

# TAX ORGANIZER FORM

We are required by law to have a copy of all W-2, 1098, and 1099 forms to complete a tax return. Please mail, email, or fax a copy of all forms along with this organizer.

## BASIC INFORMATION

Name of Taxpayer \_\_\_\_\_ DOB \_\_\_\_\_

SSN \_\_\_\_\_ Occupation \_\_\_\_\_

Name of Spouse \_\_\_\_\_ DOB \_\_\_\_\_

SSN \_\_\_\_\_ Occupation \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Home Phone \_\_\_\_\_ Daytime Phone \_\_\_\_\_

Filing Status \_\_\_\_\_

(single, married filing joint, married filing separate, head of household, qualifying widower)

## DEPENDENT INFORMATION

Name \_\_\_\_\_ DOB \_\_\_\_\_ SSN \_\_\_\_\_

Relationship \_\_\_\_\_ Months in home \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_\_ SSN \_\_\_\_\_

Relationship \_\_\_\_\_ Months in home \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_\_ SSN \_\_\_\_\_

Relationship \_\_\_\_\_ Months in home \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_\_ SSN \_\_\_\_\_

Relationship \_\_\_\_\_ Months in home \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_\_ SSN \_\_\_\_\_

Relationship \_\_\_\_\_ Months in home \_\_\_\_\_

## INTEREST INCOME

Payer \_\_\_\_\_ \$ \_\_\_\_\_

Payer \_\_\_\_\_ \$ \_\_\_\_\_

Payer \_\_\_\_\_ \$ \_\_\_\_\_

Payer \_\_\_\_\_ \$ \_\_\_\_\_

Payer \_\_\_\_\_ \$ \_\_\_\_\_

## DIVIDEND INCOME

Payer \_\_\_\_\_ \$ \_\_\_\_\_

Payer \_\_\_\_\_ \$ \_\_\_\_\_

Payer \_\_\_\_\_ \$ \_\_\_\_\_

Payer \_\_\_\_\_ \$ \_\_\_\_\_

Payer \_\_\_\_\_ \$ \_\_\_\_\_

## WAGES AND SALARIES (must enclose copies)

Employer \_\_\_\_\_ Filer/Spouse \_\_\_\_\_ Wages \_\_\_\_\_

Fedtax \_\_\_\_\_ FICA \_\_\_\_\_ Medicare \_\_\_\_\_ Statetax \_\_\_\_\_

Localtax \_\_\_\_\_ Other \_\_\_\_\_

Employer \_\_\_\_\_ Filer/Spouse \_\_\_\_\_ Wages \_\_\_\_\_

Fedtax \_\_\_\_\_ FICA \_\_\_\_\_ Medicare \_\_\_\_\_ Statetax \_\_\_\_\_

Localtax \_\_\_\_\_ Other \_\_\_\_\_

Employer \_\_\_\_\_ Filer/Spouse \_\_\_\_\_ Wages \_\_\_\_\_

Fedtax \_\_\_\_\_ FICA \_\_\_\_\_ Medicare \_\_\_\_\_ Statetax \_\_\_\_\_

Localtax \_\_\_\_\_ Other \_\_\_\_\_

***Car and Truck Used for Business or Ministry***

	Car#1	Car #2	Car#3
Description of Vehicle	_____	_____	_____
Total Miles For Year	_____	_____	_____
Total Business Miles	_____	_____	_____
Total Commuting Miles	_____	_____	_____
Gas, Oil, Repairs, Etc...	_____	_____	_____
Registration DMV	_____	_____	_____
Vehicle Rentals	_____	_____	_____
Vehicle Lease Payments	_____	_____	_____
Interest on Vehicle	_____	_____	_____
Parking Fees, Tolls, Cabs, Etc	_____	_____	_____
Date Vehicle placed in Serv.	_____	_____	_____
Do you own this vehicle?	_____	_____	_____
Do you have a mileage log?	_____	_____	_____
Any other vehicles available For personal use?	_____	_____	_____

***Miscellaneous Information***

If you check any of the following as applying to you, **you must enclose documentation:**

W-2	_____
1099	_____
1099-R	_____
1098	_____
Non charitable contributions over \$500.00	_____
Business use of home	_____
Sale of business property	_____
Sale of stocks or securities	_____
Sale of a rental property	_____
Sale of your home	_____
Child care expenses	_____
Contributed to an IRA, Keough, or SEP	_____
Paid estimated tax payments	_____ 1 <sup>st</sup> _____ 2 <sup>nd</sup> _____ 3 <sup>rd</sup> _____ 4 <sup>th</sup> _____
Received interest income	_____
Received dividend income	_____
Other information you think I should know	_____

***Itemized Deductions***

(do not include business deductions here)

**MEDICAL AND DENTAL**

Prescription medicine and drugs \_\_\_\_\_  
Doctors \_\_\_\_\_  
Dentists \_\_\_\_\_  
Hospitals, lab fees, x-rays, etc... \_\_\_\_\_  
Health insurance premiums \_\_\_\_\_  
Medical auto mileage \_\_\_\_\_

**TAXES**

State and local taxes paid this year \_\_\_\_\_  
For prior year \_\_\_\_\_  
Real Estate Taxes \_\_\_\_\_  
Vehicle Taxes \_\_\_\_\_  
Personal property tax \_\_\_\_\_  
Other \_\_\_\_\_

**INTEREST**

Home mortgage interest reported (1098) \_\_\_\_\_  
Home mortgage to an individual \_\_\_\_\_  
    Name \_\_\_\_\_  
    Address \_\_\_\_\_  
    SSN \_\_\_\_\_  
Points paid on refinance or new home \_\_\_\_\_  
Date of purchase/refinance \_\_\_\_\_  
Life of loan (in years) \_\_\_\_\_  
Other Points \_\_\_\_\_  
Investment interest \_\_\_\_\_

**CONTRIBUTIONS**

By cash or check \_\_\_\_\_  
Other than cash (goodwill, etc...) \_\_\_\_\_  
Charitable or volunteer mileage \_\_\_\_\_

**OTHER**

Unreimbursed employee business expense  
    Travel expense \_\_\_\_\_  
    Office expense \_\_\_\_\_  
    Supplies \_\_\_\_\_  
    Meals and entertainment \_\_\_\_\_  
    Union and professional dues \_\_\_\_\_  
    Uniforms \_\_\_\_\_  
    Education Expenses \_\_\_\_\_  
    Subscriptions or Publications \_\_\_\_\_  
    Tax preparation fees \_\_\_\_\_  
    Investment Publications \_\_\_\_\_  
    Safe deposit box rental \_\_\_\_\_

*Ministry, Business, or Professional Income & Expenses*

INCOME

Gross income not including allowances \_\_\_\_\_  
Housing allowance (if minister) \_\_\_\_\_  
Other returns or allowances \_\_\_\_\_  
Other business income (wedding, funeral, etc) \_\_\_\_\_

DUSBURSEMENTS

Advertising \_\_\_\_\_  
Bad Debts \_\_\_\_\_  
Credential fees \_\_\_\_\_  
License Fees \_\_\_\_\_  
Dues and Subs \_\_\_\_\_  
Commissions \_\_\_\_\_  
Insurance (not car) \_\_\_\_\_  
Interest on car loan \_\_\_\_\_  
Legal or professional services \_\_\_\_\_  
Office Expense \_\_\_\_\_  
Rent or Lease \_\_\_\_\_  
Repairs or maintenance \_\_\_\_\_  
Supplies \_\_\_\_\_  
Tax and License \_\_\_\_\_  
Travel \_\_\_\_\_  
Seminar Expense \_\_\_\_\_  
Meals and entertainment \_\_\_\_\_  
Utilities \_\_\_\_\_  
Telephone \_\_\_\_\_  
Wages \_\_\_\_\_  
Education \_\_\_\_\_  
Special Clothing \_\_\_\_\_  
\*Minister Tithe \_\_\_\_\_  
\*Convention Expense \_\_\_\_\_  
\*Clerical Clothing \_\_\_\_\_  
\*Books/Library \_\_\_\_\_  
\*Teaching Supplies \_\_\_\_\_  
Other \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*For Ministers Only