|  |
| --- |
| **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: |