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| **INDIVIDUAL TAX ORGANIZER** |

Terms of Use: This form is designed to assist the user in gathering the pertinent information needed to have BD & Associates CPAS prepare an individual tax return. Though it covers the majority of tax options, the user may find some adaption 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 BD & Associates is not responsible for the outcome of the user’s tax preparation.

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| **Section 1: Personal Information** |

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|  | Last Name | | First Name | | | M.I. | Birthdate | SSN | | U.S. Citizen |
| Taxpayer |  | |  | | |  |  |  | |  |
| Spouse |  | |  | | |  |  |  | |  |
| Street Address | | | | City | | | | State | Zip Code | |
| Home Phone: | | Cell Phone: | | | Email: | | | | | |

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| **Section 2: Dependents (Children and Relatives)** |

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| Name (First, Last) | Relationship | 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-INT, 1099-DIV, 1099-SSA, 1099-R, 1099-MISC, Etc.)
* Any HUD-1 forms for real estate
* Sales from stock and mutual funds (name, number of shares, date purchased, cost, date sold, amount)
* Miscellaneous income (awards, gambling, proceeds, jury pay, alimony, etc.)

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| **Section 4: Deductions** |

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| **Taxes** | | **Medical** | |
| Personal Residence |  | Insurance Premiums (paid by you) |  |
| Other Real Estate |  | Dentist, Braces |  |
| Vehicle |  | Doctors |  |
| Boat, Trailer, Etc. |  | Glasses, Contacts, Hearing Aids |  |
| Tax Preparation Fee (last year) |  | Hospitals, Nursing Care |  |
| **Unreimbursed Job Expense** | | Mileage |  |
| Actual Auto Expense or Mileage |  | Prescriptions/Insulin |  |
| Dues |  | **Interest** | |
| Education |  | Home Mortgage |  |
| Job Seeking |  | Equity-Line/2nd Mortgage |  |
| Meals and Entertainment |  | Points |  |
| Phone/Cell |  | **Donations** | |
| Travel |  | Cash: Church, Etc. |  |
| Tools/Supplies |  | United Way, Scouts, Etc. |  |
| Uniforms |  | Non-Cash Items |  |
| Safety Deposit Box Rental |  | PTA/School |  |
| IRA Custodial Fees |  | Mileage |  |
| Other: |  | Other: |  |

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| **Section 5: Other Items** |

* Child care expenses (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.)

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

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| **Due Date** | **Date Paid** | **Federal** | **State** |
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**Notes**: List any deductions you are unsure about or questions you have and would like to research or ask your tax professional.

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| **INSTRUCTIONS FOR INDIVIDUAL TAX ORGANIZER** |
| These instructions are for clarification on the more complex parts of each section in the organizer. It is organized in the same order as the organizer.  **Section 1: Personal Information**  Fill in all the boxes in this section. It is very important to have all this information and to make sure it is correct. Failing to have the correct information can delay tax filing and processing – both of which will delay your possible refund.  **US Citizen**: Please put a “Y” in the box if you are a United States citizen and “N” if you are not.  **Section 2: Dependents (Children and Relatives)**  Fill in this part with the information for each dependent you are claiming on your taxes. Attach an additional sheet as necessary. Make sure to include any new members of your family. Also make sure this information is correct as errors can cause delays in tax filing and processing, as well as your potential refund.  **For Clarification:**   * A qualifying child needs to be under age 19, lived with you half the year, and you have to have provided more than half of the child’s support. Also, children age 19 – 24 who are students at a college or university qualify to be claimed. * A qualifying relative needs to have lived with you or be related to you, be supported more than 50% by you, and not make more than $3,900 in gross income. * If you have questions about whether you can or cannot claim someone, contact our office.   **Section 3: Income**  For this section, you need to make sure you are organized. These forms usually come in the mail at the beginning of the year. Make sure you have a place to keep them all together as they come in. Please note: if you receive a 1099-B or a similar form from your stockbroker and you sold shares of stock, not all of the information you need may be included on the form. You may also need to collect the purchase details of stocks you sold during the year.  This includes:   * The name of the stock * How many shares were sold * The date they were sold * The amount they sold for * How much you originally paid * When you originally bought the shares |
| **Section 4: Deductions**  There are five categories in this section. Please note: this section is to record your individual tax deductions. If you have a business – even on a Schedule C, use the Business Tax Organizer to record your business deductions.  **Taxes:** This category is for taxes you paid on your personal residence, a second home, other real estate, vehicle, and boat or trailer. Also the amount you paid last year for tax preparation.  **Unreimbursed Job Expenses:** This category is for money you spent in relation to a W-2 job that you did not get reimbursed for. As a reminder, this is not where you record expenses for a business or Schedule C.  **Medical:** This category is for your personal medical expenses. Remember, life insurance, disability insurance, and long-term care premiums are not deductible.  **Interest:** This category is for the interest you paid on your home mortgage(s). This includes your first and second homes.  **Donations:** This category is for money and items you have donated to qualified non-profit organizations.  **Section 5: Other Items**  The list provided is an example of other expenses you may have but it is not inclusive. Write down these expenses or any other expenses you may think are deductible on the notes section or on a separate sheet of paper. If you have questions, our office can help you decide what you can include here.  **Section 6: Prepaid Tax Payments**  If you prepaid taxes to the state or IRS during the year, use this space to record what information.   * If you have any questions about this organizer, instructions, or anything related to taxes, please contact our office. |