

Individual Tax Organizer					
Personal Information					
Taxpayer:					
First Name		Last Name		Social Security #	
Address		City, State		Zip Code	
Date of Birth		Occupation			
Phone #		Email Address			
Blind/ Disabled: Yes <input type="radio"/> No <input type="radio"/>		Full-time Student: Yes <input type="radio"/> No <input type="radio"/>		Active Duty: Yes <input type="radio"/> No <input type="radio"/>	
Marital Status: Single <input type="radio"/> Married <input type="radio"/> Divorced <input type="radio"/> Legally Separated <input type="radio"/> Widowed <input type="radio"/>					
Spouse:					
First Name		Last Name		Social Security #	
Date of Birth		Occupation			
Phone #		Email Address			
Blind/ Disabled: Yes <input type="radio"/> No <input type="radio"/>		Full-time Student: Yes <input type="radio"/> No <input type="radio"/>		Active Duty: Yes <input type="radio"/> No <input type="radio"/>	
Dependents:					
First Name	Last Name	Relationship	Date of Birth	SSN	# of mo's in home
Have earned income? Yes <input type="radio"/> No <input type="radio"/>			Have unearned income? Yes <input type="radio"/> No <input type="radio"/>		
Income Sources: (please supply documentation listed for each)					
Employment			Investment and Savings		
<input type="radio"/> Wages (W2)			<input type="radio"/> Interest Income (1099- Int)		
<input type="radio"/> Self- Employed (Profit & Loss Stmt)			<input type="radio"/> Dividend Income (1099- Div)		
<input type="radio"/> Received K-1			<input type="radio"/> Brokerage Accounts (1099-B)		
Retirement			Other Income Sources:		
<input type="radio"/> IRA, 401k, Pension Withdrawals (1099-R)			<input type="radio"/> Rental Properties (Rental worksheet)		
<input type="radio"/> Social Security Benefits (SSA-1099)			<input type="radio"/> Gambling Winnings (W-2G)		
Income related to life changes:			<input type="radio"/> Alimony		
<input type="radio"/> Unemployment (1099-G)			<input type="radio"/> Royalties (1099-Misc)		
<input type="radio"/> Sale of home			<input type="radio"/> Sale of Real Estate Investment (1099-S)		
<input type="radio"/> Canceled Debt or Foreclosure (1099-C)			<input type="radio"/> Health Savings Acct Distribution (1099-SA)		
Other (please specify)					

Deductions and Credits: (please supply documentation if possible)				
Retirement Account Contributions? (Form 5498 or receipt) Yes <input type="radio"/> No <input type="radio"/>		Amount	Spouse Amount	
Health Savings Account Contributions? (Form 5498-SA) Yes <input type="radio"/> No <input type="radio"/>		Amount	Spouse Amount	
Pay for childcare? (annual statement) Yes <input type="radio"/> No <input type="radio"/>		Amount	EIN/ SSN of provider	
Pay for College Tuition and Expenses? (1099-T) Yes <input type="radio"/> No <input type="radio"/>		Supply costs		
Student loan interest? (1098-E) Yes <input type="radio"/> No <input type="radio"/>		Amount		
Educator expenses? Yes <input type="radio"/> No <input type="radio"/>		Amount		
Foreign Income? Yes <input type="radio"/> No <input type="radio"/>		Amount		
Foreign Taxes Paid? Yes <input type="radio"/> No <input type="radio"/>		Amount		
Foreign Accounts? Yes <input type="radio"/> No <input type="radio"/>		Over \$10k in account?		
Make any major purchases (such as car, boat) Yes <input type="radio"/> No <input type="radio"/>		Sales Tax		
Purchase Solar Panels? (Provide contract) Yes <input type="radio"/> No <input type="radio"/>		Amount		
Purchase electric vehicle? Yes <input type="radio"/> No <input type="radio"/>		Amount	Charging Station? Amount	
Energy Efficient Upgrades? Amount	Exterior Doors <input type="radio"/> Exterior Windows <input type="radio"/> Metal/ Asphalt Roof <input type="radio"/> Insulation <input type="radio"/> Furnace Fan <input type="radio"/> Furnace/ Water Boiler <input type="radio"/> Other <input type="radio"/>			
Medical Expenses?	Doctors Ambulance Insurance	Prescriptions Medical supplies Long-term Care Ins	Labs, X-rays Vision/ Hearing # of miles	Hospital
Mortgage Interest? Yes <input type="radio"/> No <input type="radio"/>		Amount		
Other Taxes Paid?		Property taxes	Amount	Vehicle registration Amount
Charitable Donations?		Charitable Mileage	Taxpayer	Spouse Mileage
Charity Name	Amount	AZ Credit #	Charity Name	Amount
Additional Questions:				
Did you make Federal Estimated Tax Payments?	Date: _____ Amount	Date: _____ Amount	Date: _____ Amount	Date: _____ Amount
Did you make State Estimated Tax Payments?	Date: _____ Amount	Date: _____ Amount	Date: _____ Amount	Date: _____ Amount
Did you make any gifts in excess of \$17,000? Yes <input type="radio"/> No <input type="radio"/>				
Did you sell, exchange, gift or dispose of any digital assets? (Bitcoin, EFT's, etc.) Yes <input type="radio"/> No <input type="radio"/>				
Other info you'd like us to know:				