

TAX ORGANIZER

Name _____

Tax Year _____

ESTIMATED TAX COMPUTATION

- Office use only -

	Federal Tax	State Tax
Ordinary Income	<input type="text"/>	
Business Income	<input type="text"/>	
Capital Gain (Loss)	<input type="text"/>	
_____	<input type="text"/>	
_____	<input type="text"/>	(AGI x 5%)
AGI	<input type="text"/>	<input type="text"/>
Std or Itemized	<input type="text"/>	
Sec 199A Ded	<input type="text"/>	
Taxable	<input type="text"/>	
Income Tax	<input type="text"/>	
S/E Tax	<input type="text"/>	
_____	<input type="text"/>	
Child Tax Credit	<input type="text"/>	
EIC	<input type="text"/>	(20-4, 30-3, 40-2, 50-1)
_____	<input type="text"/>	<input type="text"/>
Net Tax	<input type="text"/>	<input type="text"/>
Withholding	<input type="text"/>	<input type="text"/>
Due (Refund)	<input type="text"/>	<input type="text"/>

ADJUSTMENTS & CREDITS

	Taxpayer	Spouse
Higher Education Exp	_____	_____
Books	_____	_____
Type of Credit	AOC <input type="checkbox"/> Lifetime <input type="checkbox"/>	AOC <input type="checkbox"/> Lifetime <input type="checkbox"/>
Student Loan Interest	_____	_____
Retirement Contributions		
Traditional IRA	_____	_____
ROTH IRA	_____	_____
Health Savings Acct	Contributions (5498A) _____	
	Distributions (1099SA) _____	
Child Care Expense		
Provider: Name & Address	Tax ID Number	Amount paid
_____	_____	_____
_____	_____	_____
_____	_____	_____
Energy Credits	_____	_____
Other Credits	_____	_____
_____	_____	_____
_____	_____	_____
Alimony Paid (Pre 2019)		_____
Name & SSN		- -
Date of Divorce		_____

HEALTH INSURANCE (Marketplace)

Annual Premium (Attach form 1095-A)	_____
Second Lowest Cost Silver Plan	_____
Advance Premium Tax Credit	_____

CAPITAL GAINS AND LOSSES (Including Virtual Currency)

**** Please provide: escrow/settlement statement for real estate sales and brokerage statement for stock sales ****

Description of Property Sold	Date Purch	Date Sold	Sales Price	Cost Basis / Notes

ITEMIZED DEDUCTIONS

MEDICAL

Rx, Copays, Doctors & Hospitals	_____
Dental & Vision	_____
Medical Miles:	_____
Medical Insurance Premiums (Page 1) <input type="checkbox"/>	_____

TAXES

Real Estate Taxes on Home	_____
Taxes on Other Land	_____
State and Local Income Taxes	_____

INTEREST

Home Mortgage	_____

CHARITABLE GIVING

CASH GIFTS

Church	_____
Miles	_____

NON- CASH GIFTS

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MISCELLANEOUS DEDUCTIONS

Gambling Losses	_____

Installment Sales

	Profit	%	Profit	%
Sales Price	_____	_____	_____	_____
Cost Basis	_____	_____	_____	_____
Date Bought	_____	_____	_____	_____
Date Sold	_____	_____	_____	_____
Principal Received	_____	_____	_____	_____
Interest Received	_____	_____	_____	_____

ESTIMATED PAYMENTS

	Date	Federal	State
1st Qtr	_____	_____	_____
2nd Qtr	_____	_____	_____
3rd Qtr	_____	_____	_____
4th Qtr	_____	_____	_____
Extension	_____	_____	_____

BUSINESS INCOME (LOSS)

-
TAX-ID Number (If Applicable)

BUSINESS NAME _____

PRINCIPAL BUSINESS ACTIVITY _____ ENTITY TYPE _____ START DATE _____

Accounting method: Cash Accrual Other Section 199A Service Business

INCOME	
Gross Income	
Other	
Other	
Discounts and Allowances	
Sales Tax Collected (Not included in Gross)	

Cost of Goods Sold	
Inventory at <u>start</u> of year	
Purchases for the year	
Less personal use	
Other Adjustments	
Inventory at <u>end</u> of year	

EXPENSES	
Wages (<i>Officers</i>)	
Wages (<i>Employees</i>)	
Employee Benefit Programs	
Advertising	
Bank Fees	
Computer and Internet	
Continuing Education	
Dues & Subscriptions	
Freight Charges	
Insurance (<i>General Liabiality</i>)	
Insurance (<i>Health</i>)	
Interest Expense	
Office Expenses	
Pension & profit-sharing	
Professional Fees	
Rent (<i>Building</i>)	
Rent (<i>Equipment</i>)	
Repairs & Maintenance	
Subcontracted Labor	
Supplies	
Taxes & Licenses	
Telephone & Internet	
Travel (<i>Airfare and Lodging</i>)	
Meals (<i>In Town</i>)	
Meals (<i>Per Diem</i>)	
Tools	
Uniforms	

Automobile Expense	
<input type="checkbox"/> Accountable (Entity) <input type="checkbox"/> Non-Accountable (Sch C / E)	
Business Miles:	
or	
Actual Costs:	
<i>Purchase/Lease</i>	
<i>Fuel</i>	
<i>Insurance (Auto)</i>	
<i>Repairs</i>	

Balance Sheet	
Beginning Bank Balance	
Ending Bank Balance	
Business Assets (<i>Purchased or Disposed</i>)	
Business Loans	
Property Distributions	

Home Office (<i>Requires Regular & Exclusive use</i>)			
Date started or stopped	___ / ___ / ___	Use Std. \$/ft	<input type="checkbox"/>
Purchase price of home			
Improvements			
Square footage: Office:	_____	Entire Home:	_____
Rent		Maintenance	
Utilities		Other	
Insurance		Other	

INCOME AND EXPENSES FROM REAL ESTATE RENTAL PROPERTY

KIND AND LOCATION OF EACH RENTAL PROPERTY:

PROPERTY A:	ADDRESS:	COST BASIS	START DATE
PROPERTY B:	ADDRESS:	COST BASIS	START DATE
PROPERTY C:	ADDRESS:	COST BASIS	START DATE
PROPERTY D:	ADDRESS:	COST BASIS	START DATE

RENTAL INCOME	PROPERTY A	PROPERTY B	PROPERTY C	PROPERTY D
Rent Received				
Royalties				

RENTAL EXPENSES	PROPERTY A	PROPERTY B	PROPERTY C	PROPERTY D
Mortgage Interest, 1st loan				
Mortgage Interest, other loans				
Real Estate Taxes				
Insurance, Fire and Hazard				
Capital Improvements				
Advertising				
Association Dues				
Auto travel				
Cleaning and Maintenance				
Gardening				
Legal and Professional Fees				
Licenses and Permits				
Management Fees and Wages				
Painting and Decorating				
Repairs				
Supplies				
Utilities				
Date Sold				
Sales Price				
Closing Costs				