

Personal Tax Organizer (1040)

<u>Taxpayer Information</u>		<u>Spouse Information</u>	
Last Name.....	_____	Last Name.....	_____
First Name.....	_____	First Name.....	_____
Middle Initial.....	_____	Middle Initial.....	_____
Social Security Number	_____	Social Security Number	_____
Date of Birth.....	_____	Date of Birth.....	_____
Occupation.....	_____	Occupation.....	_____
Work Phone.....	_____	Work Phone.....	_____
Cell Phone.....	_____	Cell Phone.....	_____
Home Phone.....	_____	Home Phone.....	_____
Fax Number.....	_____	Fax Number.....	_____
Email Address.....	_____	Email Address.....	_____
Address.....	_____ Apt _____		_____
City, State, Zip.....	_____, _____		
County.....	_____		

Dependant Information					
First Name Last Name	MI Suffix	Social Security Number Relationship	Date of Birth	Months Lived with Taxpayer in current Tax year	Child Care Expense

Child and Dependant Care Provider Expenses – NOTE: This is NOT Pre-School or Private Tuition					
Child's Name	Provider Name	Address	Telephone	FEIN or SSN	Amount
					\$
					\$
					\$
					\$

Education Tuition and Fees – NOTE: This is for College NOT Pre-School or Private Tuition				
Students First Name Last Name	MI Suffix	Social Security Number	Year of College (Freshman, Sophomore, etc)	Name of College

Attach all 1098-T form(s) and a list of your qualified education expenses

Attach Form(s) W-2 – Wages, Salaries, Tip and Other Compensation

Employer Name	Amount
_____	\$ _____
_____	\$ _____
_____	\$ _____

Attach Form(s) 1099-R – Distributions from Pensions, Annuities, Retirement, IRAs, etc

1099-R Payer Name	Amount
_____	\$ _____
_____	\$ _____
_____	\$ _____

Attach Form(s) SSA-1099 – Social Security/Railroad Benefits

	Taxpayer	Spouse
Social Security Benefits from Form SSA-1099	\$ _____	\$ _____
Railroad Retirement Benefits from Form RRB-1099	\$ _____	\$ _____
Medicare B premiums withheld	\$ _____	\$ _____
Medicare D premiums withheld	\$ _____	\$ _____

Attach Form(s) 1099-MISC – Miscellaneous Income

1099-MISC Payer Name	Box Number	Amount
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

Attach Form(s) 1099-INT – Interest Income – Foreign Bank Account: YES NO

1099-INT Payer Name	Amount
_____	\$ _____
_____	\$ _____
_____	\$ _____

Attach Form(s) 1099-DIV – Dividend Income

1099-DIV Payer Name	Amount
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Attach Form(s) 1099-B, 1099-S – Sales of Stocks, Bonds, Real Estate, etc
 (Attach all stock sale transaction information, including initial cost information.)

Name of Stock	Shares	Purchase Date	Purchase Cost	Date of Sale	Sale Price

Other Government Forms to attach:

Form(s) 1099-G: Certain Government Payments, Schedule K-1s: Partnership, S-Corporation, Trust or Estate Income, Form(s) W-2G: Gambling or Lottery Winnings, Form(s) 1099-Q: Payments from Qualified Education Programs

Other Income:

Alimony, jury duty, unreported tips, disability income, etc. Business, rentals, farms: Attach income and expenses for any business, rental or farm you own. Include a list of all new equipment acquired this year, including date of purchase and cost.

Medical and Dental Expenses

	Amount
Prescription medications	\$ _____
Health insurance premiums	\$ _____
Doctors, Dentists, etc	\$ _____
Hospitals, clinics, etc	\$ _____
Eyeglasses and contact lenses	\$ _____
Miles driven for medical purposes	\$ _____
Lab and X-Rays Fees	\$ _____
Other medical and dental expenses:	
_____	\$ _____
_____	\$ _____

Taxes

	Amount
Real estate taxes paid on principal residence	\$ _____
Real estate taxes paid on additional homes or land	\$ _____
Auto license registration fees based on the value of the vehicle	\$ _____
Other personal property taxes	\$ _____

Attach Form(s) 1098 – Mortgage Interest Expenses

Lender's Name	Amount
_____	\$ _____
_____	\$ _____
_____	\$ _____

Charitable Contributions Paid by Cash and/or Check

Attach separate list if more

Name of Charity	Amount
_____	\$ _____
_____	\$ _____

Non-Cash Charitable Contributions

Attach separate list if more

Name of Charity	Address City, State, Zip	Items Donated	Date Donated	Fair Market Value
	_____			\$ _____
	_____			\$ _____

Please provide evidence of contributions, if you cannot but still want to claim deductions GVC will not be liable for IRS repercussions

Miscellaneous Deductions: Unreimbursed Employee Expenses

	Amount
Union and professional dues	\$\$ _____
Professional subscriptions, books, supplies	\$\$ _____
Uniforms and protective clothing (including cleaning)	\$\$ _____
Job search costs	\$\$ _____
Taxpayer educator expenses	\$\$ _____
Spouse educator expenses	\$\$ _____
Travel Expenses (Tolls/Parking/Hotels, etc).....	\$\$ _____
Meals and Entertainment	\$\$ _____
Business Miles.	_____
Other Unreimbursed Employee Expenses	_____
_____	\$\$ _____
_____	\$\$ _____

Miscellaneous Deductions

	Amount
Safe Deposit Box	\$ _____
Tax Return Preparation Fees.....	\$ _____
Investment Council and Advisory Fees	\$ _____
IRA Custodial Fees	\$ _____
Gambling Losses (to the extent of gambling income)	\$ _____
Casualty/Theft Losses.....	\$ _____
Other Expenses (List)	\$ _____
_____	\$ _____

Estimated Taxes Paid – 1040ES

Due Date	Date Paid	Amount
4/15		
6/15		
9/15		
1/15 of the next year		

Example: For 2009 estimated tax payments dues dates would be: 4/15/09, 6/15/09, 9/15/09, 1/15/10

Additional Information (Enter any additional information here and attach any documents)
