

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
 5 – Qualifying Widow(er) 6 – Dependent of Another Taxpayer Spouse 65 or older Spouse Blind

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 |
|------|------------|------------|--------------|--|-----------------------------------|---|---------------------------------------|
| | | | | | | | |
| | | | | | | | |
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| | | | | | | | |

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 | | |

MEDICAL AND DENTAL EXPENSES PAID

| | 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 | | |

TAXES PAID

| | Amt Paid | |
|------------------------|----------|--|
| State and Local Income | | |
| Real Estate | | |
| Personal Property | | |

INTEREST PAID

| | 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**

CHARITABLE CONTRIBUTIONS

| | 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)

| | | |
|--|--|--|
| | | |
|--|--|--|

OTHER TAX CREDITS

| | | |
|--|--|--|
| | | |
|--|--|--|

MISCELLANEOUS DEDUCTIONS

| | 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

| | | |
|--|--|--|
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|--|--|--|