



## Tax Organizer

**Taxpayer** \_\_\_\_\_ **SS#** \_\_\_\_\_ **DOB** \_\_\_\_|\_\_\_\_|\_\_\_\_

**Spouse** \_\_\_\_\_ **SS#** \_\_\_\_\_ **DOB** \_\_\_\_|\_\_\_\_|\_\_\_\_

**Address** \_\_\_\_\_ **Tel-Home** (    ) \_\_\_\_\_

\_\_\_\_\_ **Tel-Work** (    ) \_\_\_\_\_

**Email** \_\_\_\_\_ **Tel-Mobile** (    ) \_\_\_\_\_

### Occupation

Taxpayer: \_\_\_\_\_ Spouse: \_\_\_\_\_

### Check One

- Single   
  Married Filing   
  Surviving  
 Married Filing Separate (enter spouses name & SS# above)   
  Head of Household

### Dependents

Name (First, M, Last)	DOB	SS	Relationshi	# of Months in Home
_____	____ ____ ____	_____	_____	_____
_____	____ ____ ____	_____	_____	_____
_____	____ ____ ____	_____	_____	_____
_____	____ ____ ____	_____	_____	_____

- Did you incur any educational expenses on behalf of yourself, your spouse, or a dependent?  
If yes, amount \$ \_\_\_\_\_ and for whom? \_\_\_\_\_
- Did you or your spouse have any kind of pension, profit sharing, 401K, Retirement, Keogh, IRA, or tax sheltered annuity plan?  
If yes, please circle which one(s) apply.
- Did you withdraw IRA or Keogh funds during the year? If yes, please indicate the amount of funds:  
Withdrawn \$ \_\_\_\_\_ Date \_\_\_\_\_ Re-deposited \$ \_\_\_\_\_ Date \_\_\_\_\_
- Were any funds withheld? If yes, Amount \$ \_\_\_\_\_
- Were the withdrawn funds used to pay medical expenses Yes \_\_\_\_\_ No \_\_\_\_\_
- If you are self employed, did you pay health insurance premiums for yourself and your family? If yes, Amount \$ \_\_\_\_\_
- If you purchased ObamaCare, you will need to bring form 1095A to your appointment.
- Did you pay alimony? If yes, to whom? \_\_\_\_\_ SS# \_\_\_\_\_  
Amount \$ \_\_\_\_\_

Did you have any adoption expenses for the tax year in question? If yes, amount \$ \_\_\_\_\_

Did you have any stocks sales for the tax year in question? If yes, please provide all 1099b forms with original cost basis and date of original purchase.

**Estimated Tax Payments**

	1st Quarter		2nd Quarter		3rd Quarter		4th Quarter	
	Date Paid	Amount	Date Paid	Amount	Date Paid	Amount	Date Paid	Amount
Fed.								
State								
City								

**Retirement Contributions for Tax Year**

	Self	Spouse
IRA Contribution	_____	_____
SEP	_____	_____
401K	_____	_____
OTHER	_____	_____

**Personal Itemized Deductions**

Medical	Amount
Prescription Drugs	
Medical Insurance Premiums	
Long Term Care Insurance Premiums	
Medical Premiums	
Doctors & Dentists	
Clinic & Lab Tests	
Hospitals	
Eye Glasses & Hearing Aids	
Medical Miles	
Medical Long Distance Phone	
Do you have a medical savings account?    Yes    No	

Taxes	Amount
Real Estate	
Personal Property (excise)	
State & Local Income Tax	

Charitable Contributions	Amount
Any cash contributions in excess of \$250 need written receipt from organization	
Non-cash (clothing, furniture, etc.)	
Miles driven for charity	

Misc. Deductions Subject to 2% of Adjusted Gross Income	Amount	
Un-reimbursed employee business expenses		
Union & Professional Dues		
Safe Deposit Box Rental		
Tax Return Prep Fee		
Business Publications		
Business Telephone Calls		
Tools, Supplies, Equipment		
Employment-related Education		
Investment Expenses		

Misc. Deductions Not Subject to 2% of Adjusted Gross Income	Amount	
Gambling Losses (limited winnings)		

Interest	Amount	
Home mortgage interest paid to financial institution		
Home equity interest		
Mortgage interest paid to individuals: Name & address: SS#		
Deductible points (include amortization points from prior years)		
***Investment interest		

### Rental Income

Property Description	
Address	
Gross Income \$	
Occupancy By Taxpayer	
Expenses	
Advertising	
Auto & Travel	
Cleaning & Maintenance	
Commissions	
Insurance	
Legal & Prof.	
Mortgage Interest	
Other Interest	
Repairs	
Supplies	
Taxes	
Utilities	
Wages/Salaries	

Property Description	
Address	
Gross Income \$	
Occupancy By Taxpayer	
Expenses	
Advertising	
Auto & Travel	
Cleaning & Maintenance	
Commissions	
Insurance	
Legal & Prof.	
Mortgage Interest	
Other Interest	
Repairs	
Supplies	
Taxes	
Utilities	
Wages/Salaries	

Property Description	
Address	
Gross Income \$	
Occupancy By Taxpayer	
Expenses	
Advertising	
Auto & Travel	
Cleaning & Maintenance	
Commissions	
Insurance	
Legal & Prof.	
Mortgage Interest	
Other Interest	
Repairs	
Supplies	
Taxes	
Utilities	
Wages/Salaries	

### Child Care Deductions (Number of Dependents Qualifying

Providers Name & Address (include individuals name or	SS# or Federal ID	Amount	

Did you receive employer-provided dependent care assistance benefits? If yes, Amount \$ \_\_\_\_\_

**NOTE: Things you need to bring to your appointment**

- Completed Tax Organizer or Profit & Loss
- Balance Sheet that lists new assets acquired for current year
- W-2 Wage & Earning Statements from
- All 1099's that were issued to you from banks, businesses or investment groups (self employed income, interest, dividends, unemployment, and sale of stocks, bonds, land, and equipment)
- If you purchased ObamaCare, you will need to bring form 1095A to your appointment
- If you have sold stocks/bonds in the past tax year, we need date purchased and what it cost you at the time of purchase
- If you are a new client, please bring your three (3) previous years taxes (Fed 1040 & State 1040-ME)

***Please call your financial lender and obtain the amount you paid for interest on all your loans (auto, business, home, etc.)***