

INCOME TAX ORGANIZER

Taxpayer's Name	Social Security Number	Date of Birth (DOB)	Occupation
Spouse's Name	Social Security Number	Date of Birth (DOB)	Occupation
Home Phone	Taxpayer's Cell Phone	Spouse's Cell Phone	E-mail
Address	City	State	Zip code

DEPENDENT CHILDREN (who lived with you more than 6 months)

Name	Social Security Number	Date of Birth (DOB)	Relationship	Supported by you
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OTHER DEPENDENTS

Name	Social Security Number	Date of Birth (DOB)	Relationship	Supported by you
Name	Social Security Number	Date of Birth (DOB)	Relationship	Supported by you

THINGS TO BRING (If applicable)

- Last Year's Tax Return (if new client)
- Social Security Cards for Taxpayer, Spouse and dependents
- Taxpayer's and Spouse's current ID
- For EITC (Child's birth certificate, Social Security Card, School or Medical Record that shows child's address)
- Original and complete set of W-2 Forms
- All 1099 Forms (1099 R, 1099 DIV, 1099 INT, 1099 C)
- Social Security Benefits Statement
- K-1s from Partnerships, Corporations or Estates
- Property Tax Statements
- IRA Year-end Statements
- 1098 Mortgage Interest, Tuition,
- Letters from charitable organizations to for any contributions of \$250 or more
- If non cash contributions (clothing, household items, etc) value of noncash contributions, date donated, charitable organization's name and address
- Closing papers for purchases & sales, including purchase and sale dates & amounts
- All other statements showing income
- Last pay stub of the year
- Childcare provider Information (Name, address, telephone, EIN or SSN, amount paid)
- If you sold stock, purchase date and cost basis information
- Your Bank and Account Information for Direct Deposit

Adjustments	Contributions
Payments to an IRA ___Regular ___Roth Taxpayer \$ _____ Spouse \$ _____ Alimony paid \$ _____ SSN _____	Churches (receipted) \$ _____ Other Contributions of money (receipted)\$ _____
Student Loan Interest \$ _____	Charitable auto mileage _____ Volunteer expenses (receipted) _____
Job Related Moving Expenses Travel & Lodging-Move \$ _____ Costs of moving household items \$ _____ Reimbursement \$ _____	Property donated (for which you have receipts) _____ _____ _____

Medical Expenses	Taxes and Interest Expense
Insurance premiums _____ Long Term Care Insurance _____ Prescriptions _____ Eyeglasses, Hearing Aids & Batteries _____ Doctors _____ Dentists _____ Hospital/ Ambulance _____ Auto Mileage _____ miles Other Medical Expenses, Travel _____ Meals _____	Real Estate Taxes _____ Sales tax paid on vehicles, boats _____ Vehicle License _____ Personal Property Taxes _____ Home Mortgage Paid to Financial Institutions (1098) _____ Loan origination fee _____ Home Mortgage paid to individuals Name, address, Social Security Number _____ _____ _____

Higher Education Expenses	Job/Investment Related Deductions (Limited)
Post Secondary Tuition Paid _____ School Supplies _____ School Equipment _____ Name, address, telephone and EIN of school _____ _____ _____	Dues & Subscriptions _____ Seminars & Education _____ Safety Equipment/Uniforms _____ Job Seeking Expense _____ Tools/Equipment/Supplies _____ Legal/Accounting Fees _____ Safe Deposit Box _____ Hobby Losses _____ Classroom materials for Educators _____

CASUALTY & THEFT LOSSES	JOB RELATED AUTOMOBILE EXPENSE
Cost of Property Lost _____ Fair Market Value of Property _____ Insurance Reimbursement Received _____ Ponzi-style scheme loss _____	Total Miles _____ Business Miles _____ Commuting Miles _____ Personal Miles _____ Gas & Oil _____

CHILD CARE EXPENSES

Name of Caregiver _____	Name of Caregiver _____
Address _____	Address _____
EIN _____ Amount Paid _____	EIN _____ Amount Paid _____
Taxpayer Signature _____ Date _____	Spouse Signature _____ Date _____