitable Contributions	
Churches	
Charities	
Other Cash Contributions	
Include all donation receipts	
Deseret Industries (with receipts)	
Other Property Donated (with receipts)	
Charitable Auto Mileage (# of miles)	

Rental Income and Expense	
Total Rent Received	
Expenses	
Taxes	
Utilities	
Mortgage Interest	
Insurance	
Auto Mileage	
Repairs	
Supplies	
Advertising	
Cleaning & Maintenance	
Other	

OBBBA Credits	
Qualified Overtime	
Qualified Tips	
Interest Paid on New Auto Purchase	

Health Insurance		
	Yes	No
Covered by health insurance?		
Every member of the household?		
Purchased through marketplace?		
	If Yes - PROVIDE COPY OF 1095A	
	If No - Name of Insurance Company:	

Other items that might have income tax consequences	