

TAX RETURN ORGANIZER

SCOTT ALLEN, E.A.

TAX DEBT ADVISORS, INC.
WWW.SCOTTALLENEA.COM

*** UPDATE ANY NEW PERSONAL INFORMATION BELOW ***

TAXPAYER'S NAME			S.S.#		
SPOUSE'S NAME			S.S.#		
TAXPAYER'S OCCUPATION			DATE OF BIRTH		
SPOUSE'S OCCUPATION			DATE OF BIRTH		
ADDRESS					
CITY		STATE	ZIP	HOME PHONE #	
TAXPAYER'S WORK #			TAXPAYER'S CELL #		
SPOUSE'S WORK #			SPOUSE'S CELL #		
E-MAIL					

DEPENDENT CHILDREN				
NAME (FIRST, INITIAL, LAST)	S.S.#	DATE OF BIRTH	RELATIONSHIP	MONTHS IN HOME

INCOME (PLEASE BRING LAST YRS TAX RTN IF A NEW CLIENT)					
PAYER OF INTEREST INCOME		AMOUNT	H-W-J		
H - HUSBAND W - WIFE J - JOINTLY OWNED					
PAYER OF W-2 INCOME		AMOUNT	H-W-J		
H - HUSBAND W - WIFE J - JOINTLY OWNED					
PAYER OF DIVIDEND INCOME		AMOUNT	H-W-J		
H - HUSBAND W - WIFE J - JOINTLY OWNED					
PAYER OF 1099 INCOME		AMOUNT	H-W-J		
H - HUSBAND W - WIFE J - JOINTLY OWNED					

INTEREST EXPENSES	
HOME MORTGAGE - PAID TO FINANCIAL INSTITUTE	
HOME MORTGAGE - PAID TO INDIVIDUAL	
MORTGAGE POINTS	
INVESTMENT INTEREST PAID	

PROPERTY TAXES	
RESIDENCE	
2ND RESIDENCE	
AUTO LIC FEES	
OTHER	

MEDICAL EXPENSES	
HEALTH INSURANCE (IF PAID PRIVATELY)	
PRESCRIPTION MEDICINES	
DOCTORS & HOSPITALS	
DENTISTS	
MEDICAL MILES	
OTHER	

CONTRIBUTIONS	
CASH/CHECKS	
GOODS	
AZ TAX CREDITS	
(COPY OF RECIEPTS NEEDED)	

GAMBLING	
WINNINGS	
LOSSES	

ALIMONY PAID OR RECEIVED	H	W
WHAT YEAR WAS DIVORCE FINALIZED		
SOCIAL SECURITY INCOME		

SELF-EMPLOYED BUSINESS		
BUS. NAME		
TAX ID #		
GROSS INCOME		
EXPENSES		
ADVERTISING		
BUSINESS MEALS		
OFFICE EXPENSES		
INSURANCE		
INTEREST PAID		
RENT: EQUIPMENT		
RENT: OFFICE		
LEGAL & PROFESSIONAL		
REPAIRS		
SUPPLIES/MATERIALS		
TAXES		
PHONE/INTERNET		
TRAVEL		
WAGES		
CONTRACT LABOR		
OTHER _____		
OTHER _____		
BUSINESS MILEAGE		
PERSONAL MILEAGE		
VEHICLE DESCRIPTION		
EQUIPMENT PURCHASES:		
DESCRIPTION	DATE	AMOUNT
BUSINESS BANK BALANCE		
BEGINNING AMOUNT (JAN 1)		
ENDING AMOUNT (DEC 31)		
IF YOU HAVE INVENTORY		
BEGINNING AMOUNT (JAN 1)		
ENDING AMOUNT (DEC 31)		

RENTAL PROPERTY	#1	#2	#3
GROSS INCOME			
EXPENSES			
ADVERTISING			
CLEANING & MAINTENANCE			
INSURANCE			
INTEREST: MORTGAGE			
INTEREST: OTHER			
LEGAL & PROFESSIONAL			
MANAGEMENT FEES			
REPAIRS			
SUPPLIES			
TAXES			
UTILITIES			
OTHER _____			
BUSINESS MILEAGE			
VEHICLE DESCRIPTION			
PROPERTY IMPROVEMENTS			
DESCRIPTION	DATE	COST	WHICH PROPERTY

IF YOU PURCHASED A RENTAL:		
ADDRESS	DATE	PURCHASE AMOUNT

IF YOU SOLD A RENTAL:		
ADDRESS	DATE	SELLING PRICE

HOME OFFICE DEDUCTION (FOR SELF-EMPLOYED)			
TOTAL SQFT OF HOME		INSURANCE	
SQFT OF HOME OFFICE		REPAIRS	
UTILITIES		OTHER	
HOMEOWNERS ASSOC.			

DID YOUR BUSINESS RECIEVE A PPP LOAN?	
HOW MUCH MONEY WERE YOU GIVEN?	
DID YOU APPLY FOR FORGIVENESS?	

ESTIMATED TAX PAYMENTS	DATE	AMOUNT	DATE	AMOUNT

CHILD DEPENDENT CARE EXPENSES			
NUMBER OF DEPENDENTS CARED FOR	<input type="text"/>	EXPENSES	<input type="text"/>
PROVIDER NAME	<input type="text"/>	TAX ID NUMBER	<input type="text"/>
ADDRESS	<input type="text"/>		
(REQUIRED BY LAW TO PROVIDE THE NAMES, ADDRESSES, ID #, & AMOUNTS PAID TO EACH CHILD CARE PROVIDER)			

HOW WAS YOUR HEALTH CARE POLICY OBTAINED? (PLEASE CHECK ONE)

THRU: EMPLOYER MEDICARE MEDICAID MARKETPLACE (EXCHANGE) OTHER

HEALTH CARE TAX FORM TO PROVIDE FOR TAX FILING

1095-A: RECEIVED YOUR HEALTHCARE THRU THE MARKETPLACE OR EXCHANGE

1095-B AND 1095-C FORMS ARE NO LONGER REQUIRED

OTHER VARIOUS QUESTIONS (CHECK THOSE THAT APPLY)

PURCHASED OR SOLD PROPERTY

BOUGHT AND/OR SOLD STOCK THRU A BROKERAGE ACCOUNT

WAS FORGIVEN OF DEBT (CANCELLATION OF DEBT)

PAID COLLEGE TUITION FOR YOURSELF OR FOR A DEPENDENT

CONTRIBUTED TO A NON-401K RETIREMENT PLAN (IRA, SEP, SIMPLE)

RECEIVED UNEMPLOYMENT INCOME

HAD DISTRIBUTIONS OR CONTRIBUTIONS TO A HEALTH SAVINGS ACCOUNT

PAID STUDENT LOAN INTEREST

DID YOU HAVE ANY FOREIGN BANK ACCOUNTS?

WOULD YOU LIKE TO **E-FILE** OR **PAPER FILE** YOUR TAX RETURN? E-FILE PAPER FILE

IF YOU HAVE A REFUND AND WOULD LIKE DIRECT DEPOSIT: YES NO

NAME OF BANK	<input type="text"/>	ROUTING #	<input type="text"/>	ACCOUNT #	<input type="text"/>
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OTHER NOTES OR QUESTIONS TO BRING UP DURING OUR APPOINTMENT: