

**Tax Organizer Form**

Tax Year: \_\_\_\_\_

**Taxpayer**

Last, First Name: \_\_\_\_\_

SSN: \_\_\_\_\_

Birthday: \_\_\_\_\_

Occupation: \_\_\_\_\_

**Spouse**

Last, First Name: \_\_\_\_\_

SSN: \_\_\_\_\_

Birthday: \_\_\_\_\_

Occupation: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Filing Status:**      Single      Head of Household      Married      Married Filing Separate**Dependents:**

Last, First Name	Birthday	SSN	Relationship

**Income - Please check all boxes that apply:**

<input type="checkbox"/>	W-2, Wages, Tips
<input type="checkbox"/>	Business Income (Fill out Business Form)
<input type="checkbox"/>	Taxable Interest (1099-INT)
<input type="checkbox"/>	Taxable Dividends (1099-DIV)
<input type="checkbox"/>	Unemployment Compensation (1099-G)
<input type="checkbox"/>	Capital Gains (1099-B and 1099-S)
<input type="checkbox"/>	Pension or IRA (1099-R)
<input type="checkbox"/>	Social Security (SSA-1099)
<input type="checkbox"/>	Rental Income (Fill out Rental Income Form)

<input type="checkbox"/>	Bonuses and Prizes
<input type="checkbox"/>	Alimony or Child Support
<input type="checkbox"/>	Jury Duty Pay
<input type="checkbox"/>	Gambling / Lottery Winnings
<input type="checkbox"/>	Scholarships or Grants
<input type="checkbox"/>	Disability Income
<input type="checkbox"/>	Veteran's Pension
<input type="checkbox"/>	Recovery of bad debts previously deducted
<input type="checkbox"/>	Other:

### Adjustments to Income

	Taxpayer	Spouse
Traditional IRA Contributions	\$	\$
Roth IRA Contributions	\$	\$
Self Employed Contributions	\$	\$

### Alimony Paid

SSN of Payee 1	Amount	SSN of Payee 2	Amount
- -	\$	- -	\$

### Estimated Tax Payments

Federal Overpayment- Prior Year \$ \_\_\_\_\_

State Overpayment- Prior Year \$ \_\_\_\_\_

Federal Payments			State Payments		
First Quarter Date	/ /	\$	First Quarter Date	/ /	\$
Second Quarter Date	/ /	\$	Second Quarter Date	/ /	\$
Third Quarter Date	/ /	\$	Third Quarter Date	/ /	\$
Fourth Quarter Date	/ /	\$	Fourth Quarter Date	/ /	\$

### Health Care Information

Did you have qualifying health care coverage, such as employer-sponsored or government-sponsored coverage (i.e. Medicare/Medicaid) for every month of the year for your family? Yes No

Were you only covered for part of the year? From: \_\_\_\_\_ To: \_\_\_\_\_

Did anyone in your family qualify for an exemption from the health care coverage mandate? Yes No

Did you enroll for Marketplace Coverage? Yes No (If yes, provide form 1095-A that you received.)

## Deductions

### Education Expenses

Student Name	
Year of Postsecondary Completed	
Name of School Attended	
EIN of School Attended	
Tuition (Form 1098-T)	\$
Course Materials (books, supplies)	\$
Tuition Reimbursements & Refunds	\$
Room and Board	\$
Technology & Equipment	\$

### Child Care Expenses

Daycare/Person Name	
Address	
Address (continued)	
SSN or EIN	
Total Amount Paid	\$
Amount for Child 1	\$
Amount for Child 2	\$
Amount for Child 3	\$
Amount for Child 4	\$

### Itemizing Deductions – Please Sum up all that apply:

#### Medical Expenses

Insurance Premiums	\$
Doctor, Dentist, Hospital Fees	\$
Prescriptions medicines and drugs	\$
Medical Aids (glasses, contacts, hearing aids)	\$
Medical parking fees and tolls	\$
Actual out-of-pocket vehicle expenses	\$
Number of medical miles driven	\$
Other qualifying medical and dental expenses	\$

#### Taxes

State and Local Income Tax	\$
Real Estate Tax (Residence)	\$
Real Estate Tax (Other non-Rental)	\$
Auto Registration & Licensing	\$
Other Personal Property Tax	\$
Foreign Income Tax	\$
Other	\$
Other	\$

#### Interest Paid – Must have 1098 Forms

Home Mortgage Interest Paid – 1st	\$
Home Mortgage Interest Paid – 2nd	\$
Home Mortgage Equity Line	\$
Student Loan Interest Paid	\$
Points Paid	\$
Other	\$
Other	\$

#### Contributions & Misc. Deductions (Must have proof)

Cash or Check	\$
Non-Cash items under \$500	\$
Non-Cash items over \$500	\$
Educator Expenses	\$
Gambling Losses (only <= winnings)	\$
Casualty or Theft Losses	\$
Other	\$

