

Strategic Tax & Accounting, LLC

Individual Tax Organizer

Tax Year: _____

Attention to (if anyone specific): _____

Preparation Method

Mail In _____

Drop Off _____

Waiting _____

New clients - please fill out page 1 and 2. If possible you should attach prior year tax return

Returning clients - fill in only any information on page 1 & 2 that has changed and move on to page 3.

Were you Married at December 31?

Yes _____

No _____

If Yes: Filing Joint _____

Separate _____

If No: Filing Single _____

Head of Household _____

(i.e. single, but have dependents)

Primary Taxpayer

Spouse

Social Security #: _____

Social Security #: _____

First Name: _____

First Name: _____

Middle Name: _____

Middle Name: _____

Last Name: _____

Last Name: _____

Date of Birth: _____

Date of Birth: _____

Occupation: _____

Occupation: _____

Cell Phone #: _____

Cell Phone #: _____

Alternate #: _____

Alternate #: _____

Email: _____

Email: _____

Are you (check any applicable)

A Dependent _____

Full-time Student _____

Blind _____

Are you (check any applicable)

A Dependent _____

Full-time Student _____

Blind _____

Mailing Address:

Street: _____

Apt. _____

City: _____

State: _____

Zip Code _____

In Care of (if any guardian): _____

Do you have Dependents? Yes: _____ No: _____ If Yes, #: _____

If Yes, please present or attach copies of each dependents social security cards

	Dependent 1	Dependent 2	Dependent 3
First Name:	_____	_____	_____
Middle Name:	_____	_____	_____
Last Name:	_____	_____	_____
Social Security #:	_____	_____	_____
Relationship:	_____	_____	_____
Months In Home:	_____	_____	_____
Date of Birth:	_____	_____	_____
If Under Age 13 at 12/31			
Child Care Exp:	_____	_____	_____
Caregiver name:	_____	_____	_____
Caregiver EIN/SSN:	_____	_____	_____
If over 18, but under 24			
Full-time Student? Yes/No	_____	_____	_____

Income

List by source and attach source document, do not list amounts unless requested

Do you have wages from employment (W-2's)?

If so, list by employer below and **Attach**

1) _____

3) _____

2) _____

4) _____

Did you have any Social Security or Railroad Benefits (1099-SSA)?

If so, list by recipient and **Attach**

1) _____

2) _____

Do you have any Retirement Plan Distributions (1099-R)?

If so, list by Plan below and **Attach**

1) _____

3) _____

2) _____

4) _____

Do you have any non-employee comp/royalties (1099-Misc)?

If so, list by Payee below and **Attach**

If you have non-employee comp, also see (Schedule C) download and list any expenses

1) _____

3) _____

2) _____

4) _____

Do You have any Dividends (1099-DIV)?

If so, list by Payee below and **Attach**

1) _____

3) _____

2) _____

4) _____

Do You have any Interest (1099-INT)?

If so, list by Payee below and **Attach**

1) _____

3) _____

2) _____

4) _____

Did you have any State Refunds or State Unemployment (1009-G)?

If so, list by type and **Attach**

1) _____

3) _____

2) _____

4) _____

Did you have any Gambling Income (W-2G)?

If so, list by Payee below and **Attach**

1) _____

2) _____

Did you have any investment sales? If so, **Attach** brokerage/other statements of transaction details

1) _____

2) _____

Did you receive/pay any Alimony?

If so, list by payor/payee and state **Amount**

Amount

Amount

1) _____

2) _____

Did you have any income from a Sole Proprietorship or Single Member LLC Business?

If so, please request, or download, and complete Schedule C organizer.

Did you own and real estate rental properties?

If so, Please request, or download, and complete Schedule E organizer.

Itemized Deductions

List amounts only unless specifically stated otherwise

Medical and Dental

Health Insurance Premiums* _____

Dental Insurance Premiums* _____

Long-term Care Premiums* _____

*only include amounts paid after tax (out of pocket) do not include pre-tax deductions from paycheck or amounts deducted from social security

Non-covered out of pocket and copays for:

Doctors: _____

Dentists: _____

Vision (glasses contacts): _____

Prescribed Drugs: _____

Medical Equipment: _____
(wheel chair, cane, oxygen, non-allergenic, etc)

Cost of Prescribed Therapy: _____
(dietary, physical therapy)

Taxes Paid

Real Estate Taxes: _____

Ad valorem tax on car tags: _____

Fire or Library Dues: _____

Home Mortgage Interest
(List by Company and **Attach Form 1098**)

1) _____

2) _____

Charitable Contributions

By cash, check or credit card: _____

In Kind (clothing, furniture, etc.) _____

If in-kind contributions are more than \$500

Donee Organization: _____

Address: _____

Type of goods: _____

Date contributed: _____ Value: _____

Other Miscellaneous:

Prior Year Tax Preparation Fee: _____

Unreimbursed Employee Expenses

If self employed, see Page 5 (Schedule C) below

Uniforms _____

Uniform Cleaning _____

Safety Shoes _____

Other Safety Equip _____

Tools _____

Phone (% business) _____

Travel/Seminars _____

Meals & Entertain _____

Other _____

Miles Driven _____

Car Yr/Make/Model _____

If claiming Per Diem for Out of Town Work

Days _____ City _____

Days _____ City _____

Days _____ City _____

Gambling Losses: _____

Attach Forms 1099-G

Other Information

Do you have other possible income or expenses that has not been included in previous pages?

Do you have any questions about this year's tax return or taxes in general?
