

D & B TAX SERVICE - ORGANIZER SHEET

Taxpayer's Name _____ DOB _____ Soc Sec No _____
 Spouse's Name _____ DOB _____ Soc Sec No _____
 Taxpayer's Occupation _____ Work No. _____ **Health Ins Provider _____ full year (y) (n)
 Spouse's Occupation _____ Work No. _____ **Health Ins Provider _____ full year (y) (n)
 Address _____ School District (live in) _____
 Home Telephone No. _____ E-Mail Address _____

DEPENDENTS

Name, First and Last	So Sec No	Birth date	Relationship	**Health Ins Provider	Full Year(y/n)	*Ed Expense
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

*Note: Educational Expense in Iowa K-12 = tuition/textbooks (no home schooling) including extra-curricular activities such as drivers ed., activity fees, uniforms, lessons in school, rent on instruments, etc

**Please Bring In 1095A/1095B/1095C Forms

INCOME: Please bring in all W-2 and 1099 forms

Source	Amount	Source	Amount
Interest (Bring in 1099's or statements)	_____	Dividends (Bring in 1099's or statements)	_____
Interest from Individuals - list Name, Address, Soc Sec #	_____	Alimony (need Name, Soc. Sec. #)	_____
Unemployment (Bring in 1099)	_____	Gambling Winnings (Bring W-2G's)	_____
Tips	_____	Prizes/Awards/Grants	_____
Jury Duty/Election Duty	_____	Commission/Bonuses	_____
Business/Farm/Rental (Bring Detail)	_____	Cancellation of Debt	_____
Pensions (Bring 1099's)	_____	Stock/Property Sale (Bring Cost/Dates)	_____
Social Security (Bring SSA-1099)	_____	IRA/KEOGH (Bring 1099's)	_____
Partnerships/S-Corp (Bring K-1)	_____	Railroad Retirement (Bring RRB-1099)	_____
Scholarships/Fellowships-not in W-2	_____	Trusts/Estates (Bring K-1)	_____
		Strike Pay	_____

ESTIMATE PAYMENTS MADE

	Federal			State		
	Date Paid	Check #	Amount	Date Paid	Check #	Amount
4th Qtr Prior Year	_____	_____	_____	_____	_____	_____
1st Qtr This Year	_____	_____	_____	_____	_____	_____
2nd Qtr This Year	_____	_____	_____	_____	_____	_____
3rd Qtr This Year	_____	_____	_____	_____	_____	_____
4th Qtr This Year	_____	_____	_____	_____	_____	_____

ADJUSTMENTS:

Regular IRA Contribution you _____ spouse _____ Did you convert any Regular IRA's to a ROTH IRA?
 ROTH IRA Contribution you _____ spouse _____ you _____ spouse _____
 Keogh/SEP/Simple Plan Contribution you _____ spouse _____
 Student Loan Interest you _____ spouse _____ Classroom Materials for educator you _____ spouse _____
 Alimony Paid (need name, Soc. Sec. #) _____ Work Related Moving Expense (over 50 mi.) _____

POST SECONDARY EDUCATION CREDIT(1098-T REQUIRED):

Student	Tuition/Fees	Books/Supplies	Fresh/Soph/Jr/Sr	Enrolled at least half time
_____	_____	_____	_____	y n
_____	_____	_____	_____	y n

REFUND INFORMATION: (New Clients please bring copy of last years return)

Prior Year Federal Refund _____ State () Refund _____ State () Refund _____

MEDICAL EXPENSES:

Medical Insurance Paid Directly to Ins Co. _____
Payroll Deduction (Not Pretaxed) _____
Medicare B deducted from Social Security _____
Dental Insurance (Do Not include Pre-taxed) _____
Long Term Care Insurance _____
Prescriptions _____
Insulin _____
Doctors _____
Dentists _____
Prescribed Weight Loss Programs _____
Anesthesiology _____
Hospital _____
Laser Eye Surgery _____
Required Nursing Home Care _____
Lodging (Limited to \$50 per day/per person) _____
Ambulance _____
Hearing Aid, Batteries, Repairs _____
Prescribed Medical Attire (support hose, shoes, etc.) _____
Prescribed Medical Equip. (Cost/Rental) _____
Eye Glasses, Contact Lenses, Exams _____
Child Birth Classes _____
Alcohol or Drug Addiction Therapy _____
Special Schooling for Handicapped _____
Medical Miles _____
Parking _____
Other _____

TAXES:

Real Estate: Home _____ 2nd Home _____
Real Estate Investment Property (such as land, etc) _____
Vehicle License Fees make _____ \$ _____ make _____ \$ _____
State Tax Paid on Prior Year state _____ \$ _____ state _____ \$ _____
Federal Tax Paid on Prior Year Returns \$ _____
Sales Tax on vehicles/boats/campers \$ _____

INTEREST PAID:

Home Mortgage Interest (Bring in 1098) _____
Mortgage Interest Paid to Individual _____
(List Name, Address, Social Security Number) _____
Home Equity Loan (Bring in 1098) _____
Investment Interest (Land or Brokerage Accounts) _____
Points (bring in closing papers) _____

DIRECT DEPOSIT INFORMATION:

Name of Financial Institution: _____
Routing Transit Number _____
Account Number _____ Checking _____ Savings _____

Provide above information or a cancelled check

CHILD AND DEPENDENT CARE:

Name of Provider	Address	Social Security No.	Amount
_____	_____	_____	_____

CONTRIBUTIONS: (Receipts Required)

Church _____
Others: _____

Non-cash items (Fair Market Value) _____

Volunteer Work _____
Mileage _____
Parking _____
Out of Pocket Expense _____

CASUALTY & THEFT LOSS:

Date of Casualty _____ Date Acquired _____
Kind of Property _____ How Destroyed _____
FMV Before _____ FMV After _____
Cost plus Improvements _____
Insurance Reimbursement _____

MISCELLANEOUS DEDUCTIONS:

Union Dues/Initiation Dues _____
Professional Dues/License _____
Tools - Small _____
Tools & Equipment - Depreciable _____
Uniforms - Cost & Cleaning _____
Job Supplies _____
Professional/Trade Journals _____
Telephone (2nd line, LD, etc.) _____
Malpractice Insurance _____
Safety Equipment _____
Job Related Education (books, fees) _____
Workshops and Seminars _____
Travel for Employer hotel _____ food _____
Job Hunting/Education Miles _____
Job Hunting Expenses (employment agency fee, postage, resume, etc.) _____
Mileage 1st to 2nd Job _____
Mileage for Employer _____

Investment Expenses:

Safe Deposit Box _____
Journals/Subscriptions _____
Phone/Postage/Mileage _____
Tax Preparation Fee _____
IRA or Keogh Fee (paid separately) _____

Gambling Losses (up to winnings) _____