

Lina's Tax Team
Client Organizer - Income

Taxpayer Name	
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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

[illegible]

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	Winnings	
	Losses	
Unreported Tips		
Director/Executor's Fee		
Commissions		
Jury Duty		
Repaid to employer?	Yes	No
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
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Lina's Tax Team
Client Organizer - Itemized Deductions

Taxpayer Name	
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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

[illegible]

Non-Cash Contributions - Goodwill, etc. Fill out Charity Worksheet or provide receipts with contribution value

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?	Yes	No
Did you sell or trade in a car used for business?	Yes	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		
Expenses		
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	
Office in home:	
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.