

BASIC INCOME TAX ORGANIZER

Personal Information					
Taxpayer			Spouse		
First Name & Initial					
Last Name					
Social Security No					
Date of Birth					
Occupation					
Home Phone					
Work Phone					
Cell Phone					
E-Mail Address					
Street Address			Apt No		
City		State		Zip	

Dependents						
Name	Relationship	Date of Birth	Social Security Number	Months Living with you	S=Student \ D=Disabled	Gross Income
					\	
					\	
					\	
					\	

	Yes	No
Did you purchase health insurance through the Marketplace? If Yes, provide Form 1095-A for all covered individuals		
Did you receive unemployment or Disability Income? If yes, provide Forms 1099-G or 1099-R		
Did you purchase, sell or refinance any of your homes or take an equity loan? If yes, provide settlement statements		
Did you convert a traditional/SEP/SIMPLE IRA to a Roth IRA? If yes, provide Forms 1099-R		
Can you be claimed as a dependent on another persons tax return?		
Did you foreclose, file bankruptcy, or have repossession procedures?		
Do you have any income from any foreign country? If yes, please provide more information		
Did you make any purchases from catalog or internet and not pay sales tax?		
Did you have any education expenses for you or dependents? Provide Form 1098-T AND the school billings for 2020		
Did you receive, sell, send, exchange or otherwise acquire any financial interest in any virtual currency? Provide details		

Required Document Check List

SEE BACK OF 2021 TAX TIDBITS FOR "WHAT TO PROVIDE FOR YOUR APPOINTMENT" LIST

Adjustments to Income		Other Income	
Alimony Paid To: _____ Name _____	Date of Divorce: _____ SSN _____	Alimony Received -Date of Divorce _____	
Amount Paid: \$ _____		Gambling/Lottery Winnings \$ _____	
IRA/SEP Contribution Taxpayer \$ _____		(Bring Forms W-2 G)	
IRA/SEP Contribution Spouse \$ _____		Jury Duty \$ _____	
Student Loan Interest Provide Form 1098-E \$ _____		Disability Income \$ _____	
Health Savings Account- Need Forms 5498-SA/1099-SA \$ _____		State Income Tax Refund if itemized last year \$ _____	
		Other \$ _____	

Investments Sold

Bring All 1099-B's, Confirmation slips, Broker Consolidated Statements

Please Provide Banking Information

Name of Bank: _____

Account Number: _____

Routing Transit Number: _____

Account Type: Checking _____ Savings _____

Do you have an Identity Protection PIN (IP PIN)? Provide your CP01A Notice with the current year IP PIN
 All taxpayers are now eligible for an IP PIN. If you want an IP PIN as a proactive step to protect yourself from tax-related identity theft, visit: [irs.gov/identity-theft-fraud-scams/get-an-identity-protection](https://www.irs.gov/identity-theft-fraud-scams/get-an-identity-protection). Taxpayers are encouraged to set up their individual online account. Visit: [irs.gov/newsroom/get-ready-for-tax-season-using-irs-online-account](https://www.irs.gov/newsroom/get-ready-for-tax-season-using-irs-online-account)

State Information

If rent paid:	Amount	# Months	Heat included in Rent?
	\$ _____	_____	Y / N
	\$ _____	_____	Y / N

If less than 12 months rent reported, please explain

Health/Long Term Care Insurance

Note: If health insurance premiums are deducted pre-tax, Please disregard.

After Tax Amount Paid for health insurance	\$ _____ year / month / quarter
After Tax amount Paid for Long Term Care Insurance	\$ _____ year / month / quarter
After Tax Amount Paid for Dental/Vision Insurance	\$ _____ year / month / quarter

Estimated Tax Payments

Provide Copies/Confirmation of Payments

Itemized Deductions

Medical Dental Expenses

Prescription Drugs	\$ _____
Glasses, Contacts	\$ _____
Hearing Aids, Batteries	\$ _____
Medical Equipment, Supplies	\$ _____
Hospital	\$ _____
Doctor, Dentist, Specialist	\$ _____
Medical Miles	_____ Miles
Other (non over-the-counter) medical expenses	\$ _____

Charitable Contributions (Receipts Required)

Church Cash Contributions	\$ _____
You must have receipts for cash contributions	
Other Cash Contributions	\$ _____
Donated Goods	\$ _____
Must have receipts from organization	
Volunteer mileage	_____ Miles

Real Estate Taxes Paid

Real Estate Taxes -Principle Residence	\$ _____
Other Real Estate Taxes	\$ _____
Personal Property Tax	\$ _____

Bring Tax Bills

Miscellaneous Expenses

Gambling Losses *	\$ _____
* NOTE: Gambling losses require documented substantiation and are limited to reported Gambling Winnings	

Mortgage Interest Expense

Mort Int Paid - Bring 1098	\$ _____
Equity Line of Credit	\$ _____
Use of Equity Loan - Please be specific	_____
Please provide closing statements for any new or refinanced mortgages:	_____

Mortgage Interest pd to others-no 1098	\$ _____
Paid to: Name	_____
Address	_____
Soc Sec No/EIN	_____
Investment Interest paid	\$ _____

Day Care Expenses

Children cared for:	_____	Provider 2	_____
Provider 1	_____	Address	_____
Address	_____	Provider's Soc Sec No/EIN	_____
Provider's Soc Sec No/EIN	Amt Pd	Provider's Soc Sec No/EIN	Amt Pd