2012 INCOME TAX ORGANIZER

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):

☑

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

♦ 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

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............ ____________
- ★ Other.. ____________

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 '12 for '11 or earlier ____

2012 State Tax Estimates

date pd.____$________ date pd.____$ ________

date pd.____$________ date pd.____$ ________

2012 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)

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, 2012 Odometer Beginning: ____

Dec. 31, 2012 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 Losses ____

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? ____

Please sign here ________ date ________