

Individual Information
For the Year Ended _____

	Name	Birthdate	SSN	Student?	Disabled?
Taxpayer					
Spouse					
Dependents					

Address Line 1		Home Phone	
Address Line 2		Work Phone	
City, State, Zip		Cell Phone	
Email Address			

Direct Deposit Information	Checking / Savings	(circle one)
Routing/Transit:	Account Number:	

Please include the following forms with this organizer:

- | | |
|-----------|---|
| W-2 | Wages, salaries, tips, etc. |
| 1099-INT | Interest |
| 1099-DIV | Dividends |
| 1099-B | Proceeds from sale or exchange of securities |
| 1099-R | Pensions, annuities, retirement distributions, etc. |
| 1099-MISC | Nonemployee compensation |
| 1099-SSA | Social Security benefits |
| 1098-E | Student loan interest |
| 1098-T | Qualified tuition and related expenses |
| 1098 | Mortgage interest |
| K-1 | Income from S-Corps, Partnerships, and Trusts |
| 5498 | Retirement contributions and account balances |

Please include any other tax related item that may not be included in the list above. If you're not sure if a document is necessary, go ahead and include it anyway.

Estimated Tax Payments			
Date: _____	Amount: _____	Date: _____	Amount: _____
Date: _____	Amount: _____	Date: _____	Amount: _____

To the best of my knowledge, the information provided is accurate and complete.
Signed: _____ Dated: _____

Itemized Deductions
For the Year Ended _____

Medical Expenses			
Medicines and drugs		Other	
Medical insurance		Other	
Medical mileage		Other	
Long-term care insurance		Other	
Doctors and dentists		Other	
Hospitals and nursing homes		Other	

Taxes		Interest Paid	
State & local income tax		1st Mortgage	
State & local sales tax		2nd Mortgage	
Real estate tax		Home Equity Loan	
Personal property tax		Points	
Other		Mortgage Insurance	
Other		Investment Interest Expense	

Charitable Contributions			
Cash contributions:		Non-cash Contributions:	
Out-of-pocket expenses:		Charitable miles driven:	

Miscellaneous			
Unreimbursed employee business expenses:			
Union dues		Meals & Entertainment	
Tools		Uniforms & cleaning	
Supplies		Dues & subscriptions	
Travel		Other	
Tax prep / planning fees		Gambling losses	
Investment Expenses:		IRA fees paid directly	
Phone/postage/supplies		Other	
Safe deposit box		Other	
Investment Publications		Other	

To the best of my knowledge, the information provided is accurate and complete.
Signed: _____ Dated: _____

Health Coverage
For the Year Ended _____

First Name	Last Name	ID Number (SSN or TIN)	Date of Birth	X = All Months	X = Jan	X = Feb	X = Mar	X = Apr	X = May	X = Jun	X = Jul	X = Aug	X = Sep	X = Oct	X = Nov	X = Dec

To the best of my knowledge, the information provided is accurate and complete. Signed: _____ Dated: _____