



Tax Service Organizer
 _____ Tax Year Personal Tax Return

Please call 716-632-7886 or go to egtax.com with any questions or to schedule an appointment.

Personal Information:

Taxpayer Name: _____ **Spouse Name:** _____

Taxpayer	Spouse (if applicable)
Social Security #	Social Security #
Date of Birth	Date of Birth
Occupation	Occupation
Phone # (Home)	Phone # (Home)
Phone # (Cell)	Phone # (Cell)
Email Address	Email Address
Marital Status	Marital Status

Mailing Address	
Address	
City	
State	
Zip Code	
<i>Is this a change of address from last year's Tax Return?</i> Yes No	

Dependents	#1	#2	#3	#4
Name				
Social Security #				
Date of Birth				
Relationship				
Residence				

Filing Status as of 12/31 for prior year (Please Circle One):	<input type="radio"/> Single	<input type="radio"/> Head of Household
	<input type="radio"/> Married Filing Joint	<input type="radio"/> Married Filing Separate

Please Bring to Your Appointment:

- Copy of last year's Federal & State Tax Returns.
- Proof of identity.
- Proof of birth and relationship for dependents.
- If you pay "NYS of Health" for your health insurance, bring your 1095-A.
- If you have a health savings account, bring all tax forms (1099-SA, 5498-SA).
- Self-employment income and expenses.
- Rental property income and expenses.
- Business income on form K-1.
- Pension, IRA, trust and royalty income.
- Any other income earned and unearned.
- Copies of all W-2's



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<i>Employers for Tax Year _____ (Form W2)</i>	<i>Taxpayer Y or N</i>	<i>Spouse Y or N</i>

<i>Interest Income for Tax Year _____ (Form 1099-INT)</i>	<i>Taxpayer Y or N</i>	<i>Spouse Y or N</i>

<i>Dividend Income for Tax Year _____ (Form 1099-DIV)</i>	<i>Taxpayer Y or N</i>	<i>Spouse Y or N</i>

<i>Brokerage & Investment Income for Tax Year _____ (Form 1099-B)</i>	<i>Taxpayer Y or N</i>	<i>Spouse Y or N</i>
<i>Do you have any Crypto Currency Sales/Exchanges?</i>	Y or N	Y or N



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<i>Retirement (IRA) & Pension Income for Tax Year ____ (Form 1099-R)</i>	<i>Taxpayer Y or N</i>	<i>Spouse Y or N</i>

<i>Self-Employment Income for Tax Year ____ (Form 1099-NEC/1099 MISC/1099 K)</i>	<i>Taxpayer Y or N</i>	<i>Spouse Y or N</i>

<i>Misc. Income for Tax Year ____</i>	<i>Taxpayer</i>	<i>Amount</i>
Unemployment Income (Form 1099-G)		
Social Security Income		
Rental Income (1099 MISC/1099 K)		
Royalty Income (Form 1099-MISC)		
Partnership/"S-Corp" Income (Form K-1)		
Trust Income (Form K-1)		
Foreign Income		
Gambling Income		
1099-K Personal Use		
1099-MISC		



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<i>Other Income for Tax Year _____</i>	<i>Taxpayer Amount</i>	<i>Spouse Amount</i>
Alimony Received – Date Divorce Finalized _____	\$	\$
Jury Duty Income	\$	\$
State Tax Refund	\$	\$
Other Income: _____	\$	\$

Business Expenses:

<i>Item</i>	<i>Amount \$</i>	<i>Expense</i>	<i>Amount \$</i>
Cost of Goods Sold		Office Expenses	
Inventory (Start of Year)		Rent or Lease	
Inventory (End of Year)		Repairs/Maintenance	
Advertising		Supplies	
Business Miles		Taxes & Licenses	
Insurance		Travel & Meals	
Interest		Utilities	
Legal & Professional		Other: _____	
Home Office (sq. feet)		Other: _____	
Home (sq. feet)		Other: _____	
		Other: _____	

Rental Expenses: Property Address _____

	<i>Amount \$</i>		<i>Amount \$</i>
Advertising		Repairs	
Mileage		Supplies	
Cleaning & Maintenance		Taxes	
Home Owner Ins./PMI		Utilities	
Legal/Professional Fees		Other: _____	
Management Fees		Other: _____	
Mortgage Interest		Other: _____	

Depreciation (Assets/Capital Improvements):

<i>Description of Purchase</i>	<i>Date Placed in Service</i>	<i>Cost \$</i>



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Sale of Assets/Investments:

<i>Description</i>	<i>Purchase Date</i>	<i>Cost</i>	<i>Improvements</i>	<i>Date Sold</i>	<i>Proceeds</i>

Tuition Expenses (Form 1098-T)/1099-Q:

<i>Student</i>	<i>School</i>	<i>Qualified Tuition & Expenses \$</i>

Adjustments & Deductions to Reduce Your Taxes:

<i>Description</i>	<i>Source</i>	<i>Amount \$</i>
Educator Expenses		
Health Savings Account Contribution		
Self Employed Retirement Plan		
Self Employed Health Ins. Premiums		
Alimony Paid		
IRA Deduction (Traditional or Roth)		
Student Loan Interest Paid		
Child and/or Dependent Care Expenses		
Medical & Dental Expenses		
Medical Miles		
Long Care Insurance Premiums		

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Adjustments & Deductions to Reduce Your Taxes (cont'd):

<i>Description</i>	<i>Source</i>	<i>Amount \$</i>
Sales Tax Paid		
NYS-529 Plan Contribution		
Real Estate Taxes (Form 1098)		
Other Property Taxes		
Home Mortgage Interest (Form 1098)		
Charitable Contributions (Cash)		
Charitable Contributions (Non-Cash)		
Volunteer Miles		
Gambling Losses		
Other: _____		
Other: _____		

Are you participating in the repayment of a First-time Home buyer Credit? Y / N If yes, amount \$ _____

Additional Information & Questions:

- Bring this organizer and all supporting tax documents to your appointment.
- Plan to file your dependent’s tax return with your return in the event of “kiddie tax”.
- You may submit this form prior to your appointment by fax 716.631.7516 or email to frontdesk@egtax.com; include your name, phone number, and preparer you are working with.

Thank you for joining the EG Tax Family!!