

INCOME TAX ORGANIZER

TAX YEAR

TOWERS WEALTH MANAGEMENT, INC.

e-mail: deb@towerstax.com
Enrolled to practice before the Internal Revenue Service

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Parker, CO 80134
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MY APPOINTMENT IS:

DAY:

DATE:

TIME: () am) () pm)

WITH

GENERAL INFORMATION

THIS ORGANIZER IS PROVIDED ESPECIALLY FOR YOUR USE. IT IS DESIGNED TO AID YOU IN ORGANIZING YOUR DATA SIMPLY AND EASILY. FEEL FREE TO JOT NOTES AND QUESTIONS IN IT.

CURRENT ADDRESS

TAXPAYER'S NAME

AKA

SPOUSE'S NAME

AKA

STREET ADDRESS

CITY/STATE/ZIP

Home #

Taxpyr's Work

Spouse's Work

Taxpyr's Cell

Spouse's Cell

Fax

Date of Birth Blind ☐

Date of Birth Blind ☐

TAXPAYER Social Security No.

Occupation

SPOUSE Social Security No.

Occupation

E-Mail Address

CHECK ONE: SINGLE ☐ MARRIED FILING JOINTLY ☐ MARRIED FILING SEPARATELY ☐ HEAD OF HOUSEHOLD ☐

Do you wish to donate \$3 of your taxes to the Presidential election campaign fund? Taxpayer: Yes ☐ No ☐ Spouse: Yes ☐ No ☐

If your tax return was examined by either the Federal Government or state taxing agency this year, check here ☐ and bring your copy of the Government's report with the related tax return.

DEPENDENT CHILDREN AND OTHER DEPENDENTS

First & Last Name	Date of Birth	Social Security Number	Relationship	Months lived in home this year	Income	Daycare Exp. Per Child

CHILD CARE EXPENSES

Did you pay \$1000 or more to an individual who performed services in your home? ☐

Did you file required employment forms? ☐

TO WHOM (Name)	ADDRESS	SOCIAL SECURITY # OR FEDERAL I.D. #	AMOUNT PAID		W2 BOX 10
			IN YOUR HOME	OUTSIDE YOUR HOME	

Estimated Tax Payments	Federal	Provide Cancelled Checks	State
Credit from Prior Year		Credit from Prior Year	
Date Paid	Amount	Date Paid	Amount
1st QTR (Apr)	/ /	1st QTR (Apr)	/ /
2nd QTR (Jun)	/ /	2nd QTR (Jun)	/ /
3rd QTR (Sep)	/ /	3rd QTR (Sep)	/ /
4th QTR (Jan)	/ /	4th QTR (Jan)	/ /
Total		Total	

QUESTIONS OR OTHER INFORMATION REGARDING YOUR TAXES

Please verify your bank account info for Electronic Filing. Please notify us of any changes.

Bank Name:

Account #:

Routing Trans #:

Misc.: Long-Term Health Care Insurance Premiums

T \$

S \$

Notes: If you purchased or sold any Real estate during the year please provide settlement statements.

If you purchased any vehicle during the year please provide purchase documents.

If you have purchased any energy efficient items for your home please provide all documentations (i.e. Windows, furnace, insulation, doors, etc.)

INCOME

W-2 INCOME

EMPLOYER'S NAME	T	S	WAGES	FED WH	SOC. SEC.	MEDICARE	STATE WH	LOCAL
TOTALS								

If more space is required, please list on separate sheet and attach to organizer.

Unemployment

STATE	T	S	AMOUNT	FED WH	STATE WH
TOTALS					

If more space is required, please list on separate sheet and attach to organizer.

1099-R PENSION/IRA INCOME (Including Rollovers)

PAYER	T	S	GROSS DIST	TAXABLE	ROLLOVER	FED WH	ST WH	IRA	Code
TOTALS									

If more space is required, please list on separate sheet and attach to organizer.

GAMBLING AND LOTTERY WINNINGS

PAYER	T	S	AMOUNT	FED WH	STATE WH
TOTALS					

If more space is required, please list on separate sheet and attach to organizer.

INTEREST INCOME

Please provide
Social Security
and address of
any person paying
you on a Real
Estate Mortgage.

INSTITUTION NAME	T	S	TOTAL AMOUNT	STATE EXEMPT AMT.	FEDERALLY EXEMPT AMT.	WITH- HOLDING	OTHER
TOTALS							

**Please bring
copies of all
Form 1099-DIV or
other statements
reporting dividend
income.**

[illegible]

(If more space
is needed,
please call &
request form)

If you sold any stocks, bonds or other property, please enter the information below and bring your purchase and sale confirmation slips. Include securities which became worthless during the year.

[illegible]

OTHER
INCOME

	T	S	AMOUNT	MEDICARE	FED WH	ST WH
Total Social Security Received						
Total Social Security Received						
Alimony Received				MISCELLANEOUS INCOME		
State Refund						
Unreported Tip Income						
Disability Benefits						
Directors Fees						
Jury Duty						
Other:						
Did you have income or loss from partnerships or trusts?						
If so, bring FORM K-1 for each partnership and/or trust AND ALL INSTRUCTIONS provided by the partnership. Number of different partnerships and trusts.						

ADJUSTMENTS TO INCOME

DESCRIPTION	T	S	YES	NO	AMOUNT
Did you make payment to an Individual Retirement Account?					
Type: <input type="checkbox"/> Regular <input type="checkbox"/> Roth <input type="checkbox"/> Educational Date of Payment: _____					
Did you make payment to an Individual Retirement Account?					
Type: <input type="checkbox"/> Regular <input type="checkbox"/> Roth <input type="checkbox"/> Educational Date of Payment: _____					
Student _____ Student's Name _____ Paid To _____					
Loan _____					
Interest _____					
Were you penalized for early withdrawal of savings?					
Did you pay Alimony? To whom: _____ S.S. # _____					
KEOGH Contribution: _____ SEP Contribution: _____ MONEY PURCHASE: _____ SIMPLE: _____					
Health Savings Account: _____ Medical Savings Account: _____					
If you purchased any energy saving items (i.e. Windows, furnace, insulation) for your residence please provide all documentation for purchase.					

EDUCATIONAL CREDITS

Contribution to Colorado 529 Plan (College Invest)				\$
Name of educational institutions or activity		Address		
Has the student ever been convicted of a felony drug offense?				Y <input type="checkbox"/> N <input type="checkbox"/>
Was the student pursuing the course of study on at least a half-time basis – date of enrollment?				Y <input type="checkbox"/> N <input type="checkbox"/>
How many previous years has the credit been claimed for each student?				
Student's Name	Years	\$		
Student's Name	Years	\$		
Student's Name	Years	\$		
Please bring school year-end documents indicating amounts of tuitions and fees paid and Form #1098-T furnished by the school.				

HOPE AND LIFETIME LEARNING CREDITS

Provide 1098T

Please complete the following checklist and sign the completed tax organizer.

- ☐ 1. Your completed tax organizer.
- ☐ 2. All W-2 forms received, all 1099 forms, indicating dividend and interest income, stock sales, retirement plan distributions, including rollovers, and the government form detailing Social Security received.
- ☐ 3. **IF YOU DON'T HAVE THE FOLLOWING SCHEDULES, PLEASE WRITE OR CALL US AND WE'LL BE HAPPY TO SEND THEM TO YOU.**
 - A. Profit or Loss from Business or Profession
 - B. Rental Property, Income and Expenses
 - C. Farm Income and Expense
 - D. Auto Expense
 - E. Office in Home
 - F. Moving Expense
- ☐ 4. Buy, sell or **refinanced** – statements to cover real estate transactions and installment sales.
- ☐ 5. If you have purchased a new personal residence and/or sold your old home we *must* have the following in order to complete your return.
 - A. Closing statement on the residence you bought.
 - B. Buy and sell closing statements on the residence sold.
 - C. An itemized statement of capital improvements on the residence sold (i.e. driveways, room additions, etc.)
- ☐ 6. IRA documentation regarding year-end balances.
- ☐ 7. If you are a new client, please provide copies of your last three years tax returns. FROM _____ TO _____
- ☐ 8. Were you a full year Colorado resident? Yes ☐ No ☐ If no, please provide dates: _____
- ☐ 9. Please check if you do not wish to allow your preparer to discuss your return with the IRS.

All information contained in this organizer and attachments was furnished by the taxpayer, and the taxpayer acknowledges that he has supplied preparer with any and all information necessary to complete a proper return to the best of the taxpayer's ability and knowledge. If any deductions are being claimed on this return for Travel, Entertainment, Automobile Expenses or any other listed property, (i.e. cellular phones, computers, etc.), taxpayer(s) acknowledge(s) that proper records are being maintained to substantiate these deductions.

X _____
(TAXPAYER'S SIGNATURE)

X _____
(SPOUSE'S SIGNATURE)

THIS FORM WILL BE RETAINED BY OUR OFFICE.

TAX YEAR _____

ITEMIZED DEDUCTIONS**MEDICAL EXPENSES**

Note:
Do not include
pre-taxed medical
deductions

Doctors, Dentists, Nurses, etc.	\$	Eyeglasses	\$
Therapy & X-Rays		Contact lenses & supplies	
Hospitals		Ambulance fees	
Medical Insurance Premiums:		Artificial limbs & teeth	
Premiums paid or withheld		Hearing aids & batteries	
Others:		Rental of medical equipment	
Long-Term Care Insurance T		Special Schooling:	
Long-Term Care Insurance S		Mentally or Physically Handicapped	
Medicines & Drugs (Prescribed)		Other	
Miles traveled for medical care Mi.		Total	
Other Travel Expenses			

TAXES

Please provide
purchase
documents for any
vehicles purchases
during the year

Real Estate:		Ownership Fees:	
Tax on your home	\$	Vehicles	
Trailer/Mobile Home		Trailer	
Other Real Estate taxes (do not include rental)		Motorcycles	
Additional State Income Taxes paid last year		Head Tax	
		General Sales Taxes	
		Sales Tax - Vehicles	
		Other	
		Other	

INTEREST PAID

Please provide
closing documents
for review of
any possible
deductions if you
purchased or
refinanced any
Real estate

HOME MORTGAGE INTEREST PAID <small>Not for a Rental - Enter Rental Interest on Separate Form. A qualifying second home may be a motor home, boat, camp trailer, etc.</small>	1st MORTGAGE	2ND MORTGAGE	POINTS ON PURCHASE OF HOME	OTHER MORTGAGES
Primary Home*				
Mortgage Insurance Premium (2007)				
Second Home*				
Refinance Points Paid on Home				
If mortgage paid to an individual, please provide the following:	INVESTMENT INTEREST PAID			
Individual's Name:	Interest paid for investments, such as land, stocks, etc.			
Address:	Paid To		Amount	
Social Security #:				
*Amounts should agree with Form 1098. If the amounts shown DO NOT coincide with Form 1098 issued by the mortgage holder, check here <input type="checkbox"/> . If Form 1098 was issued in another's SS #, enter that person's name and SS#:				

☐

RECEIPTED CASH CONTRIBUTIONS	
Church	\$
United Way Contributions	
Other	
Other	
Other	
Mileage for charitable work	Mi.

(IF OVER \$500, ADDITIONAL ORGANIZER REQUIRED)

Goodwill	
Salvation Army	
ARC	
Other	
Other	

	AMOUNT		AMOUNT
Gambling/Lottery Losses		Expenses for Production of Income:	
(Only if you had winnings)		Legal and accounting fees	
Employee Expenses:		Collection expenses	
Dues to Professional Association		Fees paid to an IRA Custodian/KEOGH, etc.	
Malpractice insurance premiums		Use of auto for employer (need organizer)	
Job hunting expenses (include agency fee)		Other Expenses	
Cost of preparing resume		Fees paid for investment counsel	
Professional journals & magazines		Tax preparation	
Uniforms/Safety Equipment		Cost of tax periodicals, manuals, etc.	
Union dues and fees		Rent of safe deposit box	
Tools required		(storing non-tax-exempt Securities)	

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.