



Client Tax Organizer

This is an interactive PDF file. Save to your computer to complete.

Please complete the TaxHelpReturns Organizer. Place it and all other required documents in your folder to send to TaxHelp Returns.

Tax Year

Use a separate Organizer for EACH YEAR.

Contact Information

Street Address:	Home phone:	Best time to call:
City, State, Zip:	Cell phone:	Best number to call:
E-mail:	Office phone:	
Comments/instructions about your return:		

Filing Information

	First Name	MI	Last Name	Birth Date mm/dd/yyyy	Soc. Security No. xxx-xx-xxxx	Occupation
Taxpayer						
Spouse						
Filing Status:						
Single Married Filing Joint Married Filing Separate Head of Household Qualifying Widow(er)						

Personal Information

Are you self-employed ? If yes, complete Schedule C information on page 4.		
Did you have a rental house? If yes, complete Schedule E information on page 5.		
Did you have employee business expenses? If yes, complete Schedule A, line 10 on page 3.		
Is the statutory employee box checked on your W-2? If yes, complete Schedule C information on page 4.		
Did you purchase or sell a home this year? If yes, place closing documents in folder.		
Did you purchase a new car this year? If yes, place sales receipt/contract in folder.		
Are you or your spouse in the military?	Yes	No
Are your dependents over age 18 in school?	Yes	No
Are you or your spouse legally blind?	Yes	No
Did you make energy improvements to your home?	Yes	No
Did your spouse or dependent pass away this year?	Yes	No
Do you have a will?	Yes	No

Dependents

First Name	Last Name	Soc. Security No. xxx-xx-xxxx	Relationship to You (child, parent, etc.)	Birth Date mm/dd/yyyy
Comment:				

Documents and Forms to Bring to TaxHelp Returns		
Check each applicable box when you have placed the document in your folder.		
	Taxpayer	Spouse
Previous year tax return (1040, 1040A or 1040EZ)		
Wages, salaries, tips (W-2)		
Interest income (1099-INT or bank statement)		
Dividend income (1099-DIV)		
State refund from previous year (1099-G)		
IRA distributions, pensions and annuities (1099-R)		
Social Security benefits (1099-R)		
Capital gain / loss (1099-B)		
Unemployment income (1099-G)		
Gambling income (1099-MISC)		
Other income (1099-MISC)		
Proceeds from real estate transaction (1099-S)		
Schedule K-1 (partnerships, S-Corp, estates and trusts)		
Acquisition or abandonment of property (1099-A)		
Cancellation of debt (1099-C)		
Home loan interest (1098)		
Student loan interest (1098-E)		
Tuition statement (1098-T)		
Other information needed for which you may not have the forms:		
Home mortgage through private person Name: _____ SSN or EIN: _____	\$ _____	
Alimony received	\$ _____	
Child or dependent care Provider EIN: _____	\$ _____	
Interest and dividends	\$ _____	
Gambling income	\$ _____	
Capital gains and losses	\$ _____	

Capital Gains and Losses (Schedule D)				
Report any other capital gain/loss transactions below only if you did not receive a 1099-B)				
Property Description	Date Acquired mm/dd/yyyy	Date Sold mm/dd/yyyy	Sales Proceeds	Purchase Cost

Estimated Tax Payments		
Enter any estimated tax payments you made for the year.		
Type of Payment	Date Paid	Amount Paid
Est Payment 1		
Est Payment 2		
Est Payment 3		
Est Payment 4		
Comment:		

Deductions from Income	
Educator expenses	
Certain business expenses of reservists, performing artists, and fee-based government officials	
Health savings account deduction	
Moving expenses	
Self-employed SEP, SIMPLE, and qualified plans	
Self-employed health insurance deduction	
Penalty on early withdrawal of savings	
Alimony paid (recipient's SSN _____)	
Taxpayer IRA deduction	
Spouse IRA deduction	
Student loan interest	
Tuition and fees	

Itemized Deductions (Schedule A)	
Medical expenses, including mileage	
Real estate taxes	
Personal property tax (vehicle tax, etc.)	
Taxes on new vehicle purchased this year	
Home mortgage interest (Form 1098)	
Home mortgage interest (without Form 1098)	
Charity and gifts (cash or check)	
Charity and gifts (non-cash)	
Tax preparation fees	
Unreimbursed job expenses (travel, union dues, job education, etc.)	
Gambling losses	
Other (safety deposit box, investment)	
Other	

Self-Employment Income (Schedule C)		
Type of business		
Business name, if any		
Accounting method		
Did you participate in the business activity?	Yes	No
Did you start the business in current tax year?	Yes	No
Is the statutory employee box checked on W-2?	Yes	No
Income:		
Income (1099-MISC)		
Gross receipts or sales		
Cost of beginning inventory		
Cost of purchases		
Value of ending inventory		
Cost of goods sold		
Expenses:		
Advertising		
Vehicle expense	Enter vehicle expenses on page 6	
Commissions and fees		
Property purchased (computer, software, equipment, etc.)		
Contract labor		
Employee benefits, excluding pensions, etc.		
Insurance (other than health)		
Mortgage interest		
Other interest		
Legal / professional services		
Office expense		
Pension and profit-sharing plans		
Rent or lease of vehicles, machinery, equipment		
Rent or lease of business property		
Repairs and maintenance		
Supplies		
Taxes and licenses		
Travel		
Meals and entertainment		
Utilities		
Wages		
Other. Indicate type and amount		
Other. Indicate type and amount		
Other. Indicate type and amount		
Other. Indicate type and amount		
Other. Indicate type and amount		

Schedule C continues on the next page

Business use of your home (complete only if you use your home as your place of business)	
Total square feet of home	
Square feet of area used <u>exclusively</u> for business	
Casualty losses	
Mortgage interest	
Real estate taxes	
Insurance	
Rent	
Repairs	
Utilities	
Other expenses	
Original cost of home	
Number years this house used as place of business	

Rental Income and Expenses (Schedule E)			
	Property 1	Property 2	Property 3
Type of property (Residential, Commercial, Land, etc.)			
Full Address			
Date purchased			
Purchase price			
Date placed in rental service			
Date property sold			
Gross sales proceeds			
Sales closing costs			
Amount of rent received for year			
Expenses:			
Advertising			
Auto	Enter vehicle / auto expenses on page 6		
Travel			
Cleaning/maintenance			
Commissions			
Insurance			
Legal / professional fees			
Management fees			
Bank mortgage interest			
Other interest			
Repairs			
Supplies			
Property tax			
Other taxes			
Utilities			
Other expense (type/amount)			
Other expense (type/amount)			

Vehicle / Auto Information				
	Vehicle Used For Business (Schedule C)		Vehicle Used For Rental Property (Schedule E)	
Type of vehicle				
Date vehicle was placed in service				
Was your vehicle used for personal use on off-duty hrs?	Yes	No	Yes	No
Was it used by more than 5% owner or related person?	Yes	No	Yes	No
Do you/spouse have another vehicle for personal use?	Yes	No	Yes	No
Do you have evidence to support your deduction?	Yes	No	Yes	No
If yes, is the evidence written?	Yes	No	Yes	No
Total miles driven during tax year				
Business miles driven				
Commuting miles				
Complete information below only if you want to use actual expenses vs. standard mileage				
Parking fees / tolls				
Vehicle interest expense				
Personal property tax				
Gasoline / oil				
Repairs				
Vehicle insurance				
Vehicle registration fees				
Vehicle lease or rental cost				
Date vehicle purchased				
Cost of vehicle				
Other				