

# 2014 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) :



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

# 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 (received) ..... \_\_\_\_\_  
 Other Contributions of Money (received) . \_\_\_\_\_  
 Charitable Auto Mileage..... \_\_\_\_\_  
 Volunteer Expenses (received)..... \_\_\_\_\_  
 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 \_\_\_\_\_