

Basic Income Tax Organizer

Tax Year:

Page 1

Client Name (Last, First):

This checklist is to be used as a guide and starting point for organizing basic and important information and documents that may be required or helpful when preparing your income tax return. This is not a comprehensive list and may not include all potential deductions/credits. ** If you have additional income/expenses not included on this organizer, please document that information in the NOTES section. Be prepared to include all supporting documentation.

Please verify the information for accuracy as this information will be included on your tax return that will be submitted to the IRS. It is the responsibility of the taxpayer to collect and retain all supporting documentation for your files.

Please bring the completed organizer with you to your appointment. Should you have additional questions, feel free to contact us by email: dollartax@dollarincometax.com or phone: 404-753-8048.

Primary Client Info:			
Name:			DOB: (MM/DD/YY)
SSN:			Home Phone:
Filing Status:	<input type="checkbox"/> Single <input type="checkbox"/> Married filing Joint <input type="checkbox"/> Married filing separate <input type="checkbox"/> Widower, date of spouse death:		Occupation:
Cell Phone:			Work Phone:
Home Phone:			Email:
Home Address:			Apt #:
City:	State:		Zip:

Spouse Information: <input type="checkbox"/> Included below <input type="checkbox"/> Not applicable			
Name:			DOB: (MM/DD/YY)
SSN:			Home Phone:
Filing Status:	<input type="checkbox"/> Single <input type="checkbox"/> Married filing Joint <input type="checkbox"/> Married filing separate		Occupation:
Cell Phone:			Work Phone:
Home Phone:			Email:
Home Address:			Apt #:
City:	State:		Zip:

Dependents: <input type="checkbox"/> Yes, I do have covered dependents <input type="checkbox"/> No, I do NOT have any covered dependents					
<small>*Supporting documentation REQUIRED for Proof of Residency for a Qualifying Child (Ex. School records, Medical records, Lease, etc. Bank Statements are not considered qualifying documentation.) For additional dependent(s) please complete page 3.</small>					

Name: (First Name, Last Name)		DOB: MM/DD/YY	SSN: (XXX-XX-XXXX)	Relationship:	Full Time Student	Number of Months Dependent Resided IN Your Home During the Year **
1					<input type="checkbox"/> Y <input type="checkbox"/> N	Months
2					<input type="checkbox"/> Y <input type="checkbox"/> N	Months
3					<input type="checkbox"/> Y <input type="checkbox"/> N	Months

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Additional Questions:	
Digital Assets: At any time during the year did you receive/sale/exchange/gift or otherwise dispose of any digital assets? <i>If yes, provide supporting documentation for sales and exchanges.</i>	<input type="checkbox"/> Y <input type="checkbox"/> N
Is anyone listed on the tax return required to have an Identity Protection Pin number? <i>If yes, please provide IRS PIN Documentation.</i>	<input type="checkbox"/> Y <input type="checkbox"/> N
At any time during the year did you receive health insurance through the Marketplace (www.healthcare.gov)? *** If yes, must provide Form 1095-A	<input type="checkbox"/> Y <input type="checkbox"/> N

What to Bring / Upload	For New Clients Only ***
Driver's license	Previous Year Tax Return
W-2 / Pay Stubs from ALL jobs	Social Security Card(s)
1099's	Other:
Tuition Expense Statement (1098T)	
Mortgage Interest Statement	
Property Tax Bill	To Discuss:
Stock/Investment Statement(s)	Purchased a Home
Social Security Statement	College/Tuition Expenses
Daycare Provider Information	Theft/Casualty Loss
Driver's License (if any changes)	In-Home office
Marketplace Health Insurance (1095A)	Sale of Stocks/Property
Foreign Bank Account	Retirement Income
Digital Assets Documentation	IRS Concerns
IRS Pin Documentation	New Car Purchase
Other (explain):	Overtime
Other (explain):	Georgia Resident Pregnancy during the year
	Rental Income/Expenses – see <i>Rental Income & Expense Organizer</i>
	Business Income/Expenses – See <i>Business Income & Expense Organizer</i>

Income Received			
Alimony:	\$	State Tax Refund:	\$
Commissions:	\$	Jury Duty:	\$
Lottery/Gambling:	\$	Tips:	\$
Prizes/Awards/Bonuses:	\$	Trusts/Estates:	\$
Partnerships:	\$	Unemployment:	\$
Pensions/Annuities:	\$	401K Withdrawals:	\$
Royalties:	\$	Scholarships/Grants:	\$
Social Security:	\$	Other (Explain):	\$
Self-Employment: <i>See Business Income & Expense Organizer</i>			
Rental Income: <i>See Rental Income & Expense Organizer</i>			

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Client Name (Last, First):

Additional Incomes Received

Interests & Dividends (Paid to You):		Credits:	
1)	\$	Traditional IRA Contributions:	\$
2)	\$	Roth IRA Contributions:	\$
3)	\$	Education IRA Contributions (529):	\$
		College Tuition Paid (1098T):	\$
		Other, (Specify):	\$

Expenses

Taxes:		Charitable Contributions:		Interest:	
State Income Tax:	\$	Cash, Check or Charge:	\$	Mortgage #1:	\$
Property Tax:	\$	Property Given (FMV):	\$	Mortgage #2:	\$
Vehicle/Car Tax:	\$	Mileage/Charitable Works:	\$	College/Student Loan (1098E):	\$
Estimated Federal Tax:	\$	Out of Town Expenses:	\$	Investment Interest:	\$
Estimated State Tax:	\$	Other:		Other:	
Other:	\$	Other:		Other:	

Other Expenses:

Tax Prep Fee:	\$	Investment Expense:	\$	Other:	\$
Safety Deposit Box:	\$	New Car Loan Interest 25-28:	\$		
Educators Expense (K-12):	\$	Other:	\$		

Childcare/Daycare: * Provide Childcare Provider statements when available

Provider #1 Paid To:		Provider #2 Paid To:	
Tax ID #:		Tax ID #:	
Street Address:		Street Address:	
City, State Zip:		City, State Zip:	
Amount Paid this Year:		Amount Paid this Year:	

Medical Expenses:

Medical Doctors/Specialist:	\$	Hospital Visit/Care:	\$
Health Insurance:	\$	Prescriptions:	\$
Dental Providers:	\$	Vision Providers:	\$
Dental Insurance:	\$	Vision Insurance:	\$
Drug/Alcohol Treatment:	\$	Glasses/Contacts:	\$
Lab Fees:	\$	X-ray/Imaging:	\$
Medical Transport (Ambulance):	\$	Parking:	\$
Physical Therapy:	\$	Nursing Care:	\$
Necessary Medical Supplies:	\$	Supplemental Medicare:	\$
Other (Specify):	\$	Other (Specify):	\$

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Client Name:

Additional Dependent(s)			Tax Year:		
<p>Please use this page to document any additional dependents that were not listed on first page of the organizer. Should you have any questions please contact us at: dollartax@dollarincometax.com or 404-753-8048.</p>					
<p>Dependents: <input type="checkbox"/> I do <u>NOT</u> have any covered dependents</p>					
Name: (First Name, Last Name)		DOB: MM/DD/YY	SSN: (XXX-XX-XXXX)	Relationship:	Full Time Student
4					<input type="checkbox"/> Y <input type="checkbox"/> N
5					<input type="checkbox"/> Y <input type="checkbox"/> N
6					<input type="checkbox"/> Y <input type="checkbox"/> N
7					<input type="checkbox"/> Y <input type="checkbox"/> N

*** Engagement Letter:***

ALL clients are required to review, complete and sign an Engagement Letter each year. If you are filing as a "REMOTE CLIENT" Engagement letters will be sent to you via email, at the email address you provided. Engagement letter's can also be found on our website, www.dollarincometax.com under the "Tax Organizers & Forms" tab.

I have reviewed the Engagement Letter and have included the letter along with my tax preparation documents for review during my online or in-person appointment:

Y N

Additional Notes:

Reviewed by:

Date:



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Earn \$25 off your prep fee w/
each new client you refer!

Dollar Income Tax Service, LLC

@dollartax

We **GUARANTEE** it!