INDIVIDUAL
TAX ORGANIZER

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TAXPAYER INFORMATION

	First Name and Initial	Last Name	Social Security Number	Date of Birth	Daytime/Work/Cell Phone
Taxpayer					
Spouse					

Address ______________________ City ____________ State ______ Zip ________

E-mail ______________________

Filing Status: ☐ Single ☐ Married Filing Joint ☐ Married Filing Separate ☐ Head of Household

May the IRS or other taxing authority discuss the return with the preparer? . . . . **Y N**

Is the taxpayer claimed as a dependent on someone else's tax return? . . . . **Y N**

	Taxpayer	Spouse
Are you considered legally blind per IRS regulations?	**Y N**	**Y N**
Do you want to contribute to the Presidential Election Campaign Fund?	**Y N**	**Y N**

DEPENDENTS

First Name and Initial	Last Name	Social Security Number	Date of Birth (Mo/Da/Yr)	Relationship to Taxpayer	Months Lived in Your Home	Yes or No	Yes or No

Is dependent disabled?

Did dependent have income over $XXXX?

ELECTRONIC FILING

If you qualify for electronic filing, would you like to file the return electronically with the IRS? . . . . **Y N**

Would you like your return prepared and filed electronically when you have a balance due? . . . . **Y N**

Would you like your federal return filed electronically only if your refund is greater than a certain dollar amount? . . . . . **Y N**

If yes, enter amount here . . . . ☐

If you qualify, would you like to file your state return electronically? . . . . **Y N**

If you file more than one state, do you want to file all of them electronically? . . . . **Y N**

The IRS has implemented a program to allow taxpayers to e-file without mailing a signature document. In order to participate, please provide a 5-digit self-selected Personal Identification Number (PIN).

Self-selected PIN:

Taxpayer PIN . . . . ____________________

Spouse PIN . . . . ____________________

INCOME

Salaries and Wages	Please provide all Forms W-2
Interest	Please provide all Forms 1099-INT
Dividends	Please provide all Forms 1099-DIV
Capital Gains	Please provide all Forms 1099-B and 1099-S
Pensions/IRA Distributions	Please provide all Forms 1099-R
State Tax Refund	Please provide all Forms 1099-G
Unemployment Compensation	Please provide all Forms 1099-G
Social Security Benefits	Please provide all Forms SSA-1099
Stimulus Rebate received in 2008 . . .	Please provide Notice 1378 (received at time of payment)
Alimony Received	Payor ____________ Payor's SSN ____________ Amount ____________

INCOME FROM PARTNERSHIPS, S-CORPORATIONS, TRUSTS, ETC.
Please provide all Schedules K-1

ADJUSTMENTS TO INCOME

Alimony Paid . . . . Payee ______________________ Payee's SSN ______________
Amount ______________________

IRA Contributions . . . . Taxpayer ______________________ Spouse ______________

Moving Expenses . . . .

Student Loan Interest (Please provide Form 1098-E and/or 1098-T) . . . .

Tuition Fees for Higher Education (Please provide Form 1098-T or other statements) . . . .

DEDUCTIONS

Medical and Dental Expenses:

Prescription medicines and drugs . . . . ______________
Total medical insurance premiums paid (excluding Medicare premiums) . . . . . ______________
Long-term care expenses . . . . ______________
Total insurance reimbursement . . . . ______________
Numbers of miles traveled for medical care . . . . ______________
Lodging . . . . ______________
Doctors, dentists, etc. . . . . ______________
Hospitals . . . . ______________
Lab fees . . . . ______________
Eyeglasses and contacts . . . . ______________
Taxpayer long-term care insurance premiums paid . . . . ______________
Spouse long-term care insurance premiums paid . . . . ______________

Other Medical Expenses:

____ ______________
____ ______________
____ ______________

Taxes Paid:

Real estate taxes . . . . ______________
Personal property taxes paid (include vehicle license fees/DMV) . . . . ______________
General sales taxes paid on specific "large" items . . . . ______________

Other Taxes Paid:

______________________________________ ______________
______________________________________ ______________
______________________________________ ______________

Home Mortgage Interest Paid (Please provide all Forms 1098):

Paid To	Did You Receive Form 1098?		Amount
	Yes	No	

DEDUCTIONS (continued)
Contributions – You are required to have written documentation from the donee organization to substantiate contributions of $250. Clothes and household items donated must be in good, used condition or better in order to be deductible unless the item donated is worth more than $500 and you have the item's value appraised. Please provide copies of all receipts and appraisals.

Cash Contributions:

Organization	Amount

Noncash Contributions:

Organization	Description of Property	Fair Market Value

Miscellaneous Itemized Deductions:

Union and professional dues . . . . ____________

Tax preparation fees . . . . ____________

Professional subscriptions . . . . ____________

Hobby expense (to extent of income) . . . . ____________

Safe deposit box fee . . . . ____________

Uniforms and protective clothing . . . . ____________

Work tools . . . . ____________

Gambling losses (to extent of winnings) . . . . ____________

Estate taxes . . . . ____________

Other Itemized Deductions:

____ ____________

____ ____________

Child/Dependent Care Expenses:

Provider Name: ____

Address: ____

City, State and ZIP code: ____

Social Security Number or Employer ID Number: ______________________________

Total Expenses incurred and paid in . . . . ____________

Qualifying Persons for Child/Dependent Care Expenses:

First Name and Initial	Last Name	Social Security Number	Expenses

ESTIMATED TAX PAYMENTS		
Federal	Date Paid	Amount Paid
Overpayment from prior year		
1st Quarter		
2nd Quarter		
3rd Quarter		
4th		
State	Date Paid	Amount Paid
Overpayment from prior year		
1st Quarter		
2nd Quarter		
3rd Quarter		
4th Quarter		

MISCELLANEOUS QUESTIONS

If any of the following items pertain to you or your spouse for the year , please circle the appropriate answer and include all pertinent details.

Were there any births, adoptions, marriages, divorces, or deaths in your immediate family during the year? . .	Y	N
Are any of your unmarried children, who might be claimed as dependents, 19 years of age or older?	Y	N
Do you have any dependent children with interest, dividend, and/or capital gain income?	Y	N
Can you be claimed as a dependent on another person's tax return?	Y	N
Did you or your spouse "rollover" a retirement plan distribution into another plan? Amount: ________________	Y	N
Did you or your spouse receive any disability income during the year? Amount: ___________________________	Y	N
Did you purchase, sell, or refinance your principal home or your second home, or obtain a home equity loan during the year? If yes, please attach escrow papers.	Y	N
Did you sell any stocks, bonds, or other investment property during the year? If yes, please attach a list detailing description, date acquired, date sold, sales price, cost or basis, and expense of sale for each item. .	Y	N
Did you pay any one household employee cash wages; withhold federal income tax during at the request of any household employee; or pay cash wages in any calendar quarter to household employees? . .	Y	N
Did you use your car on the job (other than to and from work)?	Y	N
Does anyone owe you money which has become uncollectible?	Y	N
Did you incur moving expenses during the year due to a change of employment?	Y	N
Did you or your spouse work out of town for part of the year?	Y	N
Did you incur a loss because of damaged or stolen property?	Y	N
Did you have an interest in or signature authority over a bank or brokerage account in a foreign country, or were you a grantor of or transferor to a foreign country?	Y	N
Were you audited by either the Internal Revenue Service or the State taxing agency during the year?	Y	N