

INCOME TAX ORGANIZER

Taxpayer's Name		Social Security Number	
Spouse's Name		Social Security Number	
Taxpayer's Occupation		Date of Birth (D.O.B.)	
Spouse's Occupation		Date of Birth (D.O.B.)	
Address		e-mail address	
City	State	Zip	Home Phone
Cell/Mobile Phone	Do you consent to receiving text messages? <input type="checkbox"/> Yes <input type="checkbox"/> No		

DEPENDENT CHILDREN (who lived with you more than 6 months)

1) Name	Social Security No.	D.O.B.	2) Name	Social Security No.	D.O.B.
3) Name	Social Security No.	D.O.B.	4) Name	Social Security No.	D.O.B.

OTHER DEPENDENTS

1) Name	Social Security No.	Time at home	Relationship	Income	Support by you	Support by dependent & others
2) Name	Social Security No.	Time at home	Relationship	Income	Support by you	Support by dependent & others

THINGS TO BRING (see below & page 2)

- Last Year's Tax Return (if new client)
- W-2 Form(s) for Wages
- 1099 Form(s) for Interest, Dividends, Sales, Retirement, Social Security, Self-employment, Unemployment, Cancelled Debt, & Other Income/Distributions
- IRA Year-end Statements (traditional, Roth, SEP, & SIMPLE IRAs)
- K-1s from Partnerships, Corporations, Estates or Trusts
- Assets Held Outside the USA (bring statements)
- Cryptocurrency Sales and/or Earnings
- Business/Rental/Farm Income & Expenses
- Records of Estimated Taxes Paid
- HSA forms (1099-SA)
- Childcare Provider Information
- Property Tax Statements
- 1098 Form(s) - Mortgage Interest, Tuition, Student Loans, Vehicle/Boat Donations
- Closing Papers for Purchases & Sales (with purchase and sale dates & amounts)
- All Other Statements Showing Income
- Undocumented Income (bring details)
- Last Pay Stub of the Year
- Charitable Contribution Details
- Form(s) 1095-A – For health Insurance purchased on healthcare.gov (or your state's ACA marketplace)
- Auto loan interest paid (if vehicle is new & assembled in USA)
- Copy of Driver's License (Taxpayer & Spouse)
- Copy of Social Security Card (for new clients and new family members)
- Voided Check for Direct Deposit

RENTAL/SELF-EMPLOYMENT/FARM INCOME (see reverse for expenses)		OTHER INCOME (cont.)	
Landlords (rents received)	\$ _____.	529 Plan Withdrawals (form 1099-Q)	\$ _____
Self-employment (total received)	\$ _____.	Gambling Winnings (form W2-G)	\$ _____
Farm income (total received)	\$ _____.	Unemployment (1099-G)	\$ _____
SALE OF STOCK OR OTHER PROPERTY			
Item:	Cost:	Sale:	
\$ _____	\$ _____		
\$ _____	\$ _____		
\$ _____	\$ _____		
\$ _____	\$ _____		
\$ _____	\$ _____		
OTHER INCOME			
Wages (forms W2)	\$ _____	HSA Withdrawals (form 1099-SA)	\$ _____
Interest (forms 1099-INT)	\$ _____	Hobby Income	\$ _____
Dividends (forms 1099-DIV)	\$ _____	Odd Jobs/Side Jobs	\$ _____
Tips (incl. undocumented tips)	\$ _____	Research/Survey/Online	\$ _____
Child Care	\$ _____	Insurance Claims/Lawsuits	\$ _____
Retirement (forms 1099-R)	\$ _____	Public Assistance	\$ _____
Social Security (form SSA-1099)	\$ _____	Barter	\$ _____
Jury Duty	\$ _____	Foreign Income	\$ _____
Election Judging	\$ _____	Cryptocurrency sales/earnings	\$ _____
		All Other Income	\$ _____

* Bring statements if available. Double-check 'online' accounts that don't send paper statements (e.g. brokerage, HSA, tuition, etc.).

Potential Deductions and Credit Items

ADJUSTMENTS

Payments to an IRA

Traditional Roth

Taxpayer Amount SEP SIMPLE

Spouse Amount

Penalty for Early Withdrawal

Alimony Paid \$: SS#: - - -

Self-Employed Health Insurance

Student Loan Interest

Payments to HSA/MSA: Taxpayer _____ Spouse _____

Classroom Materials for Educators

MEDICAL EXPENSES

Insurance & Medicare (not pretax).....

Long Term Care Insurance

Prescriptions

Eyeglasses, Hearing Aids & Batteries.....

Doctors

Dentists.....

Hospital / Ambulance

Auto Mileage..... miles

Other Medical Expenses, Travel

Reimbursement

Did you receive reimbursement at work? _____

TAXES

Real estate taxes

State taxes paid for earlier years

Sales tax paid on vehicles, boats, planes

Sales tax paid (from receipts)

State Tax Estimates

date pd. ____ \$ _____ date pd. ____ \$ _____

date pd. ____ \$ _____ date pd. ____ \$ _____

Federal Tax Estimates

date pd. ____ \$ _____ date pd. ____ \$ _____

date pd. ____ \$ _____ date pd. ____ \$ _____

Vehicle License Tabs, Pers. Prop. Tax

INTEREST EXPENSE

Home Mortgage—Paid to Financial Institutions (Form 1098)

First Mortgage/Refinance

Loan Origination Fee/Discount Fee

Second Mortgage

Home Equity.....

Equity loan used only to buy/build/improve home? Y N

Second Home Interest Payments

Home Mortgage—Pd. to Individuals

(name, address, Social Security number)

Investment Interest: Margin Account.....

Other Investment Interest.....

Student Loans (form 1098-E)

OTHER MISCELLANEOUS EXPENSES

Gambling Losses

Impairment Related Work Expenses.....

HIGHER EDUCATION EXPENSES

Tuition Paid (form 1098-T).....

Date: _____ Year in School.....

CONTRIBUTIONS

Churches (receipted).....

Other Contributions of Money (receipted)

Charitable Auto Mileage.....

Volunteer Expenses (receipted).....

Property Donated (for which you have receipts)

Fair market value (bring documentation if over \$500).....

Auto, Boat Donations (Form 1098C)

Qualified Charitable Distribution from IRA? Y N (bring details)

CASUALTY & THEFT LOSSES

(BUSINESS RELATED OR FEDERAL DISASTER AREA)

Cost of Property Lost

Fair Market Value of Property

Insurance Reimbursement Received

Federally Declared Disaster Area? Y N (bring details)

AUTOMOBILE EXPENSE

Total Miles: _____ Business Miles: _____

Commuting Miles: _____ Personal Miles: _____

Odometer Reading (beginning):

Odometer Reading (ending):

Gas & Oil.....

Interest.....

Tolls & Local Transportation

Lease Payments

Parking.....

Other:

BUSINESS EXPENSES

Taxes

Utilities

Insurance

Repairs

Supplies

Business Meals

Business Travel

Advertising

Professional Dues/Memberships

Legal/Professional Fees

Wages (bring copies of W2s/941s if they have been filed)

Contract Labor

Equipment (bring a list with details)

Other:

Is your primary place of business in your home? If yes, bring all home related expenses, total square footage and square footage of space that is exclusively and regularly used for business.

CHILD CARE EXPENSES

Names, addresses, and ID#s of provider(s), amount paid.

Do you have a dependent care benefit plan at work? _____

ADOPTION EXPENSES

Amount Paid: _____ Date Finalized: _____ (bring papers)

ENERGY CREDITS / PLUG-IN VEHICLE

(BRING RECEIPTS WITH DATES AND DETAILS)

Furnace Central AC Heat Pump Doors/windows

Solar Wind Geothermal Plug-in EV Other _____

Please sign here _____ date _____