

511 West Street  
PO Box 483  
Bedford, KY 40006



[www.rockcreektax.com](http://www.rockcreektax.com)  
[mg@rockceektax.com](mailto:mg@rockceektax.com)  
502-663-0067 – Office  
502-376-0647 – Mobile

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Client Tax Organizer  
For the Year January 1 – December 31 20\_\_.

Tax Payer Last Name	First Name	M.I	Social Security #
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Spouse Last Name	First Name	M.I	Social Security #
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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**Verification and Signature:**

To the best of my knowledge the enclosed information is correct and included all income, deductions and other information necessary for the preparation of this year's income tax return for which I have adequate records.

Sign  Date   
Here  Date

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**Appointment**

Date and Time of appointment: \_\_\_\_\_

Please bring:

- Copies of two preceding years of tax returns (new clients only)
- All tax documents (W-2s, 1099s, 1099-Rx, K-1s, etc)

Bring original documents which we will copy and return to you, or legible copies that you can leave with us.

## Client Tax Organizer

Please complete this Organizer before your appointment. Please enter who numbers only (no cents.)

1. Personal Information					
	Last Name	First Name, M.I	Social Security #	Birth Date	Occupation
Taxpayer					
Spouse					
Street Address			City	State	Zip Code
Cell Phone	Work Phone	Home Phone	Email		

Blind      \_\_\_ Yes   \_\_\_ No   \_\_\_ Yes   \_\_\_ No      \_\_\_ Married      Will file jointly   \_\_\_ Yes  
 Disabled   \_\_\_ Yes   \_\_\_ No   \_\_\_ Yes   \_\_\_ No      \_\_\_ Single     \_\_\_ No  
    \_\_\_ Widow(er)      Date of Spouse's Death \_\_\_\_\_

2. Dependents (Children & Others)						
Name (As Appears on Social Security card)	Relationship	Date of Birth	Social Security #	Months Lived with You	Disabled	Full Time Student

3. Estimated Taxes Paid			
	Date Paid	Federal	State
First Quarter			
Second Quarter			
Third Quarter			
Fourth Quarter			

4. Refund Direct Deposit	
Bank Name	
Bank Routing Number (9-Digit Number)	
Account Number	
Account Type	<input type="checkbox"/> Checking <input type="checkbox"/> Savings

5. Interest Income (Please attach 1099-INTs & brokerage statements)					
Payer	T/S/J	Bank or Credit Union	U.S. Bonds/T-Bills	Federal Tax Withheld	Municipal or Tax-Exempt

6. Dividend Income from Mutual Funds and Stocks (Please attach 1099-DIVs for each item listed below)					
Payer	T/S/J	Total ordinary Dividends (Box 1a)	Qualified Dividends (Box 1b)	Capital Gain Distribution (Box 2a)	Federal Tax Withheld

<b>7. Other Income</b> (Please List all other Income)			
Payer/Source	Taxpayer	Spouse	Federal Tax Withheld
Alimony Received			
Prizes, Bonuses, Awards			
Jury Duty			
Social Security Benefits			
Medicare Premiums Withheld			
Unemployment Compensation Received			
Gambling, Lottery			
Other Income			

**8. Medical / Dental Expenses**

To be deducted, medical expenses must exceed 7.5% of your adjusted gross income, and the only the amount that exceeds a 7.5% floor is deductible. Example: Your income is \$40,000 for the year; your medical expenses must exceed \$3000

	Amount		Amount
Acupuncture, Chiropractic		Lodging for Away-From-Home Medical Purposes	
Ambulance, Paramedics		Long-Term Care Insurance – Taxpayer	
Auto Travel for Medical Purposes	Miles	Long-Term Care Insurance – Spouse	
Braces		Medical Equipment, Supplies	
Doctors, Dentists		Medical Insurance Premiums (paid by you)	
Glasses, Contact Lenses		Nursing Home, Nursing Care	
Handicapped Modification to Home		Parking Fees for Medical Purposes	
Handicapped Placard		Prescription Drugs	
Hearing Aid, Batteries		Psychotherapy, Psychological Counseling	
Hospital		Other:	
Insulin			
Lab Fees & X-Rays		Insurance Reimbursement	( )

**9. Home Mortgage Interest**

If you have purchased, sold or refinanced your home this year, please bring your escrow papers with you.

Paid to Banks		Amount Paid
Mortgage Company:		
Mortgage Company:		
Mortgage Company:		
Home Equity Loan:		
Paid to Individuals		
Name:		Social Security #
Address		Amount Paid: \$
Name		Social Security #
Address		Amount Paid: \$

**10. Taxes Paid**

Real Estate Taxes	
Auto License Fees (vehicle license fee portion only)	
Property taxes on investment property	
Personal property tax – boat, etc	
Other Taxes:	

**11. Alimony Paid**

Do not include amount paid for child support. Child support is not deductible.

Name	Social Security Number	Amount Paid

## 12. Charitable Contributions

Cash Contributions		
Church		
Payroll Deduction		
United Way		
Cancer Society		
Red Cross		
Scouts		
Other (please list)		
Volunteer (no. of miles)		
Non-Cash Charitable Contributions		
Description of Property Donated	Donee Name	Fair Market Value

## 13. Child & Dependent Care Expenses

Care must enable you to work (or look for work) or attend school FULL TIME. Care must be for a child under age 13 or a dependent who is physically or mentally incapable of self care.

Care Provider Name	Address City, State, Zip	Phone #	Identifying # SSN or EIN	Amount Paid	Name of child cared for

\* If child care is for more than one child or dependent, please indicate how much was paid for **EACH** child or dependent.

## 14. Miscellaneous Itemized Deductions

	Taxpayer	Spouse
Business Telephone		
Mobile Phone		
Credential Renewal & Transcripts		
Education Expense (Course Work)		
Internet		
Job Seeking Expense		
Professional Dues (CTA, NEA, etc)		
Safety Deposit Box		
Safety Equipment		
Tax Return Preparation Fee		
Teaching Aids & Supplies		
Uniforms & Laundry		
Union Dues		
Work Tools		
Other (please list):		

## 15. Education Expenses – College or Other Continuing Education Expenses

Students Name	Type of Expense	Year of School	Amount

Student Loan Interest Paid

Taxpayer: \$ \_\_\_\_\_ Spouse \$: \_\_\_\_\_ Dependent(s) \_\_\_\_\_