



2101 N Country Club, Suite 105, Tucson, AZ 85716
 Tel: (520) 320-1041 Fax: (520) 320-1053 www.1stChoiceTaxServices.com

2013 Tax Organizer

Call to schedule your ☐ Appointment: Day _____ Date _____ Time _____ ☐ Drop Off

Taxpayer		Spouse	
Name _____		Name _____	
SSN _____ Birthday _____		SSN _____ Birthday _____	
Occupation _____		Occupation _____	
Address		Direct Deposit My Refund to:	
City _____ ST _____ Zip _____		Bank _____ (CK / Sav)	
		Rtn # _____ Acct # _____	
Contact Information			
Home Ph _____ Cell _____		e-mail _____	
Filing Status <input type="checkbox"/> Single <input type="checkbox"/> MFJ <input type="checkbox"/> HOH		<input type="checkbox"/> MFS <input type="checkbox"/> Other _____	

(New Clients: Please bring a copy of last year's tax return. Who can we thank for referring you? _____)

DEPENDENTS

Name (First Last) (exactly as shown on SS card)	Soc. Sec. No.	Relationship	Months in Home	Birthday	Daycare (see pg 4)	Student (Y/N)
						Y/N
						Y/N
						Y/N
						Y/N

TAX DOCUMENTS ENCLOSED

(<input type="checkbox"/> or # enclosed)	Taxpayer	Spouse
Wages W2 <input type="checkbox"/> Employment change this year		
Pensions and IRAs 1099R		
Social Security 1099SSA		
Interest Income 1099INT		
Dividend Income 1099DIV		
Unemployment and State Tax Refunds 1099G		
Gambling Winnings W2G (see page 2 for gambling losses)		
Sales of Capital – 1099B (<input type="checkbox"/> enclose broker statement & see page 4)		
<input type="checkbox"/> Estate, <input type="checkbox"/> Trust <input type="checkbox"/> S-Corp <input type="checkbox"/> Partnership Income K-1		
<input type="checkbox"/> Rents, <input type="checkbox"/> Royalties <input type="checkbox"/> Prizes, <input type="checkbox"/> Self Employment – 1099MISC (see page 3)		
Mortgage Interest 1098 (see page 2)		
Tuition Expense – 1098T <input type="checkbox"/>		
Other 1099s – <input type="checkbox"/> 1099A, <input type="checkbox"/> 1099C, <input type="checkbox"/> 1099LTC, <input type="checkbox"/> 1099Q, <input type="checkbox"/> 1099OID		

Who provides your family Health Insurance: ☐ Employer ☐ Medicare ☐ ACCESS ☐ Govt/Military ☐ Self ☐ Do not have insurance

INTEREST

Medical / Dental Ins (not Pre-Tax)	
Long Term Care Insurance *	
Medicare Insurance	
Other Insurance	
DR & DDS co-pay	
X-Ray, Labs, Hospital	
Assisted Living/Nursing Home	
Prescriptions	
Hearing Aids & Supplies	
Eye care & Supplies	
Medical Supplies	
Smoking, Weight Loss, Rehab Prog	
(Less Insurance Reimbursements)	
Total Medical \$	
Medical Miles (# miles _____)	

AZ Tax Paid	
_____ State Tax Paid	
Real Estate Tax:	
Pers Prop Tax – Mobile Home	
Auto License Tax (VLT)	
Sales Tax on Large Purchases	
Non-taxable income for addl Sales Tax deduction (<input type="checkbox"/> Adoption <input type="checkbox"/> Foster Care, <input type="checkbox"/> Child Support , <input type="checkbox"/> VA Disab)	

ESTIMATED TAXES PAID

Due	Date Pd	Federal	Arizona	State _____
April				
June				
Sept				
Jan				

Investment Acct Fees	
Investment Publications	
Professional Fees	
Casualty & Theft	
Gambling Losses (<=winnings)	
Education & Training	
Tax Prep	
Safety Deposit Box	
Job Search	
Moving Expenses (Job Related)	

	Taxpayer	Spouse
Educator Expenses		
Union/Prof. Dues		
Uniforms		
Tools & Equip		
Prof. Publications		
Supplies		
Travel		
Meals & Ent		
Auto Miles: Total		
Business		
Commuting		

NON-CASH CONTRIBUTIONS**

Total **	
Charity Miles (# Miles)	

(** If over \$500 additional detail required)

SELF EMPLOYMENT INCOME

	\$ Amount	\$ Amount
Business Name		
EIN (if available)		
Owner (<input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse) <input type="checkbox"/> LLC	<input type="checkbox"/> T <input type="checkbox"/> S <input type="checkbox"/> LLC	<input type="checkbox"/> T <input type="checkbox"/> S <input type="checkbox"/> LLC
Home Office?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Gross Receipts & Sales		
Purchases of Inventory		
EOY Ending Inventory		
Advertising		
Auto Yr: Make:		
Gas, Oil Mtce \$ Miles: Total		
Interest Pd \$ Business		
License/Reg \$ Commuting		
Contract Labor		
Insurance (not health)		
Insurance (SE Health)		
Interest (not auto)		
Legal, Professional, Tax Prep		
Office Expense		
Rent – Equipment		
Rent – Building		
Repairs & Maintenance		
Supplies		
Taxes & License		
Travel		
Meals & Entertainment		
Utilities & Telephone		
Wages		
Payroll Taxes		
Business Assets purchased/sold this year?	<input type="checkbox"/> list attached	<input type="checkbox"/> list attached

RENTALS/ROYALTIES

Property Description	1	2	3
Gross Rents /Royalties			
Advertising			
Auto (# miles)			
Cleaning			
Insurance – Hazard			
Insurance – Mortgage (PMI)			
Mortgage Interest <input type="checkbox"/> 1098 <input type="checkbox"/> no 1098			
Mortgage Interest <input type="checkbox"/> 1098 <input type="checkbox"/> no 1098			
Other Interest			
Legal / Accounting			
Management Fees			
Repairs / Maintenance			
Supplies			
Tax Prep			
Taxes –Real Estate			
Taxes - Other			
Travel			
Bank / Collection Fees			
Telephone & Utilities			
Association Fees			
Other			
Improvements made this year?	<input type="checkbox"/> list attached	<input type="checkbox"/> list attached	<input type="checkbox"/> list attached
If new/sold-provide closing docs	<input type="checkbox"/> purch. <input type="checkbox"/> sale	<input type="checkbox"/> purch. <input type="checkbox"/> sale	<input type="checkbox"/> purch. <input type="checkbox"/> sale

NOTES

GAINS & LOSSES FROM SALES OF REAL ESTATE, PERSONAL PROPERTY & COLLECTIBLES

(New for 2011: IRS Requires ☐ Form 1099B Broker Statements for all sales of Stocks, Bonds, and Mutual Funds)

Description	Buy Date	Cost	Sell Date	Sale Price

(Provide closing documents (both ☐ purchase and ☐ sale) for any Real Estate transactions)

OTHER INCOME, ADJUSTMENTS or CREDITS

	Taxpayer	Spouse
Tips not Reported to Employer		
Grants - Scholarships		
Jury Duty payments received		
Alimony Received (Alimony does not include child support)		
Alimony Paid: Name _____ SSN _____ Address: _____		
Student Loan Interest Paid		
IRA Deposit <input type="checkbox"/> done by 12/31 <input type="checkbox"/> will do by 4/15 <input type="checkbox"/> advise me		
Roth IRA Deposit <input type="checkbox"/> done by 12/31 <input type="checkbox"/> will do by 4/15 <input type="checkbox"/> advise me		
Keogh/SEP Deposit <input type="checkbox"/> done by 12/31 <input type="checkbox"/> will do by 4/15 <input type="checkbox"/> advise me		
529 Education Plan Contributions (new: Now deductible for AZ up to \$4,000) *		
<input type="checkbox"/> Adoption Credit <input type="checkbox"/> Special Needs (<input type="checkbox"/> Adoption Order <input type="checkbox"/> Subsidy Agreement)		
College Tuition & Fees Paid		
Other (please specify)		

CHILD & DEPENDENT CARE

Provider _____	Provider _____
SSN/EIN _____ Amount Pd \$ _____	SSN/EIN _____ Amount Pd \$ _____
Address _____	Address _____
For Dependent(s) _____	For Dependent(s) _____

OTHER ITEMS or NEXT YEAR CHANGES YOU'D LIKE TO DISCUSS

Thank you for your continued business. We look forward to seeing you soon!