

# Income Tax Organizer

Please complete the following form if you have a complex tax return and bring the completed form to your initial interview/consultation. Our senior tax preparer can answer any questions that you might have during your interview/consultation.

1. ESTIMATED TAXES PAID									
JANUARY (last year)		APRIL		JUNE		SEPTEMBER		JANUARY (this year)	
Federal	State	Federal	State	Federal	State	Federal	State	Federal	State

2. INTEREST INCOME	
PAYER	AMT
U.S. Government	
Seller – Finance Mtg	

3. CHILD & DEPENDENT CARE		
PAYMENT TO	SS# OR EIN	AMOUNT
Name		
Address		
Employer Dependent Care Benefit <input type="checkbox"/> YES <input type="checkbox"/> NO		

4. PROPERTY & SECURITIES SOLD				
DESCRIPTION	DATE ACD'D	DATE SOLD	SALES PRICE	COST

## 5. CHAIRTABLE CONTRIBUTIONS

NAME OF CHARITY	CASH	NON-CASH	
		COST	VALUE
Church			
Payroll			
Other			
Other			
Other			

## 6. MISCELLANEOUS EXPENSES

EXPENSE	FILER	SPOUSE
Union/Prof Dues		
Tools, Supplies, etc.		
Licenses & Permits		
Uniforms & Upkeep		
Trade Publications		
Business Insurance		
Tax Preparation Fee		
<b>AUTO TRAVEL</b>	Continuing Ed.	
	1 <sup>st</sup> to 2 <sup>nd</sup> Job	
	Professional Mtgs	
	Job Seeking	
Investment Expense		
Safe Deposit Box		
Resume/Employ. Fees		
Business Phone Calls		
Safety Equipment		

## 6. MISCELLANEOUS EXPENSES (cont'd)

Other			
Other			
Other			
Out-of-town Business Expenses	Air, Train, etc.		
	Lodging		
	Meals		

## 7. DIVIDENDS RECEIVED

PAYER	AMT

## 8. HOME MORTGAGE INTEREST PAID

First Mortgage		
Add'l Mortgages		
Home Equity Loan		
Motor Home, Boat, etc.		
Points		
An Individual (include name & SS# below)		

Name SS #:

Address

Provide copies of closing stmts for any new loans obtained this year. If Form 1098 was issued in another name, provide person's

Name:

Address:

**9. TAXES PAID**

DESCRIPTION	AMOUNT
Real Estate (Home)	
Real Estate (Other)	
Personal property (Car)	
Foreign Taxes (Pd or Accrued)	
State / Local (Prior Year)	

**10. INVESTMENT INTEREST**

DESCRIPTION	AMOUNT
Margin Accounts	
Other	
Other	

**11. MEDICAL EXPENSES**

EXPENSE	AMOUNT
Med, Dental, Hosp. Insurance	
Prescription Drugs (Only)	
DR, DDS, Chiro, Prac, Nurse, Acupuncture, etc.	
Hospitals, Nursing Homes	
Auto Travel	miles
Parking, Telephone	
Lab & X-Rays, Therapy	
Glasses, Hearing Aid, Exams, Medical Equip.	
Other:	
Insurance Reimbursement	

12. EDUCATIONAL EXPENSES			STUDENT LOAN INTEREST					
STUDENT	POST SECONDARY EDUCATION							
	TUITION	EDUC. RELATED FEES	LIMITED APPLICATION – SEE NOTE (1)				CONTINUING EDUCATION	
			BOOKS	SUPL'S	ROOM BOARD	EQPMNT (SEE NOTE 2)	TUITION FEES	BOOKS SUPPL'S
Taxpayer								
Spouse								
Dependent's Name:								
Dependent's Name:								