



Basic Taxpayer Organizer

TAXPAYER

First Name & Middle Initial	Last Name	Social Security Number	Date of Birth

SPOUSE

First Name & Middle Initial	Last Name	Social Security Number	Date of Birth

Street Address (NO P.O. BOX)	City, State and Zip Code

Taxpayer Occupation	Taxpayer Phone	Spouse Occupation	Spouse Phone

FILING STATUS (check one)

Single ___ Married filing joint ___ Married filing separate ___ Head of Household ___ Qualifying Widow(er) ___

Direct Deposit

Would you like to direct deposit any refunds? Yes ___ No ___ If yes, please provide the following:

Banking Institution	Routing Number	Account Number	Account (Checking/Savings)

Dependent Information

Name (first, initial, last)	Date of Birth	Social Security Number	Relationship	Mos. In Home

Income Information

WAGES – Please provide copies of all W-2s

Employer Name	Wages	Federal Tax W/H	State Tax W/H	Local Tax W/H

INTEREST INCOME 1099 INT & DIVIDEND INCOME 1099 DIV - Please provide copies of 1099INTs & 1099DIVs

Source	Amount

GAINS OR LOSSES FROM SALES OF STOCK, SECURITIES OR OTHER ASSETS – Please provide copies of 1099Bs

Kind of Property and Description	Date Acquired	Date Sold	Sales Price	Cost or Other Basis

OTHER INCOME – Please provide copies of all 1099s

Source	Amount
Taxable refunds of state or local income taxes 1099-G	
Alimony received	
IRA Distributions 1099-R	
Pensions and annuities 1099-R	
Unemployment compensation 1099-G	
Social Security benefits SSA-1099	
Tips	
Cancellation of Debt 1099-A and/or 1099-C	
All other income not provided for in this organizer and source of that income, such as form 1099s, etc.	

ADJUSTMENTS TO INCOME – Please provide copies of 1098

Source	Amount
Educator expenses	
IRA deduction	
Student loan interest 1098-E	
Tuition and fees deduction 1098-T	
Required course material for higher education	
Health savings account contributions	
Moving expenses	
Self-employed, SEP, SIMPLE, and qualified plans	
Penalty on early withdrawal of savings	
Alimony paid	

CHILD OR DEPENDENT CARE EXPENSES – Please break out by each child/dependent

Institution or Person Paid	Address	SSN or ID Number	Amount Paid	Child/Dependent

FEDERAL, STATE OR LOCAL ESTIMATED TAXES PAID FOR 2018

Payment information	Federal	State	Local
First Quarter 2018			
Second Quarter 2018			
Third Quarter 2018			
Fourth Quarter 2018			
With 2018 Extension			
Other Estimated Tax Payments			

ITEMIZED DEDUCTIONS

	Amount
Medical and Dental expenses	
Medical insurance premiums paid after tax	
Medical miles	
Personal Residence Real Estate taxes	
Personal Property taxes	
Home Mortgage Interest and points reported on form 1098 (Please provide copies of 1098s)	
Home Mortgage Interest and Points not reported on form 1098	
Investment Interest paid	
Contributions to charity by cash or check	
Contributions to charity other than by cash or check – If over \$500 please fill in detail in the box on the next page *	
Charitable miles	
Tax preparation fee in 2018	

***CONTRIBUTIONS TO CHARITY OTHER THAN CASH OR CHECK OVER \$500**

Name	Address	Items Donated	Fair Market Value	Date

Vehicle Information and Mileage Documentation

If you have more than one vehicle used for business purposes please make additional copies as necessary

Description of vehicle _____

Is vehicle used 100% for business purposes? Yes___ No___

Is another car available for personal uses? Yes___ No___

Vehicle cost_____ Date placed in service _____

Vehicle Interest paid_____

Total miles driven for 2018_____

Business miles driven for 2018_____

Personal miles driven for 2018_____

Do you have evidence to support your mileage information (written log, etc)? Yes___ No___

If you received income through the operation of a sole-proprietorship business please list the income and the expenses related to that income in the tables below: **(If you have more than one business please make a copy for each business and list income and expenses separated by business).**

INCOME

Activity of Income	Activity of Business	Amount

EXPENSES REALTED TO THAT BUSINESS INCOME

Type of Expense	Amount
Advertising	
Commissions	
Legal and professional services	
Office expense and supplies	
License & Fees	
Travel	
Meals & Entertainment	
Professional Development	
Telephone	
Other Expenses	