Individual Income Tax Organizer

- 1. Basic information, wages, interest÷nds
- Stock sales and other income
- 3. Itemized deductions, child care & estimated tax payments
- Business use of vehicles; income from corporations, partnerships and trusts
- Business income and expenses
- Rental income and expenses



Tax Planning, Preparation & Business Services

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Income	e Tax C	Organize	er	Name:		
		_		Year:		
Basic Info	ormation					
	First, Initial, Las	st Name	Social Security No.	Date of Birth	Occupation	Deceased
axpayer						
Spouse						
Address:				Home Phone		
City, State, Zip:				Day Phone:		
Email Address:				Cel Phone:		
iling Status:	SingleI	Married filing joint	Head of Househol	dWidowe	dMarried	separate
						Months
	First, Initial, Las	st Name	Social Security No.	Date of Birth	Relationship	in Home
Dependents						
Miscellan	eous inco	me	Miscellane	ous dedu	ctions	Spouse
State tax refund			Traditional IRA cont	ribution		
Jnemployment			SEP/SIMPLE/Keogh	contribution		
Social Security:	Taxpayer		Student loan interes	t paid		
	Spouse		Classroom expense	s by teacher		
Gambling winnin	gs		Adoption expenses			
Alimony received	d		Early withdrawal of	savings		
Prizes/awards			Moving expenses			
Hobby income			Self-employed healt	th insurance		
Taxable scholars	ships (Pell grant)		Alimony paid			
Jury duty fees			Other:			
Other:						
			Estimated tax	k payment	ts made	
				Federal	State	_
K-1's (Partne	rships/S-Cor	rps/Trusts)	1st Quarter			
Name		Income	2nd Quarter]
			3rd Quarter			
			4th Quarter			
			Applied/Last Yr			

Income

Wages/Salaries

		Federal	Arizona	Other State	
Employer	Wages	Withholding	Withholding	Withholding	Box 12

Pensions/Retirement Fund Distributions

Payer			Taxable	Federal	State	Distrib	Check
2.	Di	istribution	Amount	Withholding	Withholding	Code	if IRA

Interest Income

Paid By	Amount

Dividends Income

Paid By	Amount	Cap Gains Dist

Sales of Stocks, Securities & Other Capital Assets

Quantity & Description	Date Bought	Date Sold	Cost	Sale Price	Gain/Loss

Itemized Deductions

Home mortgage interest on Form 1098	
Home mortgage interest NOT on Form 1098	
Points paid (purchase refinance)	
Real estate property taxes - home	
Real estate property taxes – investment	
Car registration fees	
State tax paid with last year's return	
Other taxes paid	
Interest paid on investments	
Investment expenses	
Safe deposit box rental	
Tax preparation fees	
Gambling losses (only if you also won)	

Medical expenses

Medical doctors/office visits	
Dentists/dentures	
Chiropractors	
Hospitals	
Lab/clinic fees	
Prescription medications	
Eyeglasses/contact lenses	
Medical equipment/braces	
Ambulance service	
Medical insurance premiums	
Dental insurance premiums	
Long-term care premiums	

Contributions to Charity

Money (check or cash)	Amount
Non-money (goods) donations	

Work-Related Expenses

Work-Related Expenses			
Professional/union dues			
Professional journals			
Work-related education			
Licenses/renewals			
Professional insurance			
Tools & equipment			
Uniforms/safety equipment			
Pay phone/long distance/cel			
Unreimbursed travel/airfare			
Unreimbursed lodgings			
Taxis/rental cars			
Unreimbursed meals			
Job-seeking expenses			

Education	Expenses
Children	T

Student	Type of education *	Tuition	Books	Room & Board

^{*} K-12, trade school, undergraduate college, postgraduate college, job-related education, leisure course

Child Care Expenses

Paid To	Address	Soc. Sec. or Tax ID No.	Amount	Child's Name

Business Use of Vehicle

	Vehicle 1	Vehicle 2
Year, make & model		
Date first used for business		
Cost (including sales tax)		
End of year odometer reading		
Beginning of year odo reading		
Total miles driven during year		
Business miles		
Daily miles to & from work		
Total annual commuting miles		
Gasoline		
Maintenance/oil changes		
Tires		
Repairs		
Registration/license fee		
Auto Insurance		
Is another vehicle available		☐ Yes
for personal use?		□ No
Do you have evidence to		☐ Yes
support your mileage use?		□ No
Is your evidence written?		☐ Yes
(Log, calendar, etc.)		□ No

Business Use of Home

Is use for:		
☐ Office in ho	me REQUIRED b	y employer
□ Day care fa	cility	
☐ Home-base	ed business	
Square feet use	d EXCLUSIVELY	
REGULARLY	for business	
Total square fee	et in home	
Expenses	(record totals	don't prorate)

Expenses (record total	ls; don't prorate)
Mortgage interest	
2nd mortgage interest	
Property taxes	
Homeowner's insurance	
Homeowner association	
Electricity	
Gas	
Water & sewer	
Trash pickup	
Fire protection	
Security/alarm service	
Pest control service	

Business Income & Expenses

Business Name			Gross sales/receipts	
Business Address				
Inventory			Operating Expenses:	
Beginning of year			Advertising/promotion	
End of year			Commissions	
Cost of merchandise bought			Insurance - liability	
Materials & supplies			Interest paid	
Production labor			Legal/prof. services	
	_		Office supplies	
Equipment bought			Other supplies	
Description	Cost	Date	Office rent	
			Equipment rent	
			Vehicle rent/lease	
			Repairs & maintenance	
			Taxes & licenses	
			Travel/airfare/lodgings	
			Meals & entertainment	
			Utilities	
			Wages to employees	
			Bank charges	
			Telephone/cellular	
Vehicle Use	Vehicle 1	Vehicle 2	Internet access	
Year, make & model			Printing/copying	
Date first used for business			Postage/mailing	
Cost (including sales tax)			Delivery/shipping	
End of year odometer reading			Contracted services	
Beginning of year odo reading			Membership fees & dues	
Total miles driven during year			Publications & subscriptions	
Business miles				
Commuting to/from work				
Gasoline				
Maintenance/oil changes			Is another vehicle available	□ Yes
Tires			for personal use?	□No
Repairs			Do you have evidence to	□ Yes
Registration/license fee			support your mileage use?	□No
Auto Insurance			Is your evidence written?	☐ Yes
			(Log. calendar, etc.)	□ No

Rental Properties

	Prop. A	Prop. B	Prop. C		
Total rents received				Property A:	
Laundry/vending income				Description:	
				Address:	
Advertising				Purchase Price:	
Cleaning & maintenance				Date Acquired:	
Yard maint./trimming				Property B:	
Pool maintenance				Description:	
Commissions				Address:	
Insurance				Purchase Price:	
Legal/professional fees				Date Acquired:	
Management fees				Property C:	
Mortgage interest				Description:	
Other interest paid				Address:	
Repairs				Purchase Price:	
Supplies				Date Acquired:	
Property taxes					
Other taxes/licenses				Vehicle Use	
Utilities				Year, make & model	
Homeowner assn fees					
Travel				Date first used for business	
Long-distance phone				Cost (including sales tax)	
Credit checks				End of year odometer reading	
				Beginning of year odo reading	
				Total miles driven during year	
				Gasoline	
	•			Maintenance/oil changes	
Business miles				Tires	_
	•	•	•	Repairs	
New equipment & i	mproveme	nts		Registration/license fee	
Description	Cost	Date	Property	Auto Insurance	
,					
				Is another vehicle available ☐ Yes	_
				for personal use?	
				Do you have evidence to ☐ Yes	_
				support your mileage use?	
		1		Is your evidence written?	_
		+		1	
				(Log, calendar, etc.)	_