

# Individual Tax Organizer - Year

You are invited to print out this organizer, fill it in and mail it to us. We will then complete your income tax return and mail it to you.

This will help you *organize your tax information* (and make sure you don't miss any *important deductions*). Whether you do your own tax return or use the services of a CPA firm, we hope you'll find it useful and informative.

*Important note:* Some information has been compiled in table format. Make extra pages if the blank tables are too small. Round all dollar amounts to the nearest \$1.

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## Taxpayer Information

First Name and Middle Initial \_\_\_\_\_

Last Name \_\_\_\_\_ Social Security # \_\_\_\_\_

Occupation \_\_\_\_\_ Date of Birth \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Fax \_\_\_\_\_ E-mail \_\_\_\_\_

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## Spouse Information

First Name and Middle Initial \_\_\_\_\_

Last Name\* \_\_\_\_\_ Social Security # \_\_\_\_\_

Occupation \_\_\_\_\_ Date of Birth \_\_\_\_\_

Street Address\* \_\_\_\_\_

City\* \_\_\_\_\_ State\* \_\_\_\_\_ Zip\* \_\_\_\_\_

Home Phone\* \_\_\_\_\_ Work Phone \_\_\_\_\_

Fax\* \_\_\_\_\_ E-mail\* \_\_\_\_\_

\* Leave blank if the same as Taxpayer

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Torrance, CA 90504

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Tel (310) 354-9000 ♦ Fax (310) 354-9009

# Individual Tax Organizer - Year

## Filing Status

Single

Married

Married Filing Separately

Head of Household

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## Salaries and Wages

<u>W-2</u>	<u>Gross Income</u>	<u>Federal Withholding</u>	<u>FICA</u>
1	\$ _____	\$ _____	\$ _____
2	\$ _____	\$ _____	\$ _____
3	\$ _____	\$ _____	\$ _____
4	\$ _____	\$ _____	\$ _____

<u>W-2</u>	<u>Medical</u>	<u>State Withholding</u>	<u>Local Withholding</u>
1	\$ _____	\$ _____	\$ _____
2	\$ _____	\$ _____	\$ _____
3	\$ _____	\$ _____	\$ _____
4	\$ _____	\$ _____	\$ _____

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## Dependents

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Social Security # \_\_\_\_\_ Relationship \_\_\_\_\_

Months Lived at Home \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Social Security # \_\_\_\_\_ Relationship \_\_\_\_\_

Months Lived at Home \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Social Security # \_\_\_\_\_ Relationship \_\_\_\_\_

Months Lived at Home \_\_\_\_\_ -Page 2-

# Individual Tax Organizer - Year

## Interest and Dividend Income

*INTEREST: Attach 1099 Forms*

	<u>Payor</u>	<u>Amount</u>
1	_____	\$ _____
2	_____	\$ _____
3	_____	\$ _____
4	_____	\$ _____
5	_____	\$ _____
6	_____	\$ _____
7	_____	\$ _____
8	_____	\$ _____

*DIVIDENDS: Attach 1099 Forms*

	<u>Payor</u>	<u>Total</u>	<u>Capital Gain</u>	<u>Ordinary Dividend</u>
1	_____	\$ _____	\$ _____	\$ _____
2	_____	\$ _____	\$ _____	\$ _____
3	_____	\$ _____	\$ _____	\$ _____
4	_____	\$ _____	\$ _____	\$ _____
5	_____	\$ _____	\$ _____	\$ _____
6	_____	\$ _____	\$ _____	\$ _____
7	_____	\$ _____	\$ _____	\$ _____
8	_____	\$ _____	\$ _____	\$ _____

# Individual Tax Organizer - Year

## Other Income

**STATE TAX REFUND**

Amount Received \$ \_\_\_\_\_

**CAPITAL GAINS**

	<u>Description</u>	<u>Date Acquired</u>	<u>Date Sold</u>	<u>Sales Price</u>	<u>Cost or Basis</u>
1	_____	_____	_____	\$ _____	\$ _____
2	_____	_____	_____	\$ _____	\$ _____
3	_____	_____	_____	\$ _____	\$ _____
4	_____	_____	_____	\$ _____	\$ _____
5	_____	_____	_____	\$ _____	\$ _____
6	_____	_____	_____	\$ _____	\$ _____
7	_____	_____	_____	\$ _____	\$ _____

**ALIMONY RECEIVED**

Payor \_\_\_\_\_ Amount \$ \_\_\_\_\_

Payor's Social Security # \_\_\_\_\_

	<u>Amount Received</u>	
	<u>Taxpayer</u>	<u>Spouse</u>
<b>UNEMPLOYMENT RECEIVED**</b>	\$ _____	\$ _____
<b>SOCIAL SECURITY RECEIVED**</b>	\$ _____	\$ _____
<b>IRA DISTRIBUTIONS**</b>	\$ _____	\$ _____
<b>PENSION DISTRIBUTIONS**</b>	\$ _____	\$ _____
<b>MISCELLANEOUS OTHER INCOME**:</b>		
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

\*\* Attach 1099 or W-2 Forms

Check if Federal or State Tax was withheld

# Individual Tax Organizer - Year

## Itemized Deductions

### *MEDICAL AND DENTAL EXPENSES*

Insurance Premiums (Net) \$ \_\_\_\_\_

Doctors, Dentists, etc. \$ \_\_\_\_\_

Prescriptions \$ \_\_\_\_\_

Mileage \$ \_\_\_\_\_

Other \$ \_\_\_\_\_

### *TAXES PAID*

Real Estate Taxes - Residence \$ \_\_\_\_\_

Real Estate Taxes - Other Property \$ \_\_\_\_\_

Auto License (Tax Portion Only) \$ \_\_\_\_\_

# of Cars Fees Paid \_\_\_\_\_

Local Income Tax \$ \_\_\_\_\_

Other Taxes \$ \_\_\_\_\_

### *INTEREST PAID: Attach 1098 Forms*

Home Mortgage Interest Paid (1st) \$ \_\_\_\_\_

Home Mortgage Interest Paid (2nd) \$ \_\_\_\_\_

Investment Interest Paid \$ \_\_\_\_\_

### *CONTRIBUTIONS: Attach Details*

Contribution by Cash (Total Only) \$ \_\_\_\_\_

Contribution by Check (Total Only) \$ \_\_\_\_\_

Contribution by Other than Cash \$ \_\_\_\_\_ Market Value \$ \_\_\_\_\_

Check if you received a receipt for each contribution of \$250 or more

# Individual Tax Organizer - Year

## Itemized Deductions (Continued)

### *MISCELLANEOUS DEDUCTIONS*

Union / Professional Dues \$ \_\_\_\_\_

Investment Expense \$ \_\_\_\_\_

Tax Return Preparation Fees \$ \_\_\_\_\_

Safe Deposit Box Rental \$ \_\_\_\_\_

### *UNREIMBURSED EMPLOYEE BUSINESS EXPENSES*

Travel \$ \_\_\_\_\_

Meals / Entertainment \$ \_\_\_\_\_

Parking \$ \_\_\_\_\_

Miles Driven: Business \_\_\_\_\_ Personal \_\_\_\_\_ Total Miles \_\_\_\_\_

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### Miscellaneous Notes

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# Individual Tax Organizer - Year

## Business Income

### GENERAL INFORMATION

Cash Basis     Accrual Basis     First Year     Taxpayer     Spouse

Principal Business / Profession \_\_\_\_\_

Business Name \_\_\_\_\_

Business Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

### INCOME

Gross Receipts or Sales \$ \_\_\_\_\_

Returns and Allowances \$ \_\_\_\_\_

Other Income \$ \_\_\_\_\_

### COST OF GOODS SOLD - If Applicable

Inventory at Beginning of Year \$ \_\_\_\_\_      End of Year \$ \_\_\_\_\_

Purchases \$ \_\_\_\_\_      Cost of Labor \$ \_\_\_\_\_

Materials and Supplies \$ \_\_\_\_\_      Other Costs \$ \_\_\_\_\_

Cost of Items for Personal Use \$ \_\_\_\_\_

### EXPENSES

Advertising \$ \_\_\_\_\_

Vehicle Expenses\* \$ \_\_\_\_\_

Commissions \$ \_\_\_\_\_

Employee Benefit \$ \_\_\_\_\_

Insurance (other than health) \$ \_\_\_\_\_

Health Insurance Premiums for Self\* \$ \_\_\_\_\_

Non-Mortgage Interest \$ \_\_\_\_\_

# Individual Tax Organizer - Year

## Business Income (Continued)

### EXPENSES (Continued)

Legal and Professional \$ \_\_\_\_\_

Office Expenses \$ \_\_\_\_\_

Pension and Profit Sharing Plans \$ \_\_\_\_\_

Rent - Vehicles, Machinery, and Equipment \$ \_\_\_\_\_

Rent - Other Business Property \$ \_\_\_\_\_

Repairs \$ \_\_\_\_\_

Supplies \$ \_\_\_\_\_

Taxes - Not Real Estate \$ \_\_\_\_\_

Taxes - Other \$ \_\_\_\_\_

Travel \$ \_\_\_\_\_

Other\* \$ \_\_\_\_\_

Meals and Entertainment \$ \_\_\_\_\_

Utilities \$ \_\_\_\_\_

Wages \$ \_\_\_\_\_

\* Attach a detailed schedule

Did you dispose of any business assets (including real estate)?

\_\_\_\_\_ Yes                      \_\_\_\_\_ No

If yes, attach a detailed schedule

Did you have a home office during the year?

\_\_\_\_\_ Yes                      \_\_\_\_\_ No

If Yes, enter amount paid:

Rent \$ \_\_\_\_\_

Utilities \$ \_\_\_\_\_

Insurance \$ \_\_\_\_\_

Janitorial \$ \_\_\_\_\_

Miscellaneous \$ \_\_\_\_\_

Percent of Exclusive Business Use \_\_\_\_\_

# Individual Tax Organizer - Year

## Rental Income and Expenses

Check if property was purchased / converted to rental during this tax year

Property Address(es)

1 \_\_\_\_\_

2 \_\_\_\_\_

3 \_\_\_\_\_

Property	1	2	3
<i>INCOME</i>			
Rents Received	\$ _____	\$ _____	\$ _____
<i>EXPENSE</i>			
Advertising	\$ _____	\$ _____	\$ _____
Association Dues	\$ _____	\$ _____	\$ _____
Auto and Travel	\$ _____	\$ _____	\$ _____
Cleaning / Maintenance	\$ _____	\$ _____	\$ _____
Commissions	\$ _____	\$ _____	\$ _____
Gardening	\$ _____	\$ _____	\$ _____
Insurance	\$ _____	\$ _____	\$ _____
Labor	\$ _____	\$ _____	\$ _____
Professional Fees	\$ _____	\$ _____	\$ _____
Miscellaneous	\$ _____	\$ _____	\$ _____
Mortgage Interest	\$ _____	\$ _____	\$ _____
Other Interest	\$ _____	\$ _____	\$ _____
Repairs and Maintenance	\$ _____	\$ _____	\$ _____
Supplies	\$ _____	\$ _____	\$ _____
Taxes	\$ _____	\$ _____	\$ _____
Telephone	\$ _____	\$ _____	\$ _____
Utilities	\$ _____	\$ _____	\$ _____
Improvements	\$ _____	\$ _____	\$ _____
Other (specify)	\$ _____	\$ _____	\$ _____

# Individual Tax Organizer - Year

## Adjustments Reducing Income

### *ALIMONY PAID*

Payee \_\_\_\_\_ Amount \$ \_\_\_\_\_

Payee's Social Security # \_\_\_\_\_

### *RETIREMENT PLANS*

IRA Payments by Taxpayer \$ \_\_\_\_\_ Regular IRA \_\_\_\_\_ Roth IRA \_\_\_\_\_

IRA Payments by Spouse \$ \_\_\_\_\_ Regular IRA \_\_\_\_\_ Roth IRA \_\_\_\_\_

Keogh/SEP Deduction - Taxpayer \$ \_\_\_\_\_

Keogh/SEP Deduction - Spouse \$ \_\_\_\_\_

Penalty on Early Withdrawal of Savings \$ \_\_\_\_\_

## Estimated Tax Payments

	Federal		State of Colorado	
	Date Paid	Amount Paid	Date Paid	Amount Paid
Overpayment - Prior Year	_____	\$ _____	_____	\$ _____
1st Quarter - Due 4/15	_____	\$ _____	_____	\$ _____
2nd Quarter - Due 6/15	_____	\$ _____	_____	\$ _____
3rd Quarter - Due 9/15	_____	\$ _____	_____	\$ _____
4th Quarter - Due 1/15	_____	\$ _____	_____	\$ _____

# Individual Tax Organizer - Year

## Miscellaneous Questions

If any of the following items pertain to you or your spouse for this tax year, please check the appropriate box and include all pertinent details.

- Were there any births, adoptions, marriages, divorces, or deaths in your immediate family during the year?
- Are any of your unmarried children, who might be claimed as dependents, 19 years of age or older and attending school full-time?
- Do you have any children under age 14 with interest and dividend income in excess of \$700, or total investment income in excess of \$1,400?
- Can you be claimed as a dependent on another person's tax return?
- Did you or your spouse "roll over" a profit-share or retirement plan distribution into another plan? If yes, enter the amount on page 4, and attach Form 1099-R.
- Did you or your spouse receive any disability income during the year? If yes, enter the amount on page 4.
- Did you purchase, sell, or refinance your principal home or your second home, or make a home equity loan during the year? If yes, please bring escrow papers and other relevant information.
- Did you sell any rental or business property during the year? If yes, please list the descriptions, date acquired, date sold, sales price, cost or basis, and expenses of sale.
- Did you pay any one household employee cash wages of \$1,000 or more during this tax year; withhold federal income tax at the request of any household employee during this tax year; or pay total cash wages of \$1,000 or more in any calendar quarter during this tax year or the prior tax year to house employees?
- Did you use your own car on the job (other than to and from work)?
- Does anyone owe you money which has become uncollectible?
- Did you incur moving expenses during the year due to a change of employment?

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## Miscellaneous Questions (Continued)

- Did you or your spouse work out of town for part of the year?
- Did you incur a loss because of damaged or stolen property?
- Did you cash in any Series EE U.S. savings bonds issued after 1989?
- Do you have any Series E Bonds issued in 1955 or 1965?
- Do you or your spouse want to allocate \$1 to the Presidential Election Campaign Fund?
- Do you have an interest in or signature over a bank or brokerage account in a foreign country, or were you a grantor of or transferor to a foreign trust?
- Were you audited by either the Internal Revenue Service or the State Taxing agency during the year?
- Did you receive any K-1s from partnerships, estates, trusts, or LLCs? If so, please attach.

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### Please Provide Prior Year's Tax Return

If you would like our help, please mail your completed organizer together with the source tax documents and backup information suggested on the form the address  
at the top of page one.

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### Miscellaneous Notes

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