

PRACTICAL TAXES

INFORMATION ORGANIZER 20__

Taxpayer Name: _____ DOB: _____ Phone: _____
 Address: _____ SSN: _____
 Spouse Name: _____ DOB: _____ Phone: _____
 SSN: _____
 E-Mail: _____

Dependents

Dependent Name	Birthday	Social Security Number	Months in Home
1)	_____	_____	_____
2)	_____	_____	_____
3)	_____	_____	_____

College Credits

Bring your Tuition Statement (1098-T) and any receipts for expenses not shown on your 1098-T.

Child Care Credit

Bring your statement received from your provider. Statement must include providers EIN, Name, Address, and amount paid in 2021.

Medical and Dental

Health Insurance Premiums: _____ Number of Medical Miles: _____
 Long-Term Care Premiums: _____ Drugs & Prescriptions: _____

Taxes Paid

Property Taxes Home: _____
 Property Taxes Vacation: _____
 Back Year State: _____
 Back Year Federal: _____
 Vehicle Tax: _____

Estimated Tax Payments

Date Paid	Federal	State
1)	_____	_____
2)	_____	_____
3)	_____	_____
4)	_____	_____

Interest Paid

(Bring 1098 Statement)

1st Home Mortgage: _____
 2nd Home Mortgage: _____
 Student Loan Interest: _____
 Points Paid: _____

Charitable Contributions

(Bring Receipts)

Non-Cash Donations: _____
 Cash Donations: _____
 Charitable Miles: _____
 Hurricane Contributions: _____

Other Issues

Foreign Bank Accounts? (Y/N) _____ Crypto Transactions? (Y/N) _____

