**Hall Tax Advantage  
TAX ORGANIZER**

|  |
| --- |
| **614-933-9809 christa@halltaxadvantage.com** |

*Mark an X in front of applicable items; circle the X when you gather* ***all*** *examples of the item*

|  |  |
| --- | --- |
| **Tax Forms, Statements & Other Documents** | |
|  | Name, social security number, and birth date of every person on tax return |
|  | W-2, 1099-MISC, 1099-INT, 1099-DIV, 1099-OID and other income sources |
|  | SSA-1099 reporting social security benefits |
|  | 1099-R for distributions and transfers from pension and retirement accounts |
|  | 1099-G forms reporting unemployment compensation and state tax refunds |
|  | 1099-B or brokerage statements reporting stock or bond sales |
|  | Worksheets or statements reporting business or rental income |
|  | 1098 mortgage interest statements |
|  | 1098-E and 1098-E for education related expenses |
|  | 1099-A, 1099-C or 1099-S for refinancing or repossession of home |
|  | Escrow closing statement for real property bought or sold |
|  | All other tax forms or related documents not listed above, e.g. Schedule K-1, energy credits |
|  | Last year’s tax return (if new client) |

*Enter amounts paid for applicable expenses*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Medical Expense** |  | | **Interest Paid** |  | **Miscellaneous** |
|  | Prescription drugs |  | | Home mortgage #1 |  | Union dues |
|  | Insurance premiums |  | | Home mortgage #2 |  | Tax preparation fee |
|  | Doctor visits |  | | If paid to individual: |  | Job training expense |
|  | Dentist visits | Name | | |  | Job seeking expense |
|  | Hospital expense | Address | | |  | Professional licens |
|  | Glasses/contacts |  | | |  | Journals/Magazines |
|  | Hearing aids | SSN: | | |  | Safety equipment |
|  | Batteries |  | **Contributions** | |  | Uniforms |
|  | Mileage & lodging |  | ***By cash or check*** | |  | Tools/Supplies |
|  | * Call for advice |  | Church | |  | Investment expense |
|  |  |  | Boy/Girl Scouts | |  | Safe deposit box |
|  |  |  | Other | |  | Business meals |
|  |  |  | Other | |  | Business travel |
|  | **Taxes** |  | ***Payroll deduction*** | |  | Business mileage |
|  | State income tax |  | United Way | |  | Gambling losses |
|  | Sales tax |  | Other | |  |  |
|  | Real estate |  | ***Non-cash*** | |  | **Moving Expense** |
|  | Time share |  | Clothing Donations | |  | * Call for advice |
|  | Personal property |  | Foodbank | |  |  |
|  | Other |  | Other | |  |  |

|  |  |
| --- | --- |
| **Miscellaneous Information (provide on back of form)** | |
| Child & Dependent Care | Name, address, phone & SSN of care provider; name(s) of recipients & amount paid |
| Direct Deposit of Refund | Bank name, routing #, checking or savings account # |