

## Basic Income Tax Organizer

**Tax Year:**

**Page 1**

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](mailto: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 Info: <span style="float: right;"><input type="checkbox"/> Not applicable</span>			
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: <span style="float: right;"><input type="checkbox"/> I do <b>NOT</b> have any covered dependents</span>						
#	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 <b>IN</b> 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

**\*\*Supporting Documentation Required** for Proof of Residency for a Qualifying Child. (Examples: School Records, Medical Records, Lease, etc.) For additional dependents, please complete the additional dependent(s) form on page 3.

**Basic Income Tax Organizer**

**Tax Year:**

**Page 2**

**Client Name (Last, First):**

**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)?

Y  N

<b>What to Bring</b>	<b>For New Clients Only ***</b>
<input type="checkbox"/> W-2 from ALL jobs	<input type="checkbox"/> Previous Year Tax Return
<input type="checkbox"/> 1099's	<input type="checkbox"/> Social Security Card(s)
<input type="checkbox"/> Tuition Expense Statement (1098T)	<input type="checkbox"/> Driver's License(s)
<input type="checkbox"/> Mortgage Interest Statement	<input type="checkbox"/> Other:
<input type="checkbox"/> Property Tax Bill	<input type="checkbox"/> Other:
<input type="checkbox"/> Stock/Investment Statement(s)	
<input type="checkbox"/> Social Security Statement	<b>To Discuss:</b>
<input type="checkbox"/> Daycare Provider Information	<input type="checkbox"/> Purchased a Home
<input type="checkbox"/> Driver's License (if any changes)	<input type="checkbox"/> College/Tuition Expenses
<input type="checkbox"/> Marketplace Health Insurance (1095A)	<input type="checkbox"/> Theft/Casualty Loss
<input type="checkbox"/> Foreign Bank Account	<input type="checkbox"/> Business Income/Expenses
<input type="checkbox"/> Digital Assets Documentation	<input type="checkbox"/> In-Home office
<input type="checkbox"/> IRS Pin Documentation	<input type="checkbox"/> Sale of Stocks/Property
<input type="checkbox"/> Other (explain): _____	<input type="checkbox"/> Retirement Income
<input type="checkbox"/> Other: (Explain) _____	<input type="checkbox"/> Rental Income/Expenses
	<input type="checkbox"/> IRS Concerns
	<input type="checkbox"/> Vehicle/Auto Use for Business
	<input type="checkbox"/> Other (Please Explain)

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

## Basic Income Tax Organizer

**Tax Year:**

**Page 3**

**Client Name (Last, First):**

### Additional Incomes Received

Interests & Dividends (Paid to You):		Credits:	
1)	\$	Alimony Paid:	\$
2)	\$	Traditional IRA Contributions:	\$
3)	\$	Roth IRA Contributions:	\$
		Education IRA Contributions (529):	\$
		College Tuition Paid (1098):	\$
		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:	\$
Estimated Federal Tax:	\$	Out of Town Expenses:	\$	Investment Interest:	\$
Estimated State Tax:	\$	Other:		Other:	
Other:		Other:		Other:	

### Other Expenses:

### Childcare/Daycare:

Tax Prep Fee:	\$	Paid To:	
Investment Expense:	\$	Tax ID #:	
Safety Deposit Box:	\$	Street Address:	
Other:		City, State Zip:	
Other:		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):	\$

## Basic Income Tax Organizer

**Tax Year:**

**Page 4**

**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](mailto: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  <input type="checkbox"/> Y <input type="checkbox"/> N	Number of Months Dependent Resided <b>IN</b> Your Home During the Year **  Months
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*. This Engagement letter can be found on our website, [www.dollarincometax.com](http://www.dollarincometax.com) under the "Tax Organizers & Forms" tab. Should you have any questions, you may discuss this with your tax preparer at your appointment.

*I have reviewed, printed and signed the Engagement Letter and have included along with my tax preparation documentation for review during my 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

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We **GUARANTEE** it!