

Income Tax Organizer

Name: _____

Tax Year 2017

Basic Information

	First, Initial, Last Name	Social Security No.	Date of Birth	Occupation	Deceased
Taxpayer					
Spouse					
Address:				Home Phone:	
City, State, Zip:				Day Phone:	
Email Address:				Cel Phone:	

Filing Status: Single Married filing joint Head of Household Widowed Married/separate
Months

	First, Initial, Last Name	Social Security No.	Date of Birth	Relationship	in Home
Dependents					

Miscellaneous income

State tax refund	
Unemployment	
Social Security: Taxpayer	
Spouse	
Gambling winnings	
Alimony received	
Prizes/awards	
Hobby income	
Taxable scholarships (Pell grant)	
Jury duty fees	
Other:	

Miscellaneous deductions

	<i>Spouse</i>	
Traditional IRA contribution		
SEP/SIMPLE/Keogh contribution		
Student loan interest paid		
Classroom expenses by teacher		
Adoption expenses		
Early withdrawal of savings		
Moving expenses		
Self-employed health insurance		
Alimony paid		
Other:		

K-1's (Partnerships/S-Corps/Trusts)

Name	Income

Estimated tax payments made

	Federal	State
1st Quarter		
2nd Quarter		
3rd Quarter		
4th Quarter		
Applied/Last Yr		

Income

Wages/Salaries

Employer	Wages	Federal Withholding	Arizona Withholding	Other State Withholding	Box 12

Pensions/Retirement Fund Distributions

Payer	Total Distribution	Taxable Amount	Federal Withholding	State Withholding	Distrib Code	Check if IRA

Interest Income

Paid By	Amount

Dividends Income

Paid By	Amount	Cap Gains Dist

Sales of Stocks, Securities & Other Capital Assets

Quantity & Description	Date Bought	Date Sold	Cost	Sale Price	Gain/Loss

Education Expenses

Student	Type of education *	Tuition	Books	Room & Board

* K-12, trade school, undergraduate college, postgraduate college, job-related education, leisure course

Child Care Expenses

Paid To	Address	Soc. Sec. or Tax ID No.	Amount	Child's Name

Business Use of Vehicle

	Vehicle 1	Vehicle 2
Year, make & model		
Date first used for business		
Cost (including sales tax)		
End of year odometer reading		
Beginning of year odo reading		
Total miles driven during year		
Business miles		
Daily miles to & from work		
Total annual commuting miles		
Gasoline		
Maintenance/oil changes		
Tires		
Repairs		
Registration/license fee		
Auto Insurance		
Is another vehicle available for personal use?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have evidence to support your mileage use?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is your evidence written? (Log, calendar, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Business Use of Home

Is use for:

Office in home REQUIRED by employer

Day care facility

Home-based business

Square feet used EXCLUSIVELY REGULARLY for business

Total square feet in home

Expenses *(record totals; don't prorate)*

Mortgage interest	
2nd mortgage interest	
Property taxes	
Homeowner's insurance	
Homeowner association	
Electricity	
Gas	
Water & sewer	
Trash pickup	
Fire protection	
Security/alarm service	
Pest control service	

Business Income & Expenses

Business Name _____

Gross sales/receipts

Business Address _____

Inventory

Beginning of year	
End of year	
Cost of merchandise bought	
Materials & supplies	
Production labor	

Equipment bought

Description	Cost	Date

Vehicle Use

	Vehicle 1	Vehicle 2
Year, make & model		
Date first used for business		
Cost (including sales tax)		
End of year odometer reading		
Beginning of year odo reading		
Total miles driven during year		
Business miles		
Commuting to/from work		
Gasoline		
Maintenance/oil changes		
Tires		
Repairs		
Registration/license fee		
Auto Insurance		

Operating Expenses:

Advertising/promotion	
Commissions	
Insurance - liability	
Interest paid	
Legal/prof. services	
Office supplies	
Other supplies	
Office rent	
Equipment rent	
Vehicle rent/lease	
Repairs & maintenance	
Taxes & licenses	
Travel/airfare/lodgings	
Meals & entertainment	
Utilities	
Wages to employees	
Bank charges	
Telephone/cellular	
Internet access	
Printing/copying	
Postage/mailing	
Delivery/shipping	
Contracted services	
Membership fees & dues	
Publications & subscriptions	
Is another vehicle available for personal use?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have evidence to support your mileage use?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is your evidence written? (Log, calendar, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No

Rental Properties

Prop. A Prop. B Prop. C

Total rents received			
Laundry/vending income			

Advertising			
Cleaning & maintenance			
Yard maint./trimming			
Pool maintenance			
Commissions			
Insurance			
Legal/professional fees			
Management fees			
Mortgage interest			
Other interest paid			
Repairs			
Supplies			
Property taxes			
Other taxes/licenses			
Utilities			
Homeowner assn fees			
Travel			
Long-distance phone			
Credit checks			

Business miles			
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New equipment & improvements

Description	Cost	Date	Property

Property A:
Description:
Address:
Purchase Price:
Date Acquired:
Property B:
Description:
Address:
Purchase Price:
Date Acquired:
Property C:
Description:
Address:
Purchase Price:
Date Acquired:

Vehicle Use

Year, make & model	
Date first used for business	
Cost (including sales tax)	
End of year odometer reading	
Beginning of year odo reading	
Total miles driven during year	
Gasoline	
Maintenance/oil changes	
Tires	
Repairs	
Registration/license fee	
Auto Insurance	
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