# Tax Information Organizer

Tax Year Ended

#### Personal Information (Completion is optional if no changes from last year)

Taxpayer Name	Taxpayer SSN #	
Spouse Name	Spouse SSN#	
Address	Taxpayer DOB	
City, State	Spouse DOB	
Phone	Your Occupation	
E-Mail	Spouse's Occupation	

#### Dependents (completion is optional if no changes from last year)

_	Relation	Date of Birth	Social Security #	Age	Student?
Name					

#### Wage & Salary Income-Enclose W-2 Forms (Please provide us w/ original W-2s. Completion is optional.)

~T/S~	Employer	Total Wages	Federal W/H	Social Security	Medicare	State W/H

~ T/S ~ Denotes Taxpayer or Spouse

#### Estimated Taxes Paid (Always complete this section!!)

	Federal	State 1	State 2	Local 1	Local 2	Date Paid
Credit from prior year						
1st Qtr						
2nd Qtr						
3rd Qtr						
4th Qtr						

## Interest and Dividend Income (Please provide original 1099s. Completion is optional.)

	Interest Income	
Name of Payer		Amount
	Dividend Income	
Name of Payer		Amount

## <u>Personal Deductions</u> <u>Unreimbursed Medical Costs</u>

Doctor Fees	
Prescriptions and Medicines	
Dental Expenses	
Eye Glasses & Hearing Aids	
Health Insurance	
Medicare Premiums	
Long-Term Care Insurance	
Nursing Home Care	
Medical Mileage	

## **State and Local Taxes**

RE Taxes on Primary Res.	
RE Taxes on 2nd Residence	
Personal Property Taxes	
Per Capita Tax	
Occupational or EMS Tax	

## Interest Expense

1st Home Mortgage Interest	
2nd Home Mortgage Interest	
3rd Home Mortgage Interest	
Home Equity Loan / Line	
Investment Interest	

# **Charitable Contributions**

Cash Contributions Given			
Charitable Mileage			
**Non-Cash Contributions**			
** If greater than \$500, please provide name and address of charitable org			

If greater than \$500, please provide name and address of charitable org., as well as a description and value (thrift shop value) of donated items.

# Other Itemized Deductions

Unreimbursed Employee Exps.	
Safety Deposit Box Fees	
Tax Preparation Fees	

### **Other Personal Deductions**

College Tuition Paid	
Interest Paid on Student Loans	
Alimony Paid	
Teacher Educator Expenses	
College Savings Contributions	

Child Care Expenses Paid	Provider 1	Provider 2
Care Provider's Name		
Care Provider's Address		
Care Provider's Tax ID #		
Qualifying Child's Name		
Qualifying Exps Paid This Year		

# Business Income (Please use a separate worksheet for each business activity.)

Name of business	
Type of business	
Business address	

### **Incomes**

Totals

Gross Receipts

## **Expenses**

Advertising		
Mileage for Auto Expenses		
Bank Charges		
Commissions		
Delivery and Freight		
Dues and Subscriptions		
Employee Benefits		
Gas/Oil for Equipment		
Insurance-not Health       Interest to Banks         Interest to Other		
Interest to Banks		
Interest to Other	Insurance-not Health	
Internet Service Fees	Interest to Banks	
Job Materials & Supplies	Interest to Other	
Labor	Internet Service Fees	
Laundry and Cleaning	Job Materials & Supplies	
Legal & Professional Fees	Labor	
License/Permits Fees	Laundry and Cleaning	
Meals and Entertainment       Office Expense         Outside Services       Outside Services         Pension/Retirement Plans       Outside Services         Postage Expense       Outside Services         Rent of Property       Outside Services         Rent of Property       Outside Services         Rent of Property       Outside Services         Repairs/Maint. Expense       Outside Services         Salaries/Wages Expense       Outside Services         Supplies Expense       Outside Services         Payroll Tax Paid       Outside Services         Real Estate Tax Paid       Outside Services         Telephone - Landline       Outside Services         Travel / Lodging Expenses       Outside Services         Utilities Expense       Outside Services         Other (Identify) -       Outside Services         Other (Identify) -       Outside Services	Legal & Professional Fees	
Office Expense	License/Permits Fees	
Outside Services	Meals and Entertainment	
Pension/Retirement Plans	Office Expense	
Postage Expense	Outside Services	
Rent of Property	Pension/Retirement Plans	
Rent or Lease of Equipment	Postage Expense	
Repairs/Maint. Expense	Rent of Property	
Salaries/Wages Expense	Rent or Lease of Equipment	
Security Expense	Repairs/Maint. Expense	
Supplies ExpenseImage: Constraint of the systemPayroll Tax PaidImage: Constraint of the systemReal Estate Tax PaidImage: Constraint of the systemTelephone - LandlineImage: Constraint of the systemTelephone - Cell PhoneImage: Constraint of the systemTools ExpenseImage: Constraint of the systemTravel / Lodging ExpensesImage: Constraint of the systemUniforms ExpenseImage: Constraint of the systemOther (Identify) -Image: Constraint of the systemOther (Identify) -Image: Constraint of the system	Salaries/Wages Expense	
Supplies ExpenseImage: Constraint of the systemPayroll Tax PaidImage: Constraint of the systemReal Estate Tax PaidImage: Constraint of the systemTelephone - LandlineImage: Constraint of the systemTelephone - Cell PhoneImage: Constraint of the systemTools ExpenseImage: Constraint of the systemTravel / Lodging ExpensesImage: Constraint of the systemUniforms ExpenseImage: Constraint of the systemOther (Identify) -Image: Constraint of the systemOther (Identify) -Image: Constraint of the system	Security Expense	
Real Estate Tax Paid		
Telephone - Landline	Payroll Tax Paid	
Telephone - Cell Phone	Real Estate Tax Paid	
Tools Expense	Telephone - Landline	
Travel / Lodging Expenses	Telephone - Cell Phone	
Uniforms Expense	Tools Expense	
Uniforms Expense		
Utilities Expense		
Other (Identify) - Other (Identify) -		
Other (Identify) -		
	Other (Identify) -	

## **Home Office Information**

Square Footage of Home Office	
Total Square Footage of Home	
Home Owners Insurance	
Home Repairs and Maint.	
Home Utilties	

# Sale of Investments

Sale of Investments	Date	Date	Sales	Purchase	Gain
Description of Security	Acquired	Sold	Proceeds	Cost	(Loss)
	Acquired		11000003	0031	(2033)

# <u>Rental Income</u>

# Please use a separate worksheet for each rental property

Property Address	
# of Days Rented	
# of Days of Personal Use	
Income	Totals
Rents	
Expenses	
Advertising	
Association Dues	
Auto Expense	
Mileage for Auto Expense	
Cleaning Expense	
Commissions	
Insurance	
Legal & Professional Fees	
License & Permits	
Management Fees	
Mortgage Interest to Banks	
Mortgage Interest to Other	
Pest Control	
Remodeling Expense	
Repairs & Maintenance	
Supplies	
Real Estate Taxes	
Other Taxes	
Telephone Expense	
Travel Expenses	
Utilities Expense	
Other-	
Other-	
Other-	