

# Greg's Tax Organizer

## Taxpayer Organizer

Please provide or send all wage and income statements issued to you, your spouse, or your dependents. (W-2's, 1099's, K-1's)  
 Please note this is **NOT** a secure link, consequently we recommend current clients omit all social and birth date information as we already have yours on file.  
 For new clients, in the event of a birth, or a new loan from an individual, we recommend bringing a hard-copy of this form to your appointment.

### TAXPAYER INFORMATION *(Changes Only)*

		<i>SOCIAL</i>	<i>BIRTHDATE</i>	<i>OCCUPATION</i>	<i>HOME PH.</i>	<i>WORK PH.</i>			
Name									
Spouse									
Address:									
<b>Status:</b> <i>Enter Month/Changes Only</i>	Married/ RDP	Separated	Divorced	Widowed	Dependent Birth	Sold Home	Sold Real Property	Moved	Dependent Dec'd
<b>DEPENDENTS - NAME</b>		<i>SOCIAL</i>	<i>Age</i>	<i>Number months lived with you</i>	<i>State Relationship: child (c), relative (r), or other (o)</i>		<i>Student?</i>		
							<input type="checkbox"/>		
							<input type="checkbox"/>		
							<input type="checkbox"/>		
							<input type="checkbox"/>		

### WAGE / RETIREMENT / AND OTHER INCOME: *(Include all W-2's)*

	You	Spouse		You	Spouse
Wage Income			Wage Income		
Employer Pension Plan			Employer Pension Plan		
State Tax Refund			Unemployment		
Social Security or Railroad Retirement			Tips		
Alimony Received:			Alimony Paid: To: SS #:		
Conventional IRA, KEOGH & SEP plan <i>Contribution (+) / Withdrawal (-)</i>			Conventional Rollovers		
Roth IRA <i>Contribution (+) / Withdrawal (-)</i>			Roth Rollovers		
Education IRA <i>Contribution (+) / Withdrawal (-)</i>			Ed. IRA Rollovers		

### UNEARNED INCOME

#### INTEREST INCOME *(Please provide ALL 1099's)*

Name of Payer <i>(Always use payer name listed on the 1099)</i>	Bank, Credit Union, Corp Bond	Home State Municipal Bond	Other Municipal Bond	Federal Obligation
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$

#### DIVIDEND INCOME *(Please provide ALL 1099's)*

Name of Payer <i>(Always use payer name listed on the 1099)</i>	Ordinary	Taxed at 15%	Capital Gains	Federal Obligation	Taxable to State Only	Non-Taxable Federal & State
	\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$	\$

#### SECURITIES & PROPERTY SOLD *(Report all items even where there is no profit.)*

Name	Number of Shares	Date Acquired	Inherited Y or N	Date Sold	Selling Proceeds	Original Cost
					\$	\$
					\$	\$
					\$	\$
					\$	\$
					\$	\$
					\$	\$
					\$	\$
					\$	\$
					\$	\$

# Greg's Tax Organizer

						\$		\$
TAXES PAID								
Estimated Taxes Paid	Date Paid	Federal	State	State Income Taxes Paid for Prior Year				
Applied from prior years refund		\$	\$	Balance due on last year's return or extension payment on last year's return				\$
1 <sup>st</sup> Q due April		\$	\$	4 <sup>th</sup> quarter payment made in January of this year				\$
2 <sup>nd</sup> Q due June		\$	\$	<b>Notes:</b>				
3 <sup>rd</sup> Q due Sept		\$	\$					
4 <sup>th</sup> Q due this Jan.		\$	\$					
Property Taxes (Real & Personal) Paid								
Real Property - home & 2 <sup>nd</sup> home only ( <i>rental reported in different section</i> )				1.	2.			
Investment Properties ( <i>not rentals</i> )				1.	2.	3.	4.	5.
Motor Vehicles				1.	2.	3.	4.	5.
HOME MORTGAGE INTEREST PAID								
			Paid to a Bank, S&L		Paid to an Individual*		2 <sup>nd</sup> Loan Payments	Home Equity Loan
1 <sup>st</sup> home								
2 <sup>nd</sup> home								
*Individual's Name:				Social:		Address:		
INVESTMENT INTEREST PAID/ CHARITABLE CONTRIBUTIONS								
Investment Interest			Charitable Contributions					
Land			Church/ Temple			Fair market value for household items		
Brokerage Account			Payroll Deduction			Travel for charitable purposes		
Other			Other:			Other:		
EMPLOYEE (W-2) RELATED EXPENSES								
			You		Spouse			
Books, Publications etc.							Tools, Supplies, Equipment	
Employment/ Resume Fees							Uniforms: Purchase	
License/ Credentials							Cleaning	
Professional/Union Dues / Meetings/ Seminars							Non-Reimbursed Business Expenses	
Telephone (business calls only)							Other:	
Vehicle Expenses ( <i>Do not complete this section if your vehicle is used only for personal use, including commuting to work.</i> )								
Vehicle Information			Vehicle 1	Vehicle 2	:		Vehicle 1	Vehicle 2
Is vehicle provided by employer: (check if yes)			<input type="checkbox"/>	<input type="checkbox"/>	If yes, enter employer reimbursement		\$	\$
Is reimbursement included on W-2? (check if yes)			<input type="checkbox"/>	<input type="checkbox"/>	Vehicle Make and Model			
Date originally acquired					Total miles driven. (personal + business)			
Parking. (Business only)								
Business Miles Driven								
For Employer			mi.	mi.	To Professional Meetings/ from Job to School		mi.	mi.
Between 1 <sup>st</sup> and 2 <sup>nd</sup> jobs			mi.	mi.	Job Seeking / Temporary Job Sites		mi.	mi.
Other:			mi.	mi.	Other:		mi.	mi.
MEDICAL EXPENSES								
Insurance Premiums: Medical, Dental, Medicare (only amount withheld from Social Security ) or other health related insurance premium							\$	
Health Care Costs: doctors, hospitals, nursing home, in-home care, lab work, counseling, glasses; hearing aids ( batteries), supplies/rentals							\$	
Travel expenses and related fees, parking							\$	
Other:							\$	
Insurance Reimbursements							\$	
MISCELLANEOUS DEDUCTIONS								
			You		Spouse			
Attorney Fees (to protect taxable income)							IRA/ Keogh (HR-10) fees paid	
Tax Preparation & Consulting Fees							Safe Deposit Box	
Gambling Losses (limited to winnings)							Other:	
Investment Expenses:								
Publications							mi.	mi.
							Mileage	
IN-HOME OFFICE EXPENSES								
Total Square Footage of Home:			Office:			Storage:		
Rent			Utilities		Insurance		Taxes	
Condo or Management Fees								
Maintenance & Repairs			Office		Home (in general)			

# Greg's Tax Organizer

RENTAL INCOME & EXPENSES <i>(List property addresses here)</i>						
1				4		
2				5		
3				6		
Property	1	2	3	4	5	6
Income						
Advertising						
Cleaning						
Commissions						
Insurance						
Legal/ Professional Fees						
Mortgage Interest paid to Banks						
Other Interest						
Repairs: Carpentry, Hardware						
Repairs: Electrical, Plumbing						
Repairs: Paint, Decorating						
Supplies						
Taxes						
Utilities						
Wages & Salaries						
Condo or Management Fees						
Mileage (total)	mi.					
RENTAL IMPROVEMENTS & REPLACEMENTS <i>(may include furniture, appliances, carpet, drapes, major repairs, or improvements)</i>						
Property	1	2	3	4	5	6
Description						
Date Purchase or Completion						
Cost	\$	\$	\$	\$	\$	\$
Description						
Date Purchase or Completion						
Cost	\$	\$	\$	\$	\$	\$
Description						
Date Purchase or Completion						
Cost	\$	\$	\$	\$	\$	\$
SELF-EMPLOYED BUSINESS INCOME & EXPENSES						
Income	<i>Business 1</i>	<i>Business 2</i>			<i>Business 1</i>	<i>Business 2</i>
Gross Income			Returns & Refunds			
Cost of Inventory at beginning of Yr			Cost of Merchandise Purchased			
Cost of Items for Personal Use			Cost of Inventory at Year end			
Expenses						
Advertising			Bank Charges			
Books & Publications			Commissions			
Entertainment /Meals			Freight			
Gifts			Insurance			
Interest (Mortgage)			Interest (other)			
Legal / Professional			Licenses /Credentials/ Dues			
Office Expense			Rent (Equipment)			
Rent (Other)			Repairs			
Seminars			Supplies			
Taxes- Payroll			Taxes – Sales			
Taxes –Property			Telephone			
Utilities			Wages – W2			
Other:			Other:			
Business Vehicle Expenses						
Vehicle Make/Model Yr			License & Taxes			
Business Mileage			Gasoline, oil, lubricant			
Total Mileage			Tires, Batteries, etc.			
Lease payments			Repairs and Maintenance			
Interest			Wash and Wax			

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### SELF-EMPLOYED EXPENSES (cont.) Away from Home Business Expenses

Airfare			Meals and tips		
Auto rental, taxi, etc.			Lodging and tips		
Laundry					

#### Equipment Expenses

Equipment Name (or description)	Purchase Date	Cost	Equipment Name (or description)	Purchase Date	Cost

### EDUCATION EXPENSES

*(These expenses must be segregated by student. They may qualify for tax credits/ deductions, & are used to justify exclusions, or tax free distributions.)*

Fees- Enrollment / Attendance Only	You	Spouse	Dependant 1	Dependant 2	Dependant 3	Dependant 4
Post Secondary – 1 <sup>st</sup> two years						
Post Secondary – After 1 <sup>st</sup> two years						

*Only complete if qualifying for tax or penalty free IRA distributions, savings bond interest exclusions, or student loan interest deduction. Taxpayer may only deduct if job related.*

Books / Supplies						
Room / Board						

**Continuing Education Expenses:** *Available only for taxpayer and spouse and only if job related*

Tuition & Fees						
Seminar Fees, etc.						
Books, Supplies						
Travel	<i>(List in 'Away from Home Business Expense' section.)</i>					