

Individual Tax Organizer

Terms of Use: This form is designed to assist the user in gathering the pertinent information to prepare an individual tax return or to gather that information to give to a professional tax preparer. Though it covers the majority of tax options, the user may find some adaptation to their particular tax situation is required. In addition, while this form may help the user discover additional tax deductions that may save them money, this form in no way guarantees tax savings or reduced tax liability. By using this form the user agrees that Soulece, LLC is not responsible for the outcome of the user's tax preparation.

Section 1: Personal Information

	Last Name	First Name	M.I.	Birthdate	SSN	U.S. Citizen
Taxpayer						
Spouse						

Street Address	City	State	Zip Code

Main Phone:	Alt. Phone:	Email:

Section 2: Dependents (Children and Relatives)

Name (First, Last)	Relationship	# of Months Lived at Home	SSN	Birthdate

Section 3: Income

Provide/gather copies of the following items:

- *All copies of W-2 forms
- *All 1099 forms received (1099, 1099-INT, 1099-DIV, SSA 1099, 1099-R, 1099-MISC, etc.)
- *Any settlement statements for sale of Real Estate
- *Sales from stocks and mutual funds (Name, Number of Shares, Date Purchased/Cost, Date Sold/ Amount)
- *Miscellaneous Income (Awards, Gambling Proceeds, Jury Pay, etc.)
- *Securities accounts (stocks, mutual funds, bonds, money market accounts, etc.)
- *IRAs (Traditional, ROTH, SEP etc.)
- *Employee Plans (401k, 457, 403b, annuities, pensions, etc.)
- *Health Insurance Form 1095 A, B, and/or C

Section 4: Deductions

Taxes		Medical	
Personal Residence		Do you have Health Insurance?	
Other Real Estate		Did you get Health Insurance through the Market Place?	
Vehicle		Insurance Premiums (Paid by you)	
Boat, Trailer, ect.		Dentist, Braces	
Donations		Doctors	
Cash		Medical Devices	
Non-Cash (over \$500 provide receipt)		Hospitals, Nursing Care	
Mileage		Mileage	
		Prescriptions/Insulin	
		Interest	
		Home Mortgage	
		Equity-Line/2nd Mortgage	
		Points	
		Mortgage Insurance	

Section 5: Credits

Child Care Credit

Provider Name	Provider Address	SS# or EIN	Amount Paid

Child Name	Total Amount Paid to Day Care

College Credit

Must provide 1098T Form for each institution.

List additional expenses (Books, Class Fees, Special Equipment):

Item	Price	Item	Price

Energy Credit

Equipment Purchased	Cost

Section 6: Prepaid Tax Payments (Other than on W-2s)

Due Date	Date Paid	Federal	State

Notes: List any deductions you are unsure about or questions you have and would like to research or ask your tax professional.
