

1. Basic Taxpayer Information

	First Name	Initial	Last Name	Social Security No.
Taxpayer				
Spouse				

	Occupation	Date of Birth	Disabled	Blind	Check if Dependent of Another	Presidential Election Contrib.
Taxpayer						
Spouse						

Street Address		Phone Res:	
City, State & Zip		Phone Work:	

School District

Filing Status  1 - Single;  2 - Married filing joint;  3 - Married filing separate;  4 - Head of Household;  5 - Qualifying Widower

2. Dependent Information

	Name (first, initial, and last name)	Date of Birth	Social Sec. No. or ITIN	Relation- ship	Months in home
1					
2					
3					
4					
5					
6					

"Prior Year Amount" column is optional.

Please use additional sheets if necessary

3. Wages and Salaries  W-2  1042-S

	Employer Name	Wages	Federal Tax Withheld	FICA Withheld	Medicare Withheld	State Tax Withheld	Local Tax Withheld
1							
2							
3							
4							
5							
6							

4. Interest Income  1099-INT

5. Dividend Income  1099-DIV

	Source	Amount
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		

	Source	Ordinary Amount	Qualified Amount
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			

6. Gains or Losses from Sales of Stocks, Securities and Other Capital Assets

1099-B

	Kind of Property and Description	Date acquired	Date sold	Sales Price	Cost or other basis
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					

7. Other Income

	Prior Year Amount	Current Year Taxpayer	Current Year Spouse
1	<b>Taxable refunds of state and local income taxes</b>		
2	<b>Alimony received</b>		
3	<b>Business income and expenses</b>		
4	<b>Other gains or (losses)</b>		
5	<b>Total IRA distributions</b>		
6	<b>Total pensions and annuities</b>		
7	Rents and royalties, trusts, S corporations, partnerships		
8	<b>Farm income or (loss)</b>		
9	<b>Unemployment compensation</b>		
10	<b>Total social security benefits</b>		
11	<b>Tips</b>		
12	<b>Child care taxable benefits</b>		
13	<b>Prizes and awards</b>		
14	<b>Scholarships and fellowships</b>		
15	All other income - not provided for in this organizer		

8. Adjustments to Income

	Prior Year Amount	Current Year Taxpayer	Current Year Spouse
1	<b>Educator expenses</b>		
2	<b>Your IRA deduction</b>		
3	<b>Spouse's IRA deduction</b>		
4	<b>Student loan interest</b>		
5	<b>Moving expenses</b>		
6	<b>Self-employed SEP, SIMPLE, and qualified plans</b>		
7	<b>Penalty on early withdrawal of savings</b>		
8	<b>Alimony paid</b> SSN		

9. Itemized Deductions

		Prior Year Amount	Current Year Amount
1a	Medical and dental expenses (other than long-term care premiums)		
1b	Long-term care premiums Taxpayer <input type="text"/> Spouse <input type="text"/>		
2	Real estate taxes		
3	Personal property taxes		
4	Other taxes		
5	Home mortgage interest and points reported on Form 1098		
6	Home mortgage interest not reported on Form 1098 <input type="checkbox"/> 1098 Name: <input type="text"/> Address: <input type="text"/> SSN: <input type="text"/>		
7	Home mortgage points not reported on Form 1098		
8	Investment interest paid		
9	Gifts to charity by cash or check from		
10	Gifts to charity other than by cash or check from		
11	Mileage driven to charitable activities		
12	Casualty and theft losses		
13	Unreimbursed employee expenses		
	Travel expenses (exclude meals)		
	Meals and entertainment		
	Parking and tolls		
	Telephone used for employer's business (allocate cost)		
	Professional organization or union dues		
	Educational expenses required to maintain your job		
	Office in home required by employer		
	Tools and equipment		
	Safety and protective clothing		
	Uniform costs		
	Professional journals subscriptions		
	Job seeking costs		
	Other		
14	Other expenses		
	Investment expenses		
	Tax preparation fees		
	Safe deposit box rental		
	Other		
15	Other miscellaneous deductions		

10. Child or Dependent Care Expenses

	Name	Paid To Address	Social Security or ID Number	Amount Paid
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

11. Tuition and Scholarship Information

School Name	Taxpayer	Spouse	Dependent Name:
	Amount of Tuition	<input type="text"/>	<input type="text"/>
Books and related expenses	<input type="text"/>	<input type="text"/>	<input type="text"/>
Amount of Scholarship	<input type="text"/>	<input type="text"/>	<input type="text"/>
Amount used for Tuition and related expenses	<input type="text"/>	<input type="text"/>	<input type="text"/>
Taxable portion of scholarship	<input type="text"/>	<input type="text"/>	<input type="text"/>



13. Vehicle Information and Expenses

	Vehicle One	Vehicle Two
1 <b>Description of vehicle</b>		
2 <b>Is the vehicle used in a business or by an employee?</b>		
3 <b>Cost (including sales tax)</b>		
4 <b>Date placed in service</b>		
5 <b>Business miles</b>		
6 <b>Commuting miles (daily commuting miles times the number of trips to work)</b>		
7 <b>Other personal use miles</b>		
8 <b>Total miles driven</b>		
9 <b>Gas and oil expenses</b>		
10 <b>Repairs and maintenance</b>		
11 <b>Auto insurance</b>		
12 <b>Registration, licenses, and fees</b>		
13 <b>Other auto expenses (identify)</b>		
14 <b>Auto rentals</b>		

14. Auto Mileage Documentation

	Yes	No
1 <b>Is another car available for personal use?</b>		
2 <b>Do you have evidence to support your mileage information reported above?</b>		
3 <b>If "Yes," is the evidence written in a log or other place?</b>		

15. Income or Loss from S Corporations

K-1

	Name	Income	Loss	Other Expenses	Passive (Yes / No)
1					
2					
3					
4					
5					
6					

16. Income or Loss from Partnerships

K-1

	Name	Income	Loss	Other Expenses	Passive (Yes / No)
1					
2					
3					
4					
5					
6					
7					
8					

17. Income or Loss from Trust

	Name	Income	Loss	Other Expenses	Passive (Yes / No)
1					
2					
3					
4					
5					
6					

18. Business Income and Expenses

1099-MISC  1042-S

1	Name of business (A)				
	Address of business (A)				
2	Name of business (B)				
	Address of business (B)				
		Business A		Business B	
		Prior Year	Current Year	Prior Year	Current Year
4	Gross receipts or sales				
5	Returns and allowances				
6	Inventory at beginning of year				
7	Cost of merchandise purchased				
8	Cost of labor				
9	Materials and supplies				
10	Other costs				
11	Inventory at end of year				
12	Advertising				
13	Bad debts from sales or services				
14	Car and truck expenses				
15	Commissions and fees				
16	Depletion				
17	Depreciation				
18	Employee benefit programs				
19	Insurance (not health)				
20	Mortgage interest				
21	Other interest				
22	Legal and professional services				
23	Office expense				
24	Pension and profit-sharing plans				
25	Rent or lease: machinery/equipment				
26	Rent or lease: other business property				
27	Repairs and maintenance				
28	Supplies				
29	Taxes and licenses				
30	Travel				
31	Meals and entertainment				
32	Utilities				
33	Wages				
34	Other:				
35	New equipment purchases (Description, date purchased, etc.):				

19. Charitable Contributions details

1	Name of Charity A		Name of Charity C	
	Address of Charity		Address of Charity	
2	Name of Charity B		Name of Charity D	
	Address of Charity		Address of Charity	
	DESCRIPTION OF ITEMS	FMV	COST	CHARITY A B C D
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				
26				
27				
28	Supplies			
29	Taxes and licenses			
30	Travel			
31	Meals and entertainment			
32				
33				
34				
35	If FMV is over \$5,000 appraisal is required			

20. Income or Loss from Rentals and Royalties Properties A - C

<b>A</b>	<b>Address of Property A</b>						
<b>B</b>	<b>Address of Property B</b>						
<b>C</b>	<b>Address of Property C</b>						
		<b>Property A</b>		<b>Property B</b>		<b>Property C</b>	
		<b>Prior Year</b>	<b>Current Year</b>	<b>Prior Year</b>	<b>Current Year</b>	<b>Prior Year</b>	<b>Current Year</b>
<b>1</b>	Was property used for personal purposes for more than the greater of 14 days or 10% of the total days rented at fair rental value?		<b>Yes or No</b>		<b>Yes or No</b>		<b>Yes or No</b>
<b>2</b>	<b>Total rents received</b>						
<b>3</b>	<b>Total royalties received</b>						
<b>4</b>	<b>Advertising expenses</b>						
<b>5</b>	<b>Auto and travel</b>						
<b>6</b>	<b>Cleaning &amp; maintenance</b>						
<b>7</b>	<b>Commissions</b>						
<b>8</b>	<b>Insurance</b>						
<b>9</b>	<b>Legal &amp; professional fees</b>						
<b>10</b>	<b>Management fees</b>						
<b>11</b>	<b>Mortgage interest paid</b>						
<b>12</b>	<b>Other interest</b>						
<b>13</b>	<b>Repairs (list below)</b>						
<b>14</b>	<b>Supplies</b>						
<b>15</b>	<b>Taxes</b>						
<b>16</b>	<b>Utilities</b>						
<b>17</b>	<b>Other:</b>						
<b>18</b>	<b>New equipment &amp; improvements (description, cost and date):</b>						

