

Tax Organizer

Fill out and bring

Personal Information

Your Name: _____ S.S.# _____ Birthdate _____
Spouse's Name: _____ S.S.# _____ Birthdate _____
Mailing Address: _____
Email Address: _____
Home Phone #: _____ Work #: _____ Cell #: _____
Taxpayer Occupation _____ Spouse's Occupation _____

Dependents

Name	S.S.#	Birthdate	Relationship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Do you have care benefits withheld by your employer? Yes _ No _

Dependent Care*

Name of Provider	S.S.#	Address	Amt. Paid
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

**If your provider is an adult & works in your home, you are required to file W-2 forms by January 31. If you want us to prepare these forms, contact us right away.*

Estimated Taxes

Credit From Prior Year	1 st Quarter	2 nd Quarter	3 rd Quarter	4 th Quarter
Federal \$ _____	\$ _____	\$ _____	\$ _____	\$ _____
State \$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Payment Date _____	_____	_____	_____	_____

Income

Wages, Salaries, Tips, Etc. Bring W-2's
Interest Bring 1099INT's
Dividends Bring 1099DIV's
Capital Gains Bring 1099B's
Education Distributions Bring 1099Q's
Pensions Bring 1099R's
Social Security Bring SSA

Do you contribute to a pension plan? Yes _ No _

Did you have any rollovers? If yes attach 1099 distribution and rollover papers

Alimony Received \$ _____ Name _____ SS# _____

Other Income

Jury Duty \$ _____	Prizes \$ _____
State Refunds \$ _____	Unreported Tips \$ _____
Unemployment \$ _____	Lump Sum Dist. \$ _____

Estate, Trusts, S-Corps, Partnerships Bring K-1's

Gambling Winnings Bring W-2 G's

Sale of Residence Bring closing statement

Farm income Bring income and expenses

Business income Bring income and expenses

Rental/royalty income Bring rental income, expenses, and 1099 MISC

Did you and your family have health insurance all year? Yes _ No _

Do you have over \$10,000 in any foreign bank accounts? Yes _ No _

Do you have any other income from another source? _____

Itemized Deductions

Fill out and bring

Unreimbursed Medical Expenses

Medical Insurance Premiums \$ _____
Long-term Care Premiums \$ _____
Prescription Drugs \$ _____
Eyeglasses and Contacts \$ _____
Hearing Aids / Batteries \$ _____
Dentures / Braces \$ _____
Doctors \$ _____
Dentists \$ _____

Taxes Paid

Real Estate Tax \$ _____
New Car Sales Tax \$ _____

Interest Paid

Mortgage Interest \$ _____
Investment Interest \$ _____

Gifts to Charity

Cash or Check \$ _____
Other \$ _____

Casualty and Theft Losses

Casualty and Theft Losses \$ _____

Job Expenses and Misc

Unreimbursed Employee Expenses \$ _____
Tax Preparation \$ _____
Safe Deposit Box \$ _____
List other _____

Business Organizer

Fill out and bring

Business Information

Name _____
Address _____
Principal Activity _____

Business Income

Gross Receipts \$ _____

Business Inventory

Beginning Inventory \$ _____
Purchases \$ _____
Ending Inventory \$ _____

Business Expenses

Vehicle Mileage
 Business Miles _____
 Total Miles _____
Advertising \$ _____
Commissions and Fees \$ _____
Contract Labor \$ _____
Dues \$ _____
Insurance, other than health \$ _____
Interest, mortgage \$ _____
Interest, other \$ _____
Internet \$ _____
Legal Services \$ _____
Office Expenses \$ _____
Pension for Employees \$ _____
Phone \$ _____
Rent, equipment & vehicles \$ _____
Rent, other property \$ _____
Repairs \$ _____
Supplies \$ _____
Taxes \$ _____
Travel \$ _____
Meals \$ _____
Utilities \$ _____
Wages \$ _____
List other expenses _____

Farm Organizer

Fill out and bring

Farm Income

Sales of livestock bought for resale \$ _____
Cost or basis of livestock bought for resale \$ _____
Sale of livestock raised \$ _____
Cooperative distributions Bring 1099-PATR _____
Agricultural program payments \$ _____
CCC Loans \$ _____
Crop Insurance Proceeds \$ _____
Custom Hire Income \$ _____
Other Income \$ _____

Purchases

Cost **Date**

Livestock

Real Estate

Equipment

Farm Expenses

Vehicle Mileage
 Business Miles _____
 Total Miles _____
Chemicals \$ _____
Conservation Expenses \$ _____
Custom Hire \$ _____
Employee Benefit Programs \$ _____
Feed \$ _____
Fertilizers \$ _____
Freight and Trucking \$ _____
Gasoline, fuel, oil \$ _____
Insurance, other than health \$ _____
Interest, mortgage \$ _____
Interest, other \$ _____
Labor Hired \$ _____
Pension \$ _____
Rent, vehicles & equipment \$ _____
Rent, other \$ _____
Repairs and Maintenance \$ _____
Seeds and Plants \$ _____
Storage and Warehousing \$ _____
Supplies \$ _____
Taxes \$ _____
Utilities \$ _____
Veterinary, Breeding, Medicine \$ _____
List other expenses