

# TAX ORGANIZER

Tax Year \_\_\_\_\_ Filing Status \_\_\_\_\_

Taxpayer's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Social Security No. \_\_\_\_\_ Occupation \_\_\_\_\_

Spouse's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Social Security No. \_\_\_\_\_ Occupation \_\_\_\_\_

Dependents – List Names	Date of Birth	Social Security No.	Student 18 - 23
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Current Home Address \_\_\_\_\_ Telephone Numbers \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

E-Mail Address \_\_\_\_\_

E-File \_\_\_\_\_ Paper File \_\_\_\_\_

Bank Name \_\_\_\_\_

Routing # \_\_\_\_\_ Account # \_\_\_\_\_

## Health Insurance

How many months were you and your family covered by Healthcare Insurance? \_\_\_\_\_

Please attach the applicable Form 1095-A 1095-B or 1095-C

## Driver License

Name \_\_\_\_\_ Driver License # \_\_\_\_\_

Date Issued \_\_\_\_\_ Date Expired \_\_\_\_\_

Name \_\_\_\_\_ Driver License # \_\_\_\_\_

Date Issued \_\_\_\_\_ Date Expired \_\_\_\_\_

<b>Sources of Income and Wages – Attach W-2's</b>
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Employer	Wages	Federal W/H	State W/H	Local W/H
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
<b>Total W-2s</b>	<hr style="border-top: 3px double black;"/>			

<b>Estimated Tax Payments</b>	Payment Date	Federal Tax	State Tax
Credit from Prior Year	_____	_____	_____
1 <sup>st</sup> Quarter	_____	_____	_____
2 <sup>nd</sup> Quarter	_____	_____	_____
3 <sup>rd</sup> Quarter	_____	_____	_____
4 <sup>th</sup> Quarter	_____	_____	_____
Extension Payment	_____	_____	_____
<b>Total Est. Payments</b>	<hr style="border-top: 3px double black;"/>		

**Interest Income**

Attach Form 1099

Payor	Total Income	US Interest	Colorado Exempt	Federal Exempt	Early W/D Penalty

**Total Interest**

\_\_\_\_\_

At any time during the year, did you have a financial interest or signature authority over a financial account located in a foreign country? Yes \_\_\_ No \_\_\_

**Dividend Income**

Attach Form 1099

Payor	Ordinary Income	Qualified Dividends	Capital Gains	Foreign Tax paid	Colorado Exempt	Federal Exempt

**Total Div.**

\_\_\_\_\_



<b>Other Income</b>	Attach Documents	Federal W/H	Colorado W/H
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State Refund			
Unemployment Income			
Other Income			

<b>IRA Distributions</b>
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<u>Payor</u>	<u>Gross</u>	<u>Taxable</u>	<u>Fed W/H</u>	<u>State W/H</u>	<u>Code</u>
<b>Total IRA</b>					

<b>Pension Distributions</b>
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Payor	Gross	Taxable	Fed W/H	State W/H	Code
<b>Total Pensions</b>					
Social Security Taxpayer					
Social Security Spouse					
<b>Total SSA</b>					

**Schedule C**

Business #1

Business #2

Business Name	_____	_____
Principal Activity	_____	_____
<b>Cash in Bank 12/31</b>	=====	=====
<b>Income</b>	_____	_____

**Expenses**

Advertising Expense	_____	_____
Car and Truck Expenses	_____	_____
Commissions and Fees	_____	_____
Contract Labor	_____	_____
Insurance	_____	_____
Mortgage	_____	_____
Legal and Professional Services	_____	_____
Office Expense	_____	_____
Travel	_____	_____
Meals	_____	_____
Utilities	_____	_____
<b>Other Expenses</b>		
Accounting Fees	_____	_____
Postage	_____	_____
Telephone	_____	_____
<b>Depreciation and Section 179</b>		
Depreciation	_____	_____
Amortization	_____	_____
_____	_____	_____
_____	_____	_____
<b>Total Expenses</b>	_____	_____
<b>Net Income/(Loss)</b>	=====	=====

<b>Depreciation</b>	<b>#1</b>	<b>#2</b>	<b>#3</b>	<b>#4</b>
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Asset				
Date Acquired				
Original Cost				
Depreciation Method				

<b>Employee Business Expense</b>
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	Business #1	Business #2
<b>Automobile Expenses:</b>		
Description of Vehicle		
Date Placed Into Service		
Original Cost		
Depreciation Method		
Total Miles Driven		
Business Miles		
Personal Miles		

<b>Actual Expenses</b>
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Gasoline & Oil		
Insurance & License		
Repairs		
Other – Detail		
Are any of your Employee Business Expenses reimbursed	Yes _____	No _____
If Yes, amount of reimbursement	\$ _____	

<b>Home Office</b>
--------------------

Business Sq. Footage \_\_\_\_\_ Total Sq. Footage \_\_\_\_\_ Business % \_\_\_\_\_

Mortgage Interest \_\_\_\_\_

Real Estate Taxes \_\_\_\_\_

Insurance \_\_\_\_\_

Utilities \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

<b>Depreciation Expense - Rental</b>
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	Property #1	Property #2	Property #3	Property #4
Asset	_____	_____	_____	_____
Date Acquired	_____	_____	_____	_____
Original Cost	_____	_____	_____	_____
Depreciation Method	_____	_____	_____	_____
Improvements Cost	_____	_____	_____	_____
Depreciation Method	_____	_____	_____	_____



## Rental Properties

Property Description – No. 1 \_\_\_\_\_  
 Property Description – No. 2 \_\_\_\_\_  
 Property Description – No. 3 \_\_\_\_\_  
 Property Description – No. 4 \_\_\_\_\_

	Property #1	Property #2	Property #3	Property #4
Rental Income				

### Expenses

Advertising Expense				
Auto				
Cleaning and Maintenance				
Commissions				
Insurance				
Professional Services				
Management Fees				
Mortgage Interest Paid				
Other Interest				
Repairs				
Supplies				
Taxes				
Utilities				

### Other Expenses

Amortization				
Depreciation				
_____				
_____				

### Total Expenses

<b>Net Rental Income/(Loss)</b>				
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Carry Forward Loss \_\_\_\_\_

Allowable \_\_\_\_\_

**Adjustments to Income**

Contribution to Colorado 529 Plan		
IRA Deduction		IRA Type (Circle One) Regular/ Roth / Educational
IRA Deduction – Spouse		Regular/ Roth / Educational
Retirement Plan/ SEP Deduction		
Educator Supplies		
Student Interest		
SE Health		
HSA/Contributions		
HSA/ Distributions – Form 1099 SA		
Qualified Medical Expense		
Alimony Paid		Name _____ SS# _____

**Partnership / S Corporation Income**

Name				

<b>Itemized Deductions</b>
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Medical Expenses	
Doctors, Dentists, Hospitals	
Prescription Medicines & Drugs	
Medical Insurance	
Medical Mileage	
Other	
<b>7.5% / Floor</b>	

<b>Taxes Paid</b>
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State and Local Income Taxes	Amount
Prior Year	
Estimated Taxes	
W-2 Withholding	
<b>Total State &amp; Local Taxes</b>	
Real Estate Taxes Paid	
Personal Property Taxes /Auto Licenses	
Other	
\$10,000 Cap	

<b>Interest Paid</b>
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	Amount
Home Mortgages – Institutions	
<b>Total Mortgages</b>	
Home Mortgages – Other	
Name & Social Security Number of Recipient	
Points Paid	
Investment Interest Expenses	

**Contributions**

Cash Contributions – Description

Amount Contributed

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Non-Cash Contributions – Description

Amount Contributed

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**Other Deductions**

Amount

Gambling Losses

\_\_\_\_\_

**Miscellaneous**

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Total Standard Deductions \$ \_\_\_\_\_

Total Itemized Deductions \$ \_\_\_\_\_



To the best of my knowledge, the enclosed information is correct and includes all income, deductions, and all other information necessary for the preparation of my Income Tax Return for Year \_\_\_\_\_, for which I have adequate contemporaneous records. Payment for the preparation of the return is due upon receipt unless other written arrangements are made in advance. If an arrangement is made, payment is due within 30 days. Client agrees to pay all cost of collection, including interest and legal fees.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**FOR OFFICE ONLY:**

**Tax Return in Office**

**Date** \_\_\_\_\_

**Estimated Pick-Up Date**

\_\_\_\_\_