Individual Income Tax Organizer

- 1. Basic information, wages, interest÷nds
- 2. Stock sales and other income
- 3. Itemized deductions, child care & estimated tax payments
- 4. Business use of vehicles; income from corporations, partnerships and trusts
- 5. Business income and expenses
- 6. Rental income and expenses



C. Forrest Davis, E.A.

Since 1986 • Enrolled Agent

Davis Tax Services, LLP

Income Tax Planning, Preparation & Representation 4402 E. Brott St. • Tucson, AZ 85712 email: davis-tax@davis-tax.com

(520) **393-8813** office & fax

www.davis-tax.com

Income Tax Organizer Name: Year:

| | _ | _ | • | | | 4 - | |
|---|------|-----|----|----|----|-----|----|
| В | asid | ? I | nt | or | ma | 111 | on |
| | | | | | | | |

| Basic Into | ormation | | | | | |
|-------------------|---------------------|-----------------------------|--------------------------------|---------------|--------------|-----------|
| | First, Initial, Las | t 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 I | Married filing joint | Head of Househol | d Widowe | d Married | /separate |
| | | | | | | Months |
| | First, Initial, Las | t Name | Social Security No. | Date of Birth | Relationship | in Home |
| Dependents | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Miscellan | eous inco | me | Miscellaneo | nus dadu | ctions | 0 |
| | GOUS IIICO | | | | | Spouse |
| State tax refund | | | Traditional IRA cont | | | |
| Unemployment | T | | SEP/SIMPLE/Keogl | | | |
| Social Security: | | | Student loan interes | · | | |
| Cambling wingin | Spouse | | Classroom expense | s by teacher | | |
| Gambling winnin | | | Adoption expenses | | | |
| Alimony received | | Early withdrawal of savings | | | | |
| | | Moving expenses | | | | |
| Hobby income | | | Self-employed health insurance | | | |
| | ships (Pell grant) | | Alimony paid | | | |
| Jury duty fees | | | Other: | | | |
| Other: | | | | | | <u> </u> |

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

| Name | Income |
|------|--------|
| | |
| | |
| | |
| | |
| | |

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

Estimated tax payments made

Davis Tax Services LLP © 2003

Davis Tax Services • (520) 393-8813 • www.davis-tax.com

Income

Wages/Salaries

| | | Federal | Arizona | Other State | |
|----------|-------|-------------|-------------|-------------|--------|
| Employer | Wages | Withholding | Withholding | Withholding | Box 12 |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | _ | |
| | | | | | |

Pensions/Retirement Fund Distributions

| Payer | Total | Taxable | Federal | | | Check |
|-------|--------------|---------|-------------|-------------|------|--------|
| | Distribution | Amount | Withholding | Withholding | Code | 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 |
|------------------------|-------------|-----------|------|------------|-----------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Itemized Deductions

| Home mortgage interest on Form 1098 | | | | | | |
|---|--|--|--|--|--|--|
| Home mortgage interest NOT on Form 1098 | | | | | | |
| Points paid (purchase refinance) | | | | | | |
| Real estate property taxes – home | | | | | | |
| Real estate property taxes – investment | | | | | | |
| Car registration fees | | | | | | |
| State tax paid with last year's return | | | | | | |
| Other taxes paid | | | | | | |
| Interest paid on investments | | | | | | |
| Investment expenses | | | | | | |
| Safe deposit box rental | | | | | | |
| Tax preparation fees | | | | | | |
| Gambling losses (only if you also won) | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

Medical expenses

| medical expenses | |
|-------------------------------|--|
| Medical doctors/office visits | |
| Dentists/dentures | |
| Chiropractors | |
| Hospitals | |
| Lab/clinic fees | |
| Prescription medications | |
| Eyeglasses/contact lenses | |
| Medical equipment/braces | |
| Ambulance service | |
| Medical insurance premiums | |
| Dental insurance premiums | |
| Long-term care premiums | |
| | |
| | |
| | |
| | |

Contributions to Charity

| Money (check or cash) | Amount |
|-----------------------------|--------|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| Non-money (goods) donations | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | I |

Work-Related Expenses

| Destancia del discolore | |
|-----------------------------|--|
| Professional/union dues | |
| Professional journals | |
| Work-related education | |
| Licenses/renewals | |
| Professional insurance | |
| Tools & equipment | |
| Uniforms/safety equipment | |
| Pay phone/long distance/cel | |
| Unreimbursed travel/airfare | |
| Unreimbursed lodgings | |
| Taxis/rental cars | |
| Unreimbursed meals | |
| Job-seeking expenses | |
| | |
| | |
| | |
| | |
| | |
| | |

Put business mileage on next page

Davis Tax Services LLP © 2003

Education Expenses Type of education * Tuition Room & Board Student Books * K-12, trade school, undergraduate college, postgraduate college, job-related education, leisure course Child Care Expenses Soc. Sec. or Child's Tax ID No. Paid To Address Amount Name **Business Use of Vehicle Business Use of Home** Vehicle 1 Vehicle 2 Is use for: Year, make & model ☐ Office in home REQUIRED by employer Date first used for business ☐ Day care facility Cost (including sales tax) ☐ Home-based business End of year odometer reading Square feet used EXCLUSIVELY Beginning of year odo reading REGULARLY for business Total miles driven during year Total square feet in home Business miles (record totals; don't prorate) Expenses Daily miles to & from work Mortgage interest Total annual commuting miles 2nd mortgage interest Gasoline Property taxes Maintenance/oil changes Homeowner's insurance Homeowner association Tires Repairs Electricity Registration/license fee Gas Auto Insurance Water & sewer Trash pickup Is another vehicle available ☐ Yes Fire protection for personal use? □ No Security/alarm service Do you have evidence to ☐ Yes Pest control service □ No support your mileage use? Is your evidence written? ☐ Yes

□ No

(Log, calendar, etc.)

Business Income & Expenses

| Business Name | | Gross sales/receipts | | | |
|--------------------------------|-----------|-----------------------|------------------------------|------------------------|--|
| Business Address | | | | | |
| Inventory | | | Operating Expenses: | | |
| Beginning of year | | Advertising/promotion | | | |
| End of year | | | Commissions | | |
| Cost of merchandise bought | | | Insurance - liability | | |
| Materials & supplies | | | Interest paid | | |
| Production labor | | | Legal/prof. services | | |
| | | | Office supplies | | |
| Equipment bought | | | Other supplies | | |
| Description | Cost | Date | Office rent | | |
| | | | Equipment rent | | |
| | | | Vehicle rent/lease | | |
| | | | Repairs & maintenance | | |
| | | | Taxes & licenses | | |
| | | | Travel/airfare/lodgings | | |
| | | | Meals & entertainment | | |
| | | | Utilities | | |
| | | | Wages to employees | | |
| | | | Bank charges | | |
| | | | Telephone/cellular | | |
| Vehicle Use | Vehicle 1 | Vehicle 2 | Internet access | | |
| Year, make & model | | | Printing/copying | | |
| Date first used for business | | | Postage/mailing | Postage/mailing | |
| Cost (including sales tax) | | | Delivery/shipping | Delivery/shipping | |
| End of year odometer reading | | | Contracted services | Contracted services | |
| Beginning of year odo reading | | | Membership fees & dues | Membership fees & dues | |
| Total miles driven during year | | | Publications & subscriptions | | |
| Business miles | | | | | |
| Commuting to/from work | | | | | |
| Gasoline | | | | | |
| Maintenance/oil changes | | | Is another vehicle available | □ Yes | |
| Tires | | | for personal use? | □ No | |
| Repairs | | | Do you have evidence to | ☐ Yes | |
| Registration/license fee | | | support your mileage use? | □ No | |
| Auto Insurance | | | Is your evidence written? | □ Yes | |
| | | | (Log, calendar, etc.) | □ No | |

Rental Properties

Prop. A Prop. B Prop. C Total rents received **Property A:** Description: Laundry/vending income Address: Purchase Price: Advertising Cleaning & maintenance Date Acquired: Yard maint./trimming **Property B:** Description: Pool maintenance Commissions Address: Purchase Price: Insurance Legal/professional fees Date Acquired: **Property C:** Management fees Mortgage interest Description: Other interest paid Address: Repairs Purchase Price: Date Acquired: Supplies Property taxes **Vehicle Use** Other taxes/licenses Year, make & model Utilities Homeowner assn fees Travel Date first used for business Long-distance phone Cost (including sales tax) Credit checks End of year odometer reading Beginning of year odo reading Total miles driven during year Gasoline Maintenance/oil changes **Business miles** Tires Repairs New equipment & improvements Registration/license fee Description Cost Date Property Auto Insurance Is another vehicle available □ Yes for personal use? □ No Do you have evidence to ☐ Yes □ No support your mileage use? Is your evidence written? ☐ Yes

 \square No