



ORGANIZER & CHECKLIST

Gather tax documents related to income:

<input type="checkbox"/> W-2	<i>Wages, Settlements from previous employers</i>
<input type="checkbox"/> W-2G	<i>Gambling / Lottery winnings</i>
<input type="checkbox"/> 1099-R	<i>Pensions, Retirement Plan Distributions, Annuities, Other</i>
<input type="checkbox"/> SSA-1099	<i>Social Security benefits</i>
<input type="checkbox"/> 1099-NEC	<i>Non-employee Compensation</i>
<input type="checkbox"/> 1099-MISC	<i>Rents, Royalties, Other</i>
<input type="checkbox"/> 1099-INT *	<i>Interest earnings from Bank or Escrow account</i>
<input type="checkbox"/> 1099-DIV *	<i>Stock Dividends, Other earnings reported as dividends</i>
<input type="checkbox"/> 1099-B * / 1099-OID *	<i>Stock sales, Investment transactions</i>
<input type="checkbox"/> 1099-G	<i>State refunds, Unemployment benefits, Jury Duty</i>
<input type="checkbox"/> 1099-C	<i>Cancellation of debt</i>
<input type="checkbox"/> Schedule K-1	<i>Trust, Partnership, S-Corp, Investment income</i>
<input type="checkbox"/> 1099-K	<i>Credit Card Merchant Transactions</i>
<input type="checkbox"/> Taxpayer Summary	<i>Rental Income, Business Income, Alimony Payments *Please contact me if you should need additional organizers.</i>

**All foreign bank accounts, brokerage, virtual currency accounts must be disclosed as reporting may be required even if you did not receive a statement.*

Gather tax documents related to expenses:

<input type="checkbox"/> 1095-A, B, or C	<i>Health Insurance Coverage</i>
<input type="checkbox"/> 1098	<i>Mortgage Interest Statement</i>
<input type="checkbox"/> 1098-T	<i>Tuition Statement</i>
<input type="checkbox"/> 1098-E	<i>Student Loan Interest Paid</i>
<input type="checkbox"/> 1098-Q	<i>Payments from Qualified Education Accounts</i>
<input type="checkbox"/> 1099-SA	<i>Distributions from Health Savings Accounts, MSAs</i>
<input type="checkbox"/> LES or LAST Paycheck Stub	<i>Taxpayers should always be reviewing these. For those who ITEMIZE, we may find useful deductions.</i>
<input type="checkbox"/> Charitable Contributions	<i>You must have acknowledgement from the charitable organization for cash/check/cc donations totaling over \$250.00, a 1098-C for vehicles donations over \$500.00, and Donation Tickets for non-cash (household) items donated totaling over \$250.00 (fair market value).</i>
<input type="checkbox"/> Schedule K-1	<i>Trust, Partnership, S-Corp, Investment income</i>
<input type="checkbox"/> 1099-K	<i>Credit Card Merchant Transactions</i>
<input type="checkbox"/> Solar Contract	<i>If permission to operate has been granted during the tax year, a copy of your solar contract is needed for your records and mine.</i>

Let's make sure we discuss the following:

- | | |
|--|---|
| <input type="checkbox"/> Change of Address | <input type="checkbox"/> Change of Employment or Profession |
| <input type="checkbox"/> Change on Dependents | <input type="checkbox"/> Foreclosure/Short Sale |
| <input type="checkbox"/> Change of Marital Status / Divorce | <input type="checkbox"/> IRA contributions |
| <input type="checkbox"/> Change of Banking Information | <input type="checkbox"/> Filed Bankruptcy |
| <input type="checkbox"/> I'M STARTING A BUSINESS! | <input type="checkbox"/> Stock Options through Employer |
| <input type="checkbox"/> Lived and/or Earned Income in More than One State | <input type="checkbox"/> YOUR BIGGEST EXPENSE THIS YEAR WHAT WAS IT? |
| | <input type="checkbox"/> _____ |



CHILDREN & DEPENDENTS

<input type="checkbox"/> Childcare Provider Paid: _____ Address: _____ _____ Phone: _____ SSN or Tax ID: _____	\$
<input type="checkbox"/> Childcare Provider Paid: _____ Address: _____ _____ Phone: _____ SSN or Tax ID: _____	\$
<input type="checkbox"/> Dependent Care benefits received from employer (W-2, box 10)	
<input type="checkbox"/> Education Savings Account contributions	
<input type="checkbox"/> Education Savings Account distributions (Form 1099-Q)	
<input type="checkbox"/> Do you have a shared custody agreement?	<input type="checkbox"/> yes <input type="checkbox"/> no
<input type="checkbox"/> Does your child have Investment Earnings?	<input type="checkbox"/> yes <input type="checkbox"/> no



HOMEOWNERS (Personal Property not for Business Use)

<input type="checkbox"/> Real Estate Taxes (<i>1st home</i>)	
<input type="checkbox"/> Real Estate Taxes (<i>2nd home, Other</i>)	
<input type="checkbox"/> Mortgage Interest (<i>from all Lenders you had during tax year</i>)	
<input type="checkbox"/> Mortgage Insurance Premiums (<i>PMI, MIP, VA funding fee</i>)	
<input type="checkbox"/> Energy Efficient Upgrades (<i>Solar, A/C Heat Unit, Water Heater, Windows – NOT appliance purchases</i>)	
<input type="checkbox"/> Escrow Closing/Settlement Statement (<i>Purchase, Refinance, Sale of Property</i>)	
<input type="checkbox"/> Amount of mortgage debt not related to purchase/improvement of 1 st or 2 nd home	
<input type="checkbox"/> I claimed the 2008 Homebuyer Credit of up to \$7,500	<input type="checkbox"/> yes <input type="checkbox"/> no



PROFESSIONAL EXPENSES

<input type="checkbox"/> Tax Prep Fees Paid in 2021	
<input type="checkbox"/> Job Seeking Costs	
<input type="checkbox"/> Investment Advisory Fees (Non-retirement accounts)	
<input type="checkbox"/> Investment Interest Expense	
<input type="checkbox"/> Attorney Fees Paid to Produce Taxable Income	



VEHICLE REGISTRATION / PURCHASES

<input type="checkbox"/> VLF fees/Vehicle Taxes paid through DMV (based on vehicle value)	
<input type="checkbox"/> Sales Tax Paid on purchases during the tax year	
<input type="checkbox"/> VLF fees from purchase invoice/slip	
<input type="checkbox"/> Electric, Fuel Cell, or Hybrid Vehicle purchased for tax credit?	



CHARITABLE DEDUCTIONS

Please reference checklist for any tax documents required for your records.

<input type="checkbox"/> Cash/Check/Credit Card Donations	
<input type="checkbox"/> Fair Market Value of Non-Cash/Household items donated	Total of all donations \$
Date _____ Organization _____ Value \$ _____	
Date _____ Organization _____ Value \$ _____	
Date _____ Organization _____ Value \$ _____	
Date _____ Organization _____ Value \$ _____	
Date _____ Organization _____ Value \$ _____	
Date _____ Organization _____ Value \$ _____	
Date _____ Organization _____ Value \$ _____	
<input type="checkbox"/> Mileage driven for charitable purposes (volunteer work, drop-off donations)	



UNREIMBURSED EMPLOYEE BUSINESS EXPENSES

**Please contact me should you need a more detailed organizer for your profession or because you are SELF-employed.*

<input type="checkbox"/> Mileage driven for an employer (<i>Recorded, Not commuting</i>) 1-1 Odometer: _____ 12-31 Odometer: _____ Or Total Miles Driven _____	
<input type="checkbox"/> Professional Fees / Union Dues	
<input type="checkbox"/> Uniforms	
<input type="checkbox"/> Phone Expenses	
<input type="checkbox"/> Computer Supplies	
<input type="checkbox"/> Misc. Supplies, Gifts \$25 or less	
<input type="checkbox"/> Safety Equipment	
<input type="checkbox"/> Travel	
<input type="checkbox"/> Home Office sq ft _____ Total Home sq ft _____ Date you began using home office: _____	% of work at hm _____
<input type="checkbox"/> Other _____	



MEDICAL EXPENSES

You will need over 7.5% of your Adjusted Gross Income to include these. Please do not include health insurance premiums paid through a pre-tax payroll deduction.

<input type="checkbox"/> Prescription Drugs (<i>A yearly summary of copays can be provided by your pharmacy</i>)	
<input type="checkbox"/> Insurance Premiums (<i>Health, Dental, Vision</i>)	
<input type="checkbox"/> Doctor/Dentist Copays & Charges	
<input type="checkbox"/> Hospitals/Labs/Specialists	
<input type="checkbox"/> Medical Equipment/Supplies	
<input type="checkbox"/> Glasses, Hearing Aids, Other	
<input type="checkbox"/> Medical Miles Driven	
<input type="checkbox"/> Hotel stay up to \$50 per night to receive medical care	# of nights _____



INCOME TAXES PAID 1-1-2021 through 12-31-2021

**Do not write down amounts of Federal tax withholding deducted from your pay.*

<input type="checkbox"/> State taxes paid during 2020 (Prior year Balance due, Back tax payments) \$ _____	
<input type="checkbox"/> Estimated Taxes Paid	
Federal	State of _____
Date _____ Amount _____	Date _____ Amount _____
Date _____ Amount _____	Date _____ Amount _____
Date _____ Amount _____	Date _____ Amount _____
Date _____ Amount _____	Date _____ Amount _____