

# INCOME TAX ORGANIZER

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

Tanner and Company  
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**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.

TAXPAYER'S NAME	AKA	Home #	Phone Number
SPOUSE'S NAME	AKA	Taxpyr's Work	
STREET ADDRESS		Spouse's Work	
CITY/STATE/ZIP		Taxpyr's Cell	
		Spouse's Cell	

**TAXPAYER** Social Security No. **NEW CLIENTS ONLY** Occupation \_\_\_\_\_ Date of Birth \_\_\_\_\_ Blind ☐

**SPOUSE** Social Security No. **NEW CLIENTS ONLY** Occupation \_\_\_\_\_ Date of Birth \_\_\_\_\_ Blind ☐

Taxpayer E-Mail \_\_\_\_\_ Spouse E-Mail \_\_\_\_\_

**CHECK ONE:** SINGLE ☐ MARRIED FILING JOINTLY ☐ MARRIED FILING SEPARATELY ☐ HEAD OF HOUSEHOLD ☐

1. Did you buy health insurance from Connect4Health Colorado (The Marketplace)? If so, please provide Form 1095-A.
2. Did you sell, convert or receive any crypto currency? ☐ Yes ☐ No
3. If you are not sure of the amount of estimated tax payments that you have made for the year then you will need to have access to your IRS.gov account for us to confirm your tax payments before the return is filed.

### 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

Estimated Tax Payments		Federal	Provide Cancelled Checks		State
		DO NOT INCLUDE OVERPAYMENT APPLIED 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	

Misc.: Long-Term Health Care Insurance Premiums

Taxpayer Amount \$

Bring copy of invoice paid for LTC Premiums

Spouse Amount \$

## INCOME

## W-2 INCOME

[illegible]

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

## Unemployment

STATE	T	S	AMOUNT	FED WH	STATE WH	
Bring copies of 1099-G						
TOTALS						

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

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

[illegible]

**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	
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.**

[illegible]

Bring copies of 1099-INT if received

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

[illegible]

**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.

[illegible]

## OTHER INCOME

	T	S	AMOUNT	MEDICARE	FED WH	ST WH
Total Social Security Received						
Total Social Security Received						
Alimony Received				MISCELLANEOUS INCOME		
State Refund						
Unreported Tip Income						
Disability Benefits						
Directors Fees						
Jury Duty						
Other:						

Did you have income or loss from partnerships, S-Corporations or trusts? If so, bring complete copies of the K-1 and ALL INSTRUCTIONS provided by each entity.

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

## ITEMIZED DEDUCTIONS

### MEDICAL EXPENSES

**Note:**  
Do not include  
pre-taxed medical  
deductions

Doctors, Dentists, Nurses, etc.	\$	Eyeglasses	\$
Therapy & X-Rays		Contact lenses & supplies	
Hospitals		Ambulance fees	
Medical Insurance Premiums:		Artificial limbs & teeth	
Premiums paid or withheld		Hearing aids & batteries	
Others:		Rental of medical equipment	
Long-Term Care Insurance      T		Special Schooling:	
Long-Term Care Insurance      S		Mentally or Physically Handicapped	
Medicines & Drugs (Prescribed)		Other	
Miles traveled for medical care _____ Mi.		Total	
Other Travel Expenses			

### TAXES

Please provide  
purchase  
documents for any  
vehicles purchases  
during the year

Real Estate:		Ownership Fees:	
Tax on your home	\$	Vehicles	
Trailer/Mobile Home		Trailer	
Other Real Estate taxes		Motorcycles	
(do not include rental)		Head Tax	
Additional State Income Taxes		General Sales Taxes	
paid last year		Sales Tax – Vehicles	
		Other	
		Other	

### INTEREST PAID

Please provide  
closing documents  
for review of  
any possible  
deductions if you  
purchased or  
refinanced any  
Real estate

HOME MORTGAGE INTEREST PAID <small>Not for a Rental - Enter Rental Interest on Separate Form. A qualifying second home may be a motor home, boat, camp trailer, etc.</small>	1st MORTGAGE	2ND MORTGAGE	POINTS ON PURCHASE OF HOME	OTHER MORTGAGES																
Primary Home*																				
Mortgage Insurance Premium (2007)																				
Second Home*																				
Refinance Points Paid on Home																				
<b>If mortgage paid to an individual, please provide the following:</b>																				
Individual's Name: _____	<b>INVESTMENT INTEREST PAID</b> Interest paid for investments, such as land, stocks, etc. <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr> <th style="width: 70%;">Paid To</th> <th style="width: 30%;">Amount</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table>				Paid To	Amount														
Paid To					Amount															
Address: _____																				
Social Security #: _____																				
<i>*Amounts should agree with Form 1098. If the amounts shown DO NOT coincide with Form 1098 issued by the mortgage holder, check here <input type="checkbox"/> . If Form 1098 was issued in another's SS #, enter that person's name and SS#:</i>																				
_____																				

□

RECEIPTED CASH CONTRIBUTIONS	
Church	\$
United Way Contributions	
Other	
Other	
Other	
Mileage for charitable work	Mi.

OTHER THAN CASH CONTRIBUTIONS (IF OVER \$500, ADDITIONAL ORGANIZER REQUIRED)	
Goodwill	
Salvation Army	
ARC	
Other	
Other	

	AMOUNT
Gambling/Lottery Losses (Only if you had winnings)	
<b>Employee Expenses:</b>	
Dues to Professional Association	
Malpractice insurance premiums	
Job hunting expenses (include agency fee)	
Cost of preparing resume	
Professional journals & magazines	
Uniforms/Safety Equipment	
Union dues and fees	
Tools required	

<b>Expenses for Production of Income:</b>	
Legal and accounting fees	
Collection expenses	
Fees paid to an IRA Custodian/KEOGH, etc.	
Use of auto for employer (need organizer)	
<b>Other Expenses</b>	
Fees paid for investment counsel	
Tax preparation	
Cost of tax periodicals, manuals, etc.	
Rent of safe deposit box (storing non-tax-exempt Securities)	

**NOTES:**

## ADJUSTMENTS TO INCOME

DESCRIPTION	T	S	YES	NO	AMOUNT
Did you make payment to an Individual Retirement Account? (Not your 401-K at work)					
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</b> _____ Student's Name _____ Paid To _____					
<b>Loan</b> _____					
<b>Interest</b> _____					
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

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 _____	\$ _____			
<b>Please bring school year-end documents indicating amounts of tuitions and dates 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](http://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.) In Colorado
- ☐ 6. If you are a new client, please provide copies of your last three years tax returns. FROM \_\_\_\_\_ TO \_\_\_\_\_
- ☐ 7. Were you a full year Colorado resident? Yes ☐ No ☐ If no, please provide dates: \_\_\_\_\_
- ☐ 8. Please check if you do not wish to allow your preparer to discuss your return with the IRS.

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.**