TAX ORGANIZER

for year 20___

Mildy's Tax, Accounting & Insurance Services

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PERSONAL INFORMATION ORGANIZER

Please complete this Organizer before your appointment.

1. PERSONAL INFORMATION

Name		SSN or ITIN	Date of Birth	Date of Death	Occupation	Blind	Disabled
Taxpayer						☐	☐
Spouse						☐	☐

Street Address	Apt.	City or town	State	Zip Code	County

Foreign country	Foreign province/state	Foreign postal code

E-mail Address(es)	Home Phone	Mobile Phone

2. FILING STATUS

☐ Single
☐ Married Filing Joint
☐ Married Filing Separate
☐ Head of Household
☐ Qualifying Widow(er)

☐ Check if parent (or someone else) can claim you as a dependent on their return.

☐ Check if you lived apart from your spouse all year.

Year spouse died: _____

3. DEPENDENTS

Name	Relationship	Date of Birth	SSN or ITIN	Months Lived With You	Disabled	Full Time Student	Dependent's Gross Income	Child Care Expenses Paid
					☐	☐		
					☐	☐		
					☐	☐		
					☐	☐		
					☐	☐		

4. REFUND INFORMATION

1. Would you like to have any refunds directly deposited into your bank account? . . . . . ☐ Yes ☐ No

Bank Account
Ownership ☐ Taxpayer ☐ Spouse ☐ Joint
Type ☐ Checking ☐ Savings
Bank name _____
Routing number _____
Account number _____
Account outside the jurisdiction of the United States? ☐ Yes

Bank Account
Ownership ☐ Taxpayer ☐ Spouse ☐ Joint
Type ☐ Checking ☐ Savings
Bank name _____
Routing number _____
Account number _____
Account outside the jurisdiction of the United States? ☐ Yes

PERSONAL INFORMATION ORGANIZER

Please complete this Organizer before your appointment.

5. IDENTIFICATION INFORMATION

Taxpayer		**Spouse**	
Type of ID:	☐ Driver's license ☐ State-issued ID ☐ No ID	Type of ID:	☐ Driver's license ☐ State-issued ID ☐ No ID
ID number	_____	ID number	_____
Location of issuance	_____	Location of issuance	_____
Issue date	_____	Issue date	_____
Expiration date	_____	Expiration date	_____

6. HEALTH CARE INFORMATION

Please indicate where you received your health insurance from for all members of your tax household.

☐ Employer ☐ Government-Sponsored Marketplace ☐ Private Exchange (Individual Insurance Company)

7. MISCELLANEOUS PERSONAL INFORMATION QUESTIONS

1. Check the applicable boxes if you wish to contribute $3 to the Presidential Election campaign fund.	☐ Taxpayer	☐ Spouse
2. Were you a victim of identity theft and have you been contacted by the IRS?	☐ Yes	☐ No
If Yes, please furnish the 6-digit PIN issued to you by the IRS	_____	
3. Were you (or your spouse if filing jointly) a nonresident alien for any part of the year	☐ Yes	☐ No
4. Have you received any notices or correspondences from the IRS or state in the past 3 tax years?	☐ Yes	☐ No
5. Do you have any children age 18 or under (or student under age 24) who had unearned income of more than $2,200?	☐ Yes	☐ No
6. If any of your children are required to file a return, do you elect to report your child's interest and dividends on your return?	☐ Yes	☐ No
7. Did you give a gift of more than $15,000 to one or more people?	☐ Yes	☐ No
8. If age 65 or older, do you want to file Form 1040-SR, U.S. Tax Return for Seniors, instead of Form 1040?	☐ Yes	☐ No

8. COMMENTS

INCOME ORGANIZER

Please complete this Organizer before your appointment.
Business, Farm and Rental and Royalty Income or Loss Organizers are on separate pages.

1. WAGE AND SALARY INFORMATION

Attach W-2s:

Employer Name	Taxpayer	Spouse
	☐	☐
	☐	☐
	☐	☐

Tip income reported on W2 _____
Tip income not report on W2 _____

Overtime pay received _____
(Please bring year end pay stub)

2. INTEREST AND DIVIDEND INCOME

Attach 1099-INT, 1099-DIV or other statements

Payer Name	Taxpayer	Spouse
	☐	☐
	☐	☐
	☐	☐
	☐	☐
	☐	☐
	☐	☐
	☐	☐
	☐	☐
	☐	☐
	☐	☐

3. RETIREMENT DISTRIBUTIONS

Attach 1099-R & 5498

Payer Name	Roth IRA	Other IRA	Taxpayer	Spouse
	☐	☐	☐	☐
	☐	☐	☐	☐
	☐	☐	☐	☐
	☐	☐	☐	☐
	☐	☐	☐	☐

Attach SSA 1099 or RRB 1099

	Yes	No
Did you receive social security benefits?	☐	☐
Did you receive railroad retirement benefits?	☐	☐

4. SCHEDULE K-1 INCOME (1065, 1120-S AND 1041)

Attach K-1s:

Payer Name	Taxpayer	Spouse
	☐	☐
	☐	☐
	☐	☐
	☐	☐
	☐	☐

5. CAPITAL GAINS AND LOSSES

Attach 1099-Bs:

Payer Name	Taxpayer	Spouse
	☐	☐
	☐	☐
	☐	☐
	☐	☐
	☐	☐

6. OTHER INCOME

Description	**Amount**
State income tax refund	
Alimony received	
Date of original divorce/separation agreement	
Unemployment compensation	
Gambling winnings	
Jury pay	
Hobby income	
Scholarships (grants)	
NOL Carryforward	
Child support	

7. MISCELLANEOUS INCOME QUESTIONS

1. Did you sell your home?	☐ Yes	☐ No
2. Did you earn any foreign income or pay any foreign taxes?	☐ Yes	☐ No
3. Do you have a health savings account (HSA), Archer MSA or Medicare Advantage (MA) MSA?	☐ Yes	☐ No
4. Did you have a financial account in a foreign country (i.e. bank account, securities account, etc.)?	☐ Yes	☐ No
If Yes, did the aggregate value of all financial accounts exceed $10,000 at any time during the year	☐ Yes	☐ No
5. Did you have any debt forgiven (i.e. student loans, home mortgage, etc.)?	☐ Yes	☐ No
6. Did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency?	☐ Yes	☐ No

ITEMIZED DEDUCTIONS

Medical and Dental Expenses *(not including reimbursements)*	**Current Year 20___**	**Previous Year 20___**
Medical/dental care insurance premiums (other than self-employed)		
Medicare B and D premiums from SSA-1099 and RRB-1099-R		
Qualified long-term care premiums		
Doctor, dentist, and hospital fees.		
Prescription medicines and drugs		
Medical aids such as eyeglasses, contact lenses, and hearing aids		
Total transportation expenses.		
Other medical and dental expenses		

Taxes Paid	**Current Year 20___**	**Previous Year 20___**
State and local income taxes paid (other than withholdings and estimates)		
Actual state and local general sales taxes paid		
State and local real estate taxes.		
Personal state/local property taxes (list type of tax paid) ____________________		

Interest Paid	**Current Year 20___**	**Previous Year 20___**
Home mortgage interest paid to financial institution (enclose Form 1098 or statement)		
Home mortgage interest paid to individual.		
Individual's name ____________________________________		
Individual's address ____________________________________		
Individual's ID number ____________________________________		
Auto loan interest paid		
Auto VIN # (required) ____________________________________		

Gifts to Charity (If additional lines are needed, attach similar statement)

Contributions of cash or check			*Noncash contributions*		
Name of charity	Date given	Amount	Name and address of charity	Date given	FMV

ITEMIZED DEDUCTIONS (continued)

Casualty and Theft Losses (for property damaged by storm, water, fire, accident, or theft)

Enclose supporting documentation of what is written here, i.e. insurance reimbursement, receipts for cost of repairs.
(If additional losses were incurred, please attach a separate sheet of paper with these details.)

Location of property: _____ Residential property ☐ Business property ☐
Description of property: _____ Federal Disaster ☐
Date of loss: _____ FEMA disaster declaration # _____

Amount of damage _____ Cost basis of property _____ Repair Costs _____
Insurance reimbursement _____ FMV of property before loss _____ Other _____
Federal monies received _____ FMV of property after loss _____ Other _____

Unreimbursed Employee Business Expenses

(if any depreciable assets were sold (including the vehicle), please see worksheet below)

Dues (related to job) _____
Subscriptions related to your work _____
Licenses and regulatory fees _____
Tools and supplies used in your work _____
Work clothes, uniforms if required _____
Medical exams required by your employer _____
Work related education (books, tuition) _____
Legal fees related to your job _____
Job search expenses (current occupation) _____

***In home office:**
Total square footage _____
Office square footage _____
Office square footage _____
Rent . . . . . _____
Insurance . . . . . _____
Utilities . . . . . _____
Repairs/Maintance _____

Vehicle Information
Vehicle description _____
Date placed in service _____
Cost or basis _____

Miles of vehicle _____
Business miles _____
Commuting miles _____
Other miles _____

Expenses
Actual expenses _____
(gas, oil, repairs, etc)
Parking fees and tolls _____
Travel expenses _____

**Questions relating to mortage interest, taxes, and casualty losses were asked previously*

Sales, Purchases, and Disposition of Assets

(New clients, enclose detailed listing of all depreciable assets.)

T S	Asset description	Date acquired	Purchase price	Date sold	Sales price

Investment Related Expenses

Tax preparation fees _____
Safe deposit box _____
Custodial, trust admin fees _____
Fees to collect interest and dividends _____
Tax advice not related to investment income _____
Legal fees related to producing taxable income _____
Other _____
Other _____
Other _____

Other Misc. Deductions

Gambling losses . . . . . _____
Estate tax deduction *(in respect of a decedent)* _____
Portfolio from Schedule K-1 _____
Unrecovered investment in a pension _____
Amortizable premium on taxable bonds _____
Disabled persons work expenses _____
Other _____
Other _____
Other _____

ITEMIZED DEDUCTIONS (continued)

Energy Related Improvements for 2025

Model Number _____ Serial Number _____

Installation Date: _____

Qualified Manufacturers Identification Number (OMID#) : ___ ___ ___ ___

The OMID # is four digits consisting of two letters and two numbers. If you do not have this, please contact the company that did the installation and get it from them.

Please provide copies of the following documents:

1. Document certifying the item is energy efficient.
2. Copy of the invoice showing the cost of the item and all associated materials including all labor.

DEDUCTIONS ORGANIZER

Please complete this Organizer before your appointment.
Itemized Deduction Organizers are on separate pages.

1. EDUCATION

Attach 1098-Ts, 1098-E's and 1099-Q's:

Student Name	Educational Institution	Fr	So	Jr	Sr	Oth	Tuition & Fees	Student Loan Interest Paid	Books, Supplies & Equipment	529 Plan
		☐	☐	☐	☐	☐				☐
		☐	☐	☐	☐	☐				☐
		☐	☐	☐	☐	☐				☐
		☐	☐	☐	☐	☐				☐
		☐	☐	☐	☐	☐				☐

2. JOB-RELATED MOVING EXPENSES

Description	Amount
Lodging	
Gas and Oil	
Mileage	
Other	
Miles from old home to your new workplace	
Miles from old home to old workplace	
Member of the Armed Forces?	☐ Yes ☐ No

3. IRA CONTRIBUTIONS

Description	Amount
Contributions to a Traditional IRA	
Contributions to a ROTH IRA	

4. OTHER DEDUCTIONS

Description	Amount
Educator expenses	
Alimony paid Rec. SSN: _____ Date of original divorce/separation _____	
Health Savings Account contributions	
Archer Medical Savings Account contributions	
Jury duty repayment to employer	
Foreign qualified housing expenses	
Contributions to College 529 Savings Plan	
Qualified business net (loss) carryover from 2018	
Qualified REIT dividends and PTP net (loss) carryover	

5. MISCELLANEOUS DEDUCTION QUESTIONS

1. Did you purchase an item(s) during the year for which you paid a large amount of sales tax? ☐ Yes ☐ No

2. Did you refinance a mortgage during the year? (If yes, please bring the settlement statement) ☐ Yes ☐ No

CREDITS AND PAYMENTS ORGANIZER

Please complete this Organizer before your appointment.

1. CHILD CARE CREDIT

Attach Daycare Provider Statement(s):

Care Provider Name	Address	Tax-Exempt	Telephone Number	Identification Number	Amount Paid
		☐			
		☐			
		☐			
		☐			
		☐			

2. RESIDENTIAL ENERGY CREDIT

Description	Amount	Description	Amount
Solar electric property		Metal or asphalt roof	
Solar water heating		Exterior windows and skylights	
Small wind energy		Electric heat pump or central air conditioner	
Geothermal heat pump		Natural gas, propane or oil water heater	
Fuel cell property		Biomass fuel stove	
Insulation material		Natural gas, propane or oil furnace	
Exterior doors		Advanced main air circulating fan	

1. Were the qualified improvements for your main home in the United States? ☐ Yes ☐ No
2. Were any of the improvements related to the construction of this main home? ☐ Yes ☐ No

3. MISCELLANEOUS CREDIT QUESTIONS

1. Did you pay any expenses related to the adoption of an eligible child? ☐ Yes ☐ No
2. Are you currently repaying the First-Time Homebuyer Credit? ☐ Yes ☐ No
3. Do you (and your spouse) have a social security number that allows you to work and is valid? ☐ Yes ☐ No
4. Were you issued a Mortgage Credit Certificate (MCC) by a state or local governmental unit or agency? ☐ Yes ☐ No

4. ESTIMATED TAX PAYMENTS

Federal estimated payments	Date Paid	Amount Paid
Applied from previous year federal refund		
1st quarter payment		
2nd quarter payment		
3rd quarter payment		
4th quarter payment		

State estimated payments State Name: _____

	Date Paid	Amount Paid
Applied from previous year state refund		
1st quarter payment		
2nd quarter payment		
3rd quarter payment		
4th quarter payment		

BUSINESS INCOME AND EXPENSES *(Schedule C)*

Indicate the owner of this business: ☐ Taxpayer ☐ Spouse ☐ Joint
Business Name: _____
Business product or service: _____
Business Address: _____
City, State, and Zip Code: _____
Did you start or acquire this business this year? ☐ Yes ☐ No
Accounting Method: ☐ Cash ☐ Accrual ☐ Other (describe)
Method used to value inventory: ☐ Cost ☐ Lower of cost or market ☐ Other (describe)

Income and Cost of Goods Sold	**Current Year**	**Previous Year**
Gross receipts or sales		
Returns and allowances		
Other income (enclose description)		
Inventory at beginning of year		
Purchases less cost of items withdrawn for personal use		
Cost of labor		
Materials and supplies		
Other costs		
Inventory at end of year		

Expenses	**Current Year**	**Previous Year**		**Current Year**	**Previous Year**
Advertising			Wages		
Commissions and fees			Other: _____		
Contract labor					
Depletion					
Employee benefits					
Insurance (other than health)					
Mortgage interest					
Other interest					
Legal and professional fees					
Office expenses					
Pension and profit sharing					
Rent - Vehicle, machinery					
Rent - Other					
Repairs and maintenance					
Supplies					
Taxes and licenses					
Travel					
Meals and entertainment					
Utilities					

Vehicle Information
Vehicle description _____ Date placed in service _____ Cost or basis _____
Business miles _____ Commuting miles _____ Other miles _____
Actual expenses such as gas, oil, repairs, etc _____ Parking fees and tolls _____

Sales, Purchases, and Disposition of Assets (New clients, enclose detailed listing of all depreciable assets.)

Asset description	Date acquired	Purchase price	Date sold	Sales Price

Business Use of Home
Area used exclusively for business _____ Total area of home _____
Was the home used as a day care facility? ☐ Yes ☐ No Date home placed in service _____
Casualty losses _____ Insurance _____ Rent _____
Mortgage interest _____ Repairs and maintenance _____ FMV of home _____
Real estate taxes paid _____ Utilities and other expenses _____ Value of land _____
Carryover of unallowed expenses ☐ Yes ☐ No (if yes, enter amount) _____

RENTAL AND ROYALTY INCOME AND EXPENSES *(Schedule E, pg 1)*

Indicate the owner of this property: ☐ Taxpayer ☐ Spouse ☐ Joint

Description of property _____

Location of property _____

Did you or your family use this property during the tax year for personal purposes for more than the greater of: (a) 14 days, or (b) 10% of the total days rented at fair market value? ☐ Yes ☐ No

Did you meet the Active Participation requirements for this property? ☐ Yes ☐ No

(To meet these requirements, you must have participated in making management decisions or arranged for others to provide services in a significant and bona fide sense. Such management decisions include approving new tenants, deciding on rental terms, approving repair expenditures, or other similar decisions)

Was this property fully disposed of this year? ☐ Yes ☐ No

Income	**Current Year**	**Previous Year**
Rents received		
Royalties received		

Expenses	**Current Year**	**Previous Year**
Advertising		
Cleaning and maintenance		
Commissions		
Insurance		
Legal and other professional fees		
Management fees		
Mortgage interest paid to banks		
Other interest		
Repairs		
Supplies		
Taxes		
Utilities		
Other _____		
_____		
_____		
_____		
_____		
Amortization		
Section 481(a) adjustment		

Vehicle Information

Vehicle description _____ Date placed in service _____ Cost or basis _____

Business miles _____ Commuting miles _____ Other miles _____

Actual expenses such as gas, oil, repairs, etc _____ Parking fees and tolls _____

Travel expenses _____

Sales, Purchases, and Disposition of Assets

(New clients, enclose detailed listing of all depreciable assets.)

Asset description	Date acquired	Purchase price	Date sold	Sales price

FARM RENTAL INCOME AND EXPENSES *(Form 4835)*

Indicate the owner of this farm rental: ☐ Taxpayer ☐ Spouse ☐ Joint

Property description: _____

Did you actively participate in the operation of this farm rental? ☐ Yes ☐ No

Income	Current Year	Previous Year
Income from the production of livestock, produce, grains, and other crops		
Total cooperative distributions		
Agricultural program payments		
Commodity Credit Corporation (CCC) loans reported under election		
Commodity Credit Corporation (CCC) loans forfeited		
Crop insurance proceeds and federal crop disaster payments received in 2019		
Other income		

Expenses	Current Year	Previous Year		Current Year	Previous Year
Chemicals			Seeds and plants purchased		
Conservation			Storage and warehousing		
Custom hire			Supplies purchased		
Employee benefits			Taxes		
Feed purchased			Utilities		
Fertilizers and lime			Veterinary and breeding		
Freight and trucking			Other _____		
Gasoline, fuel, and oil			_____		
Insurance			_____		
Mortgage interest			_____		
Other interest			_____		
Labor hired			_____		
Pension and profit-sharing			_____		
Vehicles and machinery rent			Amortization		
Other rentals			263A Preproductive exp.		
Repairs and maintenance			Sec. 481(a) exp.		

Vehicle Information

Vehicle description _____ Date placed in service _____ Cost or basis _____

Business miles _____ Commuting miles _____ Other miles _____

Actual expenses such as gas, oil, repairs, etc _____ Parking fees and tolls _____

Sales, Purchases, and Disposition of Assets

(New clients, enclose detailed listing of all depreciable assets.)

Asset description	Date acquired	Purchase price	Date sold	Sales price

PROFIT OR LOSS FROM FARMING *(Schedule F)*

Indicate the owner of this farm: ☐ Taxpayer ☐ Spouse ☐ Joint
Principal product _____
Accounting Method: ☐ Cash ☐ Accrual
Did you materially participate in the operation of this farm? ☐ Yes ☐ No

Income	Current Year	Previous Year
Sales of livestock and other items bought for resale		
Cost of livestock and other items bought for resale		
Sales of livestock, produce, grains, and other products you raised		
Cooperative distributions		
Agricultural program payments		
Commodity Credit Corporation (CCC) loans reported under election		
Commodity Credit Corporation (CCC) loans forfeited		
Crop insurance proceeds and disaster payments received in 2018		
Custom hire		
Other income		
Inventory of livestock, produce, etc. at beginning of year (accrual method only)		
Cost of livestock, produce, etc. purchased during year (accrual method only)		
Inventory of livestock, produce, etc. at end of year (accrual method only)		

Expenses	Current Year	Previous Year		Current Year	Previous Year
Chemicals			Seeds and plants purchased		
Conservation			Storage and warehousing		
Custom hire			Supplies purchased		
Employee benefits			Taxes		
Feed purchased			Utilities		
Fertilizers and lime			Veterinary and breeding		
Freight and trucking			Other _____		
Gasoline, fuel, and oil			_____		
Insurance			_____		
Mortgage interest			_____		
Other interest			_____		
Labor hired			_____		
Pension and profit-sharing			_____		
Vehicles and machinery rent			_____		
Other rentals			_____		
Repairs and maintenance					

Vehicle Information

Vehicle description _____ Date placed in service _____ Cost or basis _____
Business miles _____ Commuting miles _____ Other miles _____
Actual expenses such as gas, oil, repairs, etc _____ Parking fees and tolls _____

Sales, Purchases, and Disposition of Assets

(New clients, enclose detailed listing of all depreciable assets.)

Asset description	Date acquired	Purchase price	Date sold	Sales price