

Please fill out this tax organizer and include with the information you drop off.

ONLINE TAX ORGANIZER

Drop off date _____

Preparer's Name _____

Name (Taxpayer)

First _____ Last _____

Name (Spouse)

First _____ Last _____

Date of Birth _____

Date of Birth _____

SSN (if new client): _____

SSN (if new client): _____

Taxpayer's Cell # _____

Spouse's Cell # _____

Best Number to call for Questions _____

Email Address _____

Spouse Email Address _____

Did your address change since your last return?

Yes No

(If yes, enter your new address)

Street _____

City _____

State _____

Zip _____

What school district do you live in? _____

Driver's License Info

(this information helps the IRS process your return quicker and prevent identity theft)

Taxpayer State _____ Number _____

Spouse State _____ Number _____

Issue Date _____ Exp Date _____

Issue Date _____ Exp Date _____

Has your Direct Deposit information changed?

Yes No

(If yes, please complete information below)

Name of Bank _____

Checking or Savings

Routing Number _____

Account Number _____

Are you claiming any dependents this year?

Yes No

(If yes, please complete information below)

Name

Relationship
(Ex.-Son, Daughter, etc.)

Lived with you
over 6 months
of the year?

If **NEW** dependant,
please provide date of birth and SSN
DOB SSN

Yes No
Yes No
Yes No
Yes No

Please include the following documents (if applicable) when you drop off

W-2 (wages)

SSA-1099

(Social Security)

1099-K

(Money received through 3rd
Party Payment Platform
Ex. - Paypal, Venmo, etc.)

1099-R (IRAs/Pensions)

1099-INT

(Interest Income)

1099-NEC (Nonemployee
compensation)

1099-DIV

(Dividend Income)

Notes for the tax preparer:

Did you get married or divorced in 2022? YES NO

Are you claimed by anyone else on their tax return? YES NO

Did you receive, sell, exchange, or otherwise dispose of any financial interest
in any crypto currency? YES NO

Did you receive unemployment income in 2022? YES NO
If Yes please provide form 1099-G

Did you have your health insurance through the marketplace not through your employer?
If Yes please provide form 1095-A YES NO

Did you buy or sell a personal residence in 2022? If so, please provide a copy
of the closing disclosure(s). YES NO

Did you take any money out of retirement accounts (IRA, 401(k), etc) ? YES NO
If Yes please provide form 1099R

Do you have investments in stocks or mutual funds outside your retirement plan? YES NO

Did you have any stock sales? YES NO
If Yes please provide form 1099B

Do you have a dependent in college? YES NO
If Yes please provide their form 1098T
Amount paid for textbooks _____

Did you put any money into a College Savings Plan (529) in 2022? YES NO

Do you have any student loan interest? Yes No YES NO
If yes, please provide form 1098-E or Amount of interest paid _____

Do you or your spouse (or will you) contribute to an Individual Retirement Account (IRA)
outside of your employer? YES NO

Taxpayer Regular _____ Roth _____

Spouse Regular _____ Roth _____

Did you or your spouse make contributions to an HSA account outside of your work? YES NO

Taxpayer _____ Spouse _____

Alimony Received _____ Alimony Paid _____
Date of Divorce Decree _____

Lottery/Gambling Winnings _____ Gambling Losses _____

Please provide Form W2-G

Medical & Dental

| | |
|---|--------|
| | Amount |
| Prescription Drugs | |
| Health Ins Premium (not deducted from paycheck) | |
| Supplemental Health Ins Premium | |
| Dental Ins Premium (Not deducted from paycheck) | |
| Long Term Care Premium-Taxpayer | |
| Long Term Care Premium-Spouse | |
| Doctors, Dentist, Hospital, Labs & X-ray | |
| Expenses for long term care | |
| Eyeglasses/Contact Lenses | |
| Hearing Aids/Batteries | |
| Other Medical Expenses | |
| Medical Miles | miles |

Taxes Paid

| | |
|--------------------------|--------|
| | Amount |
| Property Tax on Home | |
| Additional Homes or Land | |

Federal Quarterly Estimated Tax Payments

| | |
|------|--------|
| Date | Amount |
| Date | Amount |
| Date | Amount |
| Date | Amount |

State Quarterly Estimated Tax Payments

| | |
|------|--------|
| Date | Amount |
| Date | Amount |
| Date | Amount |
| Date | Amount |

Auto Registration-IOWA ONLY

| | | | |
|------|------------|--------|------------------|
| Year | Make/Model | Weight | Registration Fee |
| | | | |
| | | | |
| | | | |

Home Mortgage Interest Paid

| | |
|---------------------|--------|
| Name of Bank/Lender | Amount |
| | |
| | |

Charitable Contributions

| | |
|------------------|--------|
| | Amount |
| Church | |
| United Way | |
| Other : | |
| Other : | |
| Charitable Miles | |

Non-Cash/Non-Check Items:

Clothing or Furniture (bring receipts if over \$500)

Did you make energy efficient improvements to your home or purchase any energy-saving property during 2022? If yes, please attach details.

YES NO

If you are a licensed educator (K-12), how much of unreimbursed out-of-pocket expenses have you spent for supplies/materials for your classroom? _____

Child and Dependent Care Expense

| Providers Name | Address | SS# or Fed ID# | Amount |
|----------------|---------|----------------|--------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Tuition & Textbook Fees for Dependents K-12

| Dependent Name | Amount |
|----------------|--------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

If you have a separate business (Farm, Schedule C, Rental), you can utilize the following section to itemize your income and expenses for that business. This is for business expenses only and not for personal expenses or expenses incurred through W2 employment.

Schedule C, E, or F (businesses, rentals, or farms):

Please list income and expenses by category

| Income | | Expenses | |
|---------------|-------|-------------------------------|-------|
| Income | _____ | Cell Phone - Business Portion | _____ |
| Rental Income | _____ | Insurance | _____ |
| Other Income: | _____ | Interest Expense | _____ |
| _____ | _____ | Office Expense | _____ |
| _____ | _____ | Rent Expense | _____ |
| _____ | _____ | Repairs | _____ |
| | | Supplies | _____ |
| | | Taxes | _____ |
| | | Utilities | _____ |
| | | Other Expenses: | _____ |
| | | _____ | _____ |
| | | _____ | _____ |
| | | _____ | _____ |
| | | _____ | _____ |

Business Mileage _____ miles

Miles to and from your place of business are not deductible. Please be sure to keep a log of your business trips in case of an audit.