

# 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<br>18 - 23 |
|-------------------------|---------------|---------------------|--------------------|
| _____                   | _____         | _____               | _____              |
| _____                   | _____         | _____               | _____              |
| _____                   | _____         | _____               | _____              |

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

E-Mail Address \_\_\_\_\_  
Spouse's E-Mail \_\_\_\_\_

Bank Name \_\_\_\_\_  
Routing # \_\_\_\_\_ Account # \_\_\_\_\_

**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 \_\_\_**

### 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

Taxpayer Driver License # \_\_\_\_\_ Date Issued \_\_\_\_\_ Date Exp \_\_\_\_\_  
Spouse Driver License # \_\_\_\_\_ Date Issued \_\_\_\_\_ Date Exp \_\_\_\_\_

|   |
|---|
| <b>Sources of Income and Wages – Attach W-2's</b> |
|---|

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

|                               |                     |                    |                  |
|-------------------------------|---------------------|--------------------|------------------|
| <b>Estimated Tax Payments</b> | <b>Payment Date</b> | <b>Federal Tax</b> | <b>State Tax</b> |
|-------------------------------|---------------------|--------------------|------------------|

|                            |       |       |       |
|----------------------------|-------|-------|-------|
| 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> | _____ |       |       |
| <b>Total Payments</b>      | _____ |       |       |

**Interest Income**

Attach Form 1099

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

**Dividend Income**

Attach Form 1099

| Payor | Ordinary<br>Income | Qualified<br>Dividends | Capital<br>Gains | Foreign<br>Tax paid | Colorado<br>Exempt | Federal<br>Exempt | 199A  |
|-------|--------------------|------------------------|------------------|---------------------|--------------------|-------------------|-------|
| _____ | _____              | _____                  | _____            | _____               | _____              | _____             | _____ |
| _____ | _____              | _____                  | _____            | _____               | _____              | _____             | _____ |
| _____ | _____              | _____                  | _____            | _____               | _____              | _____             | _____ |
| _____ | _____              | _____                  | _____            | _____               | _____              | _____             | _____ |
| _____ | _____              | _____                  | _____            | _____               | _____              | _____             | _____ |
| _____ | _____              | _____                  | _____            | _____               | _____              | _____             | _____ |
| _____ | _____              | _____                  | _____            | _____               | _____              | _____             | _____ |



|                               |
|-------------------------------|
| <b>Pensions Distributions</b> |
|-------------------------------|

| Payor | Gross | Taxable | Fed W/H | State W/H | Code  |
|-------|-------|---------|---------|-----------|-------|
| _____ | _____ | _____   | _____   | _____     | _____ |
| _____ | _____ | _____   | _____   | _____     | _____ |
| _____ | _____ | _____   | _____   | _____     | _____ |
| _____ | _____ | _____   | _____   | _____     | _____ |
| _____ | _____ | _____   | _____   | _____     | _____ |
| _____ | _____ | _____   | _____   | _____     | _____ |

|                          |       |         |         |           |  |
|--------------------------|-------|---------|---------|-----------|--|
| <b>Total Pension</b>     | _____ | _____   | _____   | _____     |  |
|                          | Gross | Taxable | Fed W/H | State W/H |  |
| Social Security Taxpayer | _____ | _____   | _____   | _____     |  |
| Social Security Spouse   | _____ | _____   | _____   | _____     |  |
| <b>Total SSA</b>         | _____ | _____   | _____   | _____     |  |

|                          |
|--------------------------|
| <b>IRA Distributions</b> |
|--------------------------|

| Payor            | Gross | Taxable | Fed W/H | State W/H | Code  |
|------------------|-------|---------|---------|-----------|-------|
| _____            | _____ | _____   | _____   | _____     | _____ |
| _____            | _____ | _____   | _____   | _____     | _____ |
| _____            | _____ | _____   | _____   | _____     | _____ |
| _____            | _____ | _____   | _____   | _____     | _____ |
| _____            | _____ | _____   | _____   | _____     | _____ |
| _____            | _____ | _____   | _____   | _____     | _____ |
| _____            | _____ | _____   | _____   | _____     | _____ |
| _____            | _____ | _____   | _____   | _____     | _____ |
| <b>Total IRA</b> | _____ | _____   | _____   | _____     | _____ |

|                   |             |             |
|-------------------|-------------|-------------|
| <b>Schedule C</b> | Business #1 | Business #2 |
|-------------------|-------------|-------------|

|                           |  |  |
|---------------------------|--|--|
| Business Name             |  |  |
| Principal Activity        |  |  |
| <b>Cash in Bank 12/31</b> |  |  |
| <b>Income</b>             |  |  |

|                 |
|-----------------|
| <b>Expenses</b> |
|-----------------|

|                                 |  |  |
|---------------------------------|--|--|
| Advertising Expense             |  |  |
| Car and Truck Expenses          |  |  |
| Commissions and Fees            |  |  |
| Contract Labor                  |  |  |
| Insurance                       |  |  |
| Mortgage                        |  |  |
| Legal and Professional Services |  |  |
| Office Expense                  |  |  |
| Travel                          |  |  |
| Meals                           |  |  |
| Utilities                       |  |  |
| Accounting Fees                 |  |  |
| Postage                         |  |  |
| Telephone                       |  |  |
| _____                           |  |  |
| _____                           |  |  |
| _____                           |  |  |
| _____                           |  |  |
| Amortization                    |  |  |
| Depreciation                    |  |  |
| <b>Total Expenses</b>           |  |  |
| <b>Tentative Profit</b>         |  |  |
| Home Office                     |  |  |
| <b>Net Income/(Loss)</b>        |  |  |

|                                |           |           |           |           |
|--------------------------------|-----------|-----------|-----------|-----------|
| <b>Depreciation Schedule C</b> | <b>#1</b> | <b>#2</b> | <b>#3</b> | <b>#4</b> |
|--------------------------------|-----------|-----------|-----------|-----------|

|                     |  |  |  |  |
|---------------------|--|--|--|--|
| Asset               |  |  |  |  |
| Date Acquired       |  |  |  |  |
| Original Cost       |  |  |  |  |
| Depreciation Method |  |  |  |  |

### Business Auto Expense

|                             | 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              |             |             |

### Actual Auto Expenses

|   |           |          |
|---|-----------|----------|
| 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**

|                                 |       |       |       |       |
|---------------------------------|-------|-------|-------|-------|
| Auto                            | _____ | _____ | _____ | _____ |
| Cleaning and Maintenance        | _____ | _____ | _____ | _____ |
| Commissions                     | _____ | _____ | _____ | _____ |
| Insurance                       | _____ | _____ | _____ | _____ |
| Professional Services           | _____ | _____ | _____ | _____ |
| Management Fees                 | _____ | _____ | _____ | _____ |
| Mortgage Interest Paid          | _____ | _____ | _____ | _____ |
| Other Interest                  | _____ | _____ | _____ | _____ |
| Repairs                         | _____ | _____ | _____ | _____ |
| Supplies                        | _____ | _____ | _____ | _____ |
| Taxes                           | _____ | _____ | _____ | _____ |
| Utilities                       | _____ | _____ | _____ | _____ |
| _____                           | _____ | _____ | _____ | _____ |
| _____                           | _____ | _____ | _____ | _____ |
| _____                           | _____ | _____ | _____ | _____ |
| Amortization                    | _____ | _____ | _____ | _____ |
| Depreciation                    | _____ | _____ | _____ | _____ |
| <b>Total Expenses</b>           | _____ | _____ | _____ | _____ |
| <b>Net Rental Income/(Loss)</b> | _____ |       |       |       |

Total Rentals \_\_\_\_\_  
 PY Carry Forward Loss \_\_\_\_\_  
 Allowable Loss \_\_\_\_\_  
 Carry Forward Loss \_\_\_\_\_



**QBI Deduction**

K-1 \_\_\_\_\_

Dividends \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Total QBI \_\_\_\_\_

X 20%

QBI Deduction before income limitation \_\_\_\_\_

Income before QBI Deduction \_\_\_\_\_

Net Capital Gains \_\_\_\_\_

Income Limitation \_\_\_\_\_

20%

Income Limitation \_\_\_\_\_

Enter the smaller of \_\_\_\_\_

**BETWEEN LOWER & HIGHER THRESHHOLDS**

**Pro Rata % Calc**

|       |       |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

**Schedule 1 Other Income**

|  |              |
|--|--------------|
| State Refund   | _____        |
| Business Income/(Loss) Sch. C                                      | _____        |
| Other Gains/(Losses) Form 4797                                     | _____        |
| Rental Real Estate, Royalties, Partnerships, S Corp, etc. (Sch. E) | _____        |
| Schedule F   | _____        |
| Unemployment Compensation  | _____        |
| Other Income   | _____        |
| <b>Total Schedule 1 Income</b>                                     | <b>_____</b> |

**Schedule 2 Additional Taxes**

|  |              |
|--|--------------|
| Self Employment Tax                                | _____        |
| Excess Advance Premium Tax Credit (Form 8962)      | _____        |
| Excess Social Security and Tier 1RRTA Tax Withheld | _____        |
| Other Taxes _____                                  | _____        |
| <b>Total Schedule 2</b>                            | <b>_____</b> |

**Schedule 3 - Additional Credits and Payments**

|   |              |
|---|--------------|
| Foreign Tax Credit                          | _____        |
| Credit for child and dependent care expense | _____        |
| Education Credits – Form 8863               | _____        |
| Retirement savings – Form 8880              | _____        |
| Residential energy Credits – Form 5695      | _____        |
| Other Credits – Form 3800                   | _____        |
| <b>Total Schedule 3</b>                     | <b>_____</b> |

**Adjustments to Income**

|                                   |                              |              |
|-----------------------------------|------------------------------|--------------|
|                                   | IRA Type (Circle One)        |              |
| IRA Deduction:                    | Regular / Roth / Educational | _____        |
| IRA Deduction – Spouse:           | Regular / Roth / Educational | _____        |
| Retirement Plan/ SEP Deduction    |                              | _____        |
| Educator Supplies                 |                              | _____        |
| Student Interest                  |                              | _____        |
| ½ Self Employment Tax Deduction   |                              | _____        |
| SE Health                         |                              | _____        |
| HSA/Contributions                 |                              | _____        |
| HSA/ Distributions – Form 1099 SA |                              | _____        |
| Qualified Medical Expense         |                              | _____        |
| Alimony Paid:                     | Name: _____ SS#: _____       | _____        |
| <b>Total Adjustments</b>          |                              | <b>_____</b> |

**Colorado Adjustments to Income**

|   |              |
|---|--------------|
| State Income Tax                          | _____        |
| Non-Colorado Exempt Interest Income       | _____        |
| Other Additions                           | _____        |
| <b>Total Additions to Colorado Income</b> | <b>_____</b> |

**Subtractions**

|                                   |              |
|-----------------------------------|--------------|
| US Government Interest            | _____        |
| Pension, Annuity, IRA Exclusion   | _____        |
| Social Security Adjustment        | _____        |
| Contribution to Colorado 529 Plan | _____        |
| Other Subtractions                | _____        |
| <b>Total Subtractions</b>         | <b>_____</b> |

|                            |
|----------------------------|
| <b>Itemized Deductions</b> |
|----------------------------|

|                                |  |
|--------------------------------|--|
| Medical Expenses               |  |
| Doctors, Dentists, Hospitals   |  |
| Prescription Medicines & Drugs |  |
| Medical Insurance              |  |
| Medical Mileage                |  |
| Other                          |  |
| <b>Sum of Medical</b>          |  |
| <b>7.5% / Floor</b>            |  |
| <b>Total Medical</b>           |  |

|                   |
|-------------------|
| <b>Taxes Paid</b> |
|-------------------|

| 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 |        |
| Total Taxes                            |        |
| Smaller of Total Taxes or \$10,000     |        |

|                      |
|----------------------|
| <b>Interest Paid</b> |
|----------------------|

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

**Itemized Deductions – continued**

|                                   |
|-----------------------------------|
| <b>Interest Paid – Schedule A</b> |
|-----------------------------------|

Investment Interest Expenses \_\_\_\_\_

**Total Interest Expense – Schedule A** \_\_\_\_\_

|                      |
|----------------------|
| <b>Contributions</b> |
|----------------------|

| Cash Contributions – Description | Amount Contributed |
|----------------------------------|--------------------|
| _____                            | _____              |
| _____                            | _____              |
| _____                            | _____              |
| _____                            | _____              |

| Non-Cash Contributions – Description | Amount Contributed |
|--------------------------------------|--------------------|
| _____                                | _____              |
| _____                                | _____              |
| _____                                | _____              |
| _____                                | _____              |

|                         |
|-------------------------|
| <b>Other Deductions</b> |
|-------------------------|

|                             | Amount |
|-----------------------------|--------|
| Gambling Losses             | _____  |
| <b><u>Miscellaneous</u></b> | _____  |
| _____                       | _____  |

**Total Standard Deductions \$** \_\_\_\_\_  
**Total Itemized Deductions \$** \_\_\_\_\_



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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.

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Signature

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Date

**FOR OFFICE ONLY:**

**Tax Return in Office**

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

**Estimated Pick-Up Date**

\_\_\_\_\_