

TANISHA MILLS CPA PERSONAL TAX ORGANIZER

Ph: 619.302.9550 Fx: 619.923.1020 Email: info@tanishamillscpa.com

Please provide a copy of your previous year tax return (new clients only)

Taxpayer's Name: First _____ Middle _____ Last _____ Soc Sec. # _____

Spouse's Name: First _____ Middle _____ Last _____ Soc. Sec. # _____

Mailing Address _____ City _____ State _____ Zip _____

Occupation _____ DOB _____ Spouse Occupation _____ DOB _____

Main Phone _____ Other Phone _____ Email Address _____

Spouse Main _____ Spouse Other _____ Spouse Email _____

Dependents Name	Date of Birth	Social Security #	Relationship	Mos. In Home
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

SALARIES & WAGES *(Bring All W-2's)*

Taxpayer _____

Spouse _____

INT. & DIV. LIST *(Bring All 1099-Int & 1099-Div Forms)*

SALE OF STOCKS, BONDS, & MUTUAL FUNDS

(Must provide the Name of Stock, Number of Shares Sold, Date Bought, Original Cost, Date Sold, & Proceeds from Sale.)

ALIMONY RECEIVED

PENSION/ANNUITY/IRA INCOME

(Bring All 1099-R Forms)

SELF EMPLOYED BUSINESS

*Please provide Financial Statements, QuickBooks File, or complete the **Small Business Organizer** from our Website*

STATE INCOME TAX REFUND RECEIVED IN 2013

(Only if You Itemized Deductions Last Year)

SOCIAL SECURITY/RAILROAD RETIREMENT

BENEFITS RECEIVED *(Forms 1099-SSA Needed)*

UNEMPLOYMENT COMPENSATION

(Bring 1099-G Forms)

PARTNERSHIP, S CORP, ESTATES, TRUSTS

(Bring All K-1 Forms)

RENTAL REAL ESTATE

*Please provide Financial Statements, QuickBooks File, or complete the **Rental Real Estate Organizer** from our Website*

TAXABLE SCHOLARSHIP/FELLOWSHIP

REAL ESTATE - SALE OR PURCHASE

(Bring All Closing Statements)

OTHER INCOME *(Please Detail)*

HIGHER EDUCATION EXPENSES

Tuition & Required Fees _____

Course Required Books, Supplies, & Equipment *(First 4 Years of College Only)* _____

CHILD CARE EXPENSES *(Both Spouses Work)*

Need the Name, Address, Tax ID #, and Amount Paid for each child care provider.

STUDENT LOAN INTEREST PAID

QUALIFIED ADOPTION EXPENSES

TEACHER/EDUCATOR SUPPLIES

HEALTH SAVINGS ACCOUNT CONTRIBUTIONS

MOVING EXPENSES *(More than 50 Miles)*

SELF EMPLOYED HEALTH INSURANCE

IRA CONTRIBUTIONS

Type: ___Roth ___Traditional ___SEP ___SIMPLE

ALIMONY PAID

Recipient's Name: _____ SSN: _____

ENERGY EFFICIENT HOME IMPROVEMENTS

TANISHA MILLS CPA PERSONAL TAX ORGANIZER (CONTINUED)

MEDICAL EXPENSES

Prescription Drugs & Insulin _____
 Health Insurance Premiums _____
 Medicare Parts B, C and D Premiums _____
 Long Term Care Insurance Premiums _____
 Medical Miles Driven _____
 Doctors, Dentists, Nurses, Hospitals _____
 Eyeglasses, Hearing Aids, Other Misc., etc. _____

MORTGAGE INTEREST PAID

Home Mortgage Interest _____
 2nd Mortgage Interest _____
 Mortgage Insurance Premiums _____
 (For home financed 2007 or later) _____

TAXES

Real Estate Property Taxes _____
 Personal Property Tax (i.e.. Motorhome) _____
 Additional State Income Tax Paid in 2014 _____
 Sales Tax Paid (Large Purchases, i.e. Boats
 Vehicles, Motorhomes, Home Remodel) _____

CHARITABLE CONTRIBUTIONS

Amount Paid to Churches _____
 Amount Paid to Charities _____
 Mileage for Charity Work _____
 Non-Cash Contributions (Clothing,
 Furniture, Appliances, Stocks, etc.) _____

IMPORTANT NOTE: If you bought, sold, or refinanced a home, bring in your settlement statements

INCOME TAX PREPARATION FEE

SAFE DEPOSIT BOX

INVESTMENT INTEREST

Investment Fees and Expenses _____

CASUALTY AND/OR THEFT LOSS

EMPLOYMENT AND RESUME FEES

MILEAGE FOR JOB HUNTING

(Must be for Same Line of Work) _____

EMPLOYEE BUSINESS EXPENSES

OCCUPATION (in which expenses were incurred) _____

EXPENSES FOR: _____ TAXPAYER or _____ SPOUSE

Are you: _____ Armed Forces Reservist, _____ Qualified Performing Artist, _____ Fee Based Government Employee, _____ Disabled Employee?

TRAVEL OVERNIGHT AWAY FROM HOME

Lodging _____
 Car Rental _____
 Transportation, Flights, etc. _____
 Meals and Entertainment _____

BUSINESS USE OF VEHICLE (Itemize for Each Vehicle)

Vehicle Description _____
 Date Vehicle was Placed in Service _____
 Original Purchase Price or Other Basis _____

Mileage (All Fields Required)

Business Miles _____
 Commuting Miles _____
 Other Personal Miles _____
 Total Miles _____

MISCELLANEOUS BUSINESS EXPENSES

Education/Conventions _____
 Internet (Business Use Only) _____
 Meals & Entertainment (Business Purpose) _____
 Office/Computer Supplies _____
 Professional Publications _____
 Telephone/Cell Phone (Business Use Only) _____
 Uniforms (Not General Wear) _____
 Uniforms Laundry and Cleaning _____
 Union and Professional Dues _____
 Work Tools and Safety Equipment _____

Actual Expenses Paid

Gasoline & Oil _____
 Repairs, Tires, Car Washes _____
 Auto Insurance _____
 Registration Fees _____
 Vehicle Loan Interest _____
 Lease Payments (if Applicable) _____

NEW EQUIPMENT PURCHASED (List Separately with Date Purchased, Description, and Purchase Price)

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(CONTINUED)

ESTIMATED TAX PAYMENTS

FEDERAL ESTIMATED TAX PAYMENTS

Q1 Installment Date Paid & Amount _____ Q3 Installment Date Paid & Amount _____
Q2 Installment Date Paid & Amount _____ Q4 Installment Date Paid & Amount _____

STATE ESTIMATED TAX PAYMENTS

Q1 Installment Date Paid & Amount _____ Q3 Installment Date Paid & Amount _____
Q2 Installment Date Paid & Amount _____ Q4 Installment Date Paid & Amount _____

HEALTH INSURANCE COVERAGE

Did you have qualifying health care coverage, such as employer-sponsored coverage or government-sponsored coverage (i.e. Medicare/Medicaid) for every month of 2014 for your family (i.e. you, your spouse, if filing jointly, and anyone you are claiming as a dependent). Yes ___ No ___

Did anyone in your family qualify for an exemption from the health care coverage mandate? Yes ___ No ___

Did you enroll for lower cost Marketplace Coverage through healthcare.gov under the Affordable Care Act? If yes, please provide any Form(s) 1095-A you received. Yes ___ No ___

Did you make any distributions from a Health savings account (HSA), Archer, MSA, or Medicare Advantage MSA this year? Yes ___ No ___

Did you pay long-term care premiums for yourself or your family? Yes ___ No ___

DIRECT DEPOSIT REFUNDS/EFT PAYMENT OF TAX

Routing No _____ Account Number _____

Checking Account _____ Savings Account _____ Money Market Account _____ Other _____

Please include a copy of a voided check (for new clients only and previous clients whose banking information changed from prior year).

COMMENTS
