

# TAX ORGANIZER

Use this tax preparation checklist to help you better organize your income tax data for preparation of your income tax return. This information will facilitate the interview and return preparation process and assist us in keeping your fee as low as possible. Please attach all supporting documents.

### TAXPAYER INFORMATION

Name \_\_\_\_\_  
 Social Sec. No. \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Home Address \_\_\_\_\_  
 Phone No. \_\_\_\_\_  
 Occupation \_\_\_\_\_

### SPOUSE INFORMATION

Name \_\_\_\_\_  
 Social Sec. No. \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Occupation \_\_\_\_\_

### FILING STATUS

- 1 - Single                       2 - Married Filing Jointly                       Taxpayer 65 or older                       Taxpayer Blind  
 3 - Married Filing Separately     4 - Head of Household                       Spouse 65 or older                       Spouse Blind  
 5 - Qualifying Widow(er)     6 - Dependent of Another Taxpayer

### DEPENDENTS

Name	Birth Date	Soc Sec No	Relationship	No. of months lived in taxpayer's home	Dependent had income over \$3500?	Taxpayer provided more than 1/2 of support?	Educational Savings Plan Contribution

### SALARIES AND WAGES

Employer Name	Compensation Received	Income Tax Withheld

ATTACH  
W-2s and  
W-2Gs

### INTEREST AND DIVIDENDS RECEIVED

Received From	Amount Received

ATTACH  
1099-INTs &  
1099-DIVs

### OTHER INCOME (DESCRIBE). ATTACH SUPPORTING DOCUMENTS

	Amount	Other Income
Unemployment Compensation		
Social Security Benefits		
State and Local Income Tax Refunds		
Alimony Received		
Sales or Exchange of Property		
Rents and Royalties		
Partnerships/Estates/Trusts/Subchapter S Corporations		

### ESTIMATED TAXES PAID FOR THIS TAX YEAR

	Amt Paid Federal	Amt Paid State
Payment Due April 15		
Payment Due June 15		
Payment Due September 15		
Payment Due January 15		

### SPECIAL TAX SITUATIONS

	Amt Received	Year Received	Received 1099
BP CLAIM			
CHINESE DRYWALL CLAIM			
ROTH CONVERSIONS			
FIRST-TIME HOMEBUYER'S CREDIT			

**PAYMENTS MADE BY YOU**

	Amount Paid	
IRA Payments		
SEP Payments		
Penalty on Early Withdrawal of Savings		
Alimony Paid to:		
Soc Sec No of Recipient		

<b>MEDICAL AND DENTAL EXPENSES PAID</b>		Amount Paid	
Health Insurance Premiums			
Prescription Drugs			
Doctors, Dentists, etc			
Long Term Care Premiums			
Other (List)			
Reimbursements for Above Expenses			
Medical Mileage, must be reported as mileage January 1 thru June 30 and July 1 thru December 31			

<b>TAXES PAID</b>		Amt Paid	
State and Local Income			
Real Estate			
Personal Property			

<b>INTEREST PAID</b>		Amt Paid	
Home Mortgage			
Home Mortgage			
Home Equity Line			
Home Equity Line			
Mortgage Interest Paid to Individuals			
Name	SSN		
Address			
Points from New Mortgage or Refinance			
Mortgage Insurance Premiums			

ATTACH  
1098s

<b>CHARITABLE CONTRIBUTIONS</b>		Amt Contributed	
Cash (receipts are required)			
Other Than Cash (attach schedule including date, name and address of recipient and description of property donated if over \$500) (receipts are required)			
Mileage incurred, must be reported as mileage January 1 thru June 30 and July 1 thru December 31			
Expenses incurred			
LOSS FROM FIRE, STORM OR OTHER CASUALTY, OR THEFT (Submit Detailed Explanation)			

<b>OTHER TAX CREDITS</b>			

<b>MISCELLANEOUS DEDUCTIONS</b>		Amt Spent	
Union Dues			
Professional Fees			
Tax Return Preparation Fee			
Employment Agency Fees			
Uniforms and Protective Clothing, including cleaning costs			
Tools and Equipment			
Supplies			
Home Office Expense			
Unreimbursed Business Expense			
Professional and Trade Publications			
Safe Deposit Box			
Moving Expenses			
Other Deductions (Describe)			
CHILD CARE PAYMENTS	No. Children		

Individual: \_\_\_\_\_  
 Company: \_\_\_\_\_  
 Phone: \_\_\_\_\_

**Business Income / Expenses 2014**

Business Income \_\_\_\_\_  
 Self-Employment Income \_\_\_\_\_  
 Wages/Commissions Paid \_\_\_\_\_  
 (Provide copy of W-2/W-3, 1099/1096)  
 Refunds \_\_\_\_\_  
 Bad Debt (Uncollectable) \_\_\_\_\_  
 Quarterly Estimates Paid: \_\_\_\_\_

amt	amt	amt	amt
_____	_____	_____	_____
date	date	date	date
_____	_____	_____	_____

**Office In Home**

Total Area of Home \_\_\_\_\_  
 Area Used for Business \_\_\_\_\_  
 Used Exclusively / Part-time \_\_\_\_\_  
 Utilities (Direct/Indirect) \_\_\_\_\_  
 Repairs/Maintenance (D/I) \_\_\_\_\_  
 Mortgage Interest (D/I) \_\_\_\_\_  
 Insurance (D/I) \_\_\_\_\_  
 Taxes (D/I) \_\_\_\_\_

**Office Expenses/Supplies**

Rent / Lease \_\_\_\_\_  
 Mortgage Interest \_\_\_\_\_  
 Taxes on Buildings \_\_\_\_\_  
 Insurance on Buildings /  
 Equipment \_\_\_\_\_  
 General Office Supplies \_\_\_\_\_  
 Accounting Fees \_\_\_\_\_  
 Advertisement \_\_\_\_\_  
 Business Cards \_\_\_\_\_  
 Legal / Professional \_\_\_\_\_  
 Telephone / Cell Phone \_\_\_\_\_  
 Bank Charges / Fees \_\_\_\_\_  
 Beeper / Radio \_\_\_\_\_  
 Cable / Internet: \_\_\_\_\_  
 Office Equipment \_\_\_\_\_  
 Safe Deposit / Post Office \_\_\_\_\_  
 Repairs / Maintenance \_\_\_\_\_  
 Computer Hardware /  
 Software \_\_\_\_\_  
 Postage / Express Mail \_\_\_\_\_  
 Shipping / Freight \_\_\_\_\_  
 Publications/ journals/ Books \_\_\_\_\_  
 Storage / Monthly Fees \_\_\_\_\_

**Auto Expenses**

Model and Year \_\_\_\_\_  
 Date Purchased \_\_\_\_\_  
 Total Cost \_\_\_\_\_  
 Sales Tax \_\_\_\_\_  
 Annual Miles Driven \_\_\_\_\_  
 Business Miles \_\_\_\_\_  
 Jan 1 - Jun 30 \_\_\_\_\_  
 Jul 1 - Dec 31 \_\_\_\_\_

**OR**

Fuel Purchased \_\_\_\_\_  
 Oil / Lubrication \_\_\_\_\_  
 Finance Charges \_\_\_\_\_  
 Auto Club \_\_\_\_\_  
 Tires, Batteries etc \_\_\_\_\_  
 Repairs/Maintenance \_\_\_\_\_  
 Insurance \_\_\_\_\_  
 License/Registration \_\_\_\_\_  
 Tag/Tax \_\_\_\_\_

**Travel/Entertainment**

Air / Rail Fees \_\_\_\_\_  
 Car Rental \_\_\_\_\_  
 Taxi / Public Transport \_\_\_\_\_  
 Parking / Tolls etc \_\_\_\_\_  
 Meals per diem \_\_\_\_\_  
 Nights Away from Home \_\_\_\_\_  
 (> 50 Miles)  
 Telegraph / Fax \_\_\_\_\_  
 Lodging \_\_\_\_\_  
 Excess Baggage Fees \_\_\_\_\_  
 Passport Fee/ Photos \_\_\_\_\_  
 Luggage/ Brief case \_\_\_\_\_  
 Job Entertainment \_\_\_\_\_  
 Business Meals \_\_\_\_\_

**Training/Education**

Job Seeking Expenses \_\_\_\_\_  
 Seminars/Workshops \_\_\_\_\_  
 Licenses/Association \_\_\_\_\_  
 Subscriptions \_\_\_\_\_

**Miscellaneous Expenses**

Manuals / Logbooks \_\_\_\_\_  
 Work Boots/Hats/Gloves \_\_\_\_\_  
 Tools / Equipment \_\_\_\_\_  
 Dues -Union /Club/ Org \_\_\_\_\_  
 Uniforms / Cleaning \_\_\_\_\_



**STROJNY & STROJNY FINANCIAL SERVICES**

2598 Pass Rd, Biloxi, MS 39531

**BUSINESS OR WORK MILEAGE LOG/WORKSHEET**

		Vehicle 1	Vehicle 2	Vehicle 3
ODOMETER READING JANUARY 1, 20__				
ODOMETER READING DECEMBER 31, 20__				
VEHICLE MAKE & MODEL:				
YEAR PLACED IN SERVICE:				

**DAILY ROUND TRIP COMMUTE (# OF MILES)**

MONTH	TOTAL MILEAGE	BUSINESS/WORK MILES	COMMUTE MILES	PERSONAL MILES
JANUARY				
FEBRUARY				
MARCH				
APRIL				
MAY				
JUNE				
JULY				
AUGUST				
SEPTEMBER				
OCTOBER				
NOVEMBER				
DECEMBER				
<b>TOTAL</b>				

**IMPORTANT:** If claiming mileage as an expense on your tax return, this form must be completed. If more than one vehicle is used, please provide the odometer readings for each vehicle. If you have more than one business, please provide separate information for each. This information is required by the IRS.

**BP CLAIMS SETTLEMENT:** Did you receive any BP claim settlement in 2014? Yes No

**SRAP (Small Rental Assistance Program):** Did you receive any funds from this program? Yes No

**HURRICANE ISAAC:** Did you have damage? Yes No Did you receive any insurance? Yes No

CLIENT NAME: \_\_\_\_\_

Initial: \_\_\_\_\_

Date: \_\_\_\_\_

