

TAX DATA ORGANIZER – 2016

LAST NAME _____ FIRST (H) _____ (W) _____
 ADDRESS: _____
 SS# (H) _____ DOB(H) _____ SS#(W) _____ DOB(W) _____
 MARITAL STATUS _____ PHONE# (HOME) _____ (WORK) _____

DEPENDENTS:

Name	SS#	Relationship	DOB	Months lived with You	Income
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

INCOME: (Attach all W-2'S, 1099'S, Social Security Statements, K-1's):

Unemployment _____ Alimony _____
 Income & Expenses from Self-Employment, Sub-contract, Commission, etc. (List on pg 3, section C)
 Rental Income & Expenses: (List on pg 3, sec D) Sale of Stock or Property: (List on pg 4, section E)

Amount contributed to IRA _____ (H) _____ (W) _____
 Amount paid in alimony _____ Paid to (Name) _____ SS# _____

Health Insurance: Did all members of the family have health insurance all 12 months? _____ If not covered all 12 months, circle only the months that were covered. If you received a form 1095, I must have that form.

J F M A M J J A S O N D

DEDUCTIONS, SECTION A

MEDICAL EXPENSES **AMOUNT**
 -Non Pretax Medical Insurance _____
 -Doctors, Dentist _____
 -Glasses _____
 -Prescriptions _____
 -Dental Work _____
 -Hospital _____
 -Long Term Care Insurance _____
 -Other _____
 -Miles traveled for medical purposes _____
 -Amount reimbursed to you by Ins. Co. _____

ESTIMATED TAX PAYMENTS:

Date Paid _____	Amount Paid \$ _____
Date Paid _____	Amount Paid \$ _____
Date Paid _____	Amount Paid \$ _____
Date Paid _____	Amount Paid \$ _____

INTEREST PAID: AMOUNT

Home-First Mortgage _____
 Home-Second Mortgage _____
 Home Equity Loan _____
 Educational Interest _____
 Investment Interest _____

MISC. DEDUCTIONS:

Tax Preparation _____	Job Related Education _____	Employment Agency _____	Real Estate _____
Union Dues _____	Professional Dues _____	Safe Deposit Box _____	Other Taxes _____
Tools/Work _____	Subscriptions _____	Safety Equipment _____	Sales Tax _____
Uniforms _____	Required Licenses _____	Other _____	(on new vehicles)

AMOUNT of CHARITABLE CONTRIBUTIONS

Cash of Check \$ _____ List to Whom (if over \$3000) _____
 Other than Cash \$ _____ (List items & recipient if total exceeds \$500)

CHILD CARE EXPENSES:

List information from Form W-10. (Person(s) or Organization(s) who provided care and amount paid

Name and Address	Identification Number (SS# or EIN)	Amount Paid
_____	_____	_____
_____	_____	_____

HIGHER EDUCATION EXPENSE: Provide 1098T from your learning institution.

Circle which year of education you are classified: Freshman, Sophomore, Junior, Senior

SECTION B - INTEREST AND DIVIDENDS RECEIVED

Please bring copies of all 1098's received. For stock sales I need a cost and gain report from your broker.

SECTION C

**COMMISSIONS, CONTRACT LABOR,
SELF-EMPLOYMENT INCOME & EXPENSES**

Name of Business _____

Address: _____

Federal ID Number _____

SALES (INCOME): _____

EXPENSES:

- Purchase for Resale _____
- Materials & Supplies _____
- Subcontract/Labor _____
- Advertising _____
- Bank Charges _____
- *Vehicle Expense _____
- Commission _____
- Dues _____
- Freight & Postage _____
- Insurance _____
- Legal & Accounting _____
- Office Supplies _____
- Rent/Lease Equipment _____
- Rent/Lease - Other _____
- Repairs _____
- Misc. Supplies _____
- Interest _____
- Taxes/Licenses _____
- Telephone _____
- Utilities _____
- Payroll _____
- Other _____

SECTION D

RENTALS

RENTAL PROPERTY & RELATED EXPENSES

Rent Received: Property #1 Property #2 Property #3

EXPENSES:

- | | | | | |
|---------------|-------|-------|-------|-------|
| Advertising | _____ | _____ | _____ | _____ |
| Maintenance | _____ | _____ | _____ | _____ |
| Commission | _____ | _____ | _____ | _____ |
| Insurance | _____ | _____ | _____ | _____ |
| Prof. Fee | _____ | _____ | _____ | _____ |
| Repairs | _____ | _____ | _____ | _____ |
| Supplies | _____ | _____ | _____ | _____ |
| Taxes | _____ | _____ | _____ | _____ |
| Water | _____ | _____ | _____ | _____ |
| Lawn | _____ | _____ | _____ | _____ |
| Pest Control | _____ | _____ | _____ | _____ |
| Auto Travel | _____ | _____ | _____ | _____ |
| Interest | _____ | _____ | _____ | _____ |
| Utilities | _____ | _____ | _____ | _____ |
| HO Assn. Dues | _____ | _____ | _____ | _____ |
| Other | _____ | _____ | _____ | _____ |
| Mgmt. Fee | _____ | _____ | _____ | _____ |

Rental Property Addresses:

Property #1 _____

Property #2 _____

Property #3 _____

*If you use mileage, fill out information on Page 4 under auto mileage

NOTE: If property was rented for the first time this year, please bring a copy of purchase contract

NOTE: If you paid interest to individuals rather than a financial institute, list the individual's name, address, SS# and amount paid

SALE(S) OF PROPERTY - SECTION E
NOTE: Must list the exact date of sale

Description of Property	Date Purchased	Date Sold	Sale Price	Cost-Improvements
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

EMPLOYEE BUSINESS EXPENSES: Expenses related to your employment for which you are not reimbursed

Entertainment _____
Supplies _____
Telephone _____
Laundry _____
Meals _____
Lodging _____

Use mileage and automobile section if you have auto expenses as a self-employed person

Odometer Reading, January 1 _____ Odometer Reading, December 31 _____

Daily Round Trip Mileage,
Home to Work _____ Total Business Miles _____
of Months used for Business _____ Gasoline, Oil, Lube, etc _____
Auto Insurance _____ Tolls, Parking _____
Amount Reimbursed by Employer _____

If you have bought, sold, or traded any equipment, auto, or other items used in your business or rental, please include purchase receipts and cost information on old and new items

Use the space below for details, explanations or questions pertaining to your tax return

THIS IS TO VERIFY that I /we have receipts and records for all items listed on this TAX DATA ORGANIZER

DATE _____ TAXPAYER _____

TAXPAYER _____
