

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? _____
 EVER BEEN DENIED EARNED INCOME CREDIT? _____

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						

IF YOU ARE AGE 70 (or older), DO YOU NEED TO KNOW THE MINIMUM DISTRIBUTION? _____

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 :

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:

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 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? _____

CONTRIBUTIONS:

Any one time contribution of over \$250 must have document from organization. NEW-- Must have proof of **ALL** donations, either check, credit card, or organization receipt with dollars of contribution and date.

Organization	Cash or Check	Other than cash valued at fair market value
Church		
United Way		
Red Cross		
Vehicles		
Goodwill		
Mileage (in Miles)		
Total Contributions		

CASUALTY AND THEFT LOSSES: (ONLY if over 10% of adjusted income)

Describe Property _____ Date Acquired and Cost _____
 Date of loss _____ Insurance Payment on loss _____
 Fair Market of item before loss _____ Fair Market of item after loss _____
 Describe what happened _____

Gambling Income _____ **NEW:** Need day sheets from slots gambling winnings.

Gambling Losses _____

CHILD CARE CREDIT:*

Provider Name	Address	ID Number	Amount Paid	Child Attending
Total				

*Children must be under age 13 or unable to care for him/herself

DOES YOUR EMPLOYER REIMBURSE YOU FOR ANY OF THESE EXPENSES? _____

DO YOU HAVE A FLEX PLAN FOR THESE DAYCARE EXPENSES? _____

EMPLOYEE BUSINESS EXPENSES:

	Taxpayer	Spouse
Tools		
Supplies		
Meals & Entertainment		
Mileage: Total Miles Business Miles Personal Miles		
Other		
Total		

Teachers deduction if K-12 _____

MISCELLANEOUS EXPENSES:

	Taxpayer	Spouse
Safe Deposit Box		
Union Dues		
Tax Preparation Fees		
Professional Dues		
Investment Fees		
Other		
Total		

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 _____