



Tax Organizer

Household Information

Taxpayer's Name: _____ SSN: _____ DOB: _____

Occupation: _____

Spouse's Name: _____ SSN: _____ DOB: _____

Occupation: _____

Home Address: _____

Preferred Method of Contact Tax Payer: _____

Preferred Method of Contact Spouse: _____

Dependent Children Living with You

Full Name	SSN	Relationship	DOB

Common Forms

<input type="radio"/> W-2	
<input type="radio"/> 1095-A	Purchased Health Plan through Health Insurance Marketplace
<input type="radio"/> 1095-B or 1095-C	Enrolled in Health Plan through Employer, Private Insurance, Medicare or Medicaid
<input type="radio"/> 1098	Mortgage Interest Paid
<input type="radio"/> 1098-E	Student Loan Interest Paid
<input type="radio"/> 1098-T	Tuition Statement for College Education
<input type="radio"/> 1099-A and 1099-C	Debt Cancellation and Property Foreclosure
<input type="radio"/> 1099-B	Stock Proceeds (Check That Sales Have Corresponding Cost)
<input type="radio"/> 1099-DIV	Dividend and Capital Gain Income
<input type="radio"/> 1099-INT	Interest Income
<input type="radio"/> 1099-G	Unemployment Received or Previous Year State Income
<input type="radio"/> 1099-K	If you Except CC or PayPal from Customers (Will Come from CC Company)
<input type="radio"/> 1099-MISC	Self-Employment
<input type="radio"/> 1099-R	Retirement Distributions
<input type="radio"/> 1099-SSA	Social Security Income
<input type="radio"/> Other	Charitable Donations, Vehicle Registration, Alimony Paid/ Received, Property Tax Payable Statement
<input type="radio"/> Estimated Tax Payments	Please Bring List of Date and Amount of Each Payment made
<input type="radio"/> Copy of the Last 3 Year's Taxes	New Client