

D & B TAX SERVICE - ORGANIZER SHEET 20 _____

Filing Status (Circle one):

Single Married Filing Joint Married Filing Separate Head of Household Qualified Widow(er) Dependent Unsure

Taxpayer's Name _____ DOB _____ Soc Sec No _____

Spouse's Name _____ DOB _____ Soc Sec No _____

Taxpayer's Occupation _____ Work No. _____ Cell No. _____ E-mail _____

Spouse's Occupation _____ Work No. _____ Cell No. _____ E-mail _____

Address _____ School District (live in on 12/31) _____

Home Telephone No. _____ Full year resident of ____ Part year resident of ____

DEPENDENTS

Name, First and Last	Soc Sec No	Birth date	Relationship	Mths lived with You	IA Ed Exp
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

*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

HOUSEHOLD MEMBERS THAT ARE NOT DEPENDENTS:

Name _____ Relationship _____ Birthdate _____ SS# _____ Mths lived with you _____

Health Insurance Purchased thru Marketplace Y/N Please bring in 1095-A

Did you (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, gift or otherwise dispose of a digital asset? Y/N

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 - _____	_____	Alimony (need Name, SS#, Date of Divorce) _____	_____
list Name, Address, Soc Sec # _____	_____	Gambling Winnings (Bring W-2G's) _____	_____
Unemployment (Bring in 1099) _____	_____	Prizes/Awards/Grants _____	_____
Tips _____	_____	Commission/Bonuses _____	_____
Jury Duty/Election Duty' _____	_____	Cancellation of Debt _____	_____
Business/Farm/Rental (Bring Detail) _____	_____	Stock/Property Sale (Bring Cost/Dates) _____	_____
Pensions (Bring 1099's) _____	_____	IRA/KEOGH (Bring 1099's) _____	_____
Social Security (Bring SSA-1099) _____	_____	Railroad Retirement (Bring RRB-1099) _____	_____
Partnerships/S-Corp (Bring K-1) _____	_____	Trusts/Estates (Bring K-1) _____	_____
Scholarships/Fellowships-not in W-2 _____	_____	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: Name _____ Social Security No _____ Amount _____ Date of Divorce _____

529 Plan Contributions _____

POST SECONDARY EDUCATION CREDIT(1098-T REQUIRED):

Student Tuition/Fees Books/Supplies Fresh/Soph/Jr/Sr Enrolled at least half time
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 If **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 Jan-Jun _____ Jul-Dec _____
Parking _____
Other _____

CONTRIBUTIONS: (Receipts Required)

Church _____
Others: _____

Non-cash items (Fair Market Value) _____

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

CASUALTY & THEFT LOSS (fed disaster only)

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

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 Accts) _____
Points (bring in closing papers) _____

Gambling Losses (up to winnings) _____

DIRECT DEPOSIT INFORMATION:

Name of Financial Institution: _____
Routing Transit Number _____
Account Number _____ Checking _____ Savings _____
If you owe do you want Direct withdrawal? YES NO

CHILD AND DEPENDENT CARE:

Name of Provider	Address	Social Security No.	Amount

Signature _____ **Date** _____