|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **TAX ORGANIZER** | | | | | | | | | | | | | | |
| **Client Name or Names:** | |  | | | | | | | | | | | | |
| Client Social Security Numbers | | | Primary: | | | | | | | | Spouse: | | | |
| Client Dates of Birth | | | Primary: | | | | | | | | Spouse: | | | |
| Client Driver License Expiration | | | Primary: | | | | | | | | Spouse: | | | |
| Since 12/31/20, have you gotten: | | | Married? Divorced? Widowed? Date Married/Divorced/Widowed: | | | | | | | | | | | |
| If newly married: | | | Spouse Name (First, Middle, Last) | | | | | | | | | | | |
| Address: | | | | | | | | | | | | | | |
| Cell Phone: | | | | | | | Spouse Cell Phone: | | | | | | | |
| **Added/Removed Dependents Name** | | | | Date of Birth: | | | | Relationship: | | Social Security Number | | Months in your home: | | |
|  | | | |  | | | |  | |  | |  | | |
|  | | | |  | | | |  | |  | |  | | |
| **INCOME** | | | |  | | | | | **CONTRIBUTIONS** | | | | **Dollar Amount** | |
| **W-2’s, 1099’s attached:** | | | | **Yes** | **No** | **# of Forms** | | | Total Church | | | | $ | |
| Salary & Wages (W-2) | | | |  |  |  | | | Total Charity | | | | $ | |
| Social Security (1099-SSA) | | | |  |  |  | | | Noncash Donations (FMV) | | | | $ | |
| Interest (1099-INT) | | | |  |  |  | | | Name of Charity Given to: | | | |  | |
| Dividend (1099-DIV) | | | |  |  |  | | | Charitable Miles Driven | | | | # of Miles: | |
| Stock Sales (1099-B) | | | |  |  |  | | | **MISC DEDUCTIONS** | | | |  | |
| Pension/Retirement Savings (1099-R) | | | |  |  |  | | | Tax Preparation Fees | | | | $ | |
| Non-Employee Comp (1099-Misc) | | | |  |  |  | | | Safe Deposit Box Rent | | | | $ | |
| Unemployment Comp (1099-G) | | | |  |  |  | | | Investment Fees | | | | $ | |
| Gambling Winnings (W-2G) | | | |  |  |  | | | Disaster or Theft | | | | $ | |
| Partnership or S Corp (K-1) | | | |  |  |  | | | Other: | | | | $ | |
| **OTHER INCOME** | | | | **Dollar Amount** | | | | | **EMPLOYEE EXPENSES** For unreimbursed expenses of an employee, if self-employed use Schedule C – State Only | | | | | |
| State Tax Refunds (1099-G) | | | |  | | | | |
| Alimony Received | | | | $ | | | | | Miles Driven (Unreimbursed) | | | | # of Miles: | |
| **Self-Owned Business Income** | | | | **Request Sch C Organizer** | | | | | Travel Expenses | | | | $ | |
| **Rental Income** | | | | **Request Sch E Organizer** | | | | | Meals & Entertainment | | | | $ | |
| **Advance Child Tax Credit Received in 2021 – ATTACH IRS LETTER 6419 RECEIVED IN JANUARY 2022.** | | | | $ | | | | | **Stimulus received in 2021 -**  **ATTACH IRS LETTER 6475 RECEIVED IN JANUARY 2022.** | | | | | S |
| **OTHER DEDUCTIONS** | | | |  | | | | | Union Dues | | | | $ | |
| Work Related Moving Expenses | | | | $ | | | | | Uniforms (Not street clothes) | | | | $ | |
| IRA contributions | | | | $ | | | | | Gifts, etc. | | | | $ | |
| Alimony Paid | | | | $ | | | | | Supplies | | | | $ | |
| Educator Supplies | | | | $ | | | | | Safety Equipment/Tools | | | | $ | |
| **MEDICAL EXPENSES (Paid out of pocket and unreimbursed by insurance)** | | | | | | | | | Office In home? | | | | Yes No | |
| Health Premiums (if not deducted pre-tax on your paycheck) | | | | $ | | | | | **CHILD & DEPENDENT CARE** | | | |  | |
| Prescription Drugs & Insulin | | | | $ | | | | | Child & Dependent Care Paid | | | | $ | |
| Doctors/Dentists/Hospitals | | | | $ | | | | | Which Dependent(s) | | | |  | |
| Ambulances | | | | $ | | | | | Care Provider Name: | | | |  | |
| Glasses & Contact Lenses | | | | $ | | | | | Care Provider Federal ID or SSN: | | | |  | |
| Hearing Aids & Batteries | | | | $ | | | | | **EDUCATION EXPENSES** | | | | **# of Forms Attached** | |
| Long-Term Care Premiums | | | | $ | | | | | College Tuition (1098-T) | | | |  | |
| Medical Miles Driven | | | | # of Miles | | | | | Student Loan Interest (1098-E) | | | |  | |
| **TAXES PAID** | | | |  | | | | | **Questions, Comments or Notes:** | | | | | |
| Real Estate Tax | | | | $ | | | | |
| Tax on Car Tags | | | | $ | | | | |
| **MORTGAGE INTEREST PAID** | | | |  | | | | |
| Mortgage Interest- 1098 (attach) | | | |  | | | | |
| Mortgage Interest - No 1098 | | | | $ | | | | |
| **Estimated Taxes Paid (Amount and Date Paid)** | | | | | | | | |
| IRS 1st Qtr. | $ Date: | | | | | | | | State 1st Qtr. | | $ Date: | | | |
| IRS 2nd Qtr. | $ Date: | | | | | | | | State 2nd Qtr. | | $ Date: | | | |
| IRS 3rd Qtr. | $ Date: | | | | | | | | State 3rd Qtr. | | $ Date: | | | |
| IRS 4th Qtr. | $ Date: | | | | | | | | State 4th Qtr. | | $ Date: | | | |