

# INCOME TAX ORGANIZER

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

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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				
SPOUSE'S NAME	AKA				
STREET ADDRESS					
CITY/STATE/ZIP					

<b>Phone Number</b>
Home #
Taxpyr's Work
Spouse's Work
Taxpyr's Cell
Spouse's Cell

<b>TAXPAYER</b> Social Security No.	<input type="text"/>	Occupation	<input type="text"/>	Date of Birth	<input type="text"/>	Blind	<input type="checkbox"/>
<b>SPOUSE</b> Social Security No.	<input type="text"/>	Occupation	<input type="text"/>	Date of Birth	<input type="text"/>	Blind	<input type="checkbox"/>
E-Mail Address <input type="text"/>							

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

- Did you Receive a Stimulus Check in 2020? (check boxes)  Yes  No    How much was the Stimulus Check? \$ \_\_\_\_\_
- At any time during 2020, did you receive, sell, exchange, or otherwise acquire any interest in any virtual currency?  Yes  No
- Did you buy your Health Insurance from Connect4Colorado.com (the Marketplace)?  
If so, please provide form 1095-A from the Marketplace
- Please provide a copy or a picture of your and your Spouse's Drivers License

### 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**

Estimated Tax Payments	Federal	Provide Cancelled Checks	State
Credit from Prior Year		Credit from Prior Year	
	Amount		Amount
Date Paid		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	

**Misc.: Long-Term Health Care Insurance Premiums**                      **Taxpayer Amount \$**

**Bring copy of invoice paid for LTC Premiums**                              **Spouse Amount \$**

If you would like your Federal & State refunds direct deposited please provide your banking information below:

Bank Name:	_____
Account #:	_____
Routing Trans #:	_____

# INCOME

### W-2 INCOME

EMPLOYER'S NAME	T	S	WAGES	FED WH	SOC. SEC.	MEDICARE	STATE WH	LOCAL
TOTALS								

No need to fill out just bring  
bring in all of your W-2 forms

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

### Unemployment

STATE	T	S	AMOUNT	FED WH	STATE WH
TOTALS					

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
TOTALS									

No need to fill out just bring  
copies of the 1099-R forms

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

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

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
		- -	- -			
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		- -	- -			
<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				MISCELLANEOUS INCOME		
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 <b>AND ALL INSTRUCTIONS</b> 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? (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 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 <input type="checkbox"/> N <input type="checkbox"/>
Was the student pursuing the course of study on at least a half-time basis – date of enrollment?	Y <input type="checkbox"/> N <input type="checkbox"/>
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 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](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.)
- 6. If you are a new client, please provide copies of your last three years tax returns. In Colorado
- 7. Were you a full year Colorado resident? Yes  No  If no, please provide dates: FROM  TO
- 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.**