



# GOOD Financial

Income Tax & Accounting

## Tax Organizer

Live the GOOD life!

amanda@mygoodfinancial.com

815.552.1400

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

<b>FILING STATUS</b>		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

DIVIDEND INCOME	ORD DIV	QUAL DIV	CAP GAIN DIST	FED W/H	FOREIGN TX PD	FOREIGN INCOME	INTEREST INCOME	AMOUNT	Source US / IL%

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:	