

TAX ORGANIZER

Basic Taxpayer Information

	First Name	Initial	Last Name	Suffix	Social Security No.
Taxpayer					
Spouse					

	Occupation	Date of Birth	Check if			
			Disabled	Blind	Dependent of Another	Presidential Election Contrib.
Taxpayer						
Spouse						

Street Address	Phone Res:	
City, State & Zip	Phone Work:	
E-mail Address	Cell Phone:	

School District _____

Filing Status 1 - Single; 2 - Married filing joint; 3 - Married filing separate; 4 - Head of Household; 5 - Qualifying Widower

Dependent Information

	First Name	Last Name	Social Sec. No.	Relationship	Months in home	Date of Birth	Disabled or full time student
1							
2							
3							
4							
5							
6							

Wages and Salaries

	Employer Name	Wages	Federal Tax Withheld	FICA Withheld	Medicare Withheld	State Tax Withheld	Local Tax Withheld
1							
2							
3							
4							
5							
6							

Pensions and IRAs

	Payer's Name	Gross Distribution	Taxable Distribution	Federal Tax Withheld	IRA
1					
2					
3					
4					

Attestation and Signature:

To the best of my knowledge the enclosed information is correct and includes all income, deductions, and other information necessary for the preparation of this year's income tax returns for which I have adequate records.

Sign _____ Date _____
 here _____ Date _____

Interest Income

Please provide copies of all Form 1099-INT or other statements reporting interest income.

* F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint.

*F/S/J	Payer
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	
12	

Taxable Interest Income		Tax Exempt Interest		Specified Priv Act Interest	
Prior Year Amount	Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount	Current Year Amount

Dividend Income

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

* F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint.

*F/S/J	Payer
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	
12	

Ordinary Dividends		Qualified Dividends		Capital Gains	
Prior Year Amount	Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount	Current Year Amount

Income or Loss from Partnerships, S Corporations, and Trusts

Name	Income	Loss	Other Expenses	Passive (Yes / No)	*P/S/T
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					

*P/S/T - enter entity type (P)artnership, (S) Corporation, (T)rust

Gains or Losses from Sales of Stocks, Securities or Other Assets

	Kind of Property and Description	Date acquired	Date sold	Sales Price	Cost or other basis
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					

Other Income

		Prior Year Amount	Current Year Taxpayer	Current Year Spouse
1	Taxable refunds of state and local income taxes			
2	Alimony received			
3	Business income or (loss) - Schedule C			
4	Other gains or (losses) - Form 4797			
5	Rents and royalties - Schedule E pg 1			
6	Farm income or (loss) - Schedule F			
7	Unemployment compensation			
8	Total social security benefits			
9	Tips			
10	Child care taxable benefits			
11	Prizes and awards			
12	Scholarships and fellowships			
13	Other income not provided for in this organizer			
14				
15				
16				

Adjustments to Income

		Prior Year Amount	Current Year Taxpayer	Current Year Spouse
1	Educator expenses			
2	Business expenses of reservists, performing artists and fee-based gov officials			
3	Health savings account deduction			
4	Moving expenses			
5	Self-employed SEP, SIMPLE, and qualified plans			
6	Penalty on early withdrawal of savings			
7	Alimony paid			
8	Your IRA contribution			
9	Spouse's IRA contribution			
10	Student loan interest			
11	Tuition and fees			

Itemized Deductions

		Prior Year Amount	Current Year Amount
1a	Medical and dental expenses (other than long-term care premiums)		
1b	Long-term care premiums Taxpayer Spouse		
2	Other state and local taxes paid not reported elsewhere in this Organizer		
3	State and local income taxes paid		
4	Real estate taxes		
5	Personal property taxes		
6	Other taxes		
7	Home mortgage interest and points reported on Form 1098		
8	Home mortgage interest not reported on Form 1098 Name: Address: SSN:		
9	Home mortgage points not reported on Form 1098		
10	Qualified mortgage insurance premiums		
11	Investment interest paid		
12	Gifts to charity by cash or check		
13	Gifts to charity other than by cash or check		
14	Mileage driven to charitable activities		
15	Casualty and theft losses - Form 4684		
16	Unreimbursed employee expenses		
	Travel expenses (exclude meals)		
	Meals and entertainment		
	Parking and tolls (enter other vehicle information on Page 7)		
	Telephone used for employer's business (allocate cost)		
	Professional organization or union dues		
	Educational expenses required to maintain your job		
	Office in home required by employer		
	Tools and equipment		
	Uniform and protective clothing		
	Professional journals subscriptions		
	Job seeking costs		
	Other		
17	Tax preparation fees		
18	Other expenses		
	Investment expenses		
	Safe deposit box rental		
	Other		
19	Other miscellaneous deductions		

Education Expenses

	Student's Name	Type of Expense	Year of School	Amount
1				
2				
3				
4				
5				
6				

Child or Dependent Care Expenses

	Persons or Organizations Who Provided the Care		Social Security or ID Number	Amount Paid
	Name	Address		
1				
2				
3				
4				