

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 |
|--------------------|--------------|---------------------------|-----|-----------|
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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.
