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2014 Tax Organizer

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

Taxpayer		Spouse	
Name _____	SSN _____	Birthdate ____/____/____	Occupation _____
Address <input type="checkbox"/> New address this year		<input type="checkbox"/> Yes, Direct Deposit My Refund to: Bank Name _____ <input type="checkbox"/> CK <input type="checkbox"/> Sav Rtn # _____ Acct # _____	
City _____	ST _____ Zip _____		
Home Ph _____ Cell _____		Contact Information	
Filing Status <input type="checkbox"/> Single <input type="checkbox"/> MFJ <input type="checkbox"/> HOH <input type="checkbox"/> MFS		e-mail _____ <input type="checkbox"/> I prefer not to receive tax communications via email	

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

DEPENDENTS

Name (First Last) <small>(exactly as shown on SS card)</small>	Soc. Sec. No.	Relationship	#Months in Home	Birthday	Health Ins. All Year	Student (Y/N)
				/ /	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
				/ /	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
				/ /	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
				/ /	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N

TAX DOCUMENTS 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 – <input type="checkbox"/> 1098T / Student Loan Int <input type="checkbox"/> 1098E		
Other 1099s: <input type="checkbox"/> 1099A <input type="checkbox"/> 1099C <input type="checkbox"/> 1099HSA <input type="checkbox"/> 1099LTC <input type="checkbox"/> 1099Q <input type="checkbox"/> 1099OID		

Did you and your spouse have health insurance coverage all year? Yes(all 12 months) Some(____ months) Did not have any insurance
 Where was the policy obtained? Employer Medicare Medicaid/AHCCCS Govt/Military Marketplace(Exchange)* Other _____

*If insurance was purchased through the healthcare marketplace/exchange (www.healthcare.gov) provide form **1095-A**

ITEMIZED DEDUCTIONS

MEDICAL

Medical (not Pre-Tax)	
Dental / Vision Ins (not Pre-Tax)	
Long Term Care 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 _____)	

INTEREST

Home Mortgage <input type="checkbox"/> 1098	
Home Equity Loan <input type="checkbox"/> 1098	
P M I	
2'nd Home/Motor Home <input type="checkbox"/> 1098	
Private Mortgage <input type="checkbox"/> No 1098	
Name _____	
SSN _____	
Address _____	
Points on Refi. <input type="checkbox"/> HUD-1	
Margin Interest <input type="checkbox"/> 1099	
Other Investment Interest	

ESTIMATED TAXES PAID

Due	Date Pd	Federal	Arizona	State ____
April				
June				
Sept				
Jan				

\$ CONTRIBUTIONS \$

House of Worship	
AZ State Charity Credits: *	
Qual Charitable Org <input type="checkbox"/> AZ321(a)*	
Qual Foster Care Org <input type="checkbox"/> AZ321(b)*	
Public Schools <input type="checkbox"/> AZ322	
Private Tuition Aid <input type="checkbox"/> AZ323*	
Military Family Relief <input type="checkbox"/> AZ340	

MISCELLANEOUS

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

TAXES

AZ Tax Paid	
_____ State Tax Paid	
Real Estate Tax:	
Pers Prop Tax – Mobile Home	
Auto License Tax (VLT)	
Sales Tax on Qualified 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)	

EMPLOYEE BUSINESS EXPENSE

	Taxpayer	Spouse
Educator Expenses		
Job Search		
Union/Profess. Dues		
Uniforms		
Tools & Equip		
Prof. Publications		
Supplies		
Training/Education		
Travel		
Meals & Entertainmt		
Auto Miles: Total		
Business		
Commuting		

NON-CASH CONTRIBUTIONS**

Total **	
Charity Miles (# Miles _____)	

(* New or Changed for AZ State return in 2013)

(** 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(1099Misc Issued <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> n/a)		
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 HUD-1 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 <i>(Alimony does not include child support)</i>		
Alimony Paid: Name _____ SSN _____ Address: _____		
Student Loan Interest Paid <input type="checkbox"/> 1098E		
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 <i>(new: Now deductible for AZ up to \$4,000)*</i>		
<input type="checkbox"/> Adoption Credit <input type="checkbox"/> Special Needs (<input type="checkbox"/> Adoption Order <input type="checkbox"/> Subsidy Agreement)		
College Tuition & Fees Paid <input type="checkbox"/> 1098T		
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!