

2014 TAX ORGANIZER							
Client Name or Names:							
Client Social Security Numbers			Primary:		Spouse:		
Client Dates of Birth			Primary:		Spouse:		
Since 12/31/13, did you get (check one):			Married?	Divorced?	Widowed?	If widowed, date:	
If newly married:			Spouse Name (First, Middle, Last)				
				New Spouse SS#:		Spouse DOB:	
Address:							
Primary Taxpayer Cell Phone:				Spouse Cell Phone:			
Home Phone:				Other Phone:			
Dependents		Date of Birth:	Relationship:		Social Security Number:	Months in your home:	
Did you remove any Dependents during 2014?		Name:					
INCOME					CONTRIBUTIONS		Dollar Amount
W-2's, 1099's attached:		Yes	No	# of Forms	Total Church		\$
Salary & Wages (W-2)					Total Charity		\$
Social Security (1099-SSA)					Noncash Donations (FMV)		\$
Interest (1099-INT)					Name of Charity Given to:		
Dividend (1099-DIV)					Charitable Miles Driven		# of Miles:
Stock Sales (1099-B)					MISC DEDUCTIONS		
Pensions (1099-R)					Tax Preparation Fees		\$
Non-Employee Comp (1099-Misc)					Safe Deposit Box Rent		\$
Unemployment Comp (1099-G)					Investment Fees		\$
Gambling Winnings (W-2G)					Disaster or Theft		\$
Partnership or S Corp (K-1)					Other:		\$
OTHER INCOME		Dollar Amount			EMPLOYEE EXPENSES (If not reimbursed by employer)		
Alimony Received		\$			Miles Driven (Unreimbursed)		# of Miles:
Self-Owned Business Income		Request Schedule C Organizer			Travel Expenses		\$
Rental Income		Request Schedule E Organizer			Meals & Entertainment		\$
OTHER DEDUCTIONS				Union Dues			\$
Work Related Moving Expenses		\$			Uniforms (Not street clothes)		\$
IRA contributions		\$			Gifts, etc.		\$
Alimony Paid		\$			Supplies		\$
				Safety Equipment/Tools			\$
MEDICAL EXPENSES (Paid out of pocket and unreimbursed by insurance)				CHILD & DEPENDENT CARE			
Health Premiums (if not deducted pre-tax on your paycheck)		\$			Child & Dependent Care Paid		\$
Prescription Drugs & Insulin		\$			Age of Child or Dependent:		
Doctors/Dentists/Hospitals		\$			Provider Name:		
Ambulances		\$			Provider Federal ID or SSN:		
Glasses & Contact Lenses		\$					
Hearing Aids & Batteries		\$			EDUCATION EXPENSES		# of Forms Attached
Long-Term Care Premiums		\$			College Tuition (1098-T)		
Medical Miles Driven		# of Miles			Student Loan Interest (1098-E)		
TAXES PAID				Questions, Comments or Notes:			
Real Estate Tax		\$					
Tax on Car Tags		\$					
MORTGAGE INTEREST PAID							
Mortgage Interest Statement (1098)		# attached					
Mortgage Interest Paid But Not Reported on 1098		\$					
Estimated Taxes Paid (Amount and Date Paid)							
1 st Quarter 2014	\$	Date:		3 rd Qtr	\$	Date:	
2 nd Quarter 2014	\$	Date:		4 th Qtr	\$	Date:	

Please fill out additional information questions and healthcare information on other side.

