**INCOME TAX ORGANIZER**

**Hall Tax Advantage**

**christa@halltaxadvantage.com** **• (614)-933-9809**

(New clients please bring a copy of your prior year return)

**YOUR PERSONAL INFORMATION**

***Name and***  ***Filing Status:***

***Address:***  Single

 Married, Filing Jointly

 Married, Filing Separately

 Head of Household

 Widow(er)

**DIVIDEND INCOME –** *Please include any 1099 Forms you received*

|  |  |
| --- | --- |
| Name of Payor | Gross Amount Received |
|  |  |
|  |  |
|  |  |

**INTEREST INCOME -** *Please include any 1099 Forms you received*

|  |  |
| --- | --- |
| Name of Payor | Gross Amount Received |
|  |  |
|  |  |
|  |  |
|  |  |

**WAGES INCOME -** *Please enclose all W-2 Forms provided by your employer(s).*

**CHILD & DEPENDENT CARE** *– Daycare Service Provider*

|  |  |  |  |
| --- | --- | --- | --- |
| Qualifying Person’s Name | Provider’s Name & Address | Provider’s ID# | Amount |
|  |  |  |  |
|  |  |  |  |

**DEPENDENTS** *– Please list names of all dependents, regardless of age, who received more than half of their support from you. Do not list spouse.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of Dependents | Date of Birth | Social Security # | Months in your home in 2009 | Full Time Student? (5 months or more) |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Taxpayer: Birth Date** **SS#**  **Home Phone #**

**Spouse: Birth Date** **SS#**  **Cellular or Work #**

**OTHER INCOME –** *Please enclose 1099 Forms and Schedule K-1’s or enter amounts below.*

Amount

|  |  |
| --- | --- |
| Commissions and Fees |  |
| Prizes and Awards |  |
| Alimony Received |  |
| Tax Refunds (State and Local) |  |
| Unemployment Compensation |  |
| Disability (may qualify for exclusion) |  |
| Social Security Benefits |  |
| Lump Sum Distribution from Pension/Profit Sharing Plans |  |
| Amount of IRA or Pension Rollover |  |
| Other |  |
| Other |  |

**OTHER INCOME –** *Please enclose 1099 Forms and Schedule K-1s or enter amounts below.*

 Amount

|  |  |
| --- | --- |
| Commissions and Fees |  |
| Prizes and Awards |  |
| Alimony Received |  |
| Tax Refunds (State and Local) |  |
| Unemployment Compensation |  |
| Disability (may qualify for exclusion) |  |
| Social Security Benefits |  |
| Lump Sum Distribution from Pension/Profit Sharing Plans |  |
| Amount of IRA or Pension Rollover |  |
| Other |  |
| Other |  |

**RENTAL AND ROYALTY INCOME AND DEDUCTIONS**

 ***Property A Property B Property C***

|  |  |  |  |
| --- | --- | --- | --- |
| Type of Property |  |  |  |
| Property Location |  |  |  |
| Rental Income |  |  |  |
| Royalty Income |  |  |  |
| Advertising |  |  |  |
| Auto and Travel |  |  |  |
| Cleaning and Maintenance |  |  |  |
| Commissions |  |  |  |
| Insurance |  |  |  |
| Professional Fees |  |  |  |
| Management Fees |  |  |  |
| Mortgage Interest Paid |  |  |  |
| Other Interest |  |  |  |
| Repairs |  |  |  |
| Supplies |  |  |  |
| Taxes |  |  |  |
| Utilities |  |  |  |
| Depreciation (discuss with tax consultant) |  |  |  |
| Other |  |  |  |
| Other |  |  |  |
| Other |  |  |  |
| Other |  |  |  |
| Other |  |  |  |
| Other |  |  |  |

**STOCK OR PROPERTY SALES –***Please enclose broker statements, Form 1099-B, or Real Estate*

 *transaction papers.*

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Name of Stock or Property Description | Number of Shares | Date Acquired | Date Sold | Amount of Sales Price | Cost or Other Basis | Expense of Sale | Depreciation or Depletion |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
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**DEDUCTIONS – MEDICAL AND DENTAL EXPENSES**

 Un-Reimbursed

**List All Expenses**Amount

|  |  |
| --- | --- |
| Prescription Drugs and Insulin |  |
| Doctors and Dentists |  |
| Hospitals |  |
| Insurance Premiums you Paid for Medical and Dental Care |  |
| Transportation Expense or Vehicle Miles for Medical Purposes |  |
| Other (List below - including hearing aids, dentures, eyeglasses, braces, wheelchairs, etc.) |  |
|  |  |

**DEDUCTIONS – TAXES** Amount

|  |  |
| --- | --- |
| Real Estate Tax |  |
| Personal Property Tax |  |
| Automobile Tags |  |
| Sales or Excise Tax on a New Vehicle |  |
| Other |  |

**DEDUCTIONS – INTEREST** Amount

|  |  |
| --- | --- |
| 1st Home Mortgage Interest paid to Financial Institutions (Form 1098) |  |
| 2nd Home Mortgage Interest paid or Line of Credit |  |
| Home Mortgage Interest paid to Individuals (show name and address) |  |
| Home Mortgage Insurance Premiums paid (For policy issued after 1-1-07) |  |

**Did you purchase a hybrid or electric vehicle in 2010?** Yes or No

**Home Buyers Credit –** Did you purchase a new personal residence in 2009 or 2010? Yes or No

**DEDUCTIONS – CHARITABLE CONTRIBUTIONS**

 Amount

|  |  |
| --- | --- |
| **Cash Contributions -**  |  |
|  |  |
|  |  |
|  |  |
| **Non-Cash Contributions -**  |  |
|  |  |
|  |  |
|  |  |

**DEDUCTIONS - MISCELLANEOUS**

 Amount

|  |  |
| --- | --- |
| Alimony Paid (list recipient’s name and SSN) |  |
| Forfeited Interest Penalty for Premature Withdrawal |  |
| Employment Firm Fees |  |
| Teachers – Classroom Supplies and Expenses |  |
| Employee Expenses: Tools, Clothing, Uniforms, Union & Professional Dues |  |
|  Subscriptions to Professional Journals |  |
|  Other |  |
| Tax Return Preparation Fees or Legal Fees (if for income protection) |  |
| Investment Expenses |  |
| Safe Deposit Box |  |

**BUSINESS INCOME AND EXPENSES**

**Other Comments** (Home Energy Credits, etc.)

|  |
| --- |
|  |
|  |
|  |
|  |
|  |
|  |

**EXPENSES**

 Amount Amount

|  |  |  |  |
| --- | --- | --- | --- |
| Advertising |  | Veterinary Fees, Medicine |  |
| Bad Debts |  | Legal and Professional Services |  |
| Car and Truck Expenses |  | Office Expenses |  |
| Commissions |  | Pension / Profit Sharing Plans |  |
| Depletion |  | Interest: |  |
| Depreciation (discuss with tax consultant) |  |  Bank Loans |  |
| Employee Benefit Program |  |  Credit Cards |  |
| Insurance |  |  Vehicle Loans |  |
| Chemicals |  |  Other |  |
| Conservation Expenses |  |  Other |  |
| Custom Hire |  | Rent or Lease: |  |
| Feed Purchased |  |  Machinery & Equipment |  |
| Fertilizers and Lime |  |  Other (Land, Animals, etc.) |  |
| Freight, Trucking |  |  Other Business Property |  |
| Gasoline, Fuel, Oil |  |  Other |  |
| Supplies |  | Cost of Goods Sold: |  |
| Travel |  |  Inventory (Beginning of Year) |  |
| Entertainment & Meals |  |  Purchases of Goods |  |
| Utilities & Telephone |  |  Inventory (End of Year) |  |
| Wages |  | Other Expenses: |  |
| Jobs Credit |  |  |  |
| Repairs, Maintenance |  |  |  |
| Seed, Plants Purchased |  |  |  |
| Storage, Warehousing |  |  |  |

**COLLEGE TUITION** (enclose a copy of form 1098-T and all additional costs)

|  |  |  |
| --- | --- | --- |
| Name of Student | Name of School | Classification (Circle) |
|  |  | Fr-So-Jr-Sr-Other |
|  |  | Fr-So-Jr-Sr-Other |
|  |  | Fr-So-Jr-Sr-Other |

**IRA/SEP Contributions**

|  |  |  |  |
| --- | --- | --- | --- |
| Date Paid | Roth orTraditional | Taxpayer Amount | Spouse Amount |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Estimated Taxes Paid**

**Federal** **State**

|  |  |  |  |
| --- | --- | --- | --- |
| Date Paid | Amount | Date Paid | Amount |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**INCOME** Amount

|  |  |
| --- | --- |
| **Type of Income** |  |
|  |  |
|  |  |
|  |  |

*Main Product or Principal Activity*