

INCOME TAX YEAR GUIDE UPDATE

GENERAL INFORMATION

This tax organizer is designed to help you in compiling the basic information I need to prepare your personal income tax return. Please be sure to read the information carefully and respond to the items that pertain to you. Thank you.

Name: _____
 First Middle Initial Last

Spouse _____
 First Middle Initial Last

Address _____
 Street Address or P.O. Box Number

 City State Zip Code

Home Phone(____) _____ Business Phone(____) _____
Cell Phone(____) _____
Soc.Security Number _____ Birthdate _____
Spouse Soc.Sec.Number _____ Birthdate _____
School District in which you live _____
Email Address _____

Names, dates of birth, and social security numbers of all dependent children, including any income they may have received. Social Security numbers are **REQUIRED** on **ALL** children or a child tax credit will not be allowed by the IRS.

NAME	BIRTHDATE	S.S.#	WAGES	INTEREST&DIVIDENDS

ESTIMATED TAXES PAID:

	DATE PAID	FEDERAL	STATE
1 st Qtr (4-15-20XX)	_____	_____	_____
2 nd Qtr (6-15-20XX)	_____	_____	_____
3 rd Qtr (9-15-20XX)	_____	_____	_____
4 th Qtr (1-15-20XX)	_____	_____	_____

INCOME ITEMS:

- 1) All W-2's for both husband and wife (if applicable)
- 2) All 1099's for:
 - Interest and dividend income
 - Self employment income
 - State unemployment compensation
 - Social Security and Railroad Retirement
 - IRA distributions
 - Stock dividends
 - Pension income
- 3) All information dealing with:
 - Business income and expenses (for the self employed)
 - Stock buys/sells (I need dates of buys/sells as well as cost)
 - Home or land purchases/sales
 - Rental property income and expenses
 - Farm income
 - Partnership K-1's
 - Sub S Corporation K-1's
 - Tax free interest
 - Installment sales
 - Retirement plan rollovers this year
 - Cash received from any other source
 - Alimony paid/received
 - Scholarship information received
 - Any IRA contributions for current year, traditional or Roth
 - Student Loan Interest Paid
 - College Tuition paid on behalf of dependents or yourself(1098T)

EXPENSES AND DEDUCTIONS:

- 1) All records dealing with medical and dental expenses and health insurance PAID.
- 2) Real Estate taxes PAID on any real property owned.
- 3) Personal property taxes PAID.
- 4) Home mortgage interest Form 1098, home equity loan interest, and 2nd home interest.
- 5) All records of any investment interest paid.
- 6) Cash contributions you have made. All contributions (no limit) MUST be substantiated. Non Cash contributions are limited to "good used condition or better" and must have a receipt.
- 7) Tax return preparation fees.
- 8) Child care expenses. I **must** have the child care providers name, address, and social security number or federal I.D. number. Child Care credit can not be given without a tax identification number.
- 9) Your mileage information and log for any business expenses. A mileage sheet is attached. It is **REQUIRED** that you fill in this information in order for you to take a mileage deduction on your business schedule.

MILEAGE WORKSHEET

- | | | <u>VEHICLES</u> | |
|----|---|------------------|----------------|
| | | #1 | #2 |
| 1. | What date was the vehicle placed in service? | ____/____/____ | ____/____/____ |
| 2. | What was the TOTAL MILEAGE Of vehicle during the year | _____ | _____ |
| | | Miles | miles |
| 3. | How many MILES was vehicle Used for BUSINESS only? | _____ | _____ |
| | | Miles | miles |
| 4. | What is the round trip COMMUTE To your place of work? | _____ | _____ |
| 5. | How many miles were driven during Year for commuting? | _____ | _____ |
| 6. | Besides commuting, how many other Personal miles were driven during the Year? | _____ | _____ |
| 7. | Did you have another vehicle Available for personal use? | YES_____ NO_____ | |
| 8. | Do you have evidence to support your deduction? | YES_____ NO_____ | |
| 9. | If yes, is your evidence written? | YES_____ NO_____ | |

ODOMETER reading Jan. 1st this year _____

ODOMETER reading Dec. 31st this year _____

SIGNATURE _____