INDIVIDUAL INCOME TAX ORGANIZER

Phone: 651-670-3427

Taxpayer's Name (First, Middle		US Citizen(Y/N) Social Security Number			per			
Spouse's Name		US Citizen(Y/N) So		Soc	Social Security Number			
Taxpayer's Occupation If Student -	list credits and Semester at	ttended -Spring(Summ	er)/Fall 15 Cre	edits		Birth Da	ate (mm,dd,yyyy)	Blind?
Spouse's Occupation if Student -list	credits and Semester atter	nded -Spring(Summer)	/Fall 15 Credi	ts		Birth D	ate (mm,dd,yyyy) Blind ?
Address(If more than One Addre	ess list all addresses l	lived in Calendar	2012 (by d	ate on	back of form	1)		
City	State	Zip	Home Phone			Work Phone		
E-Mail Address							1	
Dependent Children (w	ho lived with v	ou) Need to	know d	ates	if lived u	nder	12 months (add backside)
1) Name (First/Middle/Last)	Social Security #	Birth Date	3) Nar				Security #	Birth Date
2) Name	Social Security #	Birth Date	4) Nar	me		Social	Security #	Birth Date
Other Dependents (Ne	ed dates lived	with you and	d if disa	bled	-student	-plus	Gross Inco	me)-backside
1) Name	Social Security #	Birth Date	Time at h		Relationship		Support by you %	Support by others
2) Name	Social Security #	Birth Date	Time at h	iome	Relationship		Support by you %	Support by others
Things to Br	ing (if applicab	le-tick box a	and add	the	Quantity	and a	ttach via PD)F)
☐ Last year's tax return (& or sales Form
☐ W-2 forms for wages (c					99C or 10	•	•	
☐ All 1099 Retirement State				□ Go	overnment	Form	1099 G Refun	d 2011
☐ 1099's for interest, divi		come	0				s showing inc	
☐ K-1 from partnerships, corporations & estates			 Other Income including, gambling winnings, alimony received, prizes, tips, royalties, 					
☐ 1099 SSA -Social Security benefit statements								yailles,
□ Property tax statements-Principal &			disability, work comp payments Optional form -Last Pay Stub					
(Include Secondary (Vacation Home-Timeshare etc.)				☐ Health Savings Account Statement- 1099				
☐ CPR-MN Landlord -Certificate Rent Paid			☐ HUD Statement for Home Purchase-Sale					
☐ Education Receipts for books and Tuition			☐ Information about Foreign Bank Accounts & Assets					
(1098T and account statements)			Are you a U.S. Citizen, if not bring in your Visa -ITIN or					
☐ IRA & Roth IRA (Annua		ients)					# Days in US -	
☐ 1098's Mortgage interes Rental/Self-Employmen	·	oneoe			ice Informa		, Dayo III OO	Table 6 Tears
Total Income Receiv		\$					ployer (Y/N)	\$
	roperty Taxes	\$	Office		re footage			Ψ
(need Receipts)	Utilities	\$			are footage			
Interest		\$	Utilitie	s Pai	d		\$	
Insurance		\$	Insura	nce F	Paid		\$	
Repairs		\$ • -	Other				\$	
Supplies	-	\$		EIT	C Credit	eligi	ble (Form	8332)
Equipment	-	\$	An	y spe	ecial issue	s-Chil	dren-Use ba	ck of form
Advertising		\$						
Other -List back side	9							

Sole Proprietorship (Can take QuickBooks -Peachtree Disk (Schedule C) Statements

Schedule A Deduction & Credit Items

Adjustments

IRA Contributions (1st Yr.) Yes or No(Circle One) Taxpayer \$ _____ Traditional IRA or Roth IRA Spouse \$ _____ Simple –SEP--Keogh Date of Contributions (mm/dd/yyyy)

Penalty for early withdrawal	\$
Alimony paid Name SS#	\$
Self-Employed:(annual expense)	
Type F / S Medical Insurance	\$
Type F /S Dental/STD Insurance	\$
Health Saving (HSA)Contributions	\$
Employer Paid Education	\$

Medical Expenses

Insurance Premium	\$
Long term care insurance	\$
Policy # H or W-Both	
Prescriptions	\$
Eyeglasses	\$
Doctors	\$
Dentists	\$
Hospital	\$
Ambulance	\$
Hearing aid & batteries	\$
Other medical expenses	\$
Other travel expenses	\$
Medical miles: 1/1 to 6/30	
Medical Miles: 7/1 to 12/31	
Reimbursement	\$

Taxes

	•	uxco	
Real Estate taxes		\$	
Personnel Property taxes			\$
State Income taxes paid (prior year)		aid (prior year)	\$
State est	imates paid		
Date	\$	Date	\$
Date	\$	Date	\$
Federal e	stimates pa	aid	
Date	\$	Date	\$
Date	\$	Date	\$
Vehicle license tabs		\$	
Make Mod	el YR		
II .			

Interest Expense

Home mortgage (Paid to a Bank)		
1 st mortgage	\$	
2 nd mortgage	\$	
Home equity	\$	
Second home mortgage	\$	
Home mortgage (paid to an		
individual)(copy of Note)		
Name, Address & SS/EIN of		
Issuer		

Investment Interest

Margin account	\$	
Other	\$	
Contributions (Attach List)		
Churches	\$	
Other contributions of money	\$	
Volunteer Expenses	\$	

Casualty & Theft Losses

\$

For additional information, speak to your tax preparer

Charitable mileage

Other

Fair market value of property donated (detailed list if over \$500) receipts

Job Related Automobile Expenses

OOD INCIDICA AUTOMODIIC	Ехропооо
Total miles	
Business miles: 1/1 to 6/30	
Business miles: 7/1 to 12/31	
Commuting miles	
Personal miles	
Odometer reading 1/01	
Odometer reading 12/31	
Gas & oil	\$
Interest	\$
Tolls & local transportation	\$
Lease payments	\$
Parking	\$
Other	

Investment & Job related Miscellaneous Deductions (

	7 di di di di 110 (
Dues & subscription	\$
Education	\$
Required for License(Y/N)	
Safety Equipment	\$
Uniforms	\$
Job seeking expense	\$
Legal/Accounting fees	\$
Tools & equipment	\$
Business entertainment	\$
Investment & tax advice	\$
Safe deposit box	\$
Hobby losses	\$
Investment fees	\$
Gambling losses	\$
Impairment related work	\$
cost	
Other	\$

Child Care Expense

Name, address, ID# & amount paid for all providers
See IRS form 2441-Statement attached □Yes