

Tax Return Appointment: Date: \_\_\_\_\_ Time: \_\_\_\_\_ AM

Please complete this Organizer before your appointment. Include all statements (W-2s, 1099s, etc.)

1. Personal Information		Taxpayer		Spouse	
First name & Initial					
Last name					
Social Security number					
Date of birth					
Occupation					
E-mail address					
Work phone	Cell		Work	Cell	
Home phone	Fax		Home	Fax	
Address				Apt/Suite	
City			State	ZIP	

Taxpayer Legally Blind . . . . .  Yes  No      Spouse Legally Blind . . . . .  Yes  No  
 Taxpayer Disabled . . . . .  Yes  No      Spouse Disabled . . . . .  Yes  No  
 Pres. Campaign Fund (Taxpayer) . . . . .  Yes  No      Pres. Campaign Fund (Spouse) . . . . .  Yes  No  
 Filing status: Single  Head of Household  Married filing joint  Married filing separate  Widower  Year of Spouse death? \_\_\_\_\_

2. Dependents (Children & Others)							
Name	Relationship	Date of Birth	Social Security Number	Months Lived With You	Disabled	Full Time Student	Dependent's Gross Income

**Please answer the following questions to determine maximum deductions:**

- |   |  |
|---|--|
| <p>1. Did your marital status change during the year? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2. Did your address change during the year? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>3. Were there any changes in dependents? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>4. Did you receive unreported tip income of \$20 or more in any month? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>5. Did you receive any unemployment or disability income? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>6. Did you buy or sell any stocks, bonds or other investment property? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>7. Did you purchase, sell, or refinance your principal home or second home, or take out a home equity loan? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>8. Did you convert part or all of your traditional/SEP/SIMPLE IRA to a ROTH IRA? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>9. Could you be claimed as a dependent on another person's tax return? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>10. Did you pay anyone for domestic services in your home? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>11. Did you pay anyone for childcare services? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>12. Did you pay tuition or other education expenses for yourself or a dependent? <input type="checkbox"/> Yes <input type="checkbox"/> No<br/>(Attach Form 1098-T)</p> | <p>13. Did you receive a distribution from or make a contribution to a retirement plan (401(k), IRA, etc.)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>14. Did you give a gift of more than \$14,000 to one or more people? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>15. Did you go through bankruptcy, foreclosure, or repossession proceedings? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>16. Did you incur a loss because of damaged or stolen property? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>17. Were you notified or audited by either the IRS or State taxing agency? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>18. Did you work from a home office or use your car for business? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>19. May the IRS discuss your tax return with your preparer? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>20. Were you a citizen of, have income from, or live in a foreign country? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>21. Do you want to electronically file your tax return? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>22. Did you buy any internet merchandise for which you did not pay sales/use tax? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>23. <b>Health Insurance.</b> Did you have ACA compliant health insurance during the year? <input type="checkbox"/> Yes <input type="checkbox"/> No<br/>(Attach Form 1095-A, 1095-B, and/or 1095-C)</p> |
|---|--|

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### 3. Wage, Salary Income

Attach Form(s) W-2's

Employer name	TP	SP
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>

### 4. Pensions, Annuities, Profit Sharing, IRA's, etc.

Attach Form(s) 1099-R

1099-R Payer name	TP	SP
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>

### 5. Social Security/Railroad Benefits

Attach Form(s) SSA-1099	Taxpayer	Spouse
Social Security benefits _____		
Railroad Retirement benefits _____		
Medicare B premiums w/h _____		
Medicare D premiums w/h _____		

### 6. Interest Income

Attach Form(s) 1099-INT & Broker statements

1099-INT Payer name	Tax-exempt?	Amount
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____

### 7. Partnership, Trust, Estate Income

Attach Form(s) K-1

_____
_____
_____

### 8. Dividend Income

Attach Form(s) 1099-DIV

Form 1099-DIV Payer	Ordinary	Capital gain	Tax-exempt?
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

### 9. Property Sold

Attach Form(s) 1099-S & closing statements

Property	Date acquired	Cost & Imp
_____	_____	_____
_____	_____	_____
_____	_____	_____

### 10. Other Income

Alimony received	_____
Gambling/lottery winnings	_____
Jury duty	_____
Disability income	_____
State income tax refund	_____
Other	_____
Other	_____

### 11. Adjustments to Income

Alimony paid	_____
Name _____ SS# _____	
IRA/SEP Contributions - Taxpayer	_____
IRA/SEP Contributions - Spouse	_____
Educator expenses	_____
Student loan interest	_____
Health Savings Account	_____
Other:	_____

### 12. Investments Sold

Attach Form(s) 1099-B & confirmation slips

Investment	Date acquired	Date Sold	Cost	Sale Price
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

### 13. Medical/Dental Expenses

Medical insurance premiums (paid by you) . . . . .  
 Long Term Care insurance . . . . .  
 Prescription drugs . . . . .  
 Glasses, contacts . . . . .  
 Hearing aids, batteries . . . . .  
 Braces . . . . .  
 Medical equipment, supplies . . . . .  
 Nursing care . . . . .  
 Medical therapy . . . . .  
 Hospital . . . . .  
 Doctor/Dental/Orthodontist . . . . .  
 Mileage . . . . .

### 14. Taxes Paid

Real property tax (attach bills) . . . . .  
 Personal property tax . . . . .  
 Other: . . . . .

### 15. Interest Expense

Mortgage interest paid (attach 1098's) . . . . .  
 Interest paid to individual for your home  
 (attach amortization schedule) . . . . .  
 Paid to:  
 Name . . . . .  
 Address . . . . .  
 Social Security No. . . . .  
 Investment interest . . . . .

### 16. Casualty/Theft Loss

For property damaged by storm, water, fire, accident, or stolen.  
 Location of property . . . . .  
 Description of property . . . . .  
 Amount of damage . . . . .  
 Insurance reimbursement . . . . .  
 Repair costs . . . . .  
 Federal grants received . . . . .

### 17. Estimated Tax Payments

	Federal Amount		State Amount
LY - Jan 15	_____	LY - Jan 15	_____
Q1 - Apr 15	_____	Q1 - Apr 15	_____
Q2 - Jun 15	_____	Q2 - Jun 15	_____
Q3 - Sep 15	_____	Q3 - Sep 15	_____
Q4 - Jan 15	_____	Q4 - Jan 15	_____

### 18. Charitable Contributions (receipts required)

Church . . . . .  
 United Way . . . . .  
 Scouts . . . . .  
 Telethons . . . . .  
 University, Public TV/Radio . . . . .  
 Heart, Lung, Cancer, etc. . . . .  
 Wildlife Fund., Humane society . . . . .  
 Salvation Army, Goodwill . . . . .  
 Other: . . . . .  
 Non-Cash . . . . .  
 Address . . . . .  
 City/State/Zip . . . . .  
 Value of goods (attach list if more than one) . . . . .  
 Volunteer mileage . . . . .

### 19. Miscellaneous/Unreimbursed Expenses

Dues - union, professional . . . . .  
 Books, subscriptions, supplies . . . . .  
 Licenses . . . . .  
 Tools, equipment, safety equipment . . . . .  
 Uniforms (including cleaning) . . . . .  
 Sales expense, gifts . . . . .  
 Tuition, Books (work related) . . . . .  
 Entertainment . . . . .  
 Tax preparation fee . . . . .  
 Safe deposit box . . . . .  
 IRA custodial fees . . . . .  
 Investment periodicals, advisory fees . . . . .  
 Job search expense . . . . .  
 Moving of household goods (job related) . . . . .  
 Other: . . . . .  
 Other: . . . . .

### 20. Day Care Expense (Form 2441)

Provider #1 . . . . .  
 Address . . . . .  
 City/State/ZIP . . . . .  
 EIN/SS# . . . . . Amt Pd . . . . .  
 Provider #2 . . . . .  
 Address . . . . .  
 City/State/ZIP . . . . .  
 EIN/SS# . . . . . Amt Pd . . . . .  
 Children cared for . . . . .

**Self Employment Information**

**Business Name**

<b>Total Sales</b>		Taxpayer <input type="checkbox"/>	Spouse <input type="checkbox"/>
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<b>Expenses</b>			
Advertising		Repairs Expense	
Commissions/Fees		Supplies Expense	
Dues & Publications		Taxes	
Interest Expense		Travel Expense	
Insurance		Meals & Entertainment	
Legal & Professional Fees		Telephone	
Office Expense		Utilities	
Rent (office) Expense		Wages (gross W-2)	
Equipment Rental Expense		Postage	
Auto Expense		Bank Charges	
Auto Mileage		Tools & Equipment	
		Uniforms	

<b>Assets Purchased</b>			<b>Notes</b>
Date	Amount	Asset	

<b>Cost of Goods Sold</b>	
Inventory at beginning of year	Material & supplies
Purchases	Other:
Cost of items for personal use	Other:
Cost of labor	Inventory at end of year

<b>Rental Income</b>	Property #1	Property #2	Property #3	Property #4
Address				
City/State				
<b>Rent Received</b>				
<b>Expenses</b>				
Advertising				
Auto & Travel				
Auto Miles				
Cleaning & Maintenance				
Commissions Paid				
Grounds & Gardening				
Insurance				
Interest Expense				
Legal & Professional				
Management Fees				
Repairs & Maintenance				
Supplies				
Taxes				
Utilities				
Association Dues				
Pest Control				
Other:				
Other:				
Other:				
Other:				
Other:				
Other:				