

Instructions: Print out this organizer, then complete it and bring it to our office at your scheduled tax appointment.

# Tax Organizer for

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(Year)

**Taxpayer's Name** \_\_\_\_\_

**James Scalia, CPA, P.C.**

*Certified Public Accountant*

146 Von Huenfeld Street

Massapequa Park, NY 11762

(800) 400-1553 • (516) 541-9555

FAX (516) 541-9699

james@scaliacpa.com • www.scaliacpa.com

## Tax Organizer for \_\_\_\_\_ (year)

Please complete this organizer and bring it to your tax appointment. Your last year's tax return is an excellent guide for completing this organizer. Make a special note wherever you have additional information not on last year's return.

### Personal Information

#### **Taxpayer**

Name \_\_\_\_\_  
 Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Occupation \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 E-mail Address \_\_\_\_\_

#### **Spouse**

Name \_\_\_\_\_  
 Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Occupation \_\_\_\_\_

	Taxpayer		Spouse		Marital Status	
	Yes	No	Yes	No	Married	Single
Blind	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disabled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					Widow(er)	<input type="checkbox"/>

Filing Jointly Yes  No

Do you want to contribute \$3 to the Presidential Campaign Fund Yes  No

### Dependent Children (others)

Name	Social Security Number	Date of Birth	Relationship	Dependent's Income

Please bring the following to your appointment:

Last year's tax return, unless we prepared it.

Copies of all W-2s, 1099s, supporting documents of income and expense.

The mailing label given to you on the IRS tax booklet, if any.

Please answer the following questions:

Did you receive any notices from the IRS this past year?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Do you have a foreign bank account?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Did you pay to attend classes beyond high school?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Did you pay interest on a student loan this past year?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Did you receive any rental income from property?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Did you receive any farm income?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Do you have self-employment income or expense?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Were there any births, adoptions, or deaths in the family?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

**Income**

**Wages (attach W-2s)**

Name of Employer

Taxpayer

Spouse

\_\_\_\_\_

\_\_\_\_\_

**Interest Income (attach 1099-INT)**

Payor (bank, etc.)

Amount

_____	_____
_____	_____
_____	_____
_____	_____

**Dividends (attach 1099-Div)**

Payor (company name)

Ordinary Div.

Capital Gain

Nontaxable

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Partnership, S-Corp., and Other Income (attach K-1)**

List the sources

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Real Estate Sold (home, vacation property, bare land, etc.)**

Description	Selling Price	Date Purchased	Cost

**Investments Sold (stocks, bonds, mutual funds, other)**

Name	Cost	Date Acquired	Date Sold	Selling Price

**Individual Retirement Account (IRA)**

Contributions for this past year	Amount	Roth	Regular
Taxpayer			
Spouse			

Withdrawals from IRA (attach 1099-R)

Reason for withdrawals:

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**Other Pension or Annuity Income (attach 1099-R)**

Payor	Reason for withdrawal

**Other Income**

Source	Amount
State income tax refund	
Commissions	
Unreported tips	
Installment sales payments received	
Alimony received	
Scholarships or grants	
Unemployment compensation	
Worker's compensation	
Disability income	
Other _____	

**Expenses**

**Medical Expense (insurance, drugs, equipment, nursing, hospital, doctors, etc.)**

List type:	Amount
_____	_____
_____	_____
_____	_____
_____	_____

Did you and your family have health insurance for all twelve months of the tax year?  
Yes  No

If less than twelve months health coverage, please give brief reason:

\_\_\_\_\_  
\_\_\_\_\_

Did you receive Form 1095-A, -B, or -C health insurance coverage?  
Yes  No

**Taxes Paid (other than on W-2 wage statements)**

Type of tax	Amount
Federal income tax estimates (Form 1040-ES)	_____
State income tax	_____
Real estate tax	_____
Personal property tax	_____
Other _____	_____

**Interest Paid**

	Amount
Mortgage paid to: _____	_____
Investment interest paid to: _____	_____

**Child or Other Dependent Care Expenses**

Did you pay for dependent care this past year? Yes  No

Details: (Care provider, social security number, amount)

\_\_\_\_\_  
\_\_\_\_\_

**Casualty or Theft Loss**

Did you have property stolen or damaged by storm, water, fire, or accident this past year?

Yes  No

Details: \_\_\_\_\_

\_\_\_\_\_

**Charitable Contributions**

Paid by cash (check)

Organization: \_\_\_\_\_ Amount \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Moving Expenses (job related)**

Did you move this past year due to change in job locations?

Yes  No

Details: \_\_\_\_\_

\_\_\_\_\_

**Employment Related Expenses (not reimbursed)**

Did you buy tools, uniforms, licenses, or pay dues or educational expenses in relation to your work this past year?

Yes  No

Details: \_\_\_\_\_

\_\_\_\_\_

**Investment Expenses**

Item	Amount
Investment interest paid	_____
Safe deposit box rent	_____
Tax preparation fee	_____
Other _____	_____