

Instructions: Print out this organizer, then complete it and bring it to our office at your scheduled tax appointment.

Tax Organizer for

(Year)

Taxpayer's Name _____



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Tax Organizer for _____ (year)

Please complete this organizer and bring it to your tax appointment. Your last year's tax return is an excellent guide for completing this organizer. Make a special note wherever you have additional information not on last year's return.

Personal Information

Taxpayer

Name _____
 Social Security Number _____
 Date of Birth _____
 Occupation _____

Spouse

Name _____
 Social Security Number _____
 Date of Birth _____
 Occupation _____

Mailing Address _____
 City _____ State _____ Zip _____
 Work Phone _____ Home Phone _____

	Taxpayer		Spouse		Marital Status	
	Yes	No	Yes	No		
Blind	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Married	<input type="checkbox"/>
Disabled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Single	<input type="checkbox"/>
					Widow(er)	<input type="checkbox"/>

Filing Jointly Yes No

Do you want to contribute \$3 to the Presidential Campaign Fund Yes No

Dependent Children (others)

Name	Social Security Number	Date of Birth	Relationship	Dependent's Income

Please bring the following to your appointment:

Last year's tax return, unless we prepared it.

Copies of all W-2s, 1099s, supporting documents of income and expense.

The mailing label given to you on the IRS tax booklet, if any.

Please answer the following questions:

Did you receive any notices from the IRS this past year?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Do you have a foreign bank account?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Did you pay to attend classes beyond high school?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Did you pay interest on a student loan this past year?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Did you receive any rental income from property?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Did you receive any farm income?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Do you have self-employment income or expense?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Were there any births, adoptions, or deaths in the family?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Income

Wages (attach W-2s)

Name of Employer

Taxpayer

Spouse

Interest Income (attach 1099-INT)

Payor (bank, etc.)

Amount

_____	_____
_____	_____
_____	_____
_____	_____

Dividends (attach 1099-Div)

Payor (company name)

Ordinary Div.

Capital Gain

Nontaxable

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Partnership, S-Corp., and Other Income (attach K-1)

List the sources

Real Estate Sold (home, vacation property, bare land, etc.)

Description	Selling Price	Date Purchased	Cost

Investments Sold (stocks, bonds, mutual funds, other)

Name	Cost	Date Acquired	Date Sold	Selling Price

Individual Retirement Account (IRA)

Contributions for this past year	Amount	Roth	Regular
Taxpayer			
Spouse			

Withdrawals from IRA (attach 1099-R)
Reason for withdrawals:

Other Pension or Annuity Income (attach 1099-R)

Payor	Reason for withdrawal

Other Income

Source	Amount
State income tax refund	
Commissions	
Unreported tips	
Installment sales payments received	
Alimony received	
Scholarships or grants	
Unemployment compensation	
Worker's compensation	
Disability income	
Other _____	

Expenses

Medical Expense (insurance, drugs, equipment, nursing, hospital, doctors, etc.)

List type:	Amount
_____	_____
_____	_____
_____	_____
_____	_____

Taxes Paid (other than on W-2 wage statements)

Type of tax	Amount
Federal income tax estimates (Form 1040-ES)	_____
State income tax	_____
Real estate tax	_____
Personal property tax	_____
Other _____	_____

Interest Paid

	Amount
Mortgage paid to: _____	_____
Investment interest paid to: _____	_____

Child or Other Dependent Care Expenses

Did you pay for dependent care this past year? Yes No

Details: (Care provider, social security number, amount)

Casualty or Theft Loss

Did you have property stolen or damaged by storm, water, fire, or accident this past year?

Yes No

Details: _____

Charitable Contributions

Paid by cash (check)

Organization:	Amount
_____	_____
_____	_____
_____	_____
_____	_____

Moving Expenses (job related)

Did you move this past year due to change in job locations?

Yes No

Details: _____

Employment Related Expenses (not reimbursed)

Did you buy tools, uniforms, licenses, or pay dues or educational expenses in relation to your work this past year?

Yes No

Details: _____

Investment Expenses

Item	Amount
Investment interest paid	_____
Safe deposit box rent	_____
Tax preparation fee	_____
Other _____	_____