



HARRIS & CO

Certified Public Accountants

CLIENT TAX ORGANIZER

Names: _____

Address: _____

Phone Number: _____

Email: _____

Interest Income: Bring in all 1099-INTs

Dividend Income: Bring in all 1099-DIV and Brokerage statements.

Miscellaneous Income: Bring 1099-MISC

Social Security: Bring 1099-SSA as provided by the Social Security Administration

Gambling Winnings & Losses: Bring 1099-G and a statement regarding the losses.

IRA Contributions Roth or Traditional:

Health Care Coverage (New This Year):

Husband : _____

Bring proof of coverage for the past year.

Wife: _____

Provide all W2s and 1099Rs

Earned Income Credit: If you qualify for this provide proof of children's address : Medical records, school records, childcare.

Unemployment Compensation Received \$ _____

Alimony Received/Paid: \$ _____

Deductions

Medical Deductions: (Do not include amounts covered by insurance)

Health Insurance Premiums (**after tax only**, excluding long term care) \$ _____

Long Term Care Premiums \$ _____

Total Doctor, Dental, Vision, Hospital, Nurses & Co-pays \$ _____

Medical Lodging (meals not deductible) \$ _____

Prescription Drugs, Glasses, Hearing Aid Batteries, Etc. \$ _____

Medical Travel Miles _____ Miles

Other _____ \$ _____

Real Estate Taxes Paid: \$ _____

Personal Property Taxes Paid: \$ _____

Mortgage Interest Paid (Bring 1098s): \$ _____

Cash Contributions:

Church \$ _____

United Way \$ _____

Other \$ _____

Non-Cash Contributions (Need Date, Value and Donee Organization for all.)

Salvation Army/ Goodwill \$ _____

Other \$ _____

Number of Charitable Miles _____ Miles

Client Tax Organizer (Page 2)

Employment Related Expenses:

Business Miles* _____ Total Miles _____

*Does not include miles driven to and from work

Business Travel (Airfare, Lodging Other) _____ Travel Meals _____ Days _____

Home Office Square Footage* _____ Total Square Footage of Home _____
Insurance _____ Utilities _____ Maintenance _____ Rent _____

Miscellaneous Deductions:

- Union Dues \$ _____
Professional Journals & Subscriptions \$ _____
Job Related Licenses \$ _____
Uniform Cleaning and Maintenance \$ _____
Safety Equipment/Protective Clothing \$ _____
Tools Used For Work \$ _____
Job Hunting Expenses \$ _____
Investment Expenses \$ _____
Income Tax Service \$ _____
Safe Deposit Box \$ _____
Continuing Education \$ _____
Educator Expenses (Teachers) \$ _____

Qualified Education Expenses:

- Tuition and Fees for College (Bring forms 1098T)
College Savings Iowa Contributions (Bring in Details)
Student Loan Interest Paid (Bring in 1099s)
K-12 Expenses (tuition, books & fees, uniforms, supplies, required sports equip.)

We will need proof of Social Security numbers for all Dependent Children.

Dependent Care Expense:

Provider _____
Address _____
SSN or ID# _____
Amount Paid \$ _____

Did you have adoption expenses?

Contributions to/Distributions from Health Savings Accounts?

Estimated Taxes Paid: Provide the Dates and Amounts of all payments.

NOTE: Be sure to provide any and all additional 1099s, 1098s and K1s that you received

. This is not intended to be a comprehensive list of all deductions available, rather the most common. If you have questions regarding any other deductions, please let us know. We will also look for others based upon your information and circumstances as we learn them. Worksheets specific to various businesses are available upon demand.

To the best of my knowledge the information here, and provided, is correct and includes all income, deductions, and other information necessary for the preparation of this year's income tax returns.