

# 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

Spouse Legally Blind

☐ Yes ☐ No

Taxpayer Disabled

☐ Yes ☐ No

Spouse Disabled

☐ Yes ☐ No

Pres Campaign Fund (Taxpayer)

☐ Yes ☐ No

Pres Campaign Fund (Spouse)

☐ Yes ☐ No

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

## Dependents (Children & Others)

Full Legal Name

Relationship

Birthdate

Social Security  
#

# Months  
In Home

Disabled

College

#1

#2

#3

#4

Pick 1

Pick 1

Pick 1

Pick 1

Please answer the following questions to determine maximum deductions:

1 Did your marital status change during the year?

☐ Yes ☐ No

2 Did your address change during the year?

☐ Yes ☐ No

3 Were there any changes in dependents?

☐ Yes ☐ No

4 Did you receive unreported tip income of \$20 or more in any month?

☐ Yes ☐ No

5 Did you receive any unemployment or disability income?

☐ Yes ☐ No

6 Did you buy or sell any stocks, bonds or other investment property?

☐ Yes ☐ No

7 Did you purchase, sell, or refinance your principal home or second home, or take out a home equity loan?

☐ Yes ☐ No

8 Did you convert part or all of your traditional/SEP/SIMPLE IRA to a ROTH IRA?

☐ Yes ☐ No

9 Could you be claimed as a dependent on another person's tax return?

☐ Yes ☐ No

10 Did you pay anyone for domestic services in your home?

☐ Yes ☐ No

11 Did you pay anyone for childcare services?

☐ Yes ☐ No

12 Did you receive a distribution from or make a contribution to a retirement plan (401(k), IRA, etc)?

☐ Yes ☐ No

13 Did you give a gift of more than \$14,000 to one or more people?

☐ Yes ☐ No

14 Did you go through bankruptcy, foreclosure, or repossession proceedings?

☐ Yes ☐ No

15 Did you incur a loss because of damaged or stolen property?

☐ Yes ☐ No

16 Were you notified or audited by either the IRS or State taxing agency?

☐ Yes ☐ No

17 Did you work from a home office or use your car for business?

☐ Yes ☐ No

18 May the IRS discuss your tax return with your preparer?

☐ Yes ☐ No

19 Were you a citizen of, have income from, or live in a foreign country?

☐ Yes ☐ No

20 Do you want to electronically file your tax return?

☐ Yes ☐ No

21 Did you buy any internet merchandise for which you did not pay sales/use tax?

☐ Yes ☐ No

22 Health Insurance Did you have ACA compliant health insurance during the year? (Attach Form 1095-A, 1095-B, and/or 1095-C)

☐ Yes ☐ 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 Name <input type="text"/> SS# <input type="text"/>		Tuition and Fees paid Who was it paid for?	
		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>	<b>\$ 0.00</b>
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 <input type="text"/>	
Personal property tax		Other <input type="text"/>	

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

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