

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	<input type="radio"/> Yes <input type="radio"/> No	Spouse Legally Blind	<input type="radio"/> Yes <input type="radio"/> No
Taxpayer Disabled	<input type="radio"/> Yes <input type="radio"/> No	Spouse Disabled	<input type="radio"/> Yes <input type="radio"/> No
Pres Campaign Fund (Taxpayer)	<input type="radio"/> Yes <input type="radio"/> No	Pres Campaign Fund (Spouse)	<input type="radio"/> Yes <input type="radio"/> No
Filing status: Single <input type="checkbox"/> Head of Household <input type="checkbox"/> Married filing joint <input type="checkbox"/> Married filing separate <input type="checkbox"/> Widower <input type="checkbox"/> Year of Spouse death? <input style="width: 50px;" type="text"/>			

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:

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

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		TOTAL COST:	\$ 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 <input type="text"/>	<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 <input type="text"/>	<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 <input type="text"/>	<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 <input type="text"/>	<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 <input type="text"/>	<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