

# Tax Organizer Worksheet

## Personal Information

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_  
 Maiden Name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Place of Birth: \_\_\_\_\_  
 U.S. Citizen:  Yes  No If No, Country of Citizenship: \_\_\_\_\_  
 SSN: \_\_\_\_\_ Driver's License: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ Work Number: \_\_\_\_\_  
 Cell Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

## Spousal Information

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_  
 Maiden Name: \_\_\_\_\_  
 Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Place of Birth: \_\_\_\_\_  
 U.S. Citizen:  Yes  No If No, Country of Citizenship: \_\_\_\_\_  
 SSN: \_\_\_\_\_ Driver's License: \_\_\_\_\_  
 Address (if different): \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ Work Number: \_\_\_\_\_  
 Cell Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

## Children/Dependents

Full Name	DOB	SSN	Full Name	DOB	SSN
1.			4.		
2.			5.		
3.			6.		

## Forms to Have

- |  |   |
|--|---|
| <input type="checkbox"/> W-2 Forms<br><input type="checkbox"/> 1099 MISC<br><input type="checkbox"/> 1099 INT<br><input type="checkbox"/> 1099 SSA | <input type="checkbox"/> Last Year's Tax Return<br><input type="checkbox"/> 1098<br><input type="checkbox"/> Contribution Statements<br><input type="checkbox"/> Bank Account Numbers |
|--|---|

### Childcare Expenses

Name: \_\_\_\_\_ Tax ID: \_\_\_\_\_  
SSN: \_\_\_\_\_ Address: \_\_\_\_\_

### Self-Employment Expenses

Schedule SE: \_\_\_\_\_ Business Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Tax Deductible Materials: \_\_\_\_\_  
Net income: \_\_\_\_\_ Net Loss: \_\_\_\_\_

### Education Expenses

1098-T/1098-E: \_\_\_\_\_ School: \_\_\_\_\_  
Bills: \_\_\_\_\_  
Loans: \_\_\_\_\_  
Materials: \_\_\_\_\_

### Charitable Donations

Donations over \$250: \_\_\_\_\_  
Recipients: \_\_\_\_\_  
Receipts: \_\_\_\_\_

### Moving Expenses

Old Address: \_\_\_\_\_  
Job Location: \_\_\_\_\_  
New Address: \_\_\_\_\_  
Miles Driven: \_\_\_\_\_  
Expenses: \_\_\_\_\_

### Home Owner Expenses

Mortgage Interest Statement: \_\_\_\_\_  
Statement of Property Tax: \_\_\_\_\_  
Amount Contributed to IRA: \_\_\_\_\_  
Maintenance Expense: \_\_\_\_\_ Renovation Expense: \_\_\_\_\_  
Total Value: \_\_\_\_\_  
Rental Property: \_\_\_\_\_  
Maintenance Expense: \_\_\_\_\_ Renovation Expense: \_\_\_\_\_  
Total Yearly Rent: \_\_\_\_\_