



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Withdrawn \$ _____ Date _____ Re-deposited \$ _____ Date _____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- Were the withdrawn funds used to pay medical expenses Yes _____ No _____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.)