

Basic Income Tax Organizer

Tax Year:

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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: ☐ Included below ☐ 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: ☐ Yes, I do have covered dependents ☐ No, I do **NOT** have any covered dependents

*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.

#	Name: (First Name, Last Name)	DOB: MM/DD/YY	SSN: (XXX-XX-XXXX)	Relationship:	Full Time Student <input type="checkbox"/> Y <input type="checkbox"/> N	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? *If yes, provide supporting documentation for sales and exchanges.*

☐ Y ☐ N

Is anyone listed on the tax return required to have an Identity Protection Pin number?
If yes, please provide IRS PIN Documentation.

☐ Y ☐ 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**

☐ Y ☐ 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 – <i>see Rental Income & Expense Organizer</i>
			Business Income/Expenses – <i>See 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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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:

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.

Dependents:

☐ I do **NOT** have any covered dependents

	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 **
4					<input type="checkbox"/> Y <input type="checkbox"/> N	Months
5					<input type="checkbox"/> Y <input type="checkbox"/> N	Months
6					<input type="checkbox"/> Y <input type="checkbox"/> N	Months
7					<input type="checkbox"/> Y <input type="checkbox"/> N	Months

*** 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:



www.dollarincometax.com



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



Dollar Income Tax Service, LLC



@dollartax



We **GUARANTEE** it!