



TAX ORGANIZER

TAX YEAR: _____

Name: First, Middle Initial, Last:	
Please provide date of birth:	
Social Security Number or Tax ID Number	
Filing Status:	<input type="checkbox"/> Head of Household <input type="checkbox"/> Single <input type="checkbox"/> Married Filing Jointly <input type="checkbox"/> Married Filing Separately
Current mailing address: (address, city, State Zip)	
Occupation:	
Are you married?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, please provide Spouses First Middle Last Name:	
Spouses date of birth:	
Spouse Social Security Number:	
Spouse Occupation:	
Dependent Info	
Did you have any dependents that are being claimed on your return?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did you support dependents for more than 6 months of the tax year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Can someone else claim your dependent on this year's tax return?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you have answered yes, please provide dependent information:	
Please provide name: First, Middle Initial, Last	
Date of Birth	
Social Security Number or Tax ID Number	
Relationship to you	
Additional Dep: First, Middle, Last Name	
Date of Birth	
Social Security Number or Tax ID Number	
Relationship and Months living with you	
Additional Dep: First, Middle, Last Name	
Date of Birth	
Social Security Number or Tax ID Number	
Relationship and Months living with you	

Income Information:

1. Were you a W-2 employee? Yes No
 Was your spouse a W-2 employee? N/A Yes No

2. Do you or your Spouse rent an apartment or home to others? Yes No

3. Were you Self Employed? Yes No
 Was your spouse Self Employed? N/A Yes No

4. Did you receive alimony? Yes No If yes: Amount \$ _____

5. Did you pay alimony? Yes No If yes: Amount \$ _____
 a) Recipients Name: _____
 b) Recipients SSN: _____

6. Please list any under or un-reported income such as any W-2 or 1099

7. Did you or your spouse receive income from a pension, a 401k, or social security?
 You: Yes No
 Spouse: N/A Yes No

8. Please check from which sources (you may select more than one)
 Pension 401K SSA-1099

9. Did you or your spouse receive interest from bank accounts?
 You: Yes No
 Spouse: N/A Yes No

10. Did you or your spouse receive any dividends from stocks or bonds?
 You: Yes No
 Spouse: N/A Yes No

11. Did you or your spouse sell any stocks or property held for investment?
 You: Yes No
 Spouse: N/A Yes No

12. Did you or your spouse receive income from the following sources (you may select more than one)
 You: Unemployment Insurance Gambling Winnings
 Spouse: Unemployment Insurance Gambling Winnings

If you or your spouse answered yes to questions 2 and/or 3 above on page 2, please fill out and provide dollar amounts for the following common expenses. Any additional expenses please include on separate page and send with this organizer:

Advertising	
Insurance (Non-Health)	
Legal and Professional Fees	
Office Expenses	
Rent or lease of vehicles, equipment or machinery	
Repairs and Maintenance	
Supplies	
Taxes, Licenses and Permits	
Travel	
Meals and Entertainment	
Mortgage or rental property	
Utilities	
Wages paid to employees	
Employee Benefits	
Property Taxes on Rental Property	
Other Expenses	

13. Did you or your spouse have medical expenses? Yes No

If yes, please list the total amount here: _____

14. Did you or your spouse pay any real estate or personal property taxes? Yes No

If yes, please list the total amount here: _____

15. Do you or your spouse pay interest on a home mortgage? Yes No

If yes, please list the total amount here: _____



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16. Did you or your spouse give any cash or non-cash items to charity? Yes No

If yes, please list the amount or value of gift/donation below.: *Please note cash amounts over \$250 or non-cash amounts/donations over \$500 must be shown on a signed receipt in order to be accepted by the IRS*

Cash Donation Total: _____ Non-Cash/gift/donation Total: _____

Please provide the name of the charities for the donations above on (any additional charities please include on a separate page and send with this organizer):

17. Please list amounts of and sources of other deductions (ex. Tax Prep from last year, casualty and theft losses, unreimbursed business expenses if you or your spouse were W-2 employees.)

18. If you or your spouse were self employed and used a vehicle please list the **Year, Make, and Model** of the vehicle(s) below (ex: 2018 Honda Civic).

Year: _____ Make: _____ Model: _____

Year: _____ Make: _____ Model: _____

19. How much did you pay for the vehicle? _____

20. When did you start using it for Self-Employment? _____

21. How many miles did you drive last year? _____

22. How many miles did you drive for strictly Self-Employment purposes? _____

23. Vehicle Expenses:

Gas	
Oil	
Insurance	
Repairs	
Maintenance	



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24. Did you, your spouse, or dependents have any education expenses or student loans?

- You: Yes No
- Spouse: N/A Yes No
- Dependents: N/A Yes No

If yes, please list the amount of student loan interest and/or amount of expenses paid

Did you receive a 1098-T for the student tuition expenses above? Yes No

25. Did you or your spouse pay for childcare while working or going to school?

- Yes No

If yes, please answer the following questions about Child Care:

First, Middle, Last Name of Child(ren)	
Full Business or Individual Name (Care)	
Phone Number of Caregiver	
Caregivers SSN or Tax ID #	
Total amount paid for child care	

26. Did you or your spouse contribute to a 401K fund? Yes No

If Yes – how much was contributed? _____

27. Did all members of the household have health insurance? Yes No

28. If only part of the household had medical insurance or insurance was available only part of the year, please list the household members who **did not** have coverage and the months below.

If a refund is owed and you want direct deposit please fill out below:

Bank Name: _____ Account Number: _____ Routing Number: _____

Circle one: Checking Account / Savings Account

By signing below, I hereby certify that my information is truthful and correct:

Sign: _____

Date: _____

Tax Preparation Check List

Document	Explanation
<input type="checkbox"/> Social Security or ID Copy	You need your own number, but don't forget your spouse and dependent's (where applicable) as well. If someone doesn't have a Social Security number, you'll need their TIN instead.
<input type="checkbox"/> Form W-2	Your W-2 shows how much you earned and how much was withheld for taxes. Your employer has until February to send you your form. If you haven't received yours, go ahead and request it.
<input type="checkbox"/> Form 5498	IRA Contributions
<input type="checkbox"/> Form 1098 E	Student Loan Debt / Interest
<input type="checkbox"/> Last Years State Tax Refund	If you itemize your deductions, then your state refund is considered income for tax purposes.
<input type="checkbox"/> MISC Income Documents	Award Money, Gambling Winnings, Lottery Pay-outs
<input type="checkbox"/> 1099 – MISC	If you are Self Employed and Receive over \$600
<input type="checkbox"/> 1099 - DIV	Received Dividends
<input type="checkbox"/> 1099 - G	Received Money or Benefits from Government
<input type="checkbox"/> 1099 - K	Third Party Transactions (Paypal, Venmo, etc.)
<input type="checkbox"/> 1099 - R	Distributions from Retirement, IRS, Pension, Annuity
<input type="checkbox"/> Business Expense Records	These could be receipts, credit card statements, records of checks you've written, etc.
<input type="checkbox"/> Quarterly Estimated Tax Payments	If you make instalments to your tax bill during the year, the IRS (and your state) should send you a record of what you paid – similar to a receipt.
<input type="checkbox"/> Mileage Records	In order to get a deduction for your travel, you'll need to know how many miles you drove for work purposes.
<input type="checkbox"/> Home Office Expenses	Taking the home office deduction? You'll need to know how big your space is in square feet. If you decide to use the actual expense method, you'll also need a record of your home-related expenses, like utilities and mortgage (or rent).
<input type="checkbox"/> Receipts for Unreimbursed Medical Expenses	These could include exams, surgeries, and preventative care. It could also be braces, glasses, hearing aids, prescriptions – even transportation to and from treatment.
<input type="checkbox"/> Form 1095	If you are enrolled through the Marketplace, you'll receive Form 1095-A. Insurance providers will send a 1095-B for individuals they cover. If your employer offers coverage, they should send you a 1095-C.
<input type="checkbox"/> Social Security Benefits	If you receive Social Security, you'll receive an SSA-1099 in January showing the total amount of benefits you received for the year.
<input type="checkbox"/> Charitable Donation Receipts	If you are planning to take a tax deduction for the donations you made to charity, you'll need to be able to back them up with receipts showing the date, value, and charitable organization
<input type="checkbox"/> Property Tax Receipts	If you itemize your deductions, you could write off a portion of the property taxes you paid.