

2014 INCOME TAX ORGANIZER

Isenhardt Tax & Financial
119 W. Main St. Belleville, IL 62220
(618) 234-5958 www.isntax.com

Taxpayer's Name			Social Security Number		
Spouse's Name			Social Security Number		
Taxpayer's Occupation		Date of Birth (D.O.B.)		Blind?	
Spouse's Occupation		Date of Birth (D.O.B.)		Blind?	
Address				e-mail address	
City	State	Zip	Home Phone	Work Phone	

DEPENDENT CHILDREN (who lived with you more than 6 months)

1) Name	Social Security No.	D.O.B.	2) Name	Social Security No.	D.O.B.
3) Name	Social Security No.	D.O.B.	4) Name	Social Security No.	D.O.B.

OTHER DEPENDENTS

1) Name	Social Security	Time at home	Relationship	Income	Support by you	Support by dependent & others
2) Name	Social Security	Time at home	Relationship	Income	Support by you	Support by dependent & others

THINGS TO BRING (if applicable) :



- | | |
|--|---|
| <input type="checkbox"/> Last Year's Tax Return (if new client)
<input type="checkbox"/> W-2 Forms for Wages
<input type="checkbox"/> 1099-R for Retirement
<input type="checkbox"/> 1099s for Interest, Dividends, and Other Income
<input type="checkbox"/> K-1s from Partnerships, Corporations or Estates
<input type="checkbox"/> Social Security Benefits Statement
<input type="checkbox"/> Voided Check for Direct Deposit | <input type="checkbox"/> Property Tax Statements
<input type="checkbox"/> IRA Year-end Statements
<input type="checkbox"/> 1098 - Mortgage Interest, Tuition, Contributions
<input type="checkbox"/> Closing Papers for Purchases & Sales, including purchase and sale dates & amounts
<input type="checkbox"/> All Other Statements Showing Income
<input type="checkbox"/> Last Pay Stub of the Year
<input type="checkbox"/> Proof of Health Insurance |
|--|---|

♦ RENTAL/SELF-EMPLOYMENT/FARMING INCOME & EXPENSE

Total Received: \$ _____

Expenses:

- Taxes
- Utilities.....
- Interest.....
- Insurance.....
- Repairs.....
- Supplies.....
- Equipment
- Advertising.....
- Other.....

Business Mileage (on back)

Home Office Information (exclusive use):

Office sq. footage _____ House sq. footage _____

- Utilities paid.....
- Insurance paid.....
- Repairs.....
- Improvements.....

Sale of Stock or Other Property	Cost	Sale \$

Please bring supporting documents. *Dates are important!*

OTHER INCOME

- ★ Wages (Forms W-2)
- ★ Interest (Forms 1099)
- ★ Dividends (Forms 1099).....
- ★ Tips.....
- ♦ Child Care.....
- ★ Pensions/Annuities/Roth Conversions ...
- ★ Jury Duty
- ★ Gambling Winnings
- ★ Unemployment (1099-G).....
- ★ Alimony Received.....
- ★ Prizes (1099-Misc.).....
- ★ Debt Cancellation.....
- ★ Partnerships & S Corporations
- ★ Estates & Trusts.....
- ★ Social Security/RR Retirement
- ★ Scholarships & Fellowships.....
- ★ State Tax Refunds.....
- ★ Royalties.....
- ★ Disability.....
- ★ Veteran's Payments.....
- ★ Withdrawals from MSA/HSA.....
- ★ Hobby Income.....
- ★ Foreign Income, Other.....

★ Bring statements for marked items. ♦ If you need a more detailed worksheet or assistance in compiling records, please call. www.saukrapidstaxsolutions.com

Reminder: Signature required on bottom of second page

Deductions and Credit Items

ADJUSTMENTS

Payments to an IRA Regular Roth
 Taxpayer Amount \$ SEP SIMPLE
 Spouse Amount \$

Penalty for Early Withdrawal

Alimony Paid \$: SS#: - -

Self-Employed Health Insurance

Student Loan Interest

Job Related Moving Expenses:

Travel & Lodging-Move
 Costs of Moving Household Items.....
 Reimbursement.....

Pymts to MSA/HSA: Taxpayer _____ Spouse _____

MEDICAL EXPENSES

Insurance & Medicare (not pretax).....
 Long Term Care Insurance
 Prescriptions.....
 Eyeglasses, Hearing Aids & Batteries.....
 Doctors.....
 Dentists.....
 Hospital / Ambulance.....
 Auto Mileage.....miles
 Other Medical Expenses, Travel.....
 Reimbursement.....
 Did you receive reimbursement at work? _____

TAXES

Real Estate Taxes.....
 State taxes paid in '14 for '13 or earlier ..
 Sales tax paid on vehicles, boats, planes ..
 Sales tax paid (from receipts).....
2014 State Tax Estimates
 date pd. \$ date pd. \$
 date pd. \$ date pd. \$
2014 Federal Tax Estimates
 date pd. \$ date pd. \$
 date pd. \$ date pd. \$
 Vehicle License Tabs, Pers. Prop. Tax..

INTEREST EXPENSE

Home Mortgage—Paid to Financial Institutions (**Form 1098**)
First Mortgage/Refinance.....
Loan Origination Fee/Discount Fee.....
Second Mortgage.....
Home Equity.....
 Second Home Interest Payments
 Home Mortgage—Pd. to Individuals
 (name, address, Social Security number)
 Investment Interest: *Margin Account*
Other Investment Interest

HIGHER EDUCATION EXPENSES

Post Secondary Tuition/Req. Fees Paid
 Date: _____ Year in School.....

ADOPTION EXPENSES

Amt. Paid: _____ Date Finalized: _____ (bring papers)

Please sign here _____ date _____

CONTRIBUTIONS

Churches (receipted)
 Other Contributions of Money (receipted) .
 Charitable Auto Mileage.....
 Volunteer Expenses (receipted).....
 Property Donated (for which you have
 receipts (fair market value)—
 bring documentation if over \$500)
 Auto, Boat Donations (Form 1098C)
 Other.....
 Other.....

CASUALTY & THEFT LOSSES

Cost of Property Lost.....
 Fair Market Value of Property.....
 Insurance Reimbursement Received
 Ponzi-style scheme loss.....

JOB RELATED AUTOMOBILE EXPENSE

Total Miles
 Business Miles
 Commuting Miles
 Personal Miles
 Jan. 1, 2014 Odometer Beginning:.....
 Dec. 31, 2014 Odometer Ending:.....
 Gas & Oil
 Interest
 Tolls & Local Transportation.....
 Lease Payments
 Other

JOB / INVESTMENT RELATED DEDUCTIONS

LIMITED: Dues & Subscriptions.....
 Education (incl. miles above) ...
 Safety Equipment/Uniforms
 Job Seeking Expense
 (incl. miles above).....
 Legal/Accounting Fees
 Tools/Equipment/Supplies.....
 Business Entertainment.....
 Investment & Tax Advice
 Safe Deposit Box
 Hobby Expenses.....
 Other/IRA Fees.....
 Gambling Losses.....
 Impairment Related Work Expenses.....
 Classroom materials for Educators

CHILD CARE EXPENSES

Names, addresses, and ID#s of provider(s), amount paid.

 Do you have a dependent care benefit plan at work? _____

ENERGY CREDITS

Qualified Energy-saving Home Improvements – Type,
 Cost _____