

INCOME TAX ORGANIZER

ARMSTRONG ACCOUNTING & CONSULTING, LLC.
1236 CLAREMONT AVE.
ASHLAND, OHIO 44805
(419) 281-1040

PERSONAL DATA	TAXPAYER(HUSBAND) (T)	SPOUSE (WIFE) (S)
NAME:		
ADDRESS: **		
CITY,STATE,ZIP		
COUNTY, SCHOOL DIST.		
OCCUPATION		
BIRTHDATE(mm\dd\yy)		
SOCIAL SECURITY		
HOME PHONE *		
WORK PHONE *		
CELL PHONE *		
EMAIL *		

* circle best contact and indicate best time for contact ** New Address? Date of change _____

DEPENDENTS: DON'T INCLUDE SELF OR SPOUSE * if not living with you, enclose divorce agreement or Form 8332

NAME	BIRTHDAY (mm\dd\yy)	SOCIAL SECURITY	RELATION- SHIP	# MOS IN HOME (x if none)*	FULL - P/T COLLEGE

LIVE IN CITY LIMITS? _____ EMPLOYED IN CITY LIMITS? _____
 WHICH CITY(S) _____

EARN SELF-EMPLOYMENT INCOME IN CITY LIMITS? _____

INCOME (W-2's):
 (Do not record 1099's here)

T,S	Employer	Box 1 Wages	Federal Withheld	State Withheld	School Tax w/h	City tax Withheld	City Wages
T	Total						
S	Total						
J	Total						

Enclose all W-2's, 1099's, 1098's & K-1's

IRA AND PENSION INCOME (1099-R's):

T,S	Payer	Gross Distribution	Taxable Amount	Code	Federal Tax Withheld	State Tax Withheld	IRA/ Roth IRA
	Total						

INTEREST INCOME:

T,S,J	Payer	Amount	Non Taxable Amount	Tax Withheld	Early W/D Penalty
	Total				

DIVIDEND INCOME:

T,S,J	Payer	Ordinary	Qualified	Cap Gains	Non Tax	Foreign w/h
	Total					

CAPITAL GAINS: BRING COPIES OF YOUR SETTLEMENT PAPERS AND 1099-B's

T,S,J	Description	Date Bought	Date Sold	Selling Price	Basis (Cost)	Gain/Loss
	Total					

OTHER INCOME: BUSINESS, FARM AND RENTAL FORMS AVAILABLE:

Type	Amount Taxpayer	Amount Spouse	Amount Joint
State and Local Tax Refunds or credits			
Alimony Income			
Social Security (SSA-1099)			
Unemployment			
Business Gross Receipts			
Rental Gross Income			
Farm Gross Income			
Other Income Including K-1's			
Total			

ESTIMATED TAX PAYMENTS:

	Prior Yr Cr Applied	1st Payment Date Paid	2nd Payment Date Paid	3rd Payment Date Paid	4th Payment Date Paid	TOTAL
Federal T)(Jt)						
Federal (S)						
State (T) (Jt)						
State (S)						
*School(T)(Jt)						
*School (S)						
City (T) (Jt)						
City (S)						

* School District Income Tax, if applicable

Bring copies of checks for Estimated Payments

SALE OF RESIDENCE: BRING CLOSING STATEMENTS FOR BOTH HOUSES

	Date Bought	Date Sold	Amount Bought	Improve-ments	Sale Expenses	Selling Price	Gain/Loss
Old							
New							

HAVE YOU SOLD A RESIDENCE IN THE LAST 2 YEARS? _____
 HAS THE RESIDENCE BEEN USED AS A BUSINESS OR RENTAL? _____

RETIREMENT CONTRIBUTIONS: (Not payroll withheld)

	Date	IRA/SEP/ROTH/OTHER	Amount
Taxpayer			
Spouse			

STUDENT LOAN INTEREST REPAYMENTS:

STUDENT	
INTEREST AMOUNT PAID IN YEAR	

MOVING EXPENSES : *MILITARY ONLY*

MILES OLD HOME TO NEW WORK	
MILES OLD HOME TO OLD WORK	
COST TO PACK & SHIP HOUSEHOLD	
COST FOR YOU TO TRAVEL, NO MEALS	
EMPLOYER PAID AMOUNTS	

ALIMONY PAID: *ONLY IF STARTED PRIOR TO 2018*

NAME PAID TO	
SOCIAL SECURITY NUMBER	
AMOUNT PAID IN YEAR	

HSA CONTRIBUTIONS _____
 EMPLOYER HSA CONTRIBUTIONS _____
HSA WITHDRAWALS _____
 WITHDRAWALS USED FOR MEDICAL? Yes / No

ITEMIZED DEDUCTIONS:

MEDICAL: Do NOT include those expenses paid through flex or HSA accounts

	Taxpayer	Spouse	Dependent
Health Care Premiums NOT pretax			
Self Employed Health Premiums			
Prescriptions			
Doctors			
Glasses			
X Rays			
Hearing Aids			
Dental / False Teeth			
In Home Nursing			
Nursing Home Care			
Other			
Mileage (MILES)			
Total Medical			

TAXES:

	Taxpayer	Spouse	Joint
State Tax from W-2			
Local Tax from W-2			
School Tax from W-2, if applicable			
State Tax estimated pymnts pd this yr *			
Local Tax estimated pymnts pd this yr *			
School Tax estimated pymnts pd this yr *			
State Tax balance due on last yr return			
Local Tax balance due on last yr return			
School Tax balance due on last yr return			
Real Estate Taxes			
Other			
Total Taxes			

* Only include amounts actually paid in tax year - **DO NOT INCLUDE** last (4th) quarter estimate paid in current year

DO INCLUDE estimated payments paid January for prior year. These are shown on page 2.

MORTGAGE INTEREST:

REPORTED ON 1098's (banks)	
PAID TO INDIVIDUALS	
MORTGAGE POINTS PAID IN YEAR	
TOTAL	

If you have a **NEW** loan ---- what were funds used for? _____

EDUCATION EXPENSES:*

	STUDENT 1	STUDENT 2
STUDENT NAME		
YEAR IN SCHOOL		
HALF/FULL TIME ?		
QUALIFYING EXPENSES AMOUNT (tuition and fees only, NOT books, room, board, etc.)		
School Supplies, books, computer. NOT room & board		

ONLY IF YOU HAVE EDUCATION EXPENSES

HAS THE STUDENT EVER BEEN CONVICTED OF A DRUG RELATED FELONY? _____

DIRECT DEPOSIT INFORMATION

ATTACH COPY OF A CHECK *OR* A VOIDED CHECK

OTHER INFORMATION:

SIGNATURE _____
DATE _____