



GOOD Financial

Income Tax & Accounting

Tax Organizer

Live the GOOD life!

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| | | | | |
|-------------|-----------|----------|-------------------|-----|
| First name | Last Name | Birthday | Social Security # | |
| Occupation: | | | | |
| Spouse name | Last Name | Birthday | Social Security # | |
| Occupation: | | | | |
| Address | | City | State | Zip |

| | | | |
|------------------------------------|------------------------------|----------------|----------------------|
| FILING STATUS | | Work Number | Work Number (Spouse) |
| <input type="checkbox"/> Single | Claimed by Parent? YES or NO | | |
| <input type="checkbox"/> MFJ | | | |
| <input type="checkbox"/> MFS..... | enter spouse info above | Cell Number | Cell Number (Spouse) |
| <input type="checkbox"/> HOH | | | |
| <input type="checkbox"/> Widow(er) | Year of Spouse Death _____ | | |
| Home Phone Number | | Email | |
| | | Email (Spouse) | |

| Dependent Name | Relationship | Birthday | Social Security # | Grade | Tuition Paid |
|----------------|--------------|----------|-------------------|-------|--------------|
| | | | | | |
| | | | | | |
| | | | | | |
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| | | | | | |
| | | | | | |

| DIVIDEND INCOME | ORD DIV | QUAL DIV | CAP GAIN DIST | FED W/H | FOREIGN TX PD | FOREIGN INCOME | INTEREST INCOME | AMOUNT | Source US / IL% |
|-----------------|---------|----------|---------------|---------|---------------|----------------|-----------------|--------|-----------------|
| | | | | | | | | | |
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SALE OF SECURITIES (no 1099B)

| NAME | Date Purchased | Date Sold | Sale Price | Cost |
|------|----------------|-----------|------------|------|
| | | | | |
| | | | | |
| | | | | |

| INCOME SUMMARY | W-2 summary | 1099-R summary | ADJUSTMENTS TO INCOME | TAXPAYER | SPOUSE |
|--------------------|-------------|----------------|---|----------|--------|
| TOTAL INCOME | | | IRA CONTRIBUTIONS, ROTH <input type="checkbox"/> TRADITIONAL <input type="checkbox"/> | | |
| TOTAL FEDERAL W/H | | | EDUCATOR EXPENSES | | |
| TOTAL STATE W/H | | | ALIMONY PAID | | |
| TOTAL BOX 10 (DCB) | | | LAST NAME: | | SSN: |

Itemized Deductions, Estimated Taxes Paid, Other Income, Tuition & Daycare

| INTEREST | |
|-------------------------------|--|
| Mortgage - 1st Home | |
| Mortgage - 2nd Home | |
| Home Equity | |
| Refinance Points (date _____) | |
| Margin Interest | |

| TAXES | |
|--------------------------------|--|
| 1st Home | |
| 2nd Home | |
| Prior Year State/Local tax due | |

| MEDICAL EXPENSES | |
|-------------------------------|-------|
| Doctors, Dentist, Insur, etc. | |
| Prescriptions | |
| Long Term Insurance Prem. | |
| Medical travel (in miles) | miles |

| CASH CONTRIBUTIONS (receipts required) | |
|--|-------|
| Church | |
| Other | |
| Travel for charity (in miles) | miles |

| OTHER INCOME | |
|-----------------------|--|
| State Tax Refund | |
| Alimony Received | |
| Unemployment Comp. | |
| Soc. Security (Box 5) | |
| Medicare Premium W/H | |
| Fed W/H | |

| ESTIMATED TAX PAYMENTS | | |
|------------------------|-----------------------|---------------------|
| Q | Federal Date & Amount | State Date & Amount |
| 1 | | |
| 2 | | |
| 3 | | |
| 4 | | |
| T | \$ | \$ |

| NON-CASH CONTRIBUTIONS (receipts required) | |
|--|----|
| Given to: | |
| Address: | |
| City/State/Zip | |
| Value of Goods | \$ |
| (attach list if more than one) | |

| MISCELLANEOUS | |
|------------------------|--|
| Union Dues | |
| Tax Preparation Fee | |
| Safe Deposit Box | |
| IRA Custodial Fees | |
| Investment Periodicals | |
| Job Search Expense | |
| Inv Advisory Fees | |

| UNREIMBURSED BUSINESS EXPENSES | |
|--------------------------------|-------|
| Meals | |
| Travel/Hotels | |
| Supplies | |
| Business Miles | miles |
| Telephone/Internet | |

| COLLEGE ILLINOIS/BRIGHT START 529 PLAN | |
|--|--|
| | |

| DAY CARE EXPENSE (FORM 2441) | |
|------------------------------|----------|
| PROVIDER 1: | |
| ADDRESS: | |
| AMT PD: | EIN/SS#: |
| CHILDREN CARED FOR: | |
| PROVIDER 2: | |
| ADDRESS: | |
| AMT PD: | EIN/SS#: |
| CHILDREN CARED FOR: | |

| EDUCATIONAL EXPENSE INFORMATION: (includes private school K-12) | | | | |
|---|--------------|-------|----------------|-------------------------|
| SCHOOL NAME / CITY | STUDENT NAME | GRADE | TUITION & FEES | BOOKS/SUPPLIES REQUIRED |
| | | | | |
| | | | | |
| | | | | |

| RENTAL INCOME | PROPERTY 1 TP SP | PROPERTY 2 TP SP | PROPERTY 3 TP SP | PROPERTY 4 TP SP |
|---------------------------|------------------|------------------|------------------|------------------|
| Address | | | | |
| City/State | | | | |
| Property Cost / Land Cost | | | | |
| Date placed in service | | | | |
| RENT RECEIVED | | | | |
| Expenses | | | | |
| Advertising | | | | |
| Auto & Travel | | | | |
| Auto Miles | | | | |
| Cleaning & Maintenance | | | | |
| Commissions Paid | | | | |
| Insurance | | | | |
| Interest Expense | | | | |
| Legal & Professional | | | | |
| Repairs & Maintenance | | | | |
| Supplies | | | | |
| Taxes | | | | |
| Utilities | | | | |
| Association Dues | | | | |
| Pest Control | | | | |
| Bank Fees | | | | |
| Refinance Expense | | | | |
| Furniture and Fixtures | | | | |
| Carpet | | | | |
| Appliances | | | | |
| Capital Improvements | | | | |
| Other | | | | |
| | | | | |
| | | | | |
| | | | | |

RESIDENTIAL ENERGY CREDIT - for primary residence only

| Description | Date of purchase | Cost | Prior year credits |
|-------------|------------------|------|--------------------|
| | | | |
| | | | |
| | | | |
| | | | |

EDUCATION CREDITS AND DEDUCTION

| Student (grade) | University | Total Qualified Exp | Tax-free Assistance | 529 Plan Distributions |
|-----------------|------------|---------------------|---------------------|------------------------|
| | | | | |
| | | | | |
| | | | | |

| SELF EMPLOYMENT | BUSINESS #1 | TP | SP | BUSINESS #2 | TP | SP | BUSINESS #3 | TP | SP |
|--------------------------------|-------------|----|----|-------------|----|----|-------------|----|-----------------------|
| BUSINESS NAME | | | | | | | | | |
| Gross Sales/Receipts | | | | | | | | | |
| Returns and Allowances | | | | | | | | | |
| Other Income | | | | | | | | | |
| COST OF GOODS SOLD | | | | | | | | | |
| Begin Inventory | | | | | | | | | |
| Purchases less personal | | | | | | | | | |
| End Inventory | | | | | | | | | |
| Cost of Labor | | | | | | | | | |
| Materials & Supplies | | | | | | | | | |
| Other Costs | | | | | | | | | |
| EXPENSES | | | | | | | | | |
| Advertising | | | | | | | | | |
| Bank Charges | | | | | | | | | |
| Commissions/Fees | | | | | | | | | |
| Dues & Publications | | | | | | | | | |
| Interest Expense | | | | | | | | | |
| Legal & Professional Fees | | | | | | | | | |
| Office Expense | | | | | | | | | |
| Rent (Office) Expense | | | | | | | | | |
| Equipment Lease Expense | | | | | | | | | |
| Business Insurance | | | | | | | | | |
| Owner Health Insurance | | | | | | | | | |
| Repairs Expense | | | | | | | | | |
| Supplies Expense | | | | | | | | | |
| Taxes | | | | | | | | | |
| Travel Expense | | | | | | | | | |
| Meals and Entertainment | | | | | | | | | |
| Postage and Shipping Expense | | | | | | | | | |
| Telephone/Fax/Internet Expense | | | | | | | | | |
| Web Site Expense | | | | | | | | | |
| Employee Wage/Salaries | | | | | | | | | |
| SEP/SIMPLE/401(k) | | | | | | | | | |
| AUTOMOBILE EXPENSE | | | | | | | | | |
| DESCRIPTION | | | | | | | | | |
| Total Mileage | | | | | | | | | |
| Business Mileage | | | | | | | | | |
| Fuel | | | | | | | | | |
| Maintenance | | | | | | | | | |
| Insurance | | | | | | | | | |
| License/Fees | | | | | | | | | |
| Lease | | | | | | | | | |
| Interest Expense | | | | | | | | | |
| EQUIPMENT PURCHASES | | | | | | | | | |
| 1 | | | | | | | | | NOTES/COMMENTS |
| 2 | | | | | | | | | |
| 3 | | | | | | | | | |
| 4 | | | | | | | | | |
| 5 | | | | | | | | | |
| 6 | | | | | | | | | |
| 7 | | | | | | | | | |