

TAX ORGANIZER

337 N Vineyard Ave 4th Floor Ste 18, Ontario, CA 91764

CALL NOW FOR AN APPOINTMENT (951)880-3938

DATE _____ DAY _____ APPT. TIME _____

Please bring the items that apply to you:

- 1. Photo I.D., Driver License or State Issued ID card.
- 2. Social Security Cards and Birth Dates for each person on your return
- 3. All copies of W-2 Wage Statements
- 4. All copies of 1099 Income Reporting Statements
- 5. Form 1099-R for Pension Income and Distribution or Rollover from Retirement accounts
- 6. Form SSA-1099 reports Social Security Benefits
- 7. Form 1099-INT or 1099-DIV reports interest and dividend income
- 8. Form W-2G reports Gambling Winnings
- 9. Form 1099-G Government Payments reports Unemployment or Family Leave Compensation or State Refunds
- 10. Form 1099-B reports Sale of Stocks or Bonds
- 11. Form 1099-S reports Sale of Real Property
- 12. Form 1098-E reports Student Loan Interest
- 13. Form 1098 Homeowners. (Bring all forms 1098-Mortgage Interest Statements)
- 14. Worksheets reporting business income and expenses
- 15. Worksheets reporting rental income and expenses
- 16. Escrow settlement statement for property bought or sold
- 17. Last Two Years of tax returns



RESIDENTIAL ENERGY EFFICIENT PROPERTY CREDIT (SOLAR CREDIT)

Bring purchase contract and certification of your residential solar unit.

CHILDCARE CREDIT

Provider's Name: _____

Phone #: _____

Address: _____

Federal ID# or SS#: _____

Amount Paid: \$ _____

EDUCATION CREDIT

Bring copy of form 1098-T from education institutions (It reports the qualified amount of tuition paid.) Also bring cost of course materials and supplies associated with form 1098-T Tuition.

HEALTH INSURANCE COVERAGE

Proof of Health Insurance Coverage for you and persons claimed on your tax return. Form 1095-B/C from your health insurance company or from your employer for proof of qualified health insurance. *Covered California (Form 1095-A "Mandatory" reports premium paid and tax credits)

MEDICAL EXPENSES

- Insurance Premium \$ _____
- Long Term Care Ins. \$ _____
- Prescription Drugs \$ _____
- Dr. Visits/CoPays \$ _____
- Dentist Expenses \$ _____
- Hospital Expenses \$ _____
- Glasses/Contacts \$ _____
- Hearing Aids/Batteries \$ _____
- Medical Miles _____

TAXES

- Payments to State \$ _____
- Real Estate \$ _____
- Supplemental R/E \$ _____
- Time Share \$ _____
- Personal Property \$ _____
- Auto License (VLF) \$ _____
- Auto License (VLF) \$ _____
- Other \$ _____

INTEREST

- Home Mortgage #1 \$ _____
 - Home Mortgage #2 \$ _____
 - If paid to Individual \$ _____
- Name: _____
Address: _____
SS#: _____

RECEIPTED CONTRIBUTIONS

- By cash or check \$ _____
- Church \$ _____
- Payroll Deductions \$ _____
- United Way \$ _____

RECEIPTED NON-CASH

- Cancer Society \$ _____
- Goodwill \$ _____
- Salvation Army \$ _____
- Veterans \$ _____
- Volunteer Expense \$ _____
- Volunteer Miles _____

MISCELLANEOUS

- Union Dues \$ _____
- Tax Prep Fee \$ _____
- Education Expense \$ _____
- Job Seeking Expense \$ _____
- Professional License \$ _____
- Professional Journals \$ _____
- Safety Equipment \$ _____
- Tools/Supplies \$ _____
- Uniform Expense \$ _____
- Business Mileage _____
- Business Travel \$ _____
- Business Meals \$ _____
- Business Phone \$ _____
- Safe Deposit Box \$ _____
- Investment Expense \$ _____
- IRA Fees \$ _____