

# TAX ORGANIZER

## Basic Taxpayer Information

Taxpayer Spouse	First Name	Initial	Last Name	Social Security No.

Taxpayer Spouse	Occupation	Date of Birth	Check if			
			Disabled	Blind	Dependent of Another	Presidential Election Contrib.
					X	

Street Address		Phone Res:	
City, State & Zip		Phone Work:	

School District \_\_\_\_\_

Filing Status  1 - Single; 2 - Married filing joint; 3 - Married filing separate; 4 - Head of Household; 5 - Qualifying Widower

## Dependent Information

	Name (first, initial, and last name)	Date of Birth	Social Sec. No.	Relationship	Months in home
1					
2					
3					
4					
5					
6					

## Wages and Salaries

	Employer Name	Wages	Federal Tax Withheld	FICA Withheld	Medicare Withheld	State Tax Withheld	Local Tax Withheld
1							
2							
3							
4							
5							
6							

## Interest Income

	Source	Amount
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		

## Dividend Income

	Source	Ordinary Amount	Qualified Amount
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			

**Gains or Losses from Sales of Stocks, Securities or Other Assets**

	Kind of Property and Description	Date acquired	Date sold	Sales Price	Cost or other basis
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					

**Other Income**

		Prior Year Amount	Current Year Taxpayer	Current Year Spouse
1	Taxable refunds of state and local income taxes			
2	Alimony received			
3	Business income or (loss) - Schedule C			
4	Other gains or (losses) - Form 4797			
5	Total IRA distributions			
6	Total pensions and annuities			
7	Rents and royalties, trusts, S corporations, partnerships - Schedule E			
8	Farm income or (loss) - Schedule F			
9	Unemployment compensation			
10	Total social security benefits			
11	Tips			
12	Child care taxable benefits			
13	Prizes and awards			
14	Scholarships and fellowships			
15	All other income not provided for in this organizer			

**Adjustments to Income**

		Prior Year Amount	Current Year Taxpayer	Current Year Spouse
1	Educator expenses			
2	Business expenses			
3	Your IRA deduction			
4	Spouse's IRA deduction			
5	Student loan interest			
6	Tuition and fees deduction			
7	Health savings account deduction			
8	Moving expenses			
9	Self-employed SEP, SIMPLE, and qualified plans			
10	Penalty on early withdrawal of savings			
11	Alimony paid			

### Itemized Deductions

		Prior Year Amount	Current Year Amount
1a	Medical and dental expenses (other than long-term care premiums)		
1b	Long-term care premiums                      Taxpayer                      Spouse		
2	Real estate taxes		
3	Personal property taxes		
4	Other taxes		
5	Home mortgage interest and points reported on Form 1098		
6	Home mortgage interest not reported on Form 1098 Name:    Address:    SSN:		
7	Home mortgage points not reported on Form 1098		
8	Investment interest paid		
9	Gifts to charity by cash or check		
10	Gifts to charity other than by cash or check		
11	Mileage driven to charitable activities		
12	Casualty and theft losses - Form 4684		
13	Unreimbursed employee expenses		
	Travel expenses (exclude meals)		
	Meals and entertainment		
	Parking and tolls (enter other vehicle information on Page 7)		
	Telephone used for employer's business (allocate cost)		
	Professional organization or union dues		
	Educational expenses required to maintain your job		
	Office in home required by employer		
	Tools and equipment		
	Safety and protective clothing		
	Uniform costs		
	Professional journals subscriptions		
	Job seeking costs		
	Other		
14	Other expenses		
	Investment expenses		
	Tax preparation fees		
	Safe deposit box rental		
	Other		
15	Other miscellaneous deductions		

### Child or Dependent Care Expenses

	Name	Paid To                      Address	Social Security or ID Number	Amount Paid
1				
2				
3				
4				



### Vehicle Information and Expenses

		Vehicle One	Vehicle Two
1	Description of vehicle		
2	Is the vehicle used in a business or by an employee?		
3	Cost (including sales tax)		
4	Date placed in service		
5	Business miles:		
	January through August		
	September through December		
6	Commuting miles (daily commuting miles times the number of trips to work)		
7	Other personal use miles		
8	Total miles driven		
9	Gas and oil expenses		
10	Repairs and maintenance		
11	Auto insurance		
12	Registration, licenses, and fees		
13	Other auto expenses (identify)		
14	Auto rentals		

### Auto Mileage Documentation

		Yes	No
1	Is another car available for personal use?		
2	Do you have evidence to support your mileage information reported above?		
3	If "Yes," is the evidence written in a log or other place?		

### Income or Loss from S Corporations

	Name	Income	Loss	Other Expenses	Passive (Yes / No)
1					
2					
3					
4					
5					
6					

### Income or Loss from Partnerships

	Name	Income	Loss	Other Expenses	Passive (Yes / No)
1					
2					
3					
4					
5					
6					
7					
8					

### Income or Loss from Trusts

	Name	Income	Loss	Other Expenses	Passive (Yes / No)
1					
2					
3					
4					
5					
6					

## Self Employed Business Income and Expenses

1	Name of business (A)				
	Address of business (A)				
2	Name of business (B)				
	Address of business (B)				
		Business A		Business B	
		Prior Year	Current Year	Prior Year	Current Year
3	Gross receipts or sales				
4	Returns and allowances				
5	Inventory at beginning of year				
6	Cost of merchandise purchased				
7	Cost of labor				
8	Materials and supplies				
9	Other costs				
10	Inventory at end of year				
11	Advertising				
12	Car and truck expenses				
13	Commissions and fees				
14	Depletion				
15	Depreciation				
16	Employee benefit programs				
17	Insurance (not health)				
18	Mortgage interest				
19	Other interest				
20	Legal and professional services				
21	Office expense				
22	Pension and profit-sharing plans				
23	Rent or lease: machinery/equipment				
24	Rent or lease: other business property				
25	Repairs and maintenance				
26	Supplies				
27	Taxes and licenses				
28	Travel				
29	Meals and entertainment				
30	Utilities				
31	Wages				
32	Other:				
33					
34					
35					
36					
37					
38					
39	<b>New equipment purchases</b>	Date			
	Description	Purchased	Cost	Did you trade-in any equipment? Y/N	Was this financed? If yes, enter amount

## Self Employed Business Income and Expenses

1	Name of business (C)				
	Address of business (C)				
2	Name of business (D)				
	Address of business (D)				
		Business C		Business D	
		Prior Year	Current Year	Prior Year	Current Year
3	Gross receipts or sales				
4	Returns and allowances				
5	Inventory at beginning of year				
6	Cost of merchandise purchased				
7	Cost of labor				
8	Materials and supplies				
9	Other costs				
10	Inventory at end of year				
11	Advertising				
12	Car and truck expenses				
13	Commissions and fees				
14	Depletion				
15	Depreciation				
16	Employee benefit programs				
17	Insurance (not health)				
18	Mortgage interest				
19	Other interest				
20	Legal and professional services				
21	Office expense				
22	Pension and profit-sharing plans				
23	Rent or lease: machinery/equipment				
24	Rent or lease: other business property				
25	Repairs and maintenance				
26	Supplies				
27	Taxes and licenses				
28	Travel				
29	Meals and entertainment				
30	Utilities				
31	Wages				
32	Other:				
33					
34					
35					
36					
37					
38					
39	<b>New equipment purchases</b>	Date			
	Description	Purchased	Cost	Did you trade-in any equipment? Y/N	Was this financed? If yes, enter amount

### Profit or Loss from Farming

	Farm Activity A		Farm Activity B	
	Prior Year	Current Year	Prior Year	Current Year
1 Sales of livestock, produce, and grains				
2 Sales of livestock, produce, grains, and other products you raised				
3 Total cooperative distributions				
4 Agricultural program payments				
5 Commodity Credit Corporation (CCC) loans reported				
6 Taxable amount of CCC loans				
7 Crop insurance proceeds				
8 Custom hire (machine work) income				
9 Other income				
10				
11				
12				
13 Car and truck expenses				
14 Chemicals				
15 Conservation expenses				
16 Custom hire (machine work) income				
17 Depreciation				
18 Employee benefit programs				
19 Feed purchased				
20 Fertilizers and lime				
21 Freight and trucking				
22 Gasoline, fuel, and oil				
23 Insurance (other than health)				
24 Mortgage interest				
25 Other interest				
26 Labor hired (less employment credits)				
27 Pension and profit-sharing plans				
28 Machinery rental or lease				
29 Other rental or lease (land, animals, etc.)				
30 Repairs and maintenance				
31 Seeds and plants purchased				
32 Storage and warehousing				
33 Supplies purchased				
34 Taxes				
35 Utilities				
36 Veterinary, breeding, and medicine				
37 Other expenses      Deductible Meals and Entertainment				
38				
39				
40				
41				
42				
43 <b>New equipment purchases</b>	Date	Cost	Did you trade-in any	Was this financed?
Description	Purchased		equipment? Y/N	If yes, enter amount

### Income or Loss from Farm Rentals

		Farm Rental A		Farm Rental B	
		Prior Year	Current Year	Prior Year	Current Year
1	Income from production of livestock, produce, grains, and other crops				
2	Total cooperative distributions				
3	Agriculture Program Payments				
4	Commodity Credit Corporation (CCC) loans reported				
5	Taxable amount of CCC loans				
6	Crop insurance proceeds and other payments				
7	Other Income Income from 1099 MISC				
8					
9					
10					
11	Car and Truck Expenses				
12	Chemicals				
13	Conservation expenses				
14	Custom hire (machine work)				
15	Depreciation				
16	Employee benefit programs				
17	Feed purchased				
18	Fertilizers and lime				
19	Freight and trucking				
20	Gasoline, fuel, and oil				
21	Insurance (other than health)				
22	Mortgage interest (paid to banks, etc.)				
23	Other interest				
24	Labor hired (less employment credits)				
25	Pension and profit-sharing plans				
26	Rental or lease - Machinery				
27	Rental or lease - Land				
28	Repairs and maintenance				
29	Seeds and plants purchased				
30	Storage and warehousing				
31	Supplies purchased				
32	Taxes				
33	Utilities				
34	Veterinary, breeding, and medicine				
35	Other Expenses				
36					
37					
38					
39					
40					
41					
42	<b>New equipment purchases</b>	Date		Did you trade-in any	Was this financed?
	Description	Purchased	Cost	equipment? Y/N	If yes, enter amount

