

Strategic Tax & Accounting, LLC

Individual Tax Organizer

2018

Delivery Method Mail/Email _____ Drop Off _____ In Person _____

Please attached a copy of your 2017 tax return

Were you Married on December 31 of last year? Yes _____ No _____

Primary Taxpayer

Social Security #: _____

First Name: _____

Middle Name: _____

Last Name: _____

Date of Birth: _____

Occupation: _____

Cell Phone #: _____

Alternate #: _____

Email: _____

Spouse

Social Security #: _____

First Name: _____

Middle Name: _____

Last Name: _____

Date of Birth: _____

Occupation: _____

Cell Phone #: _____

Alternate #: _____

Email: _____

Are you (check any applicable)

A Dependent _____

Full-time Student _____

Blind _____

Is your spouse (check any applicable)

A Dependent _____

Full-time Student _____

Blind _____

Mailing Address: Street: _____ Apt. _____

City: _____ State: _____ Zip Code _____

In Care of (if a guardian has been appointed): _____

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

	Dependent 1	Dependent 2	Dependent 3
First Name:	_____	_____	_____
Middle Name:	_____	_____	_____
Last Name:	_____	_____	_____
Social Security #:	_____	_____	_____
Relationship:	_____	_____	_____
Months In Home:	_____	_____	_____
Date of Birth:	_____	_____	_____

	Dependent 1	Dependent 2	Dependent 3
If Under Age 13 at 12/31/17: After School or Daycare Expense:	_____	_____	_____
Caregiver name:	_____	_____	_____
Caregiver EIN/SSN:	_____	_____	_____
If over 18 and under 24 Full-time Student?	_____	_____	_____

Income: List By Sender and Attach Form

W-2's (Wages & Salary)

1) _____	3) _____
2) _____	4) _____

1099-SSA (Social Security)

1) _____	2) _____
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1099-R (Retirement Plan Distributions)

1) _____	3) _____
2) _____	4) _____

K-1's (Partnership/S Corp Income)

1) _____	2) _____
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1099-Misc (Non-employee Compensation/Rent/Other Income)

If you have non-employee comp, request or download a "Schedule C" organizer and list expenses

If you have rental income, request or download a "Schedule E" organizer and list expenses

1) _____	2) _____
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1099-DIV (Dividends), 1099-INT (Interest), 1099-B (Stock Sales)

1) _____	3) _____
2) _____	4) _____

1099-G (State Refunds or State Unemployment)

1) _____	2) _____
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W2-G (Gambling Income)

1) _____	2) _____
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Did you receive/pay any Alimony?

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

	<u>Amount</u>		<u>Amount</u>
1) _____		2) _____	

Did you make any Quarterly Estimated Payments?

IRS	1st Qtr	_____	State	1st Qtr	_____
	2nd Qtr	_____		2nd Qtr	_____
	3rd Qtr	_____		3rd Qtr	_____
	4th Qtr	_____		4th Qtr	_____

Itemized Deductions

List totals for each category.

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 _____

Home Office:

Square Ft of Home: _____

Square Ft used as office: _____

Total Annual Utilities: _____

Hazard Insurance: _____

Gambling Losses: _____

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?
