

# TAX ORGANIZER

Winter 2014

TAX CLIENT ORGANIZER

## 2014 Client Tax Organizer

PROVIDED BY:  
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Please complete the Organizer before your tax appointment.

### 1. Personal Information

Taxpayer Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Occupation: \_\_\_\_\_

Blind  Disabled  Presidential Campaign  Date of Death \_\_\_\_\_

Spouse Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Occupation: \_\_\_\_\_

Blind  Disabled  Presidential Campaign  Date of Death \_\_\_\_\_

Home Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

### 2. Affordable Care Act Documents

1. Were you eligible for exemption by Healthcare.gov? If so, bring your approval letter with your Exemption Certificate Number (ECN). Yes\_\_\_\_ No\_\_\_\_
2. Were you covered by health insurance policy all year? If not, bring a schedule for the months for which you were covered and the premiums paid (include all members of your family). Yes\_\_\_\_ No\_\_\_\_
3. Did you receive the advance Premium Tax Credit through Healthcare.gov? If so, form 1095-A must be provided to complete your tax return. Yes\_\_\_\_ No\_\_\_\_
4. Provide information on health insurance coverage for all dependents.

### 3. Dependents (Children and Others)

NAME (FIRST AND LAST)	RELATIONSHIP	DATE OF BIRTH	SOCIAL SECURITY NUMBER	MONTHS LIVED WITH YOU	DISABLED	FULL TIME STUDENT

Provide documents if childcare or tuition assistance paid for dependent.

### 4. Misc Information – Provide documentation

Review the following list and provide documentation as appropriate:

1. Provide a copy of your 2012 and 2013 income tax returns (if not previously available)
2. Are you self-employed or do you receive hobby income? Complete Section 11
3. Did you receive rent from real estate or other property? Complete Section 6
4. Do you have a foreign bank account, trust, or business?
5. Did you receive correspondence from the IRS or state taxing authorities?
6. Were there any births, deaths, marriages, divorces or adoptions in your immediate family?
7. Did you give a gift of more than \$14,000 to any one person?
8. Did you have any debts cancelled, forgiven or refinanced?
9. Did you file bankruptcy?
10. Did you pay interest on a student loan for yourself, your spouse, or your dependents?
11. Did you pay post-secondary school tuition or expenses for yourself, your spouse, or your dependents?
12. Did you make estimated tax payments? Provide schedule of payments or canceled checks.
13. Provide any other documents received noted as "Important – Tax Documents"

**5. Wage and Salary Income –  
Supply all W2's**

List Name of Employers:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**7. Interest and Dividends Income-  
Supply Forms 1099- INT and 1099- DIV**

List Banks and Mutual Funds or Stocks

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**6. Rental Properties**

1. Rental Income \_\_\_\_\_
  2. Royalties \_\_\_\_\_
  3. Advertising \_\_\_\_\_
  4. Auto \_\_\_\_\_
  5. Cleaning/ Maintenance \_\_\_\_\_
  6. Insurance \_\_\_\_\_
  7. Legal/ Professional Fees \_\_\_\_\_
  8. Management Fees \_\_\_\_\_
  9. Mortgage Interest \_\_\_\_\_
  10. Other Interest \_\_\_\_\_
  11. Repairs \_\_\_\_\_
  12. Supplies \_\_\_\_\_
  13. Taxes \_\_\_\_\_
  14. Utilities \_\_\_\_\_
  15. Other \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**8. Partnership, Trust, and Estate Income- Supply all Form K-1's**

List payers of partnership, S- Corporation, trust or estate income:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**9. IRA's, Pension, and Annuities- Supply Forms 1099- R and 5498**

Contributions for Current Tax Year:

	Amount	Date	IRA/ Roth
Taxpayer			
Spouse			

List of accounts withdrawn:

\_\_\_\_\_

**Did you receive Social Security Benefits? Provide Social Security Statement**

**10. Sales of Assets (Stock, Investments, Property) - Supply Forms 1099- B, 1099- S**

If not included on sales documents, be sure to provide date of purchase cost basis at time of purchase.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**11. Business Income and Expenses**

1. Gross Receipts \_\_\_\_\_
2. Other income \_\_\_\_\_
3. Inventory Purchases \_\_\_\_\_
4. Advertising \_\_\_\_\_
5. Commissions/ Fees \_\_\_\_\_
6. Contract Labor \_\_\_\_\_
7. Insurance \_\_\_\_\_
8. Interest \_\_\_\_\_
9. Legal/ Professional Fees \_\_\_\_\_
10. Office Expenses \_\_\_\_\_
11. Rent \_\_\_\_\_
12. Repairs/ Maintenance \_\_\_\_\_
13. Supplies \_\_\_\_\_
14. Taxes/ Licenses \_\_\_\_\_
15. Travel \_\_\_\_\_
16. Meals/ Entertainment \_\_\_\_\_
17. Utilities \_\_\_\_\_
18. Wages \_\_\_\_\_
19. Other Expenses \_\_\_\_\_

20. Home Office:
  - Total square footage of home \_\_\_\_\_
  - Square footage of office \_\_\_\_\_
  - Utilities \_\_\_\_\_ Insurance \_\_\_\_\_
  - Other costs \_\_\_\_\_

**12. Vehicle Expenses**

1. Car put in service \_\_\_\_\_
2. Total miles driven \_\_\_\_\_
3. Business miles \_\_\_\_\_
4. Commuting miles \_\_\_\_\_
5. Other miles \_\_\_\_\_
6. Evidence to support mileage Y\_\_\_ N\_\_\_
7. If yes, is the evidence written? Y\_\_\_ N\_\_\_
8. Actual Expenses \_\_\_\_\_

**13. Itemized Deductions**

- 1. Medical Insurance \_\_\_\_\_
- 2. Prescriptions \_\_\_\_\_
- 3. Doctor/ Dentist \_\_\_\_\_
- 4. Lab/ Hospital \_\_\_\_\_
- 5. Vision \_\_\_\_\_
- 6. Other Medical \_\_\_\_\_
- 7. Sales Tax \_\_\_\_\_
- 8. Real Estate Taxes \_\_\_\_\_
- 9. Personal Property Taxes \_\_\_\_\_

10. Home Mortgage Interest \_\_\_\_\_

- 11. Points \_\_\_\_\_
- 12. Mortgage Insurance Premiums \_\_\_\_\_
- 13. Investment Interest \_\_\_\_\_
- 14. Charitable- cash or check \_\_\_\_\_

15. Charitable non cash \_\_\_\_\_

- 16. Casualty or Theft Loss \_\_\_\_\_
- 17. Unreimbursed Employee Expenses \_\_\_\_\_

- 18. Tax Prep Fees \_\_\_\_\_
- 19. Safe Deposit Box \_\_\_\_\_
- 20. Investment Fees \_\_\_\_\_
- 21. Gambling Losses \_\_\_\_\_
- 22. Other Miscellaneous Deductions \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_