

# 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 \_\_\_\_\_

**Sources of Income and Wages – Attach W-2's**

Employer	Wages	Federal W/H	State W/H	Local W/H
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
<b>Total W-2s</b>				

Estimated Tax Payments	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>			

**Interest Income**

Attach Form 1099

Payor	Total Income	US Interest	Colorado Exempt	Federal Exempt	Early W/D Penalty
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
<b>Total Interest</b>	_____				

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
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
<b>Total Div.</b>	_____					



<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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<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>					

<b>Schedule C</b>	Business #1	Business #2
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Business Name		
Principal Activity		
<b>Cash in Bank 12/31</b>		
<b>Income</b>		

<b>Expenses</b>
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Advertising Expense		
Car and Truck Expenses		
Commissions and Fees		
Contract Labor		
Insurance		
Mortgage		
Legal and Professional Services		
Office Expense		
Travel		
Meals and Entertainment		
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>		

Depreciation	#1	#2	#3	#4
Asset	_____	_____	_____	_____
Date Acquired	_____	_____	_____	_____
Original Cost	_____	_____	_____	_____
Depreciation Method	_____	_____	_____	_____

**Employee Business Expense**

	Business #1	Business #2
Automobile Expenses:		
Description of Vehicle	_____	_____
Date Placed Into Service	_____	_____
Original Cost	_____	_____
Depreciation Method	_____	_____
Total Miles Driven	_____	_____
Business Miles	_____	_____
Personal Miles	_____	_____

**Actual Expenses**

Leasing Expense	_____	_____
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>
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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	_____	_____	_____	_____
<b>Other Expenses</b>				
Amortization	_____	_____	_____	_____
Depreciation	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
<b>Total Expenses</b>	_____	_____	_____	_____
<b>Net Rental Income/(Loss)</b>	_____			

Carry Forward Loss \_\_\_\_\_  
 Allowable \_\_\_\_\_



<b>Itemized Deductions</b>
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Medical Expenses	
Doctors, Dentists, Hospitals	
Prescription Medicines & Drugs	
Medical Insurance	
Medical Mileage	
Other	
<b>7.5% / 10% 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	

<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
_____	_____
_____	_____
_____	_____
_____	_____

**Miscellaneous Deductions**

	Amount
Casualty Losses	_____
Child Care	_____
Education Expenses	_____
Job Seeking Expenses	_____
Office In-home Expenses	_____
Professional Dues	_____
Safe Deposit Box	_____
Safety Equipment & Tools	_____
Tax Preparation	_____
Transportation to Second Job	_____
Uniforms	_____
Union Dues	_____
_____	_____
_____	_____
<b>2% Floor</b>	_____
_____	_____



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**

\_\_\_\_\_