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Tax Organizer

This organizer will assist you in gathering information necessary for the preparation of your tax return.

Personal Information:

Please enter any changes in:

Address			
Home Phone		Spouse's Home Phone	
Work Phone		Spouse's Work Phone	
Cell Phone		Spouse's Cell Phone	
Email Address		Spouse's Email Address	
Dependents			
Relationship			
Date of Birth			
Social Security Numbers			

Do you have health insurance?

Please provide these documents and check the box:

		Taxpayer	Spouse
Payroll documents	W-2		
Health Insurance	1095-A, B or C		
Interest Income	1099-INT		
Dividend Income	1099-DIV		
Pension & IRA Payments	1099-R		
Miscellaneous Income	1099-Misc		
Social Security Benefits	SSA-1099		
Unemployment Compensation	1099-G		
Gambling Income	W-2G		
Sales of Stock *	1099-B		
Rental Income *	Include details		
Sales of Real Estate	1099-S & Closing Stmt		
Other Income: Royalties, Alimony, etc	Include details		

* See Separate Worksheet

Estimated Income Taxes Paid:

	Federal Payments	Date Paid	State Payments	Date Paid
Overpayment Previous yr				
1st Qtr (due 4/15/15)				
2nd Qtr (due 6/15/15)				
3rd Qtr (due 9/15/15)				
4th Qtr (due 1/15/16)				

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Tax Organizer - Continued

Deductions:

MEDICAL AND DENTAL EXPENSES:

- Prescription medicines
- Doctors, dentists and nurses
- Hospitals and nursing homes
- Long-term care premiums
- Self-employed health insurance premiums

TAXPAYER	SPOUSE

TAXES:

- Real estate taxes paid - principal residence
- Real estate taxes paid - property held for investment
- Sales tax paid on autos, boats, and other special items
- Other taxes paid - please provide details

INTEREST PAID:

- Home mortgage interest paid - principal residence
- Mortgage interest paid - property held for investment
- * Please attach forms 1098
- Investment interest paid
- Student loan interest paid
- * Please attach forms 1098-E

CHARITABLE CONTRIBUTIONS - CASH

* Please list and retain receipts. Add additional sheets if necessary

Name of Organization:

Amount

CHARITABLE CONTRIBUTIONS - NON-CASH

* Please list and attach details

- Name of organization
- Address
- Description of donated property
- Date of contribution
- Original cost
- Fair market value

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Tax Organizer - Continued

Deductions - Continued:

RETIREMENT PLAN CONTRIBUTIONS:

	<u>Amount or Maximum</u>	<u>Date Paid</u>	<u>Check box if you plan to to make contribution by due</u>
* Traditional IRA			
* Roth IRA			
* Spouse's Traditional IRA			
* Spouse's Roth IRA			

OTHER MISCELLANEOUS DEDUCTIONS:

	Taxpayer	Spouse
Tuition and related expenses		
* Attach form 1098-T		
Educator expenses		
Union and professional dues		
Safe deposit box rental		
Investment expenses		
Other unreimbursed employee expenses		
* please list		

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Tax Organizer - Continued

Schedule C - Business Income

Type of Business	
Business name (if different)	
Business address (if different)	

Gross Sales	
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Expenses:

Accounting	
Advertising	
Auto Expenses *	
Bank Charges	
Dues & Subscriptions	
Insurance	
Mortgage Interest	
Other Interest	
Legal & Professional	
Miscellaneous	
Office Expenses	
Outside Service	
Parking & Tolls	
Postage	
Printing	
Rent	
Repairs	
Security	
Real Estate Taxes	
Payroll Taxes	
UBT Taxes	
MTA Tax	
Other Taxes	
Telephone	
Travel	
Meals & Entertainment	
Wages	
Other Expenses (please list)	
Total Expenses	-

Net income	-
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*For vehicle details see separate worksheet

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Tax Organizer - Continued

Tax Credits

Child and Dependent Care Expenses:

Person qualifying for dependent care:

Name

Date of birth

Social security number

Total dependent care expenses

Persons or Organizations Providing Dependent Care:

Name or Organization

Name of person (First/Last)

Address

Social security # or Employee ID #

Dependent #1	Dependent #2	Dependent #3

Education Credits or Tuition Deduction:

Student name

Social security number

Number of years in college

Tuition & fees

Required books and supplies

Dependent #1	Dependent #2	Dependent #3

NY College tuition savngs deduction:

529 plan contributions made

** indicate full name of plan-

If not NYS approved plan this must be indicated

Dependent #1	Dependent #2	Dependent #3

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Tax Organizer - Continued

Business Use of Home

Business name	_____
Business percentage	_____ 10%
Expenses:	_____
Mortgage interest	_____
Real estate taxes	_____
Mortgage insurance	_____
Miscellaneous	_____
Rent	_____
Repairs & maintenance	_____
Utilities	_____
Other Expenses (please list)	_____
_____	_____
_____	_____
_____	_____
_____	_____

Business Use of Vehicle

Description of vehicle	_____
Date placed in service	_____
Total mileage	_____
Business mileage	_____
Commuting Mileage	_____
Expenses:	_____
Gas	_____
Repairs	_____
Tires	_____
Insurance	_____
Misc	_____
Parking & tolls (business portion)	_____

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Tax Organizer - Continued

MISCELLANEOUS INFORMATION

Remember it is your responsibility to furnish documentation relating to ownership or authority of any foreign accounts or income.

OTHER:

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