

Tax Organizer- Individual Income Tax Return

t

This Tax Organizer can be used to help identify the information needed to prepare your income tax return. Enter your information and if you need additional space, enclose a separate sheet with the details. Please return this organizer along with all Form W-2's, 1099's, and any other information you feel will assist us with the preparation of your individual income tax return.

PERSONAL INFORMATION					
Taxpayer's name _____	Social Security Number _____				
Spouse's name _____	Social Security Number _____				
Home Address _____	Apartment Number _____				
City or town _____	State _____	Zip Code _____	County _____		
Telephone #1 _____	Telephone #2 _____				
E-mail Address _____					
	Date of Birth	Occupation	Blind	Disabled	Date of Death
Taxpayer	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
Spouse	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____

FILING STATUS	Indicate your filing status to be used on your income tax return:
<input type="checkbox"/> Single <input type="checkbox"/> Married Filing Joint <input type="checkbox"/> Married Filing Separate <input type="checkbox"/> Head of Household <input type="checkbox"/> Qualifying Widow(er)	
<input type="checkbox"/> Check if parent (or someone else) can claim you as a dependent on their return	

DEPENDENTS						Enter the following dependent information for any qualifying child or qualifying relative:	Child care expenses paid in 2005
First Name	Last Name	SSN	Relationship	Year of birth	# of months lived with you		

MISCELLANEOUS QUESTIONS		
Complete the following questions. If Yes, enclose supporting documentation.	Yes	No
1. Did you receive any notices or correspondence from the IRS or state agency during the year?	<input type="checkbox"/>	<input type="checkbox"/>
2. Did you sell your home during the past year?	<input type="checkbox"/>	<input type="checkbox"/>
3. Did you refinance a mortgage during the past year?	<input type="checkbox"/>	<input type="checkbox"/>
4. Did you pay a household employee cash wages of \$1,400 or more during the past year?	<input type="checkbox"/>	<input type="checkbox"/>
5. Did you pay any expenses related to the adoption of an eligible child?	<input type="checkbox"/>	<input type="checkbox"/>
6. Did you receive any distributions from a health savings account (HSA), Archer MSA, or Medicare Advantage (MA) MSA reported to you on Form 1099-SA?	<input type="checkbox"/>	<input type="checkbox"/>
7. Did you provide housing for a person displaced by Hurricane Katrina, did you use your vehicle for volunteer work related to Hurricane Katrina, or were you directly affected by Hurricane Katrina?	<input type="checkbox"/>	<input type="checkbox"/>

WAGES AND SALARIES (Please enclose all copies of Form W-2)

T = Taxpayer S = Spouse

		Box 1	Box 2	Box 17	Retirement Plan	
T S	Employer's Name	Wages and salaries	Federal income tax withheld	State income tax withheld	Yes	No

INTEREST INCOME - FORM 1099-INT (Please enclose all copies of Form 1099-INT)

T = Taxpayer S = Spouse J = Joint

		Box 1	Box 3	Box 4
T S J	Payer's Name	Interest income	U.S. savings bonds	Federal income tax withheld

DIVIDEND INCOME (Please enclose all copies of Form 1099-DIV)

T = Taxpayer S = Spouse J = Joint

		Box 1a	Box 1b	Box 2a	Box 4
T S J	Payer's Name	Ordinary dividends	Qualified dividends	Capital gain distributions	Federal income tax withheld

IRA, PENSION, AND ANNUITIES (Please enclose all copies of Form 1099-R)

T = Taxpayer S = Spouse

			Box 1	Box 2	Box 4	Box 12	
T S	Payer's Name	Check if IRA	Gross distribution	Taxable distribution	Federal income tax withheld	State income tax withheld	Code

Total IRA basis for prior years Taxpayer Spouse
 Value of all traditional IRA's as of December 31. _____

PARTNERSHIPS, S CORPORATIONS, ESTATES AND TRUSTS (Please enclose all copies of Schedule K-1)

T S	Partnership, S-Corp, or Trust Name as on K-1	Address	ID Number

ITEMIZED DEDUCTIONS

		Amount
Medical and Dental (less reimbursements)		
Qualified long-term care premiums		
Medical/dental care insurance premiums (other than self-employed)		
Medicare B premiums from SSA-1099 and RRB-1099-R		
Doctor, dentist, and hospital fees		
Medical aids such as eyeglasses, contact lenses, and hearing aids		
Prescription medicines and drugs		
Other medical and dental expenses		
Taxes Paid		
State and local income taxes paid (including balance due from last year)		
Real estate taxes		
Personal property taxes (such as auto registration)		
Interest Paid		
Home mortgage interest paid to financial institution (enclose Form 1098 or statement)		
Date of Refinance - _____, Length of Loan _____ yrs., Points Paid		
Investment interest expense		
Gifts to Charity (If additional lines are needed, attach similar statement)		# of Miles
Contributions of cash or check		Charitable Mileage
Name of charity	Date	Amount
Noncash contributions		
Name and address of organization	Date contributed	Fair Market Value
Casualty and Theft Losses (enclose supporting documentation with description and date of event)		
Miscellaneous Deductions Unreimbursed employee business expenses		
Equipment	Business use of Vehicle	
Supplies	Make and Model Year	
Phone	Total Miles	
Investment Expenses	Business Miles	
Tax preparation fees	Daily Commuting Miles	
Safe Deposit Box	Parking and Tolls	
Other Miscellaneous Deductions (such items include gambling losses, estate tax)		

