

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

MY APPOINTMENT IS:	
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.

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

Phone Number

Home #	_____
Taxpyr's Work	_____
Spouse's Work	_____
Taxpyr's Cell	_____
Spouse's Cell	_____
Fax	_____

- 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 2018.
- Did everyone in your household have health insurance all of 2018? 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? _____					
			AMOUNT PAID		
TO WHOM (Name)	ADDRESS	SOCIAL SECURITY # OR FEDERAL I.D. #	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
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	T	\$ _____	
	S	\$ _____	

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:					
Student Loan Interest					
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: _____					
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?					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				\$	
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.
- 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.