

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 _____

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

Current Home Address	Telephone Numbers
_____	_____
_____	_____
_____	_____

E-Mail Address _____

E-File _____ Bank Name _____

Paper File _____ 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

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

Employer	Wages	Federal W/H	State W/H	Local W/H
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Sale of Stock or Property

Description	C/NC	Date Acquired	Date Sold	Sales Price	Original Cost	WS	Gain or Loss

IRA Distributions

Payor	Gross	Taxable	Federal W/H	State W/H	Code
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
Total IRA	_____	_____	_____	_____	_____

Pension Distributions

Payor	Gross	Taxable	Fed W/H	State W/H	Code
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
Total Pensions	_____	_____	_____	_____	_____
Social Security Taxpayer	_____	_____	_____	_____	_____
Social Security Spouse	_____	_____	_____	_____	_____

Other Income

Attach Documents

Federal W/H

Colorado W/H

State Refund	_____	_____	_____
Unemployment Income	_____	_____	_____
Other Income	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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

Expenses

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

Depreciation	#1	#2	#3	#4
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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 \$ _____

Home Office

Business Sq. Footage _____	Total Sq. Footage _____	Business % _____
Mortgage Interest	_____	_____
Real Estate Taxes	_____	_____
Insurance	_____	_____
Utilities	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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	_____	_____	_____	_____
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Net Rental Income/(Loss)	_____	_____	_____	_____
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Carry Forward Loss _____

Allowable _____

Depreciation Expense - Rental

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

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	_____	

MOVING HOUSEHOLD

Moving: Date of Move	_____	
Distance of former residence to new business	_____	
Distance of former residence to former business	_____	
Cost of moving family/household	_____	
Amount reimbursed by employer	_____	
Amount included on W-2	_____	
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				
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Itemized Deductions

Medical Expenses	
Doctors, Dentists, Hospitals	
Prescription Medicines & Drugs	
Medical Insurance	
Medical Mileage	
Other	
7.5% / 10% Floor	

Taxes Paid

State and Local Income Taxes	Amount
Prior Year	
Estimated Taxes	
W-2 Withholding	
Total State & Local Taxes	
Real Estate Taxes Paid	
Personal Property Taxes /Auto Licenses	
Other	

Interest Paid

	Amount
Home Mortgages – Institutions	
Total Mortgages	
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

2% Floor

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
