



INDIVIDUAL TAX ORGANIZER

1. PERSONAL INFORMATION

	LAST NAME	FIRST NAME	BIRTH DATE	OCCUPATION	SSN	US CITIZEN
TAXPAYER						
SPOUSE						
STREET ADDRESS			CITY	STATE	ZIP	
WORK PHONE		HOME PHONE		PRIMARY EMAIL		

2. DEPENDENTS (CHILDREN AND OTHERS)

NAME (FIRST, LAST)	RELATIONSHIP	SSN	BIRTH DATE

3. INCOME

PLEASE PROVIDE THE FOLLOWING FORMS:

- *All copies of W-2
- *All 1099 forms received (1099, 1099-INT, 1099-DIV, SSA 1099, 1099-R, 1099-MISC, etc.)
- *Any HUD-1 forms for real estate
- *Sales from stocks and mutual funds (Name, # of Shares, Date Purchased/Cost, Date Sold/Amt)
- *Miscellaneous Income (awards, gambling proceeds, jury pay, etc.)

4. DEDUCTIONS

TAXES		MEDICAL	
Personal Residence		Insurance Premiums (paid by you)	
Real Estate		Dentists, Braces	
Vehicle		Doctors	
Boat, trailer, etc.		Glasses, Contacts, Hearing Aids, Batteries	
Tax Preparation Fee (paid in 2007)		Hospitals, Nursing Care	
UNREIMBURSED JOB EXPENSE		Mileage	
Actual Auto Expense or Mileage		Prescriptions/ Insulin	
Dues		INTEREST	
Education		Home Mortgage	
Job Seeking		Equity-Line/2nd	
Meals & Entertainment		Points	
Phone/Cell		DONATIONS	
Travel		Cash: Church	
Tools/Supplies		United Way, Scouts, etc.	
Uniforms		Non Cash: DI, Goodwill, etc.	
Safety Deposit Box Rental		PTA/School	
IRA Custodial Fees		Mileage	
		Other _____	

5. OTHER ITEMS

Child Care Expense (Each provider's Name, Address, SSN or Tax ID, and Amount Paid)

College Tuition Credit (Paid for self/dependent)(Provide Name, Amount Paid for Tuition, Books, Class Fees)

Retirement Plans(List any contributions to an IRA, 401-K plan, etc.)

6. PREPAID TAX PAYMENTS (OTHER THAN W-2)

DUE DATE	DATE PAID	FEDERAL	STATE