

## TAX ORGANIZER

Use this tax preparation checklist to help you better organize your income tax data for preparation of your income tax return. This information will facilitate the interview and return preparation process, and assist us in keeping your fee as low as possible. Please bring all supporting documents.

### TAXPAYER INFORMATION

Name \_\_\_\_\_  
Social Security No. \_\_\_\_\_  
Date of Birth \_\_\_\_\_  
Occupation \_\_\_\_\_  
Street Address \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_

### SPOUSE INFORMATION

Name \_\_\_\_\_  
Social Security No. \_\_\_\_\_  
Date of Birth \_\_\_\_\_  
Occupation \_\_\_\_\_  
Home Phone Number: \_\_\_\_\_

### DEPENDENTS

| Name | Birth Date | Social Security No. | Relationship |
|------|------------|---------------------|--------------|
|      |            |                     |              |
|      |            |                     |              |
|      |            |                     |              |
|      |            |                     |              |

**FOR SALARIES & WAGES WE NEED W-2 FORMS • FOR PENSIONS BRING FORM 1099R**

### INTEREST RECEIVED

| Received From | Amount | Received From                    | Amount   |
|---------------|--------|----------------------------------|----------|
|               |        |                                  |          |
|               |        |                                  |          |
|               |        |                                  |          |
|               |        |                                  |          |
|               |        | Early Withdrawal Penalty-Savings | (      ) |

**IF INTEREST WAS RECEIVED FROM AN INDIVIDUAL, WE NEED THE PAYOR'S NAME, ADDRESS & SOCIAL SECURITY NUMBER**

**PLEASE BRING 1099'S FOR DIVIDENDS AND INTEREST TO YOUR APPOINTMENT**

### DIVIDENDS RECEIVED

| Received From | Amount | Received From | Amount |
|---------------|--------|---------------|--------|
|               |        |               |        |
|               |        |               |        |
|               |        |               |        |
|               |        |               |        |

### OTHER INCOME—ATTACH SUPPORTING DOCUMENTATION

|                                     |  |                                   |  |
|-------------------------------------|--|-----------------------------------|--|
| Social Security Benefits - Taxpayer |  | Social Security Benefits - Spouse |  |
| Unemployment Compensation           |  | State Tax Refunds                 |  |
| Alimony Received                    |  | California Lottery Winnings       |  |

**FOR EARNED INCOME CREDIT—NON TAXABLE MILITARY SUBSISTENCE ALLOWANCE**

### ESTIMATED TAX PAID FOR THIS YEAR

|                  | Federal Amount | Date Paid |
|------------------|----------------|-----------|
| Payment due 4/15 |                |           |
| Payment due 6/15 |                |           |
| Payment due 9/15 |                |           |
| Payment due 1/15 |                |           |

| State Amount | Date Paid |
|--------------|-----------|
|              |           |
|              |           |
|              |           |

**MEDICAL & DENTAL EXPENSES PAID**

|                                         |     |                              |  |
|-----------------------------------------|-----|------------------------------|--|
| Insurance Premiums                      |     | Medical Mileage              |  |
| Prescription Drugs                      |     | Doctors, Dentists, Hospitals |  |
| Less: Reimbursements for Above Expenses | ( ) | Lab Fees                     |  |
| Other                                   |     |                              |  |

**INTEREST PAID**

|                          |  |  |                       |  |
|--------------------------|--|--|-----------------------|--|
| Residence 1st Trust Deed |  |  | State Income Tax Paid |  |
| Residence 2nd Trust Deed |  |  | Real Estate Taxes     |  |
| Residence Credit Line    |  |  | Personal Property Tax |  |
| Points on Residence      |  |  | DMV Fees Paid         |  |
| Investment Interest:     |  |  | Other:                |  |

**TAXES PAID**

**IF INTEREST WAS PAID TO AN INDIVIDUAL, WE NEED THE PAYEE'S NAME, ADDRESS & SOCIAL SECURITY NUMBER**

|  |
|--|
|  |
|--|

**CONTRIBUTIONS**

|                                                                                                            |  |                         |  |
|------------------------------------------------------------------------------------------------------------|--|-------------------------|--|
| To Church or Temple                                                                                        |  | Other, by Check or Cash |  |
| Contributions by Payroll Deduction                                                                         |  | Other, by Check or Cash |  |
| Other Than Cash—provide details including date, market value, name and address of recipient, if over \$500 |  |                         |  |

**CHILD CARE CREDIT—PERSONS OR ORGANIZATIONS PROVIDING DEPENDENT CARE**

|                                    |                                    |
|------------------------------------|------------------------------------|
| Name                               | Name                               |
| Street address                     | Street address                     |
| City, state, zip code              | City, state, zip code              |
| Identification number (SSN or EIN) | Identification number (SSN or EIN) |
| Amount paid                        | Amount paid                        |
| Name                               | Name                               |
| Street address                     | Street address                     |
| City, state, zip code              | City, state, zip code              |
| Identification number (SSN or EIN) | Identification number (SSN or EIN) |
| Amount paid                        | Amount paid                        |

**BUSINESS AUTO & TRAVEL**

|                           |  |                          |  |
|---------------------------|--|--------------------------|--|
| Date placed in service    |  | Tax preparation fees     |  |
| Total miles this year     |  | Union, professional dues |  |
| Business miles this year  |  | Work tools, job supplies |  |
| Daily round trip commute  |  | Safety equipment         |  |
| Gas, oil, repairs         |  | Uniforms & cleaning      |  |
| Insurance                 |  | Trade publications       |  |
| Other auto expense        |  | Education expense        |  |
| Parking fees, tolls       |  | License renewal          |  |
|                           |  | Seminar expense          |  |
| Overnight lodging expense |  | Job seeking expense      |  |
| Overnight meal expense    |  | Safe deposit box fees    |  |
| Business entertainment    |  | IRA trustee fees         |  |
|                           |  |                          |  |
|                           |  | Taxpayer IRA payments    |  |
|                           |  | Spouse IRA payments      |  |
| Alimony Paid              |  |                          |  |
| Name of Recipient         |  |                          |  |
| Social Security #         |  |                          |  |

**OTHER DEDUCTIONS**