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We have prepared this organizer as a checklist to help gather the information needed to properly prepare your tax returns with SC Robert CPA PC. Per IRS regulation, 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 & Address:

Home Phone: _____
 Work Phone: _____
 Cell Phone : _____

Occupation- **Taxpayer**: _____
 Email: _____

Occupation-**Spouse** : _____
 Email: _____

Name:	Date of Birth	Relation-ship	Social Security Number
_____	_____	Taxpayer	_____
_____	_____	Spouse	_____
_____	_____	_____	_____
_____	_____	_____	_____

IMPORTANT INFORMATION

- 1. Attach copies of W-2's, 1099's, 1098 forms, and copy of valid Driver's License or ID**
2. If SC Robert did not prepare your income taxes last year, please attach copies of last years' tax returns.
3. If you bought or sold 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.
4. Was an IRA contribution made by the Taxpayer? Traditional ___ Roth ___ (check one)
 Amount \$ _____
5. Was an IRA contribution made by the Spouse? Traditional ___ Roth ___ (check one)
 Amount \$ _____
6. Did your name or marital status change during the year? Yes No
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, please include dates and expense: _____
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 _____ Checking ___ Savings ___ Routing No _____
16. **Did everyone in the household have insurance?** Yes No Please attach forms 1095 A,B, or C

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

Employer's Name	Gross Salary/ Pension	Federal Income Tax	State Inco
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

INTEREST INCOME (Attach 1099 Forms)

Name of Payor	Amount
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
Penalty for early withdrawl	\$ _____

DIVIDENDS (Attach 1099 Forms)

Name of Payor	1a	1b	2a
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____

SALE OF REAL ESTATE, STOCKS OR OTHER PROPERTY

(Attach 1099 Forms and Gain/Loss Reports)

Description:	Date Purchased	Date Sold	Sales Price	Purchase Pr
_____	__/__/____	__/__/____	\$ _____	\$ _____
_____	__/__/____	__/__/____	\$ _____	\$ _____
_____	__/__/____	__/__/____	\$ _____	\$ _____
_____	__/__/____	__/__/____	\$ _____	\$ _____

OTHER INCOME OR RECEIPTS:

	Taxpayer	Spouse
Unemployment Income	_____	_____
Social Security Income	_____	_____
Gambling (attach W-2G)	_____	_____

Rental Properties? Attach Rental Property Schedule (these can be found on the website)

Your Own Business? Attach Profit and Loss Schedule (these can be found on the website)

S-Corps or Partnerships? List names above in other income and attach K-1 forms

State Income Tax Refund? List state name and amounts above in other income and attach 1099G form

ESTIMATED PAYMENTS OF INCOME TAXES:

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

DATE	FED AMT	STATE AMT	DATE	FED AMT	STATE AMT
__/__/____	\$ _____	\$ _____	__/__/____	\$ _____	\$ _____
__/__/____	\$ _____	\$ _____	__/__/____	\$ _____	\$ _____

If you filed an extension did you make a payment? Y/N

Federal Amount \$ _____

If you filed an extension did you make a payment? Y/N

State Amount \$ _____

MEDICAL EXPENSES:

	Amount		Amount
Drugs/ Prescriptions	\$ _____	Dental	\$ _____
Doctors' Services	\$ _____	Vision	\$ _____
Chiropractic Services	\$ _____	Long-Term Care	\$ _____
Medical Insurance Premiums	\$ _____	Medicare Payments	\$ _____
Use of auto for medical purposes (Number of Miles) _____			
Insurance Recoveries (attributable to above payments: _____)			
Other: _____			

TAXES PAID:

Real Estate Taxes

Auto Ownership Tax("OWN TAX") On Colorado Registration this amount can be found on the back of the document.

Sales tax paid on major purchases

INTEREST PAID ON PERSONAL RESIDENCE (or 2nd home for investment purposes)

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

Mortgage Interest Paid to:	Amount	Mortgage Interest Paid to:	Amount
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
Mortgage Insurance Premiums	\$ _____		

CONTRIBUTIONS:

To Whom:	Amount	To Whom:	Amount
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____

Number of Miles Driven for Charitable Work _____

CHILD CARE EXPENSES

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

Name of childcare center	Address	FEIN Number	Amount
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

HIGHER EDUCATION CREDITS AND DEDUCTIONS : (Attach 1098-T)

College Attended:	Attending Half Time or More?	Tuition/Addn'l Fees
_____	Y/N	\$ _____
_____	Y/N	\$ _____
_____	Y/N	\$ _____

OTHER DEDUCTIONS

Income Tax Services	_____	Uniform Maintenance	_____
Safe Deposit Box	_____	Employment Placement Fees	_____
Investment Services & Advice	_____	Alimony Paid	_____
Union Dues	_____	Student Loan Interest	_____
Technical & Professional	_____	Gambling Losses(Limited to	_____
Dues/Publications	_____	Gambling Income)	_____
Uniforms/Protective Clothing	_____		

EMPLOYEE EXPENSES

If you incurred any expenses in connection with your employment which were not reimbursed but are required by your employer as a condition of employment list these in the section below.

LOSSES-- Have you had any losses from fire, storm, theft, or auto accident? If so, explain each loss, showing insurance proceeds recovered. Loss must exceed 10% of your gross income. List Details Below

LOSSES-- Have you had any losses from bad debts, worthless stocks, oil or other investments? If so, explain.

NOTE-- List below any other transactions or info which you feel may have an effect on your income tax: