

TAX ORGANIZER														
Client Name or Names:														
Client Social Security Numbers			Primary:				Spouse:							
Client Dates of Birth			Primary:				Spouse:							
Client Driver License Expiration			Primary:				Spouse:							
Since 12/31/18, have you gotten:			Married?		Divorced?		Widowed?		Date Married/Divorced/Widowed:					
If newly married:			Spouse Name (First, Middle, Last)											
Address:														
Cell Phone:					Spouse Cell Phone:									
Added/Removed Dependents Name		Date of Birth:		Relationship:		Social Security Number		Months in your home:						
INCOME				CONTRIBUTIONS				Dollar Amount						
W-2's, 1099's attached:				Yes	No	# of Forms	Total Church		\$					
Salary & Wages (W-2)							Total Charity		\$					
Social Security (1099-SSA)							Noncash Donations (FMV)		\$					
Interest (1099-INT)							Name of Charity Given to:							
Dividend (1099-DIV)							Charitable Miles Driven		# of Miles:					
Stock Sales (1099-B)							MISC DEDUCTIONS							
Pension/Retirement Savings (1099-R)							Tax Preparation Fees		\$					
Non-Employee Comp (1099-Misc)							Safe Deposit Box Rent		\$					
Unemployment Comp (1099-G)							Investment Fees		\$					
Gambling Winnings (W-2G)							Disaster or Theft		\$					
Partnership or S Corp (K-1)							Other:		\$					
OTHER INCOME				Dollar Amount			EMPLOYEE EXPENSES For unreimbursed expenses of an employee, if self-employed use Schedule C – State Only							
State Tax Refunds (1099-G)							Miles Driven (Unreimbursed)		# of Miles:					
Alimony Received				\$			Travel Expenses		\$					
Self-Owned Business Income				Request Sch C Organizer			Meals & Entertainment		\$					
Rental Income				Request Sch E Organizer			Stimulus Check amount in 2021		\$					
Stimulus Check amount in 2020				\$			Union Dues		\$					
OTHER DEDUCTIONS							Uniforms (Not street clothes)		\$					
Work Related Moving Expenses				\$			Gifts, etc.		\$					
IRA contributions				\$			Supplies		\$					
Alimony Paid				\$			Safety Equipment/Tools		\$					
Educator Supplies				\$			Office In home?		Yes No					
MEDICAL EXPENSES (Paid out of pocket and unreimbursed by insurance)							CHILD & DEPENDENT CARE							
Health Premiums (if not deducted pre-tax on your paycheck)				\$			Child & Dependent Care Paid		\$					
Prescription Drugs & Insulin				\$			Which Dependent(s)							
Doctors/Dentists/Hospitals				\$			Care Provider Name:							
Ambulances				\$			Care Provider Federal ID or SSN:							
Glasses & Contact Lenses				\$			EDUCATION EXPENSES		# of Forms Attached					
Hearing Aids & Batteries				\$			College Tuition (1098-T)							
Long-Term Care Premiums				\$			Student Loan Interest (1098-E)							
Medical Miles Driven				# of Miles			Questions, Comments or Notes:							
TAXES PAID														
Real Estate Tax				\$										
Tax on Car Tags				\$										
MORTGAGE INTEREST PAID														
Mortgage Interest- 1098 (attach)														
Mortgage Interest - No 1098				\$										
Estimated Taxes Paid (Amount and Date Paid)														
IRS 1 st Qtr		\$		Date:		State 1 st Qtr				\$		Date:		
IRS 2 nd Qtr		\$		Date:		State 2 nd Qtr				\$		Date:		
IRS 3 rd Qtr		\$		Date:		State 3 rd Qtr		\$		Date:				
IRS 4 th Qtr		\$		Date:		State 4 th Qtr		\$		Date:				