

**INCOME TAX PREPARATION ORGANIZER**

NAME \_\_\_\_\_ SSN \_\_\_\_\_

SPOUSE \_\_\_\_\_ SSN \_\_\_\_\_

OCCUPATION \_\_\_\_\_ SPOUSE OCCUPATION \_\_\_\_\_

ADDRESS \_\_\_\_\_ HOME PHONE \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

WORK PHONE \_\_\_\_\_ SPOUSE WORK PHONE \_\_\_\_\_

CELL PHONE \_\_\_\_\_ SPOUSE CELL PHONE \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_ SPOUSE E-MAIL \_\_\_\_\_

FAX NUMBER \_\_\_\_\_ SPOUSE FAX \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ SPOUSE'S DATE OF BIRTH \_\_\_\_\_

DEPENDENT 1 \_\_\_\_\_ SSN \_\_\_\_\_ DOB \_\_\_\_\_

DEPENDENT 2 \_\_\_\_\_ SSN \_\_\_\_\_ DOB \_\_\_\_\_

DEPENDENT 3 \_\_\_\_\_ SSN \_\_\_\_\_ DOB \_\_\_\_\_

DEPENDENT 4 \_\_\_\_\_ SSN \_\_\_\_\_ DOB \_\_\_\_\_

**Filing Status**

\_\_\_\_ Single      \_\_\_\_ Married Joint      \_\_\_\_ Married Separate      \_\_\_\_ Head of Household

**Salaries & Wages**

Taxpayer Name	Income Source	Gross Income	Federal Tax Withholdings	State Tax Withholdings
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**Taxable Pensions, IRA Distributions, Annuities**

Taxpayer Name	Income Source	Gross Income	Federal Tax Withholdings	State Tax Withholdings
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**Taxable Interest Income**

Financial Institution	Interest Amount	Federal Tax Withholdings
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Taxable Dividend and Capital Gain Income**

Investment Name	Dividend Income	Capital Gains
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Other Income**

- \_\_\_\_\_ Refund of state and local taxes
- \_\_\_\_\_ Alimony received
- \_\_\_\_\_ Unemployment compensation (Taxpayer)
- \_\_\_\_\_ Unemployment compensation (Spouse)
- \_\_\_\_\_ Taxable social security benefits (Taxpayer)
- \_\_\_\_\_ Taxable social security benefits (Spouse)
- \_\_\_\_\_ Total gambling and lottery winnings
- \_\_\_\_\_ Other income (Source: \_\_\_\_\_)

**Adjustments to Income**

- \_\_\_\_\_ Medical Savings Account Deduction
- \_\_\_\_\_ Health Savings Account Deduction
- \_\_\_\_\_ Individual retirement account contributions
- \_\_\_\_\_ Spouse Individual retirement account contributions
- \_\_\_\_\_ Educator expense deduction  
(Out-of-pocket expenses incurred by teachers, administrators, etc. - \$250.00 maximum)
- \_\_\_\_\_ College tuition & fees deduction
- \_\_\_\_\_ Self employed health insurance deduction
- \_\_\_\_\_ Self employed SIMPLE or SEP retirement plan
- \_\_\_\_\_ Penalty on early withdrawal of savings
- \_\_\_\_\_ Alimony paid (Recipients SSN \_\_\_\_\_)

**Medical & Dental Expenses**

- \_\_\_\_\_ Prescription medicines, drugs, and insulin
- \_\_\_\_\_ Doctor, nurse, dentist, and orthodontist expenses (including co-pays)
- \_\_\_\_\_ Hospital expenses
- \_\_\_\_\_ Health insurance premiums
- \_\_\_\_\_ Long term care insurance premiums
- \_\_\_\_\_ Taxi and other transportation to and from doctor and hospital visits (20 cents per mile)
- \_\_\_\_\_ Lodging (Up to \$50.00 per day for lodging)
- \_\_\_\_\_ Hearing aids, dentures, eyeglasses, contact lenses
- \_\_\_\_\_ Therapy, x-rays, lab tests, & ambulance service
- \_\_\_\_\_ Employer required physical exam
- \_\_\_\_\_ Oxygen equipment to relieve asthma, allergy, or other respiratory condition
- \_\_\_\_\_ Wheelchairs, crutches, walker, cane, etc.
- \_\_\_\_\_ Dependent medical care
- \_\_\_\_\_ Contraceptives & birth control items
- \_\_\_\_\_ Costs of modifying a home for patient care (swimming pool, air conditioning, lifts, etc.)
- \_\_\_\_\_ Weight reduction program or special diet undertaken solely for the treatment of a medical problem
- \_\_\_\_\_ Nursing home care for dependents if full-time medical care is provided
- \_\_\_\_\_ Chiropractors
- \_\_\_\_\_ Acupuncture
- \_\_\_\_\_ Medical portion of college tuition
- \_\_\_\_\_ Psychiatric care
- \$ \_\_\_\_\_ Total Medical and Dental Expenses**

**Real Estate Taxes**

Amount

Property Address

_____	_____
_____	_____
_____	_____
_____	_____

**Other Taxes**

- \_\_\_\_\_ Prorated taxes paid at property settlement
- \_\_\_\_\_ Prorated taxes paid during property refinance
- \_\_\_\_\_ Personal property taxes (Ad valorem taxes for autos, etc.)
- \_\_\_\_\_ Sales taxes for consumer purchases

**Interest Expense**

- \_\_\_\_\_ Home mortgage interest paid to financial institutions or individuals
- \_\_\_\_\_ Points/loan origination fee paid at property settlement
- \_\_\_\_\_ Points/loan origination fee paid during property refinance
- \_\_\_\_\_ Interest paid on student loans
- \_\_\_\_\_ Deductible investment interest

**College Savings Plan**

- \_\_\_\_\_ Amount paid into a state sponsored 529 College Savings Plan      Sponsored State \_\_\_\_\_
- \_\_\_\_\_ Amount paid into a state sponsored 529 College Savings Plan      Sponsored State \_\_\_\_\_

**Contributions**

Cash Charitable Contributions

Contribution Amount

Donee Organizations

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

\$ \_\_\_\_\_ **Total Cash Contributions**

Non-Cash Charitable Contributions (Goodwill, Purple Heart, Salvation Army, American Kidney, etc.)

Contribution Amount      Date

_____	_____	Organization _____
		Address _____
		Items Given _____
_____	_____	Organization _____
		Address _____
		Items Given _____
_____	_____	Organization _____
		Address _____
		Items Given _____
_____	_____	Organization _____
		Address _____
		Items Given _____

**Contributions (Cont.)**

\_\_\_\_\_ Other expenses incurred in providing free services to charitable organizations  
(special uniforms, meals and lodging)

\_\_\_\_\_ Number of miles driven while providing free services to charitable organizations

**Casualty & Theft Losses**

\_\_\_\_\_ Burglary losses

\_\_\_\_\_ Automobile accident

\_\_\_\_\_ Home damage

**\$ \_\_\_\_\_ Total Casualty & Theft Losses**

\$ \_\_\_\_\_ Less: Property/Casualty Insurance Damage Claim Reimbursement

**Moving Expenses**

\_\_\_\_\_ Cost of travel and lodging incurred while traveling to a new residence. Deductions for house  
hunting are limited to \$1,500.00.

\_\_\_\_\_ Storage expenses

\_\_\_\_\_ Truck rental or hiring of professional movers

\_\_\_\_\_ Shipping costs

\_\_\_\_\_ Unexpired lease expenses

\_\_\_\_\_ Automobile expenses (\_\_\_\_\_ total miles or actual costs of gas, oil, parking and tolls)

\_\_\_\_\_ Airplane, train, bus expense

\_\_\_\_\_ Lodging en route to new location

**\$ \_\_\_\_\_ Total Moving Expenses**

## **Miscellaneous Deductions**

- \_\_\_\_\_ Unreimbursed employee business expenses (IRS Form 2106)
- \_\_\_\_\_ Union & professional dues (Membership dues in professional societies and organizations)
- \_\_\_\_\_ Income tax preparation fee
- \_\_\_\_\_ Fees paid for financial planning/investment counseling
- \_\_\_\_\_ Financial database subscription
- \_\_\_\_\_ Safe deposit box used to stow investments and investment related materials
- \_\_\_\_\_ Employee educational expenses (tuition, books, transportation, materials)
- \_\_\_\_\_ Legal fees for estate planning
- \_\_\_\_\_ Expenses for employment/career counseling
- \_\_\_\_\_ Typing and printing of resumes and job application, postage, stationery, xerox copying etc.
- \_\_\_\_\_ Employment agency fees
- \_\_\_\_\_ Travel and transportation costs incurred in looking for a new job
- \_\_\_\_\_ Books, magazines, and newspapers related to investments and/or income tax preparation
- \_\_\_\_\_ Legal expenses incurred to produce taxable income
- \_\_\_\_\_ Service fees paid to a broker, bank or trustee to manage investments and collect interest and
- \_\_\_\_\_ Fees paid for investment courses and seminars
- \_\_\_\_\_ Subscriptions to professional magazines and journals
- \_\_\_\_\_ Fees paid for employment related courses and seminars
- \_\_\_\_\_ Postage and telephone calls associated with investments
- \_\_\_\_\_ Costs of small tools and supplies required for work
- \_\_\_\_\_ Purchase and/or maintenance costs of uniforms, work clothes, work shoes, etc. Must be required as a condition of employment and must not be suitable for everyday wear.  
(Ex. Military Reserve Uniform)



\_\_\_\_\_ Accounting fees for investment or tax work  
 \_\_\_\_\_ Auto expenses or taxi fares to visit your broker or other advisor  
 \_\_\_\_\_ Christmas gifts given to customers or clients  
 \_\_\_\_\_ Work related conventions  
 \_\_\_\_\_ Dues and fees for organizations related to employment or investments  
 \_\_\_\_\_ Fees paid to set up or administer an IRA  
 \_\_\_\_\_ Local transportation related to the job  
 \_\_\_\_\_ Medical exams required for the job  
 \_\_\_\_\_ Mutual fund annual expenses  
 \_\_\_\_\_ Passport fees for business travel  
 \_\_\_\_\_ Gambling losses  
**\$ \_\_\_\_\_ Total Miscellaneous Deductions**

**Estimated Tax Payments**

Federal Payments		State Payments	
Amount	Date	Amount	Date
\$ _____	_____	\$ _____	_____
\$ _____	_____	\$ _____	_____
\$ _____	_____	\$ _____	_____
\$ _____	_____	\$ _____	_____

**Credits**

**Payments For Child And Dependent Care Expenses**

Child Care Provider Information

Provider Name \_\_\_\_\_ SSN/Tax ID \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip Code \_\_\_\_\_

Qualifying Child \_\_\_\_\_ Amount Paid \$ \_\_\_\_\_

Qualifying Child \_\_\_\_\_ Amount Paid \$ \_\_\_\_\_

Provider Name \_\_\_\_\_ SSN/Tax ID \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip Code \_\_\_\_\_

Qualifying Child \_\_\_\_\_ Amount Paid \$ \_\_\_\_\_

Qualifying Child \_\_\_\_\_ Amount Paid \$ \_\_\_\_\_

**Child Tax Credit For Dependent Under Age 17**

Dependent Name \_\_\_\_\_ Dependent Age \_\_\_\_\_

Dependent Name \_\_\_\_\_ Dependent Age \_\_\_\_\_

Dependent Name \_\_\_\_\_ Dependent Age \_\_\_\_\_

Dependent Name \_\_\_\_\_ Dependent Age \_\_\_\_\_

**Educational Credits**

Student Name \_\_\_\_\_ Enrollment Period \_\_\_\_\_ To \_\_\_\_\_

\_\_\_\_\_ Full-Time \_\_\_\_\_ Part-Time \_\_\_\_\_ Undergraduate Study \_\_\_\_\_ Graduate Study

Main Course of Study \_\_\_\_\_ Purpose of Study \_\_\_\_\_

\$ \_\_\_\_\_ Amount of Tuition Paid

**Educational Credits**

Student Name \_\_\_\_\_ Enrollment Period \_\_\_\_\_ To \_\_\_\_\_

\_\_\_\_\_ Full-Time \_\_\_\_\_ Part-Time \_\_\_\_\_ Undergraduate Study \_\_\_\_\_ Graduate Study

Main Course of Study \_\_\_\_\_ Purpose of Study \_\_\_\_\_

\$ \_\_\_\_\_ Amount of Tuition Paid

**First-Time Home Buyer Credit**

Have you taken advantage of the First-Time Homebuyer Credit? \_\_\_\_\_ Yes \_\_\_\_\_ No Year \_\_\_\_\_?

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I/We would like to receive future correspondence and income tax worksheets by: \_\_\_\_\_ Regular Mail  
\_\_\_\_\_ Email  
\_\_\_\_\_ Fax

Email Address \_\_\_\_\_ Fax Number \_\_\_\_\_

\_\_\_\_\_ I/We would like the tax returns filed electronically and the refund deposited directly to the bank account listed below

Bank Name \_\_\_\_\_ Bank Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Account Number \_\_\_\_\_ Bank Routing Number \_\_\_\_\_

Type of Account \_\_\_\_\_ Checking Account \_\_\_\_\_ Savings Account

**I/We acknowledge that all information provided on this income tax organizer is accurate and complete based on all available documentation.**

\_\_\_\_\_

**Income Taxes Professionally Prepared By: Quest Wealth Advisors LLC  
PO Box 870489  
Stone Mountain, GA 30087  
(470) 664-8669 (Office)  
(866) 564-3399 (Fax)**