

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 _____

Brevard Accounting Group, CPAs, PA

150 Fortenberry Rd., Villa A & F

Merritt Island, FL 32952

(321) 452-5061 • FAX (321) 454-4441

dms@bagcpa.com • www.bagcpa.com

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 _____
 Primary phone # _____ E-mail _____

Spouse

Name _____
 Social Security Number _____
 Date of Birth _____
 Primary phone # _____ E-mail _____

Mailing Address _____
 City _____ State _____ Zip _____

	Taxpayer		Spouse		Marital Status	
	Yes	No	Yes	No	Married	<input type="checkbox"/>
Blind	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Single	<input type="checkbox"/>
Disabled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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	Student / Disabled

Do you have dependents who must file a tax return? _____

Please bring the following to our office:

Last return filed, unless we prepared it.

All W-2s, 1099s, & supporting documents of income and expense.

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 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"/>
Did you, your spouse, or dependents have education expenses?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Did you use an area in your home for business purposes?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Did you make any contributions to a Health Savings Account (HSA)?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Income

Wages (attach W-2s)

Interest Income (attach 1099-INT)

Dividends (attach 1099-Div)

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

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

Description	Selling Price	Date Purchased	Cost

Investments Sold (stocks, bonds, mutual funds, other) (attach 1099-B)

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
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

Other Income (attach documentation)

Source	Amount
Alimony received	<hr/>
Cancelled debts	<hr/>
Commissions	<hr/>
Disability income	<hr/>
Gambling	<hr/>
HSA distributions	<hr/>
Installment sales payments received	<hr/>
Scholarships or grants	<hr/>
Social Security	<hr/>
State income tax refund	<hr/>
Unemployment compensation	<hr/>
Unreported tips	<hr/>
Worker's compensation	<hr/>
Other <hr/>	<hr/>

Expenses

Out-of-Pocket Medical Expenses

	Amount
Medical & dental <hr/>	<hr/>
Insurance premiums <hr/>	<hr/>
Long-term care premiums <hr/>	<hr/>
HSA contributions <hr/>	<hr/>
Prescription drugs <hr/>	<hr/>
Medical miles driven <hr/>	<hr/>

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	_____
Sales tax paid on large purchases (auto, boat, etc.)	_____
Other _____	_____

Interest Paid (attach 1098)

	Amount
Mortgage interest 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, tax ID 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 – cash and noncash (attach documentation)

Organization:	Amount
_____	_____
_____	_____
_____	_____
_____	_____

Volunteer miles driven

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: _____

Did you use your own vehicle on the job for other than commuting?

Yes No

(attach mileage log)

Miscellaneous Deductions

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

Did you make any energy-efficient improvements to your main home this year? (attach documentation)

Yes No

Would you like any refund directly deposited?

Yes No

If so, attach a voided check or provide details.

Bank Name _____

Routing # _____ Account # _____