



Tax Organizer
David Tucker CPA PC
 9200 N. Lamar, Ste.103
 Austin, TX 78753
 (512) 462-3656
 Fax (512) 462-2715
 info@dtuckerCPA.com

TAXPAYER INFORMATION		SPOUSE INFORMATION	
First Name _____	Initial _____	First Name _____	Initial _____
Last Name _____		Last Name _____	
SSN _____ - _____ - _____		SSN _____ - _____ - _____	
Occupation _____		Occupation _____	
Date of Birth ____/____/____		Date of Birth ____/____/____	
Telephone: Home (____) _____ - _____		Telephone: Home (____) _____ - _____	
Work (____) _____ - _____		Work (____) _____ - _____	
Cell (____) _____ - _____		Cell (____) _____ - _____	
Email Address _____		Email Address _____	
Street Address _____			
City _____		State _____ Zip _____	

OFFICE USE ONLY:

Date in: _____ Quote:\$ _____ TP: _____

FILING STATUS

Single
 Married
 Head of Household
 Married Filing Separate

SALARIES AND WAGES (enclose all W-2 forms)

W-2	Gross Income	Federal Withheld	FICA	Medicare	Other (code)	Other \$
1						
2						
3						
4						

REFUND

Automatic deposit?
 Yes (attach a VOID check)
 No

ADJUSTMENTS TO INCOME

ALIMONY PAID

Payee _____
 Payee's SSN _____ - _____ - _____
 Amount _____

IRA CONTRIBUTIONS, ETC.

IRA Deduction _____
 SIMPLE Plan Deduction _____
 Keogh/SEP Deduction _____
 Education IRA Deduction _____
 Penalty on Early Withdrawal _____

DEPENDENTS (Name must be exactly as on Social Security Card)

Name* _____
 Date of Birth ____/____/____
 SSN _____ - _____ - _____ Full Time Student
 Relationship _____
 Months Lived at Home _____

Name* _____
 Date of Birth ____/____/____
 SSN _____ - _____ - _____ Full Time Student
 Relationship _____
 Months Lived at Home _____

Name* _____
 Date of Birth ____/____/____
 SSN _____ - _____ - _____ Full Time Student
 Relationship _____
 Months Lived at Home _____

Name* _____
 Date of Birth ____/____/____
 SSN _____ - _____ - _____ Full Time Student
 Relationship _____
 Months Lived at Home _____

ESTIMATED TAX PAYMENTS

FEDERAL	Date Paid	Amount
Overpayment-Prior Year		
1 st Quarter		
2 nd Quarter		
3 rd Quarter		
4 th Quarter		
STATE	Date Paid	Amount
Overpayment-Prior Year		
1 st Quarter		
2 nd Quarter		
3 rd Quarter		
4 th Quarter		

OTHER INCOME

INTEREST — *Attach Forms 1099INT*

Payer _____ Amount _____

DIVIDENDS — *Attach Forms 1099DIV*

Payer _____ Amount _____

STATE TAX REFUND — *Attach Forms 1099G*

Amount Received: _____

Check if you did not itemize in prior year

CAPITAL GAINS — *Attach Forms 1099B and 1099S*

Description	Date Acquired	Date Sold	Sales Price	Cost or Basis

PENSIONS/IRA/ANNUITY INCOME — *Attach Forms 1099R*

Payer _____ Amount _____

ALIMONY RECEIVED

Payer _____
Payer's SSN _____ Amount _____

UNEMPLOYMENT BENEFITS RECEIVED — *Attach Forms 1099G*

Taxpayer Amount _____
Spouse Amount _____

SOCIAL SECURITY BENEFITS RECEIVED — *Attach Forms SSA-1099*

Taxpayer Amount _____
Spouse Amount _____

OTHER INCOME (CONTINUED)

INCOME FROM PARTNERSHIPS, ESTATES, LLCs, TRUSTS, AND S CORPORATIONS

Attach Forms K-1 and list any not received yet.

OTHER INCOME

Including jury duty fees, finder's fees, director's fees, prizes, gambling winnings, disability payments, unreported tip income and any other income (whether taxable or non-taxable)
Attach detailed schedule

RENTAL INCOME & EXPENSES

Property	# 1	# 2
INCOME		
Rents Received		
EXPENSES		
Advertising		
Association Dues		
Auto & Travel		
Cleaning/Maintenance		
Insurance		
Labor		
Professional Fees		
Miscellaneous		
Mortgage Interest		
Other Interest		
Repairs & Maintenance		
Supplies		
Taxes		
Telephone		
Utilities		
Improvements		
Other:		

ITEMIZED DEDUCTIONS
MEDICAL & DENTAL EXPENSES <i>Attach detailed schedule</i> Insurance Premiums _____ Doctors, Dentists, etc. (Net) _____

TAXES PAID State & Local Income Tax _____ Real Estate Taxes – Residence _____ Real Estate Taxes – Other Property _____ Other Taxes _____

INTEREST PAID – Attach Forms 1098 Home Mortgage (1 st) _____ Home Mortgage (2 nd) _____ Home Mortgage (Equity Line) _____ Student Loan Interest _____
--

CONTRIBUTIONS – Attach Detailed Schedule Contributions by Cash or Check _____ Contributions Other than Cash _____
--

MISCELLANEOUS DEDUCTIONS Union/Professional Dues _____ Investment Expenses _____ Tax Return Preparation Fees _____ Safe Deposit Box Rental _____ Unreimbursed Employee Business Expenses* _____ Other: _____ *Attach detailed schedule

INCOME FROM BUSINESS OR PROFESSION
GENERAL INFORMATION <input type="checkbox"/> Cash Basis <input type="checkbox"/> Accrual Basis <input type="checkbox"/> First Year <input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse Principal Business/Profession _____ Business Name _____ Business Address _____ City, State, Zip _____
INCOME Gross Receipts or Sales _____ Returns and Allowances _____ Other Income _____
COST OF GOODS SOLD – If Applicable Inventory at Beginning of the Year _____ Purchases _____ Cost of Labor _____ Materials & Supplies _____ Other Costs _____ Inventory at End of the Year _____
EXPENSES Advertising _____ Car & Truck Expenses* Or Miles Driven: Total _____ Bus _____ Commissions _____ Employee Benefit Programs _____ Insurance (other than health) _____ Health Insurance Premiums for Self* _____ Interest _____ Legal & Professional _____ Office Expense _____ Pension & Profit Sharing Plans _____ Rent – Vehicles, Machinery & Equipment _____ Rent – Business Property _____ Repairs & Maintenance _____ Supplies _____ Taxes – Property _____ Taxes – Other _____ Travel _____ Total Meals & Entertainment* _____ Utilities _____ Wages _____ Other* _____ *Attach detailed schedules
HOME OFFICE Did you have a home office during the year? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, attach detailed schedule of expenses including mortgage interest (or rent), real estate taxes, utilities, property insurance, maintenance & cleaning

Please provide your previous year return