

**INSTRUCTIONS** Please Read Before You Begin

Tax year \_\_\_\_\_

This tax organizer is designed to help you prepare your unfiled returns. It is a tool to maximize your deductions and minimize the problems in preparing your returns. We have designed this tax organizer to make it as simple as possible to gather the information we need to prepare your returns. If you have a special situation that is not covered in this document, please list it under "Questions You May Have."

1	Complete one Tax Organizer for each unfiled return. You may fill in the blanks or print off the form and complete by hand.
2	After printing off the completed form, scan & e-mail to Dana@taxcrisisinstitute.com, fax to (661) 837-1137 or bring to our Bakersfield, Las Vegas or Glendale office. If you drop the Tax Organizers off at Las Vegas or Glendale, please ask office support to scan and e-mail to us immediately.
3	This form cannot be saved on the website.
4	Please carefully read and complete the entire Tax Organizer and verify by signing below.

**TAXPAYER INFORMATION**

	Name	SSN	Birth Date
You			
Spouse			
	Occupation	E mail	Phone
You			
Spouse			

**ADDRESS**

Street	
City, State, Zip Code	

**DEPENDENTS**

Name	Soc Security #	Birth Date

**ESTIMATED TAXES PAID**

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

**TAXES PAID**

	Amount
Real Estate	
Vehicle License Fees	
Federal Levies	
State Levies & Garnishments	

**MEDICAL EXPENSES PAID**

	Payee or Description	Amount
Insurance Premiums		
Doctors, Dentists, Counseling		
Hospitals & In-home care		
Prescription Drugs		
Lab & X-ray		
Other: _____		

CHILD OR DEPENDENT CARE EXPENSES		
Provider Information		Amount
Name		
Address		
Phone		
SS or EID Number		
Name		
Address		
Phone		
SS or EID Number		

CHARITABLE CONTRIBUTIONS	Donation Amount
Tithing: Church, Temple, Synagogue, etc	
Cancer foundation, Heart, Scouts, etc	
Fair Market Value of Clothing, Furniture, etc	

AWAY FROM HOME EXPENSES	Amount
Number of Days Out of Town	
Meals	
Lodging and Motel	
Airfare	
Other	

JOB & MISCELLANEOUS DEDUCTIONS	Amount
Tools, Supplies, Equipment	
Telephone	
Out of town travel: hotel/motel	
Meals	
# of Days out of town for job	
Tax Representation/Preparation Fees	
Dues: Union & Professional	
Other:	

SELF EMPLOYED BUSINESS INCOME & EXPENSE		Amount	
Gross Income			
Cost of Inventory at Beginning of Year			
Cost of Merchandise Purchased			
Cost of Inventory at End of Year			
Expense	Amount	Expense	Amount
Advertising		Repairs	
Bank Charges		Seminars	
Commissions		Supplies	
Dues & Pubs		Taxes-Payroll	
Entertainment		Taxes	
Freight		Telephone	
Insurance		Utilities	
Interest		Wages	
Legal/Profess		Other	
Office Expense		Other	
Rent		Equipment	

BUSINESS VEHICLE MILEAGE & EXPENSES		
	Vehicle 1	Vehicle 2
Description of Vehicle		
Date Acquired		
Total Miles Driven		
Business Miles Drive		
Personal/Commute Miles		
Gas and Oil		
Repairs & maintenance		
Insurance		
Licenses & Taxes		
Other - Specify w/amt		

OFFICE IN HOME EXPENSES	Amount		Amount
Home Square Feet		Office Square Feet	
Rent		Insurance	
Utilities		Repairs	

RENTAL INCOME & EXPENSES			
Property	Address, City, State, Zip		
Property 1			
Property 2			
Property 3			
Property	1	2	3
Income			
Advertising			
Cleaning/Maint.			
Insurance			
Repairs: Carpentry			
Repairs: Electrical			
Repairs: Plumbing			
Repairs: Other			
Supplies			
Taxes			
Utilities			
Management Fees			
Other - Specify w/amt			

SECURITIES AND PROPERTY SOLD					QUESTIONS YOU MAY HAVE
Description	Date Acquired	Buy Cost	Date Sold	Sold Amount	

Completed by: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_