

TAX ORGANIZER FOR YEAR _____

Personal Data

Taxpayer

First Name _____ MI _____
 Last Name _____
 SSN _____
 Occupation _____
 Date of Birth _____ Age _____
 Blind Y / N _____
 If Deceased Enter Date _____
 \$3 to Presidential Election Campaign

Spouse

First Name _____ MI _____
 Last Name _____
 SSN _____
 Occupation _____
 Date of Birth _____ Age _____
 Blind Y / N _____
 If Deceased Enter Date _____
 \$3 to Presidential Election Campaign

Filing Status - Check the appropriate boxes

- | | |
|---|---|
| <p>1. Single <input type="checkbox"/></p> <p>2. Married Joint <input type="checkbox"/></p> <p>3. Married Separate <input type="checkbox"/></p> <p style="padding-left: 20px;">If Filing Status 3 Lived With Spouse <input type="checkbox"/></p> <p style="padding-left: 20px;">If Filing Status 3 Claim Exemption for Spouse <input type="checkbox"/></p> | <p>4. Head of Household <input type="checkbox"/></p> <p>5. Qualifying Widow(er) <input type="checkbox"/></p> <p>6. Dependent on another Taxpayer <input type="checkbox"/></p> <p style="padding-left: 20px;">If Filing Status 4 Child's Name, SSN# _____</p> <p style="padding-left: 20px;">If Filing Status 5 Year Spouse Died _____</p> |
|---|---|

Address

Street _____
 City, State, Zip _____
 Home Phone _____
 Fax _____
 County Name _____
 School District _____

Dependents

Name	SSN	DOB	Relation	Months	Type	EIC	CR	Paid

States and Residency States

Resident States _____ Non-Resident States _____

Wages and Other Income

Wages, Salary, and Income (Provide W-2's)

Employer Name	Gross Wages	Federal Withholdings	State Withholdings	Local Withholdings

Pension, IRA

Amount	Taxable Amount

IRA

Amount	Taxable Amount

Other Income

Social Security _____ Amount _____

Unemployment _____ Amount _____

Other _____ Amount _____

Other _____ Amount _____

State/Local Income Tax Refund _____

Sole Proprietorship

Business Information

Business name _____ Tax Payer / Spouse / Joint _____
 Principal Business or profession _____ Business Code _____
 Employer ID number _____
 Business Street, City, State, Zip _____
 Accounting method cash accrual or other _____
 Specify other method _____
 Started business in this year? _____
 Inventory method cost lower of cost/market _____
 Business use of your home _____

Income

Gross receipts or sales _____
 Returns and allowances _____
 Other Income _____
 Other Income _____
 Other Income _____

Cost of Goods Sold

Inventory at beginning of year _____
 Purchases _____
 Cost of labor _____
 Materials and supplies _____
 Other costs _____

Expenses

Advertising _____
 Bad debts _____
 Car and truck expenses _____
 Commissions _____
 Depletion _____
 Employee benefit programs _____
 Insurance _____
 Mortgage interest _____
 Other interest _____
 Office expense _____

Rent/lease machinery/ equipment _____
 Rent/lease business property _____
 Repairs _____
 Supplies _____
 Taxes _____
 Travel _____
 Meals and entertainment _____
 Utilities _____
 Wages _____
 Legal and professional services _____
 Pension and profit sharing plans _____

Other Expenses

Description	Amount