

Tax Organizer Form

This form will help you to organize your tax information. Please print it out, complete as much of it as you can and bring it with you when you come in for your tax preparation appointment. If you prefer, feel free to email or fax us your form, so that we can begin to prepare your forms.

*A Note to existing clients- Welcome back. We have your information on file. Please only fill in the following tables if your information has changed.
New clients- Welcome. Please attach a copy of your most recent tax return to this organizer.*

Name:

Social Security #:

Date of Birth:

Name of Spouse:

Social Security #:

Date of Birth:

Home Address:

City: State: Zip Code:

Email Address:

Phone Numbers:

Home:

Cell:

Please complete the following information about any dependents that you have:

Name: Date of birth: Social Security #:

Relationship: Months lived in home:

Name: Date of birth: Social Security #:

Relationship: Months lived in home:

Did you change your state of residency? Yes _____ No _____

If yes, please provide the following:

Previous Address

Date of Move

A. Income:

Note: When attaching W-2s, 1099s, etc., attach originals or copies.

1. Wages and Salaries

[Please attach your W-2 forms.]

2. Interest Income

[Please attach your 1099 int forms.]

3. Dividend Income

[Please attach your 1099 div forms.]

4. Capital Gains and Losses:

[Please attach your 1099B forms.]

Note: For each investment, please also have the information about the .date acquired. and the .cost or other basis..

5. Pensions, IRA Distributions, Profit-Sharing Plans, Annuities and Rollovers

[Please attach your 1099R forms.]

6. Partnerships, S Corporations, Estates, Trusts

[Attach K-1 forms.]

7. Unemployment Compensation Received.

[Attach 1099 Unemployment form.]

8. State/Local Tax Refund(s)

Note: If you are a new client, please attach your refund statement(s).

9. Other Income:

Description: Amount:

B. Credits:

A. Child and Dependent Care:

1. Number of qualifying children (under 13 years)_____

2. Name, address and Identification number of each childcare provider

Name of childcare provider

ID #

Address

Amount Paid

3. If payments were made to an individual, were the services performed in your home?

Yes_____ No_____

B. Tuition and Fees paid for higher education for self and dependents
(HOPE and Lifetime Learning Credits)

Name

Age

Amount Paid _____

[Please attach forms that you have received from an educational institution.]

C. Estimated Tax Payments

Amount of Federal Estimated Tax Payment:

Amount State Estimated Tax Payment:

C. Itemized Deductions

1. Medical and Dental

a. Out of pocket costs for prescription medicines, drugs, insulin, doctors, dentists, nurses and medical and dental insurance premiums (including Medicare B) paid in (reduce any insurance reimbursements).

Amount Paid: _____

b. Transportation and lodging incurred to obtain medical care

Amount Paid: _____

c. Other expenses (hearing aids, eyeglasses, medical devices, etc.)

Amount Paid: _____

2. Taxes Paid in:

a. State and local income taxes not listed on W2:

b. Real estate taxes

c. Personal Property taxes (includes owners. tax on auto registration)

3. Interest Paid :

a. Home mortgage interest paid to financial institutions:

(Please attach a copy of form 5498 from your bank.)

b. Home mortgage interest paid to individuals:

Name Address Amount Paid

c. Points paid on purchase:

Points paid on refinance (include details):

d. Investment Interest

e. Student Loan Interest

1. Contributions

Note: Please keep written documentation in your files for individual gifts or donations of \$250 or more which you have made.

1. Cash Contributions

*Paid To
Amount*

2. Non-cash contributions (clothing, furniture, etc.)

[Please attach details including type of contribution, approximate value and person/organization to whom the contribution was made.]

D. Miscellaneous Deductions

1. Employee Business Expenses (reimbursed, not-reimbursed, job-hunting expenses)

[Please attach details about each expense.]

2. Other Expenses

a. Tax Preparation:

b. Union Dues:

c. Business Publications:

d. Profession Dues/Fees:

e. Safety Deposit Box Rental:

f. Small Tools used in your trade or business:

g. Business telephone:

h. Uniforms and Cleaning:

i. IRA Custodial fees:

j. Investment Expenses:

k. Education Expenses:

[Please attach details.]

l. Business Entertainment (meals, performances, etc.)

m. Other Miscellaneous deductions. Please list:

Type of Expense Recipient Amount

E. Adjustments to Income

1. Your IRA deduction:

2. Your spouse's IRA deduction:

3. Keogh SEP deduction:

4. Penalty for early withdrawal of savings:

5. Alimony paid (include name and social security number of recipient and amount paid):

Recipient.s Name

Recipient.s SSN

Amount Paid

6. Self-Employed health insurance premiums:

7. Education Expenses:

8. Tuition and Fees

9. Moving Expenses

a. Date of Move

b. Distance of Move

c. Costs of Move (Please list):

Did you sell your primary residence during 2004? Yes_____

No_____

If yes, please provide the following:

A copy of the closing statements of the sale

A copy of the closing statement at the time of your purchase

Details of any capital improvements you made during the time you owned the property

Any expenses of sale incurred by you

If you have previously sold a residence, please provide a copy of form 2119 from your tax return for the year of sale.

Have you purchased a new primary residence ?

Yes_____ No_____

If yes, please provide the following:

Cost:

Date Acquired:

Additional Income and Expenses:

Rental and Royalty Income and Expenses- Please see the Rental royalty Organizer

Self-Employment Income and Expenses- Please see the Self-Employment Organizer