INCOME TAX ORGANIZER

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

MY APPOINT	MENT IS:	
DAY:		
DATE:		
TIME: (am) (pm)
WITH		

	.NIZER IS PROVI /. FEEL FREE TO	DED ESPECI		R USE. IT IS DE				IR DATA SIMPLY Phone Number
	TAXPAYER'S NAME				AKA		ome #	
CURRENT	SPOUSE'S NAME				AKA		oouse's Work	
ADDRESS	STREET ADDRESS	3					expyr's Cell	
	CITY/STATE/ZIP						oouse's Cell	
TAXPAYER	Social Security I	No.		Occupation		Dat Birt	e of	Blind
SPOUSE	Social Security I	No.		Occupation		Date		Blind
	E-Mail Addre	ss					•	
	eryone in you	I	ENDENT CHILD				Yes □No	
First &	Last Name	Date of Birth		rity Number	Relationship	Months lived i home this yea		Daycare Exp. Per Child
Did you pay	\$1000 or more to	an individual	who performed s	services in your	home?			

Did you pay \$1000 or more to an individual who performed services in your home?											
Did you file required employment forms? AMOUNT PAID											
TO WHOM (Name)	ADDRESS	SOCIAL SECURITY # OR FEDERAL I.D. #	IN YOUR HOME	W2 BOX 10							

Estimated Tax	Estimated Tax Payments F		Provide Cance	lled Che	cks	State	QUESTIONS OR OTHER INFORMATION
Credit from I	Prior Year		Credit from Prior Year				REGARDING YOUR TAXES
	Date Paid	Amount	Date Paid		Amount	Please verify your bank account info for	
1st QTR (Apr)	/ /		1st QTR (Apr)	/	/		Electronic Filing. Please notify us of any changes.
2nd QTR (Jun)	/ /		2nd QTR (Jun)	/	/		Bank Name:
3rd QTR (Sep)	/ /		3rd QTR (Sep)	/	/		Account #:
4th QTR (Jan)	/ /		4th QTR (Jan)	/	/		Routing Trans #:
	Total			7	Total		
Misc.: Long-Te	rm Health Ca	re Insurance	Premiums		Т	\$	
					S	\$	
3rd QTR (Sep) 4th QTR (Jan)		re Insurance	3rd QTR (Sep) 4th QTR (Jan)	/	Т		

INCOME

W-2 INCOME

EMPLOYER'S NAME	Т	S	WAGES	FED WH	SOC. SEC.	MEDICARE	STATE WH		LOCAL
PIDACE								7	
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			· ·						
all you			A A C				7		
Т	OTA	LS							

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

Unemployment

STATE	Т	S	AMOUNT	FED WH	STATE WH	
TO	ATC	LS				

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

1099-R PENSION/IRA INCOME (Including Rollovers)

PAYER	Т	S	GROSS DIST	TAXABLE	ROLLOVER	FED WH	ST WH	IRA	Code
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all yo									
Т	OTA	LS							

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

GAMBLING AND LOTTERY WINNINGS

PAYER	Т	S	AMOUNT	FED WH	STATE WH	
			TOTALS			

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

INTEREST INCOME

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

INSTITUTION NAME	Т	S	TOTAL AMOUNT	STATE EXEMPT AMT.	FEDERALLY EXEMPT AMT.	WITH- HOLDING	OTHER
	TOTA	ALS					

DIVIDEND

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 %
тотл	ALS										

If you sold any stocks, bonds or other property, please enter the information below and bring your purchase and sale confirmation slips, Include

SALE OR EXCHANGE

OF STOCK

(If more space is needed, please call & request form)

securiti	es which became worthless during the year.					
NO. OF SHARES	DESCRIPTION	DATE ACQUIRED	DATE SOLD	NET SALES PRICE	COST INCL.	GAIN OR LOSS
		01-1	/61.			
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	MADAGES	na	-101			
UL	VIUGIIUS C		4 -			
			TOTALS			

OTHER INCOME

	Т	S	AMOUNT	MEDICARE	FED WH	ST WH				
Total Social Security Received										
Total Social Security Received										
Alimony Received				MIS	CELLANEOUS INCC	ME				
State Refund										
Unreported Tip Income										
Disability Benefits										
Directors Fees										
Jury Duty										
Other:										
Did you have income or loss from partnersl If so, bring FORM K-1 for each partnership	nips c	r trus								
INSTRUCTIONS provided by the partners	hip. N	lumb	er of differ-		-					
ent partnerships and trusts.										

ADJUSTMENTS TO INCOME

DESCRIPTION							Т	S	YES	NO	AMOUNT	
Did you make payment to an Individual Retirement Account?												
Type: R	Regular Roth Educational Date of Payment:											
Did you make payment to an Individual Retirement Account?												
Type: R	Regular Roth Educational Date of Payment:											
Student	udent Student's Name				Paid To							
Loan	an											
Interest												
Were you penalized for early withdrawal of savings?												
Did you pay Alimony? To whom:							S.S. #					
KEOGH Co	ontributio	tion: SI		SEP Co	ontribution:	ion: MONEY PURCHASE:			SI	MPLE		
Health Savings Account: Medical Savi						Savings Account:						
If you purchased any energy saving items (i.e. Windows, furnace, insulation) for your residence please provide all documentation for purchase.												

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?		Υ		N							
Was the student pursuing the course of study on at least a half-time basis – date of enrollment?											
How many previous years has the credit been claimed for each student?											
Student's Name Years						\$					
Student's Name	Years			\$							
Student's Name	Years			\$							
Please bring school year-end documents indicating amounts of tuitions and fees paid and Form #1098-T furnished by the school.											

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.	In Colorado					
7. If you are a new client, please provide copies of your last three years						
☐ 8. Were you a full year Colorado resident? ☐ Yes ☐ No If no, please	se 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 preparer with any and all information necessary to complete a proper return to the are being claimed on this return for Travel, Entertainment, Automobile Expenses of taxpayer(s) acknowledge(s) that proper records are being maintained to substant	he best of the taxpayer's ability and knowledge. If any deductions or any other listed property, (i.e. cellular phones, computers, etc.),					
x						
(TAXPAYER'S SIGNATURE)	(SPOUSE'S SIGNATURE)					

THIS FORM WILL BE RETAINED BY OUR OFFICE.