

# INCOME TAX ORGANIZER

**TAX YEAR** \_\_\_\_\_

Tanner and Company  
4800 Wadsworth Blvd. #302  
Wheat Ridge, CO 80033  
303-232-7390 ■ 1-800-525-6093 ■ Fax 303-232-8544  
[www.tannertax.com](http://www.tannertax.com)

<b>MY APPOINTMENT IS:</b>	
DAY:	_____
DATE:	_____
TIME: ( _____ am) ( _____ pm)	
WITH	_____

## GENERAL INFORMATION

THIS ORGANIZER IS PROVIDED ESPECIALLY FOR **YOUR** USE. IT IS DESIGNED TO AID YOU IN ORGANIZING YOUR DATA SIMPLY AND EASILY. FEEL FREE TO JOT NOTES AND QUESTIONS IN IT.

<b>CURRENT ADDRESS</b>	TAXPAYER'S NAME	AKA				
	SPOUSE'S NAME	AKA				
	STREET ADDRESS					
	CITY/STATE/ZIP					
				<b>Home #</b>	<b>Phone Number</b>	
				<b>Taxpyr's Work</b>		
				<b>Spouse's Work</b>		
				<b>Taxpyr's Cell</b>		
				<b>Spouse's Cell</b>		
				<b>Fax</b>		
<b>TAXPAYER</b>	Social Security No.	_____	Occupation	_____	Date of Birth	_____ Blind <input type="checkbox"/>
<b>SPOUSE</b>	Social Security No.	_____	Occupation	_____	Date of Birth	_____ Blind <input type="checkbox"/>
	<b>E-Mail Address</b> _____					
<b>CHECK ONE:</b>	SINGLE <input type="checkbox"/> MARRIED FILING JOINTLY <input type="checkbox"/> MARRIED FILING SEPARATELY <input type="checkbox"/> HEAD OF HOUSEHOLD <input type="checkbox"/>					

- Bring your driver's license and your spouse's (picture or copy of license is OK).
- Bring a copy of your last paycheck stub of 2017.
- Did everyone in your household have health insurance all of 2017?       Yes  No

DEPENDENT CHILDREN AND OTHER DEPENDENTS						
First & Last Name	Date of Birth	Social Security Number	Relationship	Months lived in home this year	Income	Daycare Exp. Per Child

**CHILD CARE EXPENSES**

Did you pay \$1000 or more to an individual who performed services in your home? \_\_\_\_\_

Did you file required employment forms? \_\_\_\_\_

TO WHOM (Name)	ADDRESS	SOCIAL SECURITY # OR FEDERAL I.D. #	AMOUNT PAID		
			IN YOUR HOME	OUTSIDE YOUR HOME	W2 BOX 10

Estimated Tax Payments		Federal	Provide Cancelled Checks		State
Credit from Prior Year		Credit from Prior Year			
	Date Paid	Amount		Date Paid	Amount
1st QTR (Apr)	/ /		1st QTR (Apr)	/ /	
2nd QTR (Jun)	/ /		2nd QTR (Jun)	/ /	
3rd QTR (Sep)	/ /		3rd QTR (Sep)	/ /	
4th QTR (Jan)	/ /		4th QTR (Jan)	/ /	
Total			Total		

### QUESTIONS OR OTHER INFORMATION REGARDING YOUR TAXES

Please verify your bank account info for Electronic Filing. Please notify us of any changes.

Bank Name: \_\_\_\_\_

Account #: \_\_\_\_\_

Routing Trans #: \_\_\_\_\_

**Misc.: Long-Term Health Care Insurance Premiums**

	<b>T</b>	\$	
	<b>S</b>	\$	

# INCOME

**W-2  
INCOME**

EMPLOYER'S NAME	T	S	WAGES	FED WH	SOC. SEC.	MEDICARE	STATE WH	LOCAL
<b>TOTALS</b>								

*If more space is required, please list on separate sheet and attach to organizer.*

**Unemployment**

STATE	T	S	AMOUNT	FED WH	STATE WH
<b>TOTALS</b>					

*If more space is required, please list on separate sheet and attach to organizer.*

**1099-R  
PENSION/IRA  
INCOME  
(Including  
Rollovers)**

PAYER	T	S	GROSS DIST	TAXABLE	ROLLOVER	FED WH	ST WH	IRA	Code
<b>TOTALS</b>									

*If more space is required, please list on separate sheet and attach to organizer.*

**GAMBLING  
AND LOTTERY  
WINNINGS**

PAYER	T	S	AMOUNT	FED WH	STATE WH
<b>TOTALS</b>					

*If more space is required, please list on separate sheet and attach to organizer.*

**INTEREST  
INCOME**

INSTITUTION NAME	T	S	TOTAL AMOUNT	STATE EXEMPT AMT.	FEDERALLY EXEMPT AMT.	WITH-HOLDING	OTHER
<b>TOTALS</b>							

Please provide Social Security # and address of any person paying you on a Real Estate Mortgage.

**DIVIDEND INCOME**

Please bring copies of all Form 1099-DIV or other statements reporting dividend income.

INSTITUTION	T S J	ORDINARY DIV.	QUALIFIED DIV.	TOTAL CAP. GAINS	SEC 1250	28% CAP. GAINS	TAX EXEMPT	AMT ORD. DIV.	AMT QUAL. DIV.	US OBLIG %	IN-ST MUNI %
<b>TOTALS</b>											

**SALE OR EXCHANGE OF STOCK**  
(If more space is needed, please call & request form)

If you sold any stocks, bonds or other property, please enter the information below and bring your purchase and sale confirmation slips. Include securities which became worthless during the year.

NO. OF SHARES	DESCRIPTION	DATE ACQUIRED	DATE SOLD	NET SALES PRICE	COST INCL. COMMISSION	GAIN OR LOSS
<b>TOTALS</b>						

Please bring your brokerage composite 1099 forms with all stock transactions, dividends and interest.

**OTHER INCOME**

	T	S	AMOUNT	MEDICARE	FED WH	ST WH
Total Social Security Received						
Total Social Security Received						
Alimony Received				<b>MISCELLANEOUS INCOME</b>		
State Refund						
Unreported Tip Income						
Disability Benefits						
Directors Fees						
Jury Duty						
Other:						
Did you have income or loss from partnerships or trusts? If so, bring FORM K-1 for each partnership and/or trust AND ALL INSTRUCTIONS provided by the partnership. Number of different partnerships and trusts.						

# ADJUSTMENTS TO INCOME

DESCRIPTION	T	S	YES	NO	AMOUNT
Did you make payment to an Individual Retirement Account?					
Type: <input type="checkbox"/> Regular <input type="checkbox"/> Roth <input type="checkbox"/> Educational Date of Payment:					
Did you make payment to an Individual Retirement Account?					
Type: <input type="checkbox"/> Regular <input type="checkbox"/> Roth <input type="checkbox"/> Educational Date of Payment:					
<b>Student Loan Interest</b>					
Student's Name					Paid To
Were you penalized for early withdrawal of savings?					
Did you pay Alimony? To whom:				S.S. #	
KEOGH Contribution:	SEP Contribution:	MONEY PURCHASE:	SIMPLE:		
Health Savings Account:	Medical Savings Account:				
<b>If you purchased any energy saving items (i.e. Windows, furnace, insulation) for your residence please provide all documentation for purchase.</b>					

# EDUCATIONAL CREDITS

**HOPE AND LIFETIME LEARNING CREDITS**  
Provide 1098T

Contribution to Colorado 529 Plan (College Invest)					\$	
Name of educational institutions or activity			Address			
Has the student ever been convicted of a felony drug offense?					Y	N
Was the student pursuing the course of study on at least a half-time basis – date of enrollment?					Y	N
How many previous years has the credit been claimed for each student?						
Student's Name	Years				\$	
Student's Name	Years				\$	
Student's Name	Years				\$	
<b>Please bring school year-end documents indicating amounts of tuitions and fees paid and Form #1098-T furnished by the school.</b>						

**Please complete the following checklist and sign the completed tax organizer.**

- 1. Your completed tax organizer.
- 2. All W-2 forms received, all 1099 forms, indicating dividend and interest income, stock sales, retirement plan distributions, including rollovers, and the government form detailing Social Security received.
- 3. **IF YOU WOULD LIKE ADDITIONAL ORGANIZERS FOR SMALL BUSINESS, RENTAL PROPERTY ETC. PLEASE VISIT OUR WEBSITE AT WWW.TANNERTAX.COM**
- 4. Buy, sell or **refinanced** – statements to cover real estate transactions and installment sales.
- 5. If you have purchased a new personal residence and/or sold your old home we *must* have the following in order to complete your return.
  - A. Closing statement on the residence you bought.
  - B. Buy and sell closing statements on the residence sold.
  - C. An itemized statement of capital improvements on the residence sold (i.e. driveways, room additions, etc.)
- 6. IRA documentation regarding year-end balances.
- 7. If you are a new client, please provide copies of your last three years tax returns. In Colorado  
FROM \_\_\_\_\_ TO \_\_\_\_\_
- 8. Were you a full year Colorado resident?  Yes  No If no, please provide dates: \_\_\_\_\_
- 9. Please check if you do not wish to allow your preparer to discuss your return with the IRS.
- 10. Do you own or trade crypto currencies (Bitcoin, etc.)?

All information contained in this organizer and attachments was furnished by the taxpayer, and the taxpayer acknowledges that he has supplied preparer with any and all information necessary to complete a proper return to the best of the taxpayer's ability and knowledge. If any deductions are being claimed on this return for Travel, Entertainment, Automobile Expenses or any other listed property, (i.e. cellular phones, computers, etc.), taxpayer(s) acknowledge(s) that proper records are being maintained to substantiate these deductions.

**X** \_\_\_\_\_

(TAXPAYER'S SIGNATURE)

**X** \_\_\_\_\_

(SPOUSE'S SIGNATURE)

**THIS FORM WILL BE RETAINED BY OUR OFFICE.**