

TAX ORGANIZER							
<b>Client Name or Names:</b>							
Client Social Security Numbers		Primary:		Spouse:			
This past year, did you get (check one):		Married?		Divorced?			
If newly married:		Spouse Name (First, Middle, Last)		Widowed? If widowed, date:			
		Spouse SS#:		Spouse DOB:			
Address:							
Primary Phone (Cell, Work, Home):			Secondary Phone (Cell, Work, Home):				
<b>Email Address:</b>							
<b>Did you add any Dependents during the past year?</b>		Date of Birth:	Relationship:	Social Security Number:	Number of months living in your home:		
<b>Will we remove any Dependents for the past year?</b>		Name:					
<b>INCOME-Please attach the following forms:</b>				<b>CONTRIBUTIONS</b>			
<b>W-2's, 1099's attached:</b>		<b>Yes</b>	<b>No</b>	<b># of Forms</b>	<b>Dollar Amount</b>		
Salary & Wages (W-2)					Total Church \$		
Social Security (1099-SSA)					Total Charity \$		
Interest (1099-INT)					Noncash Donations (FMV) \$		
Dividend (1099-DIV)					(Must Itemize if over \$500)		
Stock Sales (1099-B)					Name of Charity Given to:		
Pensions (1099-R)					Charitable Miles Driven		
Non-Employee Comp (1099-Misc)					<b>MISC DEDUCTIONS</b>		
Unemployment Comp (1099-G)					Tax Preparation Fees \$		
Gambling Winnings (W-2G)					Safe Deposit Box Rent \$		
Partnership or S Corp (K-1)					Investment Fees \$		
<b>OTHER INCOME</b>		<b>Dollar Amount</b>		<b>EMPLOYEE EXPENSES (If not reimbursed by employer)</b>			
Alimony Received (pre 2019)		\$		Miles Driven (Unreimbursed) # of Miles:			
<b>Self-Owned Business Income</b>		<b>Request Schedule C Organizer</b>		Travel Expenses \$			
<b>Rental Income</b>		<b>Request Schedule E Organizer</b>		Meals & Entertainment \$			
<b>OTHER DEDUCTIONS</b>				Union Dues \$			
Work Related Moving Expenses		\$		Uniforms (Not street clothes) \$			
IRA contributions		\$		Gifts to Clients \$			
Alimony Paid (pre 2019)		\$		Supplies \$			
<b>MEDICAL EXPENSES (Paid out of pocket and unreimbursed by insurance)</b>				Safety Equipment/Tools \$			
Health Premium (if not deducted pre-tax on your paycheck)\$				<b>CHILD &amp; DEPENDENT CARE</b>			
Cancer Insurance Premiums		\$		Child & Dependent Care Paid \$			
Vision Insurance Premiums		\$		Age of Child or Dependent:			
Ambulances		\$		Provider Name:			
Glasses & Contact Lenses		\$		Provider Federal ID or SSN:			
Hearing Aids & Batteries		\$					
Dentures		\$		<b>EDUCATION EXPENSES</b>			
Long-Term Care Premiums		\$		<b># of Forms Attached</b>			
Medical Miles Driven		# of Miles		College Tuition (1098-T)			
Prescription Drugs & Insulin		\$		Student Loan Interest (1098-E)			
Doctors/Dentists/Hospitals/Labs		\$		<b>Taxes Paid</b>			
				Real Estate Tax \$			
<b>Check your bank account for the months of March and April 2021 for the third stimulus payment of \$1,400 for you/your spouse/dependents.</b>		Total amount received:		Ad Valorem Tax on Car Tags \$			
		\$ _____		<b>Mortgage Interest Paid</b>			
		<i>Stimulus is not taxable. It must be reported to file.</i>		Mortgage Interest Statement		Attach Form 1098	
				Mortgage Int Not Reported on 1098			
<b>Did you receive advanced child tax credits in 2021? If so, the total amount received was \$_____.</b>							

**Please fill out additional information on the back.**

Estimated Taxes Paid (Amount and Date Paid)					
1 <sup>st</sup> Quarter Federal	\$	Date:	1 <sup>st</sup> Quarter State	\$	Date:
2 <sup>nd</sup> Quarter Federal	\$	Date:	2 <sup>nd</sup> Quarter State	\$	Date:
3 <sup>rd</sup> Quarter Federal	\$	Date:	3 <sup>rd</sup> Quarter State	\$	Date:
4 <sup>th</sup> Quarter Federal	\$	Date:	4 <sup>th</sup> Quarter State	\$	Date:

**General Information:**

Yes	No	
		Can you or your spouse be claimed as a dependent by someone else?
		Did you move during the past year? If yes, from where: _____ Date of move : _____
		Did you receive any notices from the IRS or the state taxing agency? If yes, please attach.
		Did you start a new business during the past year? If yes, please request or download and complete a Schedule C (small business) organizer.
		Did you start renting any property during the past year? If yes, please request or download and complete a Schedule E (rental property) organizer.
		Did you use a home office during the past year? If yes, total square footage of house: _____ Square footage used as office: _____
		Did you have dependents that had earned income over \$10,150 during the year? If yes, attach W-2 or 1099.
		Did you have dependents that had over \$2,000 of investment income?

**Health Insurance – Coverage & Premium Credit**

		Did you have health insurance through The Marketplace (Obamacare)? If so, please provide 1095-A
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**Questions, comments, or notes**