

# Individual Tax Organizer

**Terms of Use:** This form is designed to assist the user in gathering the pertinent information to prepare an individual tax return or to gather that information to give to a professional tax preparer. Though it covers the majority of tax options, the user may find some adaption to their particular tax situation is required. In addition, while this form may help the user discover additional tax deductions that may save them money, this form in no way guarantees tax savings or reduced tax liability. By using this form the user agrees that neither Soulece, LLC nor Avoid Being Audited are responsible for the outcome of the user's tax preparation.

## Section 1: Personal Information

	Last Name	First Name	M.I.	Birthdate	SSN	U.S. Citizen
Taxpayer						
Spouse						

Street Address	City	State	Zip Code

Main Phone:	Alt. Phone:	Email:

## Section 2: Dependents (Children and Relatives)

Name (First, Last)	Relationship	# of Months Lived in Home Last Year	SSN	Birthdate

## Section 3: Income

**Provide/gather copies of the following items:**

- \*All copies of W-2 forms
- \*All 1099 forms received (1099, 1099-INT, 1099-DIV, SSA 1099, 1099-R, 1099-MISC, etc.)
- \*Any settlement statements for sale of Real Estate
- \*Sales from stocks and mutual funds (Name, Number of Shares, Date Purchased/Cost, Date Sold/Amount)
- \*Miscellaneous Income (Awards, Gambling Proceeds, Jury Pay, etc.)
- \*Securities accounts (stocks, mutual funds, bonds, money market accounts, etc.)
- \*IRAs (Traditional, ROTH, SEP etc.)
- \*Employee Plans (401k, 457, 403b, annuities, pensions, etc.)
- \*Health Insurance Form 1095 A, B, and/or C

## Section 4: Deductions

Medical		Interest	
X-Rays, Lab Work, Treatments		Home Mortgage	
Insurance Premiums (Paid by you)		Equity-Line/2nd Mortgage	
Dentists, Braces, Doctors		Points	
Drug and Alcohol Treatment		Mortgage Insurance	
Medical Devices		Donations	
Hospitals, Nursing Care		Cash/Check/Online	
Mileage		Non-Cash (over \$500 provide receipt)	
Prescriptions/Insulin		Mileage	
Taxes		Church Donations/Tithing	
Residence Property Tax			
Other Real Estate Property Tax			
Vehicle			
Boat, Trailer, ect.			

## Section 5: Credits

### Child Care Credit

Provider Name	Provider Address	SS# or EIN	Amount Paid

Child Name	Total Amount Paid to Day Care

### College Credit

Must provide 1098T Form for each institution

List additional expenses (Books, Class Fees, Special Equipment):

Item	Price	Item	Price

**Solar Credit/Electric Car Credit**

Equipment Purchased	Cost

**Section 6: Prepaid Tax Payments (Other than on W-2s)**

Due Date	Date Paid	Federal	State

**Notes:** List any deductions you are unsure about or questions you have and would like to research or ask your tax professional.

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