



## Client Tax Organizer Worksheet

**Dependent Children/ Grandchildren**

Full Name	Full Name	Full Name
Birth Date	Birth Date	Birth Date
Social Security #	Social Security #	Social Security #

**Salary Income** (attach Form W-2)

Employer's Name \_\_\_\_\_ Gross Amount \$ \_\_\_\_\_  
 Employer's Name \_\_\_\_\_ Gross Amount \$ \_\_\_\_\_  
 Employer's Name \_\_\_\_\_ Gross Amount \$ \_\_\_\_\_  
 Employer's Name \_\_\_\_\_ Gross Amount \$ \_\_\_\_\_

**Interest Income** (attach Form 1099int)

Received From \_\_\_\_\_ Gross Amount \$ \_\_\_\_\_  
 Received From \_\_\_\_\_ Gross Amount \$ \_\_\_\_\_  
 Received From \_\_\_\_\_ Gross Amount \$ \_\_\_\_\_  
 Received From \_\_\_\_\_ Gross Amount \$ \_\_\_\_\_

**Taxes**

Real Estate Tax (Personal residence, Land, lots, Vacation homes, Time Shares)

\$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

Personal Property Taxes (Vehicle, County taxes)

\$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

**Dividends** (attach Form 1099div)

Received From \_\_\_\_\_ Gross Amount \$ \_\_\_\_\_  
Received From \_\_\_\_\_ Gross Amount \$ \_\_\_\_\_  
Received From \_\_\_\_\_ Gross Amount \$ \_\_\_\_\_  
Received From \_\_\_\_\_ Gross Amount \$ \_\_\_\_\_

**Child Care Expenses**

Amount \$ \_\_\_\_\_ Number of children cared for \_\_\_\_\_ Federal ID#(SSN) \_\_\_\_\_  
Name of Provider \_\_\_\_\_  
Address \_\_\_\_\_

**Education Expenses** (attach Form 1098)

Students Name	Students Name	Students Name
Type of Expense	Type of Expense	Type of Expense
Name of School	Name of School	Name of School
Amount Paid	Amount Paid	Amount Paid

**Other Income**

State Income Tax Refund \$ \_\_\_\_\_ Unemployment Compensation \$ \_\_\_\_\_  
Gambling/Lottery Winnings \$ \_\_\_\_\_ (attach Form W-2G)  
Social Security - Taxpayer \$ \_\_\_\_\_ Social Security - Spouse \$ \_\_\_\_\_

**Business Income**

Partnerships (attach K-1) \$ \_\_\_\_\_  
Subchapter S Corporation (attach K-1) \$ \_\_\_\_\_  
Sole Proprietorship (attach Sch. C) \$ \_\_\_\_\_  
Farm Income (attach details) \$ \_\_\_\_\_

**Interest Paid** (attach Form 1099div)

Mortgage Paid to \_\_\_\_\_ Gross Amount \$ \_\_\_\_\_

Home     2<sup>nd</sup> Home     Rental Property     Time share

Mortgage Paid to \_\_\_\_\_ Gross Amount \$ \_\_\_\_\_

Home     2<sup>nd</sup> Home     Rental Property     Time share

Mortgage Paid to \_\_\_\_\_ Gross Amount \$ \_\_\_\_\_

Home     2<sup>nd</sup> Home     Rental Property     Time share

Was the mortgage re-financed this year?    Yes    No    (Attach closing documents)

**Medical Expenses**

Insurance Premiums    \$ \_\_\_\_\_    (Health, Dental, Long Term)

Medicine & Prescriptions    \$ \_\_\_\_\_    Physicians & Dentist    \$ \_\_\_\_\_

Eye Glasses, lab fees, etc.    \$ \_\_\_\_\_    Insurance Reimbursements    \$ \_\_\_\_\_

**Contributions** (attach list if necessary)

Paid Cash to \_\_\_\_\_ Gross Amount    \$ \_\_\_\_\_

Paid Cash to \_\_\_\_\_ Gross Amount    \$ \_\_\_\_\_

Paid Cash to \_\_\_\_\_ Gross Amount    \$ \_\_\_\_\_

Paid Cash to \_\_\_\_\_ Gross Amount    \$ \_\_\_\_\_

Non- Cash Contributions (Attach statements/receipts from charity) Gross Amount    \$ \_\_\_\_\_

**Employment Related Expenses**

Dues – Union, Professional    \$ \_\_\_\_\_    Uniforms    \$ \_\_\_\_\_

Rent    \$ \_\_\_\_\_    Tools, Equipment    \$ \_\_\_\_\_

Books, Subscriptions    \$ \_\_\_\_\_    Insurance    \$ \_\_\_\_\_

Licenses    \$ \_\_\_\_\_    Business Travel Meals    \$ \_\_\_\_\_

Business Airfare, Train    \$ \_\_\_\_\_    Business Miles Travel    \$ \_\_\_\_\_

Other \_\_\_\_\_