

# Tax Organizer

PERSONAL INFORMATION	
Taxpayer's name	Spouse's name
<i>Check here if no change to your contact info from last year</i>	<i>Check here if no change to your contact info from last year</i>
Date of birth	Date of birth
<input type="checkbox"/> Single <input type="checkbox"/> Married filing jointly <input type="checkbox"/> Married filing separately	Date of move to current home, if in this tax year
Address/city/state/zip	
Occupation	Spouse occupation
Mobile telephone	Spouse mobile telephone
E-mail	Spouse e-mail

Please check the box to indicate your response to the following questions:

	YES	NO		YES	NO
Do you want to opt out of electronic banking?			Did you put money into an IRA? (not through employer)		
If not, do you want direct deposit of any refund?			Did you contribute to a 529 college savings plan that you own?		
If not, Do you want to pay any tax due by debit? (You'll authorize the amount and date of debit.)			Did you pay an organization or business for childcare so that you & spouse could work full-time?		
Did you move?			Do you have any foreign financial accounts or business?		
Did you have child or begin the adoption?			Did you buy, sell or have any transactions with cryptocurrency?		
Did you married or divorced?			Did you make estimated tax payments (not withholding)?		
Did you or your spouse have Long Term Care insurance?			Did you sell real estate or personal property?		
Do you have state-issued ID?			Did you contribute money to a charitable organization?		
Did you /your family have health insurance purchased on the Healthcare Exchange? If so, provide form 1095A. <a href="https://www.healthcare.gov/tax-form-1095/">https://www.healthcare.gov/tax-form-1095/</a>			If you had very high unreimbursed medical expenses check here and report them on the Income, Adjustments, Deductions Wksht		
Did you pay student loan interest?			Did you contribute things to a charitable organization?		
Do you own real estate?			Did you pay college tuition?		

Name: \_\_\_\_\_

Year: \_\_\_\_\_

**■ INCOME** Provide all W2's, 1099's, K-1's and any other documents reporting income

LIST ANY INCOME RECEIVED THAT IS NOT REPORTED ON THOSE DOCUMENTS.


**ESTIMATED INCOME TAX PAYMENTS (NOT WITHHELD)**

Date paid	Amount to IRS	Amt to _____ (state/loc)	Amt to _____ (state/loc)	Amt to _____ (state/loc)
Prev year Overpayment applied to estimated taxes				
1 <sup>st</sup> Quarter: April				
2 <sup>nd</sup> Quarter: June				
3 <sup>rd</sup> Quarter: Sept				
4 <sup>th</sup> Quarter: Dec /Jan				

<b>■ COLLEGE SAVINGS (SECTION 529) CONTRIBUTIONS</b>	<i>(NOTE: You must be the Plan Owner)</i>	
Plan Owner	Plan state	Contribution

<b>RETIREMENT CONTRIBUTION NOT THROUGH EMPLR</b>				<b>Do not report payroll contributions; the are reflected on your W2.</b>
Taxpayer		Spouse		SEP/SIMPLE/Keogh contribution (Not 401-K, 403-B, or other employer sponsored plans.)  Taxpayer: _____ Spouse: _____
Traditional	Roth	Traditional	Roth	

<b>■ DEPENDENT CARE EXPENSES FOR KIDS 13 AND UNDER</b>	<i>Provide name, address and EIN or SSN of provider, amount paid.</i>

<b>■ UNREIMBURSED MEDICAL AND DENTAL EXPENSES (Deductible if itemized and exceed 7 1/2% of AGI)</b>	
Prescription medications	Long-term care insurance premiums
All licensed medical practitioners	Medical equipment and supplies
Clinics/hospitals/in-home nursing care	Transportation for medical purposes
Lab fees, x-rays, MRI's, etc.	Lodging for medical purposes (\$50 per night max)
Prescription eyeglasses and contact lenses	Other (specify):
Health care premium you paid other than through employer:	

**■ HEALTH INSURANCE**  
 If you purchased your coverage through [healthcare.gov](http://healthcare.gov) check here \_\_\_\_\_ and provide form 1095-A.

■ TAXES AND INTEREST PAID		
List amounts not reported on documents	Mortgage interest paid directly	Property tax paid directly
State or local tax paid for previous years	Mort interest paid as % of co-op mt	Property tax paid as % of co-op mt
Investment interest paid (margin acct, etc.)	Student loan interest	Personal property tax (auto, etc.)

■ CHARITY	
Money donations	In-kind donations (if greater than \$500 use In-Kind Donation worksheet.)
Vehicle donations over \$500 must be accompanied by form 1098-C issued by the charity.	

■ OTHER	
Tax preparation fee pd in prev year	Safe deposit box
Investment expenses	IRA fees paid
Alimony paid (provide name and SS# of recipient)	

■ SALES TAX DUE	
<p>If you made out-of-state purchases (over the internet, for example) on which your home state requires you to pay sales tax, enter purchase total here and we will calculate the tax due.</p> <p>CHECK IF NO SUCH PURCHASES MADE <input type="checkbox"/></p>	<p>PURCHASES ON WHICH TAX IS DUE: \$ _____</p> <p>OR AMOUNT OF TAX DUE, IF KNOWN: \$ _____</p> <p>OR CHECK HERE TO PAY SALES TAX BASED ON INCOME <input type="checkbox"/></p>

■ HOUSEHOLD EMPLOYEES			
Employer (taxpayer or spouse?)	Employer's E.I.N.	State Unempl. I.D. #	Unempl. tx pd to state
Employee name	Employee SS#	Employee address	
Wages paid	Federal income tax withheld	State tax withheld	Local inc. tax withheld
<p>If you paid a household employee \$1,500 or more in the year you are required to pay FICA tax and you may be required to pay unemployment tax. You will need to apply for an Employer Identification Number and issue a W2. Please call if this applies to you.</p>			

■ PRIVACY NOTICE
<p>We collect nonpublic personal information from clients who complete my worksheets and data surveys or who provide me with tax returns, financial statements or other documents containing such information. We restrict access to this information to those employees and contractors who process the information for me to prepare tax returns or advise on tax and financial matters. We do not disclose any nonpublic personal information about clients or former clients to anyone, except as required by law. We maintain physical, electronic and procedural safeguards that comply with federal regulations to guard your privacy.</p>

**IN-KIND DONATION ORGANIZER**

Your name \_\_\_\_\_ Tax year \_\_\_\_\_

Instructions: Use this form if you donate property with an aggregate value of \$500 or more in a year. Copy if necessary.  
 NOTE: **Vehicle donations valued over \$500 must be accompanied by form 1098-C issued by charity.**

Name of charity				Date of donation			
Address of charity							
<b>Complete these columns for all donations</b>		<b>Complete these columns only if an item is valued over \$500. If over \$5,000, appraisal is required.</b>			<b>Complete these columns for all donations.</b>		
Description of property	Qty	Year acquired	How acquired <sup>1</sup>	Cost basis <sup>2</sup>	Fair mkt value	Valuation method <sup>3</sup>	Condition

Name of charity				Date of donation			
Address of charity							
<b>Complete these columns for all donations</b>		<b>Complete these columns only if an item is valued over \$500. If over \$5,000, appraisal is required.</b>			<b>Complete these columns for all donations.</b>		
Description of property	Qty	Year acquired	How acquired <sup>1</sup>	Cost basis <sup>2</sup>	Fair mkt value	Valuation method <sup>3</sup>	Condition

<sup>1</sup> How acquired: Purchase, exchange, gift or inheritance.  
<sup>2</sup> Cost basis: Purchase: amount paid, cost of purchase and improvements.  
 Exchange: Call for details.  
 Gift: your basis is the same as the giver's basis.  
 Inheritance: Fair market value at deceased's date-of-death or alternative valuation date.  
<sup>3</sup> Valuation methods: Comparable sales; thrift store value; appraisal; other (include explanation if 'other').