

## TAX ORGANIZER

### PLEASE COMPLETE AND RETURN

In addition to answering the questions below, please provide all W-2's and all 1099's (interest, dividends, gambling winnings, investment activity, pension, annuity & IRA distributions, state & local refunds, unemployment compensation, cancellation of debt, etc)

Include all K-1s related partnerships, corporations, trusts, etc. as well as forms related to Health Savings Account activity. Provide the actual amount PAID for education expenses, daycare, college 529 contributions, etc. & substantiation of donations. We also must receive your 1095 forms showing the months all members of your household were covered for health insurance.

**NOTE: PLEASE BE PREPARED TO SUBSTANTIATE ALL CLAIMED DEDUCTIONS.**

Client Names: \_\_\_\_\_

E-mail address: \_\_\_\_\_ Cell Number: \_\_\_\_\_ Home Number: \_\_\_\_\_

DEPENDENT CHANGES:					Social Security
Name	Add	Delete	Relationship	Date of Birth	Number
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

any DEPENDENT CARE expenses paid? If so, provide amount, to whom paid (name, address, federal ID number)

**Drivers License Info Required by State of Ohio**

Name: \_\_\_\_\_ Number: \_\_\_\_\_ State \_\_\_\_\_ Issue Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name: \_\_\_\_\_ Number: \_\_\_\_\_ State \_\_\_\_\_ Issue Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**Direct Deposit info (if desired):**

Bank Name: \_\_\_\_\_

Routing Number \_\_\_\_\_

Account Number \_\_\_\_\_

Circle one: Individual account    Joint Account

Please indicate: Checking    Savings    Other \_\_\_\_\_

**Estimated Tax Payments Made**

FEDERAL		
Check #	Date Paid	Amount
1st	_____	_____
2nd	_____	_____
3rd	_____	_____
4th	_____	_____
Previous year taxes paid in current year		_____

STATE		
Check #	Date Paid	Amount
1st	_____	_____
2nd	_____	_____
3rd	_____	_____
4th	_____	_____
Previous year taxes paid in current year		_____

CITY		
Check #	Date Paid	Amount
1st	_____	_____
2nd	_____	_____
3rd	_____	_____
4th	_____	_____
Previous year taxes paid in current year		_____

SCHOOL DISTRICT		
Check #	Date Paid	Amount
1st	_____	_____
2nd	_____	_____
3rd	_____	_____
4th	_____	_____
Previous year taxes paid in current year		_____

# SELF EMPLOYMENT INCOME/EXPENSES (SCHEDULE C FORM 1040)

**Business Name:** \_\_\_\_\_ **EIN (if any)** \_\_\_\_\_

**Address if different than home address:** \_\_\_\_\_

**Sales** \_\_\_\_\_ **Other Income** \_\_\_\_\_

(do not include sales tax. Total sales should equal or exceed total 1099-Misc you received plus cash/check/credit card sales)

**Cost of Goods Sold (for companies with inventory)**

Beginning Inventory \_\_\_\_\_ Purchases throughout year \_\_\_\_\_ Ending Inventory \_\_\_\_\_

**Automobile Expenses (The IRS may require substantiation).**

<b>Do you keep a mileage log?</b>	
Yes _____	No _____

Include in log: business usage info such as business purpose, date, number of miles

	<b>Total miles put on vehicle this year for all purposes</b>	<b>Business mileage for the year per your mileage log</b>
<b>Year, Make and Model of Vehicle</b>		

**Form 1099-Misc requirements**

The following questions must be answered on your tax return.

**Were any payment made that required you to issue 1099-Misc Forms?** Yes \_\_\_\_\_ No \_\_\_\_\_

Examples include: payments over \$600 to individuals or non-incorporated companies, interest, attorney fees, rent

**Did you issue the required 1099-Misc Forms?** Yes \_\_\_\_\_ No \_\_\_\_\_

**Expenses:** Do not use estimates and do not round.

Advertising \_\_\_\_\_  
 Commissions/fees \_\_\_\_\_  
 Contract labor (see 1099 above) \_\_\_\_\_  
 Dues \_\_\_\_\_  
 Employee benefit programs \_\_\_\_\_  
 Description \_\_\_\_\_  
 Insurance other than health \_\_\_\_\_  
 Interest: \_\_\_\_\_  
 Mortgage on business property \_\_\_\_\_  
 Business loan interest \_\_\_\_\_  
 Legal fees \_\_\_\_\_  
 Licenses \_\_\_\_\_  
 Office supplies (see assets below) \_\_\_\_\_  
 Pension plan \_\_\_\_\_  
 Postage \_\_\_\_\_  
 Rent: office \_\_\_\_\_  
 Rent: other \_\_\_\_\_

Meals \_\_\_\_\_  
 overnight for business or bona fide business meeting. Note on each receipt: who with, when, where, business purpose)  
 Repairs/Maintenance \_\_\_\_\_  
 Supplies \_\_\_\_\_  
 Tax Preparation Fees \_\_\_\_\_  
 Telephone \_\_\_\_\_  
 Travel (hotels, planes, taxi, etc) \_\_\_\_\_  
 Uniforms \_\_\_\_\_  
 Utilities \_\_\_\_\_  
 Wages (not to yourself) \_\_\_\_\_  
 Other list type & amount \_\_\_\_\_

**Assets purchased this year (furnishings, computers, equipments, copiers, printers, etc)**

Description:	Business Use %	Date Purchased	Amount
_____	_____	_____	_____
_____	_____	_____	_____

**Home office (room used regularly and EXCLUSIVELY for business)**

Square footage entire home: \_\_\_\_\_ Square footage office: \_\_\_\_\_

## MISC INCOME, DEDUCTIONS, CREDITS, ETC.

PLEASE PROVIDE ALL 1099'S AND MUTUAL FUND STATEMENTS

**INTEREST INCOME: (1099-INT)**

<u>Name of Payer</u>	<u>Amount</u>
_____	_____
_____	_____

**DIVIDEND INCOME: (1099-DIV)**

<u>Name of Payer</u>	<u>Amount</u>
_____	_____
_____	_____

**SALE OF STOCKS AND BONDS: (1099-B)**

(Please provide another page if more space is needed.)

<u>No. of Shares</u>	<u>Description</u>	<u>Date Acquired (mm/dd/yy)</u>	<u>Date Sold (mm/dd/yy)</u>	<u>Selling Price</u>	<u>Cost Basis</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

**MISCELLANEOUS INCOME**

	<u>Taxpayer</u>	<u>Spouse</u>
Pensions/IRA/Annuities	_____	_____
State/City Tax Refunds	_____	_____
Gambling Winnings	_____	_____
Other (Unemployment, etc)	_____	_____
Alimony Received _____ or Paid _____		
Rental & Self Employment Income (see worksheets)		

**CHARITABLE CONTRIBUTIONS**

Church (include letter)	_____
United Way	_____
Charitable Mileage	_____
Non-Cash (see worksheet)	_____
If over \$250 provide donee, date, cost, value	

**MEDICAL EXPENSES**

	<u>Taxpayer</u>	<u>Spouse</u>
Medical Insurance Premiums you paid (not paid thru employer)	_____	_____
Circle one: Is the insurance subsidized (partially paid by another: pension, etc)	Yes	No
Prescriptions	_____	_____
Medical/Dental/Hospital bills paid	_____	_____
Medical Supplies/Equipment	_____	_____
Long-term Care Insurance Premiums	_____	_____
Optical	_____	_____
Medical Mileage	_____	_____
Other: describe	_____	_____

**TAXES**

State and Local Income	_____
Real Estate	_____
Personal Property (non-Ohio)	_____
Auto/boat/camper sales tax	_____

**MISCELLANEOUS DEDUCTIONS**

	<u>Taxpayer</u>	<u>Spouse</u>
Uniforms / Scrubs (not fit for normal wear)	_____	_____
Safe Deposit Box	_____	_____
Professional Publications	_____	_____
Tax Preparation Fee	_____	_____
Educator's Expenses	_____	_____

**INTEREST EXPENSE**

Home Mortgage	_____
Home Equity Loan	_____
Investment(Margin) Interest	_____
Student Loan Interest	_____

**Employee Business Expenses**

**REQUIRED by employer but not reimbursed**

Professional/Union Dues	_____
Licenses	_____
Business mileage _____ Total mileage _____	

**EDUCATION & IRAs**

**IRA Contribution (circle type:)**

Traditional or Roth	_____
Health Savings Acct contributions	_____
distributions	_____
529 College Advantage: beneficiary	_____
contributions	_____
distributions	_____
<b>Higher Education PAID</b>	_____

You must deduct the daily round trip commute each day

The 1098-T form from the school usually only shows amount billed, we need copies of receipts showing amount PAID for tuition, fees, books, computer

## RENTAL INCOME AND EXPENSES

**If the property was purchased or sold this year please provide settlement/closing statements.**

Was the property available for rental all year?    YES          NO          If not, specify dates: \_\_\_\_\_

	Address: _____	# of Days used personally
Rental No. 1	_____	_____
Rental No. 2	_____	_____
Rental No. 3	_____	_____
Rental No. 4	_____	_____

**Automobile Expenses (The IRS may require substantiation).**

Include in log: rental property usage info such as business purpose, date, number of miles

**Do you keep a mileage log?**  
 Yes                  No

Year, Make and Model of Vehicle	Total miles put on vehicle this year for all purposes	Miles for rental property this year
_____	_____	_____
_____	_____	_____

**Rents Received**                                  \$ \_\_\_\_\_      \$ \_\_\_\_\_      \$ \_\_\_\_\_      \$ \_\_\_\_\_

**Expenses:**

Advertising	_____	_____	_____	_____
Cleaning	_____	_____	_____	_____
Commissions	_____	_____	_____	_____
Insurance	_____	_____	_____	_____
Interest	_____	_____	_____	_____
Legal Fees (1099 required)	_____	_____	_____	_____
Licenses & Fees	_____	_____	_____	_____
Management Fees	_____	_____	_____	_____
Repairs and maintenance	_____	_____	_____	_____
Supplies	_____	_____	_____	_____
Telephone	_____	_____	_____	_____
Utilities	_____	_____	_____	_____
Other: _____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**Purchases of furniture, equipment, and property improvements**

Rental No.	Date Purchased	Description	Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____