



TAX YEAR

20__

TAX RETURN BINDER

ORGANIZER FOR PERSONAL AND BUSINESS
INCOME TAXES

Taxpayer Name _____

TAX YEAR

20__

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PERSONAL INFORMATION

Full Name	Date of Birth	SSN	Occupation
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Spouse Name	Date of Birth	SSN	Occupation
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address	<input type="text"/>		
Phone Number	(<input type="text"/>) <input type="text"/>	Email	<input type="text"/>

DEPENDENT INFORMATION

Dependent Name	Date of Birth	SSN	Relationship
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Dependent Name	Date of Birth	SSN	Relationship
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Dependent Name	Date of Birth	SSN	Relationship
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Dependent Name	Date of Birth	SSN	Relationship
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Dependent Name	Date of Birth	SSN	Relationship
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

If any of the above dependents **did not** live with you all year, indicate which one(s) and number of months they lived with you. _____

BANK ACCOUNT INFORMATION (for direct deposit of tax refund)

Bank Name	Routing Number	Account Number	Checking or Savings
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> <input type="checkbox"/>

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INDIVIDUAL TAX INFORMATION

PERSONAL INFORMATION CHECKLIST



check all that apply

- ☐ Are you, your spouse, or your dependents legally blind or permanently disabled?
- ☐ Did your marital status change during the year?
- ☐ Did your address change during the year?
- ☐ Did you adopt a child under the age of 18 during the year? If yes, provide documentation.
- ☐ Did you have any children under age 18 or full-time students under age 23 at the end of the tax year who had interest/dividend income of \$2,500 or other investment income?
- ☐ Did you obtain health insurance through the Marketplace? If yes, provide Form 1095-A.
- ☐ Did you sell your primary residence during the year? If yes, provide closing disclosure statement.
- ☐ Did you have an interest in or authority over a foreign bank or foreign investment account?

INCOME CHECKLIST



check all that apply and attach relevant documentation

- ☐ W-2 provided by your employer(s)
- ☐ Social Security Benefits (Form SSA-1099)
- ☐ Interest and dividend income (Form 1099-INT and Form 1099-DIV)
- ☐ Business income reported on Form 1099-MISC, 1099-NEC, or 1099-K (also complete the business tax section)
- ☐ Sales of stocks, bonds, or other investments (Form 1099-B)
- ☐ Did you sell or exchange Cryptocurrency? Provide cost basis.
- ☐ Did you receive income from rental property? (also complete the rental real estate section)
- ☐ Did you receive Alimony payments?

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INDIVIDUAL TAX INFORMATION

INCOME CHECKLIST - CONTINUED



check all that apply and attach relevant documentation

☐

Did you sell an investment property? If yes, attach settlement statement.

☐

Income from IRA, pension distributions, or rollovers (Form 1099-R or Form 5498)

☐

State and local tax refunds (Form 1099-G)

☐

Unemployment income (Form 1099-G)

☐

Gambling or prize winnings (Form W-2G or Form 1099)

☐

Cancelled or forgiven debts (Form 1099-C)

☐

Distributions from an Education Savings Account or Qualified Tuition Program (Form 1099-Q)

☐

Royalty income

☐

Pass-through income from a partnership or S Corporation (Schedule K-1)

☐

Other income (Provide 1099 or other documentation)

ADJUSTMENTS AND ITEMIZED DEDUCTIONS CHECKLIST



check all that apply and attach relevant documentation

☐

Paid tuition expenses (Form 1098-T)

☐

Student loan interest (Form 1098-E)

☐

Did you make a back door Roth IRA conversion (if yes, provide documentation)

☐

Medical expenses (doctor's visits, pharmacy, insurance, medical supplies, hospitalizations)

☐

Did you purchase a vehicle in which you paid sales tax?

☐

Real estate taxes paid on primary residence

☐

Mortgage interest and mortgage insurance on primary residence (Form 1098)

TAX RETURN BINDER

INDIVIDUAL TAX INFORMATION

ADJUSTMENTS AND ITEMIZED DEDUCTIONS CHECKLIST - CONTINUED

- ☒ check all that apply and attach relevant documentation
- ☐ Did you pay any investment interest expense?
- ☐ Cash donations to charity
- ☐ Non-monetary donations to charity (clothing, furniture, household items) - provide value of the items donated
- ☐ Did you make alimony payments?
- ☐ Educator expenses
- ☐ HSA contributions
- ☐ Did you do an early withdrawal of retirement income?
- ☐ Moving expenses

CREDITS AND PAYMENT INFORMATION

- ☒ check all that apply and attach relevant documentation
- ☐ Did you pay for child/dependent care while you or your spouse worked? If so, provide amount paid for each child and FEIN of childcare facility.
- ☐ Did you make energy efficient improvements to your primary residence?
- ☐ Did you make any estimated tax payments throughout the year? If so provide the amounts below.

<u>PAYMENT DATE</u>	<u>AMOUNT</u>
____/____/____	\$ _____
____/____/____	\$ _____
____/____/____	\$ _____
____/____/____	\$ _____

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BUSINESS TAX INFORMATION

Business Name (if applicable)

Employer ID Number ("EIN", if applicable)

Business Activity

Business Start Date

Address

BUSINESS INCOME

Total Gross Receipts/Sales \$ _____

Less Returns & Allowances \$(_____)

COST OF GOODS SOLD

Beginning of year inventory balance \$ _____

Materials & Supplies purchases throughout the year \$ _____

End of year inventory balance \$ _____

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BUSINESS TAX INFORMATION

BUSINESS EXPENSES

Accounting \$

Advertising/Marketing/
Promotions \$

Bad Debts \$

Bank Charges \$

Commissions Paid \$

FMLA (Paid leave) \$

Delivery & Freight \$

Dues & Subscriptions \$

Continuing Education \$

Employee Retirement
Contributions \$

Business Gifts (limited to \$25
per person) \$

Liability Insurance \$

Health Insurance Premiums \$

Key Person Life Insurance \$

Worker's Comp. Insurance \$

Interest Expense \$

Internet Access \$

Cleaning/Janitorial \$

Laundry \$

Licenses & Permits \$

Business Meals
(limited to 50%) \$

Office/General Supplies \$

Outside Services \$

Student Loans Paid
for Employees \$

Parking & Tolls \$

Salary/Wages for
employees \$

Salary/Wages for owner \$

Postage \$

Printing \$

Rents (office space/
equipment) \$

401(k)/SEP Contributions \$

Repairs & Maintenance \$

Security \$

Payroll Taxes \$

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BUSINESS TAX INFORMATION

BUSINESS EXPENSES - CONTINUED

Personal Property Taxes	\$	<u>Other Business Expenses (list)</u>	
State Taxes	\$		\$
Telephone	\$		\$
Tools & Equipment	\$		\$
Airfare/Lodging	\$		\$
Ground Transportation	\$		\$
Uniforms	\$		\$
Utilities	\$		\$
Website Expenses	\$		\$
Employer Provided Childcare	\$		\$
Charitable Donations	\$		\$
Legal & Professional Fees (including tax prep fees)	\$		\$
			\$
			\$
			\$
			\$
			\$
			\$

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BUSINESS TAX INFORMATION

VEHICLE INFORMATION

Date Vehicle Placed in Service
for Business Purposes

/ /

Year or Vehicle

Make

Model

Business Miles Driven

Total Miles

Actual Vehicle Expenses*

Gasoline

\$

Repairs & Maintenance

\$

Car Washes

\$

Insurance

\$

Vehicle Registration/
Renewal Fees

\$

Interest Paid

\$

Lease Payment
(if leased vehicle)

\$

*If you do not wish to provide this information you can use the mileage method of calculating business vehicle expenses which is business miles divided by total miles, multiplied by the current year IRS mileage rates.

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BUSINESS TAX INFORMATION

HOME OFFICE DEDUCTION

Square Footage of your Home
used for Business Purposes

Total Square Footage of your
Home

Total Home Expenses*

Mortgage Interest

\$ _____

Real Estate Taxes

\$ _____

Rent

\$ _____

Repairs & Maintenance

\$ _____

Utilities

\$ _____

Casualty Losses

\$ _____

Other Expenses

\$ _____

Adjusted Basis or FMV
(whichever lower) of
Home for Depreciation

\$ _____

*If you do not wish to provide this information you can use the simplified method of calculating the home office deduction which is the square footage of your home used for business multiplied by 5.

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RENTAL REAL ESTATE INFORMATION

Address of Investment/Rental Property

Property Description (condo/house/duplex/vacation)

☐

Check if you spent 750 hours or more managing real estate during the year.

☐

Check if this property was sold during the year. Provide settlement statement.

Purchase Price

\$ _____

Closing Costs paid at purchase

\$ _____

Other Costs of acquiring property

\$ _____

Purchase Date

RENTAL INCOME

Rental Income

\$ _____

Number of days rented during the year

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RENTAL REAL ESTATE INFORMATION

RENTAL EXPENSES

Accounting\$

Automobile Expenses\$

Cleaning/Janitorial\$

Commissions\$

HOA Dues\$

Insurance\$

Landscaping/Lawn Service\$

Legal & Professional Fees\$

Repairs\$

Maintenance\$

Mortgage Interest
(Form 1098)\$

Other Interest\$

Permits/Licenses\$

Pest Control\$

Plumbing\$

Plumbing\$

Property Management\$

Real Estate Taxes\$

Supplies\$

Telephone\$

Travel\$

Utilities\$

Other Expenses (list)

\$

\$

\$

\$

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MISCELLANEOUS INFORMATION

CHARITABLE CONTRIBUTIONS LIST

	\$
	\$
	\$
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TAX RETURN BINDER

MISCELLANEOUS INFORMATION

OTHER ITEMS

	\$
	\$
	\$
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20 _ _

MISCELLANEOUS INFORMATION

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.