

**Individual Tax Organizer  
Personal Information**

**Personal Information**

Name		SSN	Has IP PIN	Date of birth
Taxpayer			<input type="text"/>	
Spouse			<input type="text"/>	
Name of person to whom all information should be addressed, if not the taxpayer				
Street address, city, state, and ZIP				
Occupation		Phone Number		
Taxpayer		Daytime	Evening	Cell
Spouse				
Taxpayer email				
Spouse email				

**Filing status at the end of last year**

- Single     Married     Widowed - If widowed and your spouse died during last year, enter the date of death \_\_\_\_\_  
 **Married filing separately** - If married but filing separately, did you live apart from your spouse for the last six months of the year? \_\_\_\_\_  
 Yes     No  
 Are you or your spouse blind?  
 Are you or your spouse disabled?  
 Are you or your spouse a full-time student?  
 Do you or your spouse want to designate \$3 to go to the Presidential Election Campaign Fund?

At any time during the last year did you:  
 receive (as a reward, award, or payment for property or service) a digital asset  
 sell, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)

**Identification Information**

Taxpayer's type of photo ID		Spouse's type of photo ID	
<input type="checkbox"/> Driver's license	<input type="checkbox"/> State-issued photo ID	<input type="checkbox"/> Driver's license	<input type="checkbox"/> State-issued photo ID
Photo ID number _____	Photo ID number _____	Photo ID number _____	Photo ID number _____
State photo ID was issued _____	State photo ID was issued _____	State photo ID was issued _____	State photo ID was issued _____
Date photo ID was issued _____	Date photo ID was issued _____	Date photo ID was issued _____	Date photo ID was issued _____
Date photo ID expires _____	Date photo ID expires _____	Date photo ID expires _____	Date photo ID expires _____

**Account Information for Deposits and Withdrawals**

Name of bank	Bank routing number	Bank account number	Type of account		Use this account for	
			Checking	Savings	Deposits	Withdrawals
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

# Individual Tax Organizer

## Dependent and Other Information

Name:

SSN:

### Dependent Information

First and last name SSN	Has IP PIN	Relationship	Months in home	Date of birth	Disabled	Full- time student	Childcare Expenses
	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	

List dependents required to file a return

### Child and Other Dependent Care Expenses

Name of care provider	Address	SSN or EIN	Amount Paid

### Estimates

	Federal		Resident State		Resident City	
	Date paid	Amount	Date paid	Amount	Date paid	Amount
Overpayment applied From last						
First quarter						
Second quarter						
Third quarter						
Fourth quarter						
Additional payments						

# Individual Tax Organizer

## Checklist

Name:

SSN:

### Checklist

This check list is provided to help you gather necessary information for us to prepare your income tax return. Return this list, along with the supporting documentation, to our office and let us know of any significant changes from last year.

#### State and city refunds and other government payments (Form 1099-G)

Unemployment compensation

#### Credit card, debit card, and third party network transactions (Form 1099-K) Reportable payment transactions

#### Other Income (provide supporting documentation for income received for the following items)

Sale of assets or property

Cancellation of debt

Other income \_\_\_\_\_

#### Payments (provide supporting documentation for payments made for the following items)

Educator classroom expenses

Employee business expenses

Contributions to a Health Savings Account

Expenses related to work relocation with the military

Alimony

Student loan interest

Refunded student loan interest payments

Student loan forgiveness

Tuition and fees for higher education

Expenses related to child or dependent care

Contributions to a Retirement Savings Account

Medical and dental expenses

Real estate taxes

Other state and local taxes

Mortgage interest

Investment interest

Cash contributions

Noncash contributions

Unreimbursed employee expenses

Investment expenses

Gambling losses

Other payments \_\_\_\_\_

# Individual Tax Organizer

## Schedule C - Profit or Loss from Business

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

TS \_\_\_\_\_ Professional product or service \_\_\_\_\_ Employer ID number \_\_\_\_\_

Business name \_\_\_\_\_

Business address, city, state, ZIP \_\_\_\_\_

Accounting Method:  Cash  Accrual  Other (specify) \_\_\_\_\_

This business started or was acquired during last year.

This business was disposed of last year.

Select if this business is for:

Professional gambler

Newspaper delivery and you are under 18 years of age

Exempt Notary income

A clergy

Yes No

If "Yes," was any portion of the loan forgiven?

### General Business Information

Payments of \$600 or more were paid to an individual, who is not your employee, for services provided for this business.

If "Yes," did you file Forms 1099 for the individuals?

You received a Paycheck Protection Program (PPP) loan for this business.

### Income

Gross receipts or sales ..... Other income .....

Returns & allowances ..... ..

### Expenses

Advertising ..... ..

Repairs & maintenance ..... Supplies .....

Car & truck expenses ..... Taxes & licenses .....

Commissions & fees ..... Travel .....

Contract labor ..... Total meals .....

Depletion ..... Utilities .....

Employee benefit programs ..... Wages .....

..... Insurance (other than ..... Family health coverage payments

health) ..... for taxpayer, spouse or dependents .....

Interest - mortgage ..... Other expenses (list) .....

Interest - other ..... ..

Legal & professional services ..... ..

..... ..

Office expenses ..... ..

Pension & profit sharing plans ..... ..

Rent or lease (vehicles, ..... Rent

machinery, & equipment) ..... (other business property) .....

..... ..

### Cost of Goods Sold

Inventory at beginning of year ..... Materials & supplies .....

..... Purchases ..... Other .....

costs ..... ..

Cost of personal use items .....  Inventory at end of year .....

Cost of labor ..... There was a change in inventory method.

**Individual Tax Organizer**

**Schedule E - Income or Loss from Rental Real Estate & Royalties**

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

**General Property Information**

TSJ \_\_\_\_\_

Property description \_\_\_\_\_

Address, city, state, ZIP \_\_\_\_\_

Vacation / short-term rental  
 Commercial

Land  
 Royalties

Self-rental  
 Other \_\_\_\_\_

Number of days property was rented \_\_\_\_\_ Number of days property was used for personal use \_\_\_\_\_

If the rental is a multi-dwelling unit and you occupied part of the unit, enter the percentage you occupied \_\_\_\_\_

This property was placed in service during last year. Yes No  
 Yes  No  
 Yes  No  
 Yes  No

**Select the property type**

- Single family residence
- Multi-family residence

Payments of \$600 or more were paid to an individual, who is This property was disposed of during the year. not your employee, for services provided for this rental.

This property is your main home or second home.

If "Yes," did you file Forms 1099 for the individuals? This property was owned as a qualified joint venture.

**Income**

Rent income ..... Royalties from oil, gas, mineral, copyright or patent .....

**Expenses**

	<b>Rental unit expenses</b>	<b>Rental <u>and</u> homeowner expenses</b>
Advertising .....	_____	_____
Auto & travel .....	_____	_____
Cleaning & maintenance .....	_____	_____
Commissions .....	_____	_____
Insurance .....	_____	_____
Legal & professional fees .....	_____	_____
Management fees .....	_____	_____
Mortgage interest .....	_____	_____
Other interest .....	_____	_____
Repairs .....	_____	_____
Supplies .....	_____	_____
Taxes .....	_____	_____
Utilities .....	_____	_____
Depletion .....	_____	_____
Other expenses	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

If this Schedule E is for a multi-unit dwelling and you lived in one unit and rented out the other units, use the "Rental and homeowner expenses" column to show expenses that apply to the entire property. Use the "Rental unit expenses" column to show expenses that pertain ONLY to the rental portion of the property.

If the Schedule E is not for a multi-unit property in which you lived in one unit, complete just the "Rental unit expenses" column.

# Individual Tax Organizer

## Schedule A - Itemized Deductions

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

### Medical and Dental Expenses

Health insurance premiums (paid by you, not through work) \_\_\_\_\_  
 Amount that is for Medicare premiums \_\_\_\_\_  
 Long-term care premiums (you) \_\_\_\_\_  
 Long-term care premiums (your spouse) \_\_\_\_\_  
 Mileage driven for medical purposes  
 Before July 1, of last year \_\_\_\_\_  
 After June 30 of last year \_\_\_\_\_  
 Out of pocket medical & dental expenses  
 Doctor, dental, etc \_\_\_\_\_  
 Prescription medicines \_\_\_\_\_  
 Glasses & contacts \_\_\_\_\_  
 Hearing aids \_\_\_\_\_  
 Medical equipment & supplies \_\_\_\_\_  
 Hospital services \_\_\_\_\_  
 Laboratory services \_\_\_\_\_  
 Nursing services \_\_\_\_\_  
 Other \_\_\_\_\_

### Taxes Paid

State and local income taxes \_\_\_\_\_  
 General sales tax (vehicle, boat, home, etc.) \_\_\_\_\_  
 Real estate taxes \_\_\_\_\_  
 Personal property taxes \_\_\_\_\_  
 Auto registration taxes not deductible for state \_\_\_\_\_  
 Other taxes (list) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### Interest Paid

Home mortgage interest paid (attached Form1098) \_\_\_\_\_

### Charitable Contributions

Donations to charity	Cash	Noncash	Amount
Church	<input type="checkbox"/>	<input type="checkbox"/>	_____
Boy or Girl Scouts	<input type="checkbox"/>	<input type="checkbox"/>	_____
Goodwill	<input type="checkbox"/>	<input type="checkbox"/>	_____
Red Cross	<input type="checkbox"/>	<input type="checkbox"/>	_____
	<input type="checkbox"/>	<input type="checkbox"/>	_____
Veterans	<input type="checkbox"/>	<input type="checkbox"/>	_____
Hospital	<input type="checkbox"/>	<input type="checkbox"/>	_____
University	<input type="checkbox"/>	<input type="checkbox"/>	_____
	<input type="checkbox"/>	<input type="checkbox"/>	_____

Miles driven for charitable purposes. \_\_\_\_\_

### Other Miscellaneous Deductions

Necessary job expenses you paid that were not reimbursed by your employer.

Safety equipment, tools & supplies \_\_\_\_\_  
 Uniforms \_\_\_\_\_  
 Protective clothing (shoes, hardhats glasses.) \_\_\_\_\_  
 Dues to professional organizations \_\_\_\_\_  
 Books & Subscriptions \_\_\_\_\_  
 Other \_\_\_\_\_  
 Union Dues \_\_\_\_\_  
 Tax Preparation Fees \_\_\_\_\_

Other nonpersonal expenses related to taxable income (safe deposit box fees, investment expenses not entered elsewhere etc.)  
 \_\_\_\_\_  
 \_\_\_\_\_