

# Personal Tax Organizer (PTO)

Tax Year **Choose One**

RESET

## Personal Information

### Taxpayer

### Spouse

Legal Name First, MI, Last			
Social Security number			
Date of birth			
Occupation			
E-mail address			
Work phone	Cell	Work	Cell
Home phone	Fax	Home	Fax
Address	Apt/Suite		
City	State	ZIP	

Taxpayer Legally Blind  Yes  No

Taxpayer Disabled  Yes  No

Pres Campaign Fund (Taxpayer)  Yes  No

Filing status: Single  Head of Household  Married filing joint  Married filing separate  Widower  Year of Spouse death?

Spouse Legally Blind

Spouse Disabled  Yes  No

Pres Campaign Fund (Spouse)  Yes  No

## Dependents (Children & Others)

	Full Legal Name	Relationship	Birthdate	Social Security #	# Months In Home	Disabled	College
#1		Pick 1					
#2		Pick 1					
#3		Pick 1					
#4		Pick 1					

Please answer the following questions to determine maximum deductions:

1. Did your marital status change during the year?	<input type="radio"/> Yes <input type="radio"/> No	12. Did you receive a distribution from or make a contribution to a retirement plan (401(k), IRA, etc)?	<input type="radio"/> Yes <input type="radio"/> No
2. Did your address change during the year?	<input type="radio"/> Yes <input type="radio"/> No	13. Did you give a gift of more than \$14,000 to one or more people?	<input type="radio"/> Yes <input type="radio"/> No
3. Were there any changes in dependents?	<input type="radio"/> Yes <input type="radio"/> No	14. Did you go through bankruptcy, foreclosure, or repossession proceedings?	<input type="radio"/> Yes <input type="radio"/> No
4. Did you receive unreported tip income of \$20 or more in any month?	<input type="radio"/> Yes <input type="radio"/> No	15. Did you incur a loss because of damaged or stolen property?	<input type="radio"/> Yes <input type="radio"/> No
5. Did you receive any unemployment or disability income?	<input type="radio"/> Yes <input type="radio"/> No	16. Were you notified or audited by either the IRS or State taxing agency?	<input type="radio"/> Yes <input type="radio"/> No
6. Did you buy or sell any stocks, bonds or other investment property?	<input type="radio"/> Yes <input type="radio"/> No	17. Did you work from a home office or use your car for business?	<input type="radio"/> Yes <input type="radio"/> No
7. Did you purchase, sell, or refinance your principal home or second home, or take out a home equity loan?	<input type="radio"/> Yes <input type="radio"/> No	18. May the IRS discuss your tax return with your preparer?	<input type="radio"/> Yes <input type="radio"/> No
8. Did you convert part or all of your traditional/SEP/SIMPLE IRA to a ROTH IRA?	<input type="radio"/> Yes <input type="radio"/> No	19. Were you a citizen of, have income from, or live in a foreign country?	<input type="radio"/> Yes <input type="radio"/> No
9. Could you be claimed as a dependent on another person's tax return?	<input type="radio"/> Yes <input type="radio"/> No	20. Do you want to electronically file your tax return?	<input type="radio"/> Yes <input type="radio"/> No
10. Did you pay anyone for domestic services in your home?	<input type="radio"/> Yes <input type="radio"/> No	21. Did you buy any internet merchandise for which you did not pay sales/use tax?	<input type="radio"/> Yes <input type="radio"/> No
11. Did you pay anyone for childcare services?	<input type="radio"/> Yes <input type="radio"/> No	22. Health Insurance Did you have ACA compliant health insurance during the year? (Attach Form 1095-A, 1095-B, and/or 1095-C)	<input type="radio"/> Yes <input type="radio"/> No

# Income: Nothing to fill in here. Just provide us with the tax documents / forms

Type of Income	Form(s) to Include
Wage & Salary Income	Form W-2s
Pensions, Annuities, Profit Sharing, IRA's, etc.	Form(s) 1099-R
Social Security/Railroad Benefits	Form(s) SSA-1099
Interest Income	Form(s) 1099-INT & Broker statements
Dividend Income	Form(s) 1099-DIV
Partnership, Trust, Estate Income	Form(s) K-1
Investments Sold	Form(s) 1099-B & confirmation slips (should include Date Acquired, Date Sold, Cost, and Sale Price)

## Other Income: \*\*\* I need the Tax Forms/Documents you received for items with NO Blue Boxes \*\*\*

Type	Amount	Type	Amount
Alimony Received		Gambling/lottery winnings	
Jury duty		Disability Income	
Other			

## Adjustments: \*\*\* I need the Tax Forms/Documents you received for items with NO Blue Boxes \*\*\*

Type	Amount	Type	Amount
Alimony Paid		Tuition and Fees paid	
Name		Who was it paid for?	
SS#		IRA/SEP Contributions - Taxpayer	
Educator Expenses		IRA/SEP Contributions - Spouse	
Health Savings Account		Student loan interest	

## Medical/Dental Expenses: \*\*\* Receipts probably NOT needed. Just fill in the dollar amounts

	Amount	Type	Amount
Medical insurance premiums (paid by you)		Medical equipment, supplies	
Long Term Care insurance		Nursing care	
Prescription drugs		Doctor/Dental/Orthodontist	
Glasses, contacts		Hospital	
Hearing aids, batteries		<b>TOTAL COST:</b>	\$ 0.00
Braces		Mileage	

## Taxes Paid: \*\*\* I need Tax Forms/Document for Real Estate Tax and Personal Property Tax\*\*\*

Type	Amount	Type	Amount
Real property tax (attach bills)		Other	
Personal property tax		Other	

**Health Insurance: \*\*\*I only need Forms IF you had MARKETPLACE Insurance (1095-A, B, or C)\*\*\***

TAX PAYER  [Redacted]	<input type="checkbox"/> I was insured through the Marketplace <input type="checkbox"/> Insured through employer, or Medicaid	Attach Form 1095-A, 1095-B, and/or 1095-C <input type="checkbox"/> Not insured at all
Spouse  [Redacted]	<input type="checkbox"/> I was insured through the Marketplace <input type="checkbox"/> Insured through employer, or Medicaid	Attach Form 1095-A, 1095-B, and/or 1095-C <input type="checkbox"/> Not insured at all
Dependent # 1  [Redacted]	<input type="checkbox"/> I was insured through the Marketplace <input type="checkbox"/> Insured through employer, or Medicaid	Attach Form 1095-A, 1095-B, and/or 1095-C <input type="checkbox"/> Not insured at all
Dependent # 2  [Redacted]	<input type="checkbox"/> I was insured through the Marketplace <input type="checkbox"/> Insured through employer, or Medicaid	Attach Form 1095-A, 1095-B, and/or 1095-C <input type="checkbox"/> Not insured at all
Dependent # 3  [Redacted]	<input type="checkbox"/> I was insured through the Marketplace <input type="checkbox"/> Insured employer, or Medicaid	Attach Form 1095-A, 1095-B, and/or 1095-C <input type="checkbox"/> Not insured at all