

Personal Tax Organizer

Itemized Deductions and Credits

NAME:

YEAR:

| Medical Expenses | Taxpayer | Spouse | Interest and Taxes | Primary | Secondary |
|---|----------|--------|---|---------|-----------|
| Prescriptions | | | First Mortgage Interest | | |
| Doctor/Dentist/Nurses | | | Second Mortgage Interest | | |
| Hospitals and Nursing Homes | | | Equity Line Interest | | |
| Medical Insurance Premiums ¹ | | | Equity Line Principal Balance ² | | |
| Long-Term Care Premiums ¹ | | | Real Estate Taxes | | |
| Out-of-Pocket Expenses | | | Personal Property Taxes | | |
| Medical Mileage | | | Investment Interest | | |
| Other Medical | | | ² Please attach statement showing amounts applied to home improvements and personal use. | | |

¹ Do not include premiums paid for with pre-tax dollars or Medicare Parts B or D shown on SSA-1099

Notice: For TY 2014 all clients must confirm whether or not all members of their family were covered by health insurance. Provide a copy of Form 1095-A, 1095-B, or 1095-C, if received. Otherwise, please complete the Health Care Coverage Certification affirming your coverage status.

| Miscellaneous Expenses | Amount | Charitable Contributions | Amount |
|---|--------|---|--------|
| Job Search Expenses | | Cash (you must have a receipt) | |
| Tax Prep Fees | | Checks/Credit Cards ⁴ | |
| Investment Expenses | | Churches/Synagogues | |
| Safe Deposit Box Fees | | Non-Cash ⁵ | |
| IRA/ Brokerage Fees ³ | | ⁴ Receipts are required for any single contribution of \$250 or more. | |
| Gambling Losses | | ⁵ Please provide receipts showing Name and Address of Organization, Date, and FMV of goods donated. If FMV = \$500 or more, state original cost. | |
| ³ IRA/401Ks fees paid directly from pension accounts are not deductible. | | | |

| Estimated Tax Payments | | | | | |
|------------------------------|------------|--------|------------------------------|------------|--------|
| Federal | Date Paid | Amount | State | Date Paid | Amount |
| | (mm/dd/yy) | | | (mm/dd/yy) | |
| Amt. Applied From Prior Year | | | Amt. Applied From Prior Year | | |
| First Quarter | | | First Quarter | | |
| Second Quarter | | | Second Quarter | | |
| Third Quarter | | | Third Quarter | | |
| Fourth Quarter | | | Fourth Quarter | | |
| Amount Paid with Extension | | | Amount Paid with Extension | | |