



2016 Tax Organizer

Basic Information

Name: _____ SSN: _____ Date of Birth: _____
Spouse's Name: _____ SSN: _____ Date of Birth: _____
Dependent' Name: _____ SSN: _____ Date of Birth: _____
Dependent' Name: _____ SSN: _____ Date of Birth: _____

Estimated Taxes Paid: 1st Qtr _____ 2nd Qtr _____ 3rd Qtr _____ 4th Qtr _____

Documents Received

Forms W-2: Taxpayer- Wages _____ Withholding _____
Spouse - Wages _____ Withholding _____

Form 1098's: Mortgage Interest Statement (1098) _____
Student Loan Interest Statement (1098-E) _____

Form 1099'S: Interest (1099-INT) _____
Dividends (1099-DIV) _____
Capital Gain Transactions (1099-B) _____
Retirement Plan Distributions (1099-R) _____
Miscellaneous Income (1099-MISC) _____

Schedule K-1: Partnership/S-Corp/Trust _____

Forms 1095's: Health Insurance Coverage Forms – Will receive if you have coverage through Exchange (**If Applicable**) or work for a large employer.

Personal Records

Child & Dependent Care Expenses: _____
Education Expenses: _____
Medical Expenses: Doctors _____ Prescriptions _____ Premiums _____
Real Estate Taxes _____
Mortgage Interest _____
Charitable Contributions _____
Other _____

Business Information (Sole Proprietorship)

Revenue: _____
Expenses: _____

E-Filing & Bank Information

Bank Account: Bank Name _____ Routing # _____
Account # _____