

Basic Income Tax Organizer – Page 1

Tax Year:

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 although it may not include all potential deductions or credits. If you have additional expenses or income, not included on the organizer that you feel could be used when preparing your income tax return, please document those in the NOTES section and discuss these with your tax preparer. Please verify the information for accuracy as this information will be included on your tax return that will be submitted to the IRS. Additionally, it is the responsibility of the tax payer 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:						
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: _____		Cell Phone:		
				Work Phone:		
Occupation:				Email:		
Home Address:				Apt #:		
City:		State:		Zip:		
Spouse: <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		Cell Phone:		
				Work Phone:		
Occupation:				Email:		
Home Address:				Apt #:		
City:		State:		Zip:		
Dependents: <input type="checkbox"/> I do NOT have any covered dependents						
	Name: (First Name, Last Name)	DOB: MM/DD/YY	SSN: (XXX-XX-XXXX)	Relationship:	Full Time Student	# Months Lived w/ You
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
For additional dependents, please complete the additional dependent(s) form on page 3.						

What to Bring	For New Clients Only ***	To Discuss:
<input type="checkbox"/> W-2 from all jobs	<input type="checkbox"/> Previous Year Tax Return	<input type="checkbox"/> Purchased a home
<input type="checkbox"/> 1099's	<input type="checkbox"/> Social Security Card(s)	<input type="checkbox"/> College/Tuition Expense(s)
<input type="checkbox"/> Tuition Expense Statement	<input type="checkbox"/> Driver's License(s)	<input type="checkbox"/> Theft/Casualty Loss
<input type="checkbox"/> Mortgage Interest Statement	<input type="checkbox"/> Other:	<input type="checkbox"/> Business Income/Expenses
<input type="checkbox"/> Property Tax Bill		<input type="checkbox"/> In-Home Office
<input type="checkbox"/> Stock/Investment Statement(s)		<input type="checkbox"/> Sale of Stocks/Property
<input type="checkbox"/> Social Security Statement		<input type="checkbox"/> Retirement Income
<input type="checkbox"/> Daycare Provider Information		<input type="checkbox"/> Rental Income/Expenses
<input type="checkbox"/> Driver's License (if any changes)		<input type="checkbox"/> IRS Concerns
<input type="checkbox"/> Unemployment statement		<input type="checkbox"/> Vehicle/Auto Use for Business
<input type="checkbox"/> Page 1 of Basic Income Organizer		<input type="checkbox"/> Other:
<input type="checkbox"/> Other:		
Is anyone listed on the tax return required to have an Identity Protection PIN number provided by the IRS?		
<input type="checkbox"/> No <input type="checkbox"/> Yes: provide IRS PIN documentation		

Basic Income Tax Organizer – Page 2

Tax Year:

Please document any potential tax related income or expenses.

Income(s) Received:		Expenses:	
Alimony:		Taxes:	
Child Support:		State Income Tax:	
Commissions:		Property Tax:	
Lottery/Gambling:		Vehicle/Car Tax:	
Prizes/Awards/Bonuses:		Estimated Federal Tax Payment:	
Partnerships		Estimated State Tax Payment:	
Pensions/Annuities			
Royalties:		Interest:	
Self-Employment:		Mortgage #1:	
Social Security:		Mortgage #2:	
State Tax Refund:		College/Student Loan:	
Jury Duty:		Investment Interest:	
Tips		Other:	
Trusts/Estates:		Other:	
Unemployment:			
401K Withdrawal:		Charitable Contributions:	
Scholarship (Grants):		Cash, Check or Charge:	
Other:		Property Given (FMV):	
Other:		Charitable Works:	
Other:		Mileage:	
		Out of Town Expense:	
		Child Care/Daycare:	
		Paid to:	
Interest & Dividends Paid to You		Tax ID #:	
1)		Street:	
2)		City, State Zip	
3)		Amount Paid this Year:	
		Medical:	
Credits		Doctors/Dentist:	
Alimony Paid:		Hospital(s):	
Traditional IRA Contributions:		Glasses/Eye Exam:	
ROTH IRA Contributions :		Prescriptions:	
Education IRA Contributions (529):		Health/Dental Insurance:	
College Tuition Paid:		Lab Fees/X-ray/Imaging:	
		Parking:	
Other Expenses:		Physical Therapy:	
Tax Preparation Fee:		Ambulance/Taxi:	
Investment Expense:		Supplemental Medicare:	
Safety Deposit Box:		Nursing Care:	
Other:		Drug/Alcohol Treatment:	
		Necessary Medical Supplies:	
		Other:	
		Other:	

Additional Dependent(s)	Tax Year:
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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:	<input type="checkbox"/> I do <i>NOT</i> have any covered dependents
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#	Name: <small>(First Name, Last Name)</small>	DOB: <small>MM/DD/YY</small>	SSN: <small>(XXX-XX-XXXX)</small>	Relationship:	Full Time Student <input type="checkbox"/> Y <input type="checkbox"/> N	# Months Lived w/ You <small>Months</small>
4					<input type="checkbox"/> Y <input type="checkbox"/> N	<small>Months</small>
5					<input type="checkbox"/> Y <input type="checkbox"/> N	<small>Months</small>
6					<input type="checkbox"/> Y <input type="checkbox"/> N	<small>Months</small>
7					<input type="checkbox"/> Y <input type="checkbox"/> N	<small>Months</small>
8					<input type="checkbox"/> Y <input type="checkbox"/> N	<small>Months</small>
9					<input type="checkbox"/> Y <input type="checkbox"/> N	<small>Months</small>
10					<input type="checkbox"/> Y <input type="checkbox"/> N	<small>Months</small>

Preparer Notes:

Reviewed by:		Date:	
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