

We have prepared this organizer as a checklist to help gather the information needed to properly prepare your tax returns with SC Robert CPA. Per IRS regulations, it is necessary that you provide us with all tax documents you have received. Please include them when you return this organizer to us.

Name and address: _____

Daytime Telephone _____
 Evening Telephone _____
 Occupation - Taxpayer _____
 Occupation - Spouse _____
 E-mail address _____

Dependents: Name	Birth Date	Relationship	College	
			Tuition Y/N	Soc. Sec. #
Taxpayer Spouse	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

IMPORTANT INFORMATION

- Attach copies of all W-2's, 1099's and 1098 forms.**
 - If SC Robert did not prepare your income taxes last year, please attach copies of last years' tax returns.
 - If you bought or sold a rental property during the year, please attach copies of settlement sheets for the purchase and sale of the rental which was sold, and for the purchase of a new rental.
 - Was an IRA contribution made by the Taxpayer? Traditional or Roth? (T or R) _____
 Amount \$ _____
 - Was an IRA contribution made by the Spouse? Traditional or Roth? (T or R) _____
 Amount \$ _____
- | | <u>Yes</u> | <u>No</u> |
|--|------------|-----------|
| 6. Did your name or marital status change during the year? | _____ | _____ |
| 7. Are you being claimed as a dependent on another tax return? | _____ | _____ |
| 8. Are you or your spouse blind or permanently disabled? | _____ | _____ |
| 9. Did you carry forward or incur any adoption expense? | _____ | _____ |
| 10. Did anyone attend college or post-secondary school? | _____ | _____ |
| 11. Did you receive the First Time Homebuyer credit in 2014? | _____ | _____ |
| 12. Did you move to or from Colorado? (If Yes, provide dates and expenses) | _____ | _____ |
| 13. E-filing is required unless the taxpayer refuses - Do you want to file on paper? | _____ | _____ |
| 14. Do you want a refund direct deposited into your bank account? | _____ | _____ |
| 15. If Yes - Bank Name _____
Account No/Type _____ Routing No _____ | | |

SALARY, WAGE & PENSION INCOME (Attach Forms W-2 and 1099-R):

	Gross	Federal	State	City
Employer's Name	Salary/Pension	Income Tax	Income tax	Taxes
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

INTEREST INCOME (Attach 1099 Forms):

Name of Payer	Amount
_____	_____
_____	_____
_____	_____

DIVIDENDS (Attach 1099 Forms):

Name of Payer/Amt	1a	1b	2a
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Penalty for early withdrawal _____

SALE OF REAL-ESTATE, STOCKS OR OTHER PROPERTY

(Attach 1099 Forms and Gain/Loss Reports):

Description	Date Purchased	Date Sold	Sales Price	Cost
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

OTHER INCOME OR RECEIPTS:

Unemployment income: Taxpayer \$ _____ Spouse \$ _____
Social Security received by: Taxpayer \$ _____ Spouse \$ _____

Gambling income: (attach W-2G) _____

Rental Properties? List above, download and complete Rental Property Schedule from www.irs.gov/forms-&-pubs

Your Own Business? List above, download and complete Schedule C from www.irs.gov/forms-&-pubs

S-Corps or Partnerships? List names above and attach the K-1 forms.

State Income Tax Refund? List state name(s) above and attach 1099-G(s)

ESTIMATED PAYMENTS OF INCOME TAXES:

For estimated tax payments towards this year's income taxes, please list dates & amounts:

Date	Federal Amt	State Amt	Date	Federal Amt	State Amt
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

MEDICAL EXPENSES:

(Detailed Drug & Doctor amounts are not necessary)

	<u>Amount</u>		<u>Amount</u>
Drugs/Prescriptions	_____	Dental	_____
Doctors' Services	_____	Vision	_____
Chiropractic Services	_____	Long-Term Care	_____
Medical Insurance Premiums	_____	Other	_____
Use of auto for medical purposes (Number of miles) : _____			
Insurance recoveries attributable to above payments: _____			

TAXES PAID:

Real Estate Taxes: _____

Auto Ownership Tax ("OWN TAX"): _____

Sales Tax Paid on Major Purchases: _____

INTEREST PAID ON PERSONAL RESIDENCE (or 2nd HOME or FOR INVESTMENT PURPOSES):

If mortgage interest is to a private party we need their address and Social Security number.

<u>Mortgage Interest Paid to:</u>	<u>Amount</u>	<u>Mortgage Interest Paid to:</u>	<u>Amount</u>
_____	_____	_____	_____
_____	_____	_____	_____
Mortgage Insurance Premiums	_____	_____	_____

CONTRIBUTIONS:

<u>To Whom:</u>	<u>Amount</u>	<u>To Whom:</u>	<u>Amount</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Number of miles driven for charitable work: _____

CHILD CARE EXPENSES:

If you incurred child care expenses which enabled you to be employed or a full time student, list the following:

<u>Name of childcare center/person:</u>	<u>Address</u>	<u>ID Number</u>	<u>Amount</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

HIGHER EDUCATION CREDITS and DEDUCTIONS: (Attach 1098-T forms)

<u>College attended:</u>	<u>Half-time or more? (Y or N)</u>	<u>Tuition / Addn'l Fees</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

