

2018 TAX ORGANIZER													
Client Name or Names:													
Client Social Security Numbers			Primary:				Spouse:						
Client Dates of Birth			Primary:				Spouse:						
Since 12/31/17, have you gotten:			Married?	Divorced?		Widowed?		Date Married/Divorced/Widowed:					
If newly married:			Spouse Name (First, Middle, Last)										
Address:													
Cell Phone:					Spouse Cell Phone:								
Alternate Phone:					Spouse Alternate 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					
Salary & Wages (W-2)								Total Church					
Social Security (1099-SSA)								Total Charity					
Interest (1099-INT)								Noncash Donations (FMV)					
Dividend (1099-DIV)								Name of Charity Given to:					
Stock Sales (1099-B)								Charitable Miles Driven					
Pension/Retirement Savings (1099-R)								MISC DEDUCTIONS					
Non-Employee Comp (1099-Misc)								Tax Preparation Fees					
Unemployment Comp (1099-G)								Safe Deposit Box Rent					
Gambling Winnings (W-2G)								Investment Fees					
Partnership or S Corp (K-1)								Disaster or Theft					
OTHER INCOME				Dollar Amount		EMPLOYEE EXPENSES below is for unreimbursed expenses of an employee, if you are self-employed use Schedule C							
State Tax Refunds (1099-G)						Miles Driven (Unreimbursed)							
Alimony Received				\$		# of Miles:							
Self-Owned Business Income				Request Schedule C Organizer		Travel Expenses							
Rental Income				Request Schedule E Organizer		Meals & Entertainment							
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)						Is your work office in your 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							
Long-Term Care Premiums				\$		# of Forms Attached							
Medical Miles Driven				# of Miles		College Tuition (1098-T)							
						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 1 st Qtr		\$		Date:						State 1 st Qtr		\$	
IRS 2 nd Qtr		\$		Date:						State 2 nd Qtr		\$	
IRS 3 rd Qtr		\$		Date:						State 3 rd Qtr		\$	
IRS 4 th Qtr		\$		Date:		State 4 th Qtr		\$					