



## INDIVIDUAL DETAILED ORGANIZER

This organizer will assist you in gathering the information needed to prepare your individual tax returns. We strongly suggest you go through all sections of the organizer to determine if you are missing any deductions.

Last Name \_\_\_\_\_ (Attach to summary organizer)

### Section 1 Estimated Tax Payments

	Federal		STATE (NAME):	
	DATE PAID	AMOUNT PAID	DATE PAID	AMOUNT PAID
PRIOR YEAR OVERPAYMENT APPLIED				
1 <sup>ST</sup> QUARTER				
2 <sup>ND</sup> QUARTER				
3 <sup>RD</sup> QUARTER				
4 <sup>TH</sup> QUARTER				

### Section 2 Income

**WAGES, SALARIES AND OTHER EMPLOYEE COMPENSATION**

Enclose all Form W-2s.

**PENSIONS, IRA AND ANNUITY INCOME**

Enclose all Form 1099R (T=Taxpayer S=Spouse)	Taxpayer		Spouse	
	Yes	No	Yes	No
Did you receive a Lump Sum distribution from your employer?				
Did you "convert" a Lump Sum distribution into another plan or IRA account?				
Have you elected a Lump Sum treatment for any retirement distributions after 1986?				
Did you convert a portion or all of your traditional IRA to a Roth IRA?				

**INTEREST INCOME** – Enclose all Form 1099-INT and statements of tax-exempt interest earned. If not available, complete the following:

TSJ*	Name of Payer	Seller Financed Mortgage	Banks, S&L Etc.	U.S. Bonds, T-Bills	Tax Exempt In-State	Tax Exempt Out-of-State

**DIVIDEND INCOME** – Enclose all Form 1099-DIV and statements of tax-exempt dividends earned. If not available, complete the following:

TSJ*	Name of Payer	Ordinary Dividend	Qualified Dividend	Capital Gain	Non Taxable	Federal Tax Withheld	Foreign Tax Withheld

\*T=Taxpayer S=Spouse J = Joint

**MISCELLANEOUS INCOME** – List and enclose related Forms 1099 or other forms.

Description	Amount
State and Local income tax refund(s)	
Alimony received	
Jury Fees	
Finder’s Fees	
Director’s Fees	
Prizes	
Gambling winnings (W2-G)	
Debt Cancellation Income (1099-C)	
Other:	

**CAPITAL GAINS AND LOSSES** – Enclose all Form 1099-B and 1099-S and HUD-1 closing statements. Complete the following schedule or provide all brokerage account statements and transaction slips for sales and purchases. Include any sales **NOT** reported on Forms 1099-B and 1099-S. Review your brokerage statements for cost information if it is not included on the statement you will need to provide that information. If you sold any jewelry, gold, coins, or other precious metals please provide that information.

Description	Date Acquired	Date Sold	Sales Proceeds	Cost or Basis	Gain (Loss)

**INCOME FROM PARTNERSHIPS, ESTATES, LLC’S, TRUSTS AND “S” CORPORATIONS**

Enclose all Schedules K-1 received to date. Also list below all Schedules K-1 not yet received:

Name	Source Code *	Federal ID#

\*Source Code: P = Partnership E = Estate S = S Corporation

**SALE/PURCHASE OF PERSONAL RESIDENCE** – Provide closing statements (HUD-1) on purchase and sale of old residence and purchase of new residence. A foreclosure is considered a sale for tax purposes. Please provide 1099-A and/or 1099-C.

Description	Amount

**Section 3**  
**Adjustments to Income**

**MOVING EXPENSES**

Did you change your residence due to a change in the location of your employment or self-employment? Yes \_\_\_\_ No \_\_\_\_

If yes, furnish the following information:

Number of miles from your former residence to your new business location \_\_\_\_\_ miles

Number of miles from your former residence to your former business location \_\_\_\_\_ miles

Did your employer reimburse or pay directly any of your moving expenses? Yes \_\_\_\_ No \_\_\_\_

If yes, enclose the employer provided itemization form and note the amount of reimbursement received. \_\_\_\_\_

Itemize below the total moving cost you paid without reduction for reimbursement by your employer.

Expenses of moving from old to new home:

Transportation expenses in moving household goods and family \_\_\_\_\_

Cost of storing and insuring household goods \_\_\_\_\_

**RESIDENCE CHANGE**

If you changed residences during the year, provide period of residence in each location.

Residence #1 From \_\_\_\_\_ To \_\_\_\_\_

Residence #2 From \_\_\_\_\_ To \_\_\_\_\_

**ALIMONY PAID**

Name of Recipient(s) \_\_\_\_\_

Social Security Number(s) of Recipient(s) \_\_\_\_\_

Amount(s) Paid \_\_\_\_\_

**DIVORCE**

If a divorce occurred this year, enclose a copy of the divorce decree and property settlement.

**CONTRIBUTIONS TO RETIREMENT PLANS**

	Taxpayer		Spouse	
	Yes	No	Yes	No
Are you covered by a qualified retirement plan?				
Do you want to make the maximum deductible IRA contribution?				
IRA payments made for this return				
Do you want to make an IRA contribution even if part or all of it may not be deducted? If yes, provide copy of latest form 8606 filed.				
Do you want to make the maximum allowable Keogh/SEP/Simple IRA contribution?				
Keogh/SEP/Simple IRA payments made for this return				
Date Keogh/Simple IRA Plan established				

**Section 4  
Itemized Deductions**

**If the below expenses are less than \$11,600 for a married taxpayer, \$8,500 for a taxpayer claiming dependents, or \$5,800 for a single taxpayer with no dependents skip this section.**

**MEDICAL EXPENSES** – Please note that medical expenses must exceed 7.5% of Adjusted Gross Income to be deductible. Health insurance premiums and medical expenses paid with pre-tax dollars (cafeteria plans, health savings accounts, etc.) are not deductible.

Description	Amount
Premiums for health and accidental insurance including Medicare	
Long –term care premiums: Taxpayer	
Long-term care premiums: Spouse	
Medicine and drugs (prescription only)	
Doctors, dentists, nurses, hospitals, clinics, laboratories, ambulance	
Travel, lodging and meals	
Mileage (number of miles)	
Long-term care expenses	
Payments for in-home care	
Other	
Insurance reimbursement received	

Were any of the above expenses related to cosmetic surgery?

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

**INTEREST EXPENSE**

**Please enclose all Forms 1098**

Enter only interest on loans secured by your primary residence and designated second residence. This deduction is limited to interest paid on \$1 million of home acquisition debt and \$100,000 of home equity debt on your primary or designated second residence. Include address and social security number if payee is an individual. Describe the property securing the related obligations, i.e.: principle residence, 2<sup>nd</sup> home, motor home, boat, etc.

<b>Payee</b>	<b>Property</b>	<b>Amount</b>	<b>2<sup>nd</sup> Home or Equity Loan?</b>

**UNAMORTIZED POINTS ON RESIDENCE FINANCING**

<b>Date of Refinance</b>	<b>Loan Term</b>	<b>Total Points</b>

**STUDENT LOAN INTEREST**

<b>Payee</b>	<b>Amount</b>

**INVESTMENT INTEREST**

<b>Payee</b>	<b>Amount</b>

**DEDUCTIBLE TAXES**

<b>Description</b>	<b>Amount</b>
State and local income tax payments made this year for prior year(s)	
Real Estate Taxes: Primary	
Secondary residence	
Other	
Personal property or ad valorem taxes	
Sales tax on major items (boat, home improvements, etc) (you can take sales tax or state income tax but not both)	
Other taxes (itemize)	
Sales Tax paid on new vehicle purchase	
Foreign tax withheld (may be used as a credit)	

**CONTRIBUTIONS**

Cash contributions, for which you have receipts, canceled checks, etc. NOTE: You need to have written acknowledgement from any charity to which you made individual donations of \$300 or more during the year.

Charity	Amount	Charity	Amount

Expenses incurred in performing volunteer work for charitable organizations:

Parking fees and tolls	_____	Supplies	_____
Meals and Presentation	_____	Mileage (1/1-6/30)	_____
Other	_____	Mileage (7/1-12/31)	_____

Other than cash contributions (enclose receipt(s))

Organization Name		
Description of Property		
Date Acquired		
How Acquired		
Cost or basis		
Date contributed		
Fair market value FMV		
How FMV determined		

**CASUALTY OR THEFT LOSSES**

Loss of property by theft or damage to property by fire, storm, car accident, shipwreck, flood, etc.

	<b>Property 1</b>	<b>Property 2</b>
Type of Property	Business ___ Personal ___	Business ___ Personal ___
Description of Property		
Date acquired		
Cost		
Date of loss		
Description of loss		
Was property insured?	Yes ___ No ___	Yes ___ No ___
Was insurance claim made?	Yes ___ No ___	Yes ___ No ___
Insurance proceeds		
Fair market value before loss		
Fair market value after loss		
Is property in a Presidentially declared disaster area?	Yes ___ No ___	Yes ___ No ___

**MISCELLANEOUS DEDUCTIONS**

<b>Description</b>	<b>Amount</b>
Union Dues	
Income tax preparation fees	
Legal fees (provide details)	
Safe deposit box rental	
Small tools	
Uniforms which are not suitable for wear outside work	
Safety equipment and clothing	
Professional dues	
Unreimbursed employee expenses (please fill out self employed organizer)	
Employment agency fees	
Investment expenses	
Trustee Fees	
Other miscellaneous deductions – Itemize	
Documented gambling losses	

**Section 5  
Miscellaneous**

**CHILD CARE EXPENSES/HOME CARE EXPENSES**

Did you pay an individual or an organization to perform services for the care of a dependent under 13 years old in order to enable you to work or attend school on a full-time basis? Yes \_\_\_\_ No \_\_\_\_

Did you pay an individual to perform in-home health care services for yourself, your spouse or dependents? Yes \_\_\_\_ No \_\_\_\_

If yes to either complete the following

Name(s) of dependent(s) for who services were rendered:

\_\_\_\_\_

List individuals or organizations to who expenses were paid during the year. (Services of a relative may be deductible only if that relative is not a dependent and if the relative services are considered employment for social security purposes.)

Name and Address	Tax ID#	Amount	If Under 18

If payments of \$1,500 or more during the tax year were made to an individual, were the services performed in your home? Yes \_\_\_\_ No \_\_\_\_

**EDUCATIONAL EXPENSES**

Did you or any of other members of your family pay any educational expenses during the tax year? Yes \_\_\_\_ No \_\_\_\_

If yes, complete the following and provide form 1098-T from school:

Student Name	Institution	Grade/Level	Amount Paid	Date Paid

Notes: