

ON-LINE TAX ORGANIZER

Precision Tax, Inc.

410 Alabama St, Suite 101
Redlands, CA 92373
Phone: (909)307-8844
Fax: (909)307-8842
email: admin@precisiontax.net

TAXPAYER INFORMATION

	Name	Social Security Number	Birth Date	Occupation
You				
Spouse				

ADDRESS

Street Address				
City		State		Zip Code

CONTACT INFORMATION

	Home Phone	Work Phone	Cell Phone	E-mail address
You				
Spouse				

STATUS CHANGE THIS YEAR – Enter Dates

Married		Separated		Divorced	
Sold Home		Sold Property		Moved	
Spouse Deceased				Dependent Deceased	
Legally Blind	You		Spouse		

DEPENDENTS

Dep No.	Name (include last name if different)	Social Security Number	*see code letter	Months in Home during Year	Birth Date	Income if over age 18	Check if Student over 18
1							
2							
3							
4							
5							

* S = Son, D = Daughter, R = Relative, O = Other

WAGES, SALARIES AND TIPS

Please provide all forms W-2

No.	Employer Name
1	
2	
3	
4	

INTEREST INCOME

Please provide all forms 1099INT and 1099OID

No.	Name of Payer	Amount	Federal Withholding (if any)
1			
2			
3			
4			

DIVIDEND INCOME

Please provide all forms 1099DIV

No.	Name of Payer	Amount	Federal Withholding (if any)
1			
2			
3			
4			

PENSION, IRA AND GAMBLING INCOME

Please provide all forms 1099R & W-2G

No.	Name of Payer	Amount	Federal Withholding (if any)
1			
2			
3			
4			
	Winnings not reported on W-2G		
	Total gambling losses		

RETIREMENT PLAN CONTRIBUTIONS

	You			Spouse		
	contributions	withdrawals	rollovers	contributions	withdrawals	rollovers
Employer Pension Plan						
Traditional IRA						
Roth IRA						
Self-Employed, SEP, SIMPLE, & qualified plans						

MISCELLANEOUS INCOME

Please provide all forms 1099

		You	Spouse
Form 1099-B	Sales of Stock (also provide transaction history)		
Form 1099-G	State Tax Refunds		
Form 1099-G	Unemployment Received		
Form 1099-MISC	Miscellaneous Income		
Form 1099-S	Sale of Real Estate		
Form SSA-1099	Social Security Benefits		
	Alimony Received		
	Tips Received		
	Partnership & Trust Income (Provide K-1s)		

ESTIMATED TAXES PAID

Please provide canceled checks if available.

Date Due	Date Paid	Federal	State
Applied from Prior Year's Refund			
First Quarter April			
Second Quarter June			
Third Quarter September			
Fourth Quarter THIS January			

EDUCATION EXPENSES

Please provide forms 1098

	You	Spouse	Dependent	Dependent
Dependent Name:				
Form 1098-E Student Loan Interest				
Form 1098-E				
Form 1098-E				
Form 1098-T				
Form 1098-T				
Form 1098-T				
At least half-time student?				
First 2 Years?				
After First 2 Years?				
Books/Supplies				
Room/Board				
Continuing Education Expenses-Education for You & Spouse only and ONLY if job related.				
Tuition & Fees				
Seminar Fees, etc.				
Books/Supplies, etc.				

ADJUSTMENTS TO INCOME

		You	Spouse
Self-employed Health Insurance Premiums			
Educator Expenses			
Alimony Paid – Recipient Name & Address Required			
Name and Social Security No:			
Other Adjustment to Income:			

If you have been denied earned income credit by the IRS, have you been re-certified?	
If you incurred any adoption expenses this year, enter the amount.	
If you bought, sold, or gifted real estate last year, please call in advance to discuss what documents are required.	

MEDICAL AND DENTAL EXPENSES

To be deducted, medical expenses must exceed 7¹/₂% of your adjusted gross income, and then only the amount that exceeds the 7¹/₂% floor is deductible.

Doctor, dentist, hospital, nursing home, lab, x-ray expenses	
Prescriptions, glasses, hearing aids and batteries, supplies, etc.	
Mileage, travel, lodging expenses	
Insurance premiums	
Insurance reimbursement for amounts listed above	

TAXES PAID

Real Estate Taxes - Home & 2 nd Home only	
Real Estate Taxes – Investment Property (not rental)	
New motor vehicle taxes	
Vehicle License Fees	1 2 3 4
Personal Property Taxes	
State Income Tax Paid (provide cancelled checks)	
Use Taxes	
Other taxes (please specify)	

INTEREST PAID

Please provide any Forms 1098

Mortgage Interest and Points paid	
Mortgage Interest and Points paid	
Home Equity Loan Interest	
Investment or Passive Interest	

CHARITABLE CONTRIBUTIONS

Written verification is required for contributions of \$250 or more to any one organization.

Church Donations		Payroll deductions	
Red Cross		Cancer	
Heart		Scouts	
Other:			
Volunteer Expenses		Charitable Miles	
NON-CASH CONTRIBUTIONS: Clothing and household items must be good used condition or better. Provide a list of items if the total amount is more than \$500. List must include cost, fair market value, date acquired, date contributed, and name and address of organization donated to. Have receipts available.			
Fair Market Value of clothing, furniture, etc. under total annual amount of \$500			

MISCELLANEOUS DEDUCTIONS

Casualty and theft losses	
Attorney fees (to protect taxable income)	
Union and professional dues	
Employment and resume fees	
Gambling losses (limited to taxable winnings)	
Investment expenses	
IRA or Keough fees paid by you	
Licenses, fees, credentials, etc.	
Safe Deposit Box	
Tax preparation and consulting fees	
Tools, supplies, equipment	
Uniform purchase and cleaning expense	
Work related insurance, telephone, or other expense	
Other miscellaneous deductions	

CHILD OR DEPENDENT CARE EXPENSES

Care must enable you to work (or look for work) or attend school full time. Care must be for a child under 13 or individual who is physically or mentally incapable of self care.

Indicate any amount paid by employer and also any amounts incurred but not paid in current tax year.

Dependent	Provider Name	Provider Address	Phone	SS or EID #	Amount

ELECTRONIC FILING INFORMATION

The following information is required for electronically depositing your refunds into your bank account.

Name of your bank or financial institution	
Routing Transit Number (RTN) 9 digits beginning with 01 thru 12 or 21 thru 32	
Depositor Account Number	
Type of Account (checking, saving, or other)	