

**Lina's Tax Team  
Client Organizer - Income**

**Taxpayer Name** \_\_\_\_\_

**1. Wage, Salary Income - Attach W-2s**

Employer	Taxpayer	Spouse

**2. Interest Income - Attach 1099-INT, 1099-OID**

Payer	Amount	Tax Exempt

**3. Dividend Income - Attach 1099-DIV**

Payer	Ordinary	Capital	Non-

**4. Partnership, Trust, Estate Income - Attach K-1**

Payer

**5. Property Sold - Attach 1099-S and closing statement**

Property	Date Acquired	Cost & Improvement
Personal Residence		
Vacation Home		
Land		
Other		

**6. IRA, Pension, Annuity**

IRA Contributions					
Amount	Date	Taxpayer	Spouse	Traditional	Roth

**Distributions - Attach 1099-R**

Payer	Reason for withdrawal	Roth Conversion	
		Yes	No
		Yes	No
		Yes	No
		Yes	No

Did you receive:	Taxpayer		Spouse	
Social Security Benefits	Yes	No	Yes	No
Railroad Retirement	Yes	No	Yes	No
If yes, attach 1099-SSA and/or 1099-RRB				

**7. Other Income - List all other income including non-taxable**

State Income Tax Refund (Include 1099-G)	
Unemployment Compensation (Include 1099-G)	
Alimony Received	
Child Support	
Scholarship/Grant	
Prizes, Bonuses, Awards	
Gambling/Lottery	
Unreported Tips	
Director/Executor's Fee	
Commissions	
Jury Duty	
Repaid to employer?	
Worker's Compensation	
Disability Income	
Veteran's Pension	
Payment from Prior Installment Sale	
Other	

**8. Investments Sold - Attach 1099-B.**

**Here's all the information we need on Stock/Investments. Please attach details**

Date Acquired	Date Sold	Cost	Sales Price

# Lina's Tax Team

## Client Organizer - Itemized Deductions

**Taxpayer Name** \_\_\_\_\_

### 1. Medical Expenses

Medical Insurance Premiums (paid by you)	
Glasses, Contacts	
Prescription Drugs	
Insulin	
Hearing Aids, Batteries	
Braces	
Medical Equipment, Supplies	
Nursing Care	
Medical Therapy	
Hospital	
Doctor/Dental/Orthodontist	
Mileage (no. of miles)	
Miles after June 30	

### 2. Taxes Paid

Property Tax (attach bills)	
Car Registration Fee	
Other	

### 3. Interest

Mortgage interest paid (attach 1098)	
Interest paid to individual from whom you bought the home (include amortization sch.)	
Paid to:	
Name	
Address	
Social Security No	
Mortgage interest - other person received 1098	
Form 1098 Recipient's Name	
Address	
Points	
Mortgage insurance	
Investment Interest	

### 5. Charitable Contributions

<b>Cash Contributions - church, school, united way, etc.</b>	
<b>List organization name and amount</b>	

#### Non-Cash - Goodwill, Salvation Army

Name of organization	
Address	
Date of contribution	
Description	
Contribution value	

Name of organization	
Address	
Date of contribution	
Description	
Contribution value	

Volunteer Miles \_\_\_\_\_

### 4. Casualty/Theft Loss - for property damaged by storm, water, fire, accident, or stolen.

Location of Property	
Description of Property	

Amount of Damage	
Insurance Reimbursement	
Repair Costs	
Federal Grants Received	

### 7. Investment Expenses

Tax Preparation Fee	
Safe Deposit Box Rental	
Mutual Fund Fee	
Investment Counselor / Other	

# Lina's Tax Team

## Client Organizer - Automobile, Other Deductions, Taxes Paid

**Taxpayer Name** \_\_\_\_\_

### 1. Mileage/Auto Expenses (Not self-employed)

Do you have written records?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Did you sell or trade in a car used for business?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Vehicle Make/Year			
Date placed in service			
Total miles (personal & business)			
Business miles (not to and from work)			
Education (one way, work to school)			
Job Seeking			
<b>Expenses</b>			
Gas, Oil, Lubrication			
Batteries, Tires, etc			
Repairs			
Wash			
Insurance			
Interest			
Lease payments			
Garage Rent			
Parking, Toll			
Cost of the vehicle			

### 2. Job-related Moving Expenses

Date of move	
Moving Household Goods	
Lodging During Move	
Travel to New Home (no. of miles)	

### 3. Education Expenses

Student's Name	Type of Expense	Amount

### 6. Employment Related Expenses That You Paid Not self-employed

Dues - Union, Professional	
Books, Subscriptions, Supplies	
Licenses	
Tools, Equipment, Safety Equipment	
Uniforms (include cleaning)	
Sales Expense, Gifts	
Tuition, Books (work related)	
Entertainment	
<b>Office in home:</b>	
Total sq ft	
Office sq ft	
Rent	
Insurance	
Utilities	
Maintenance	

### Business Travel

Airfare, Train, etc.	
Lodging	
Meals (no. of days )	
Taxi, Car Rental	
Other	
Reimbursement Received	

### 4. Other Deductions

Alimony Paid: Name & SSN	
Student Interest Paid	
Health Savings Account / Archer Contributions	

### 5. Estimated Tax Paid

Due Date	Date Paid	Federal	State

### 6. Child & Dependent Care Expenses

Name of Care Provider	Address	Provider SSN/EIN	Amount Paid

Also complete this section if you receive dependent care benefits from your employer.