2011
Tax Organizer

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TAXPAYER INFORMATION

Full Legal Name ____

Social Security # ______ - _____ - _______ Date Of Birth ____________ Occupation ________________________

Spouse Legal Name ____

Social Security # ______ - _____ - _______ Date Of Birth ____________ Occupation ________________________

Street Address ______________________________________

City ______________________ State______ Zip ___________

Best contact phone number: **home / cell / spouse cell / other**

E-Mail Address ____________________________________

Home Phone (_______) _________ - _________________

Cell Phone (_______) _________ - _________________

Spouse Cell (_______) _________ - _________________

Other phone (_______) _________ - _______________

SALARIES AND WAGES (enclose all W-2 forms)

W-2	Gross Income	Federal Withheld	FICA	Medicare	State Withheld	SDI
1						
2						
3						
4						

FILING STATUS

☐ Single ☐ Married ☐ Head of Household ☐ Married Filing Separate

REFUND

Automatic deposit? ☐ Yes (attach a VOID check) ☐ No

DEPENDENTS

Name ____
Date of Birth ______________________________________
SSN ____
Relationship _______________________________________
Months Lived at Home _______________________________

Name ____
Date of Birth ______________________________________
SSN ____
Relationship _______________________________________
Months Lived at Home _______________________________

Name ____
Date of Birth ______________________________________
SSN ____
Relationship _______________________________________
Months Lived at Home _______________________________

ADJUSTMENTS TO INCOME

ALIMONY PAID
Payee __________________________________
Payee's SSN _____________________________
Amount _________________________________

IRA CONTRIBUTIONS, ETC.
IRA Deduction ___________________________
SIMPLE Plan Deduction ____________________
Keogh/SEP Deduction _____________________
Education IRA Deduction ___________________
Penalty on Early Withdrawal ________________

ESTIMATED TAX PAYMENTS

FEDERAL		
Overpayment-Prior Year	Date Paid	Amount
1st Quarter		
2nd Quarter		
3rd Quarter		
4th Quarter		
STATE		
Overpayment-Prior Year	Date Paid	Amount
1st Quarter		
2nd Quarter		
3rd Quarter		
4th Quarter		

OTHER INCOME

INTEREST — *Attach Forms 1099INT*

Payor	Amount

DIVIDENDS — *Attach Forms 1099DIV*

Payor	Amount

STATE TAX REFUND — *Attach Forms 1099G*

Amount Received: ____________________

☐ Check if you did not itemize in prior year

CAPITAL GAINS — *Attach Forms 1099B and 1099S*

Description	Date Acquired	Date Sold	Sales Price	Cost or Basis

PENSIONS/IRA/ANNUITY INCOME — *Attach Forms 1099R*

Payor	Amount

ALIMONY RECEIVED

Payor ____________________

Payor's SSN ____________________ Amount ____________________

UNEMPLOYMENT BENEFITS RECEIVED — *Attach Forms 1099G*

Taxpayer Amount ____________________

Spouse Amount ____________________

SOCIAL SECURITY BENEFITS RECEIVED — *Attach Forms SSA-1099*

Taxpayer Amount ____________________

Spouse Amount ____________________

OTHER INCOME (CONTINUED)

INCOME FROM PARTNERSHIPS, ESTATES, LLCS, TRUSTS, AND S CORPORATIONS

Attach Forms K-1 and list any not received yet

OTHER INCOME

Including jury duty fees, finder's fees, director's fees, prizes, gambling winnings, disability payments, unreported tip income and any other income (whether taxable or non-taxable)

Attach detailed schedule

RENTAL INCOME & EXPENSES

Property	# 1	# 2
INCOME		
Rents Received		
EXPENSES		
Advertising		
Association Dues		
Auto & Travel		
Cleaning/Maintenance		
Insurance		
Labor		
Professional Fees		
Miscellaneous		
Mortgage Interest		
Other Interest		
Repairs & Maintenance		
Supplies		
Taxes		
Telephone		
Utilities		
Improvements		
Other:		

ITEMIZED DEDUCTIONS

MEDICAL & DENTAL EXPENSES
Attach detailed schedule
Insurance Premiums ___________________
Doctors, Dentists, etc. (Net) _____________

TAXES PAID

State & Local Income Tax _______________
Real Estate Taxes – Residence ___________
Real Estate Taxes – Other Property _______
Auto License: No. of Cars _______
Auto License: Fees Paid ________________
Personal Property Taxes ________________
Other Taxes __________________________

INTEREST PAID – *Attach Forms 1098*

Home Mortgage (1st) _________________
Home Mortgage (2nd) _________________
Home Mortgage (Equity Line) ___________
Student Loan Interest __________________

CONTRIBUTIONS – *Attach Detailed Schedule*

Contributions by Cash or Check __________
Contributions Other than Cash ___________

MISCELLANOUS DEDUCTIONS

Union/Professional Dues _______________
Investment Expenses __________________
Tax Return Preparation Fees ___________
Safe Deposit Box Rental _______________
Unreimbursed Employee
Business Expenses* _________________
Other: _______________________________

*Attach detailed schedule

INCOME FROM BUSINESS OR PROFESSION

GENERAL INFORMATION

☐ Cash Basis ☐ Accrual Basis
☐ First Year ☐ Taxpayer ☐ Spouse

Principal Business/Profession ____
Business Name ____
Business Address ____
City, State, Zip ____

INCOME
Gross Receipts or Sales ____
Returns and Allowances ____
Other Income ____

COST OF GOODS SOLD – *If Applicable*
Inventory at Beginning of the Year _____________________________________
Purchases ____
Cost of Labor ____
Materials & Supplies ____
Other Costs ____
Inventory at End of the Year ____

EXPENSES
Advertising ____
Car & Truck Expenses* ____
Commissions ____
Insurance (other than health) ____
Health Insurance Premiums for Self* ____________________________________
Interest ____
Legal & Professional ____
Office Expense ____
Pension & Profit Sharing Plans ____
Rent – Vehicles, Machinery & Equipment __________________________________
Rent – Business Property ____
Repairs & Maintenance ____
Supplies ____
Taxes – Property ____
Taxes – Other ____
Telephone ____
Travel ____
Total Meals & Entertainment* ____
Utilities ____
Wages ____
Other* ____
**Attach detailed schedules*

HOME OFFICE
Did you have a home office during the year?
☐ Yes ☐ No
If yes, attach detailed schedule of expenses including mortgage interest (or rent), real estate taxes, utilities, property insurance, maintenance & cleaning

MISCELLANEOUS QUESTIONS

If any of the following items pertain to you or your spouse for the year 2011, please check the appropriate box and include all pertinent details

	Yes	No	
1.	☐	☐	Did you have any interest in, or signature, or other authority over a bank, securities, or other financial account in a foreign country?
2.	☐	☐	Did you have foreign income, pay any foreign taxes, or file any foreign information reporting or tax return forms? Provide details.
3.	☐	☐	Were there any births, adoptions, marriages, divorces, or deaths in your immediate family during the year?
4.	☐	☐	Are any of your unmarried children, who may be claimed as dependents, 19 years of age or older at the end of 2011?
5.	☐	☐	Did any of your children under age 19 or full-time students under age 24 have interest and dividend income of $950 or more or total investment income of $1,900 or more?
6.	☐	☐	Did you pay an individual or an organization to perform services for the care of a dependent under 13 years old in order to enable you to work or attend school on a full-time basis? (Please provide details)
7.	☐	☐	Do you have a Health Savings Account (HSA) or Medical Savings Account (MSA)?
8.	☐	☐	Did you incur employment agency fees or job hunting expenses?
9.	☐	☐	Did you incur moving expenses during the year due to a change of employment?
10.	☐	☐	Did you have any debts cancelled or forgiven?
11.	☐	☐	Does anyone owe you money that has become uncollectible?
12.	☐	☐	Did you incur legal fees in 2011?
13.	☐	☐	Did you acquire or dispose of any business assets (including real estate) during the year?
14.	☐	☐	Did you purchase, sell or refinance your principal home or your second home, or obtain a home equity loan during the year? If yes, please provide escrow papers and other relevant information.
15.	☐	☐	Did you make any energy-efficient improvements or purchases for your home?
16.	☐	☐	Did you incur a loss because of damaged or stolen property?
17.	☐	☐	Did you make any gifts over $13,000 during 2011?
18.	☐	☐	Did you receive any distribution from an IRA or other qualified plan? (Form 1099R)
19.	☐	☐	If yes, was this rolled over? (Form 1099R)
20.	☐	☐	Did you open a Roth IRA account or convert an IRA into a Roth IRA?
21.	☐	☐	Were you granted or did you exercise any stock options?

Please provide us with a copy or your 2010 Tax return

Signature: ______________________________ ______________________________

Taxpayer Spouse

[Type text]