



## TAX ORGANIZER

PLEASE FILL OUT THE ATTACHED INCOME TAX ORGANIZER SO THAT WE CAN PREPARE YOUR INCOME TAX RETURNS FOR THE YEAR(S) THAT NEED TO BE FILED. YOU MUST COMPLETE A SEPARATE TAX ORGANIZER FOR EACH YEAR THAT NEEDS TO BE FILED. WE WILL NOT ACCEPT ONE COMPLETED TAX ORGANIZER FOR MULTIPLE YEARS UNLESS YOU CALL AND EXPLAIN THAT ALL ANSWERS TO QUESTIONS APPLY TO ALL YEARS. PLEASE ENTER THE TAX YEAR THAT YOU ARE FILLING OUT ON THE TAX ORGANIZER, ON THE TOP RIGHT CORNER OF PAGE 2.

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We will be preparing your tax returns based on the information filled out in the tax organizer and tax documents you submit.

WE NEED ALL W2 FORMS, 1099 FORMS, 1095-A FORMS AND ANY OTHER TAX RELATED DOCUMENTS.

It is your responsibility to complete the organizer accurately and completely. Please read the questions carefully before answering. If you have any questions or need assistance filling out the tax organizer, please call our office at (800)517-1807.

Please be advised that your returns are subject to evaluation by the taxing authorities. You may be requested to produce documents, records, and/or other evidence of claims of income and deductions as shown on your return. It will be ***your responsibility*** to keep these records and have them available for viewing upon requested of the taxing authorities.

Please send all requested documents to us by mail, e-mail, or fax to:

**Tax Advocate Group  
5530 Corbin Ave. Suite 226  
Tarzana, CA 91356**

Email: [processing@taxadvocategroup.com](mailto:processing@taxadvocategroup.com)

Fax: **(442)333-1097**

If you have any questions or concerns regarding your income tax returns, please contact us.  
Thank you for choosing **Tax Advocate Group!**

TAX YEAR \_\_\_\_\_

HAS THIS TAX YEAR BEEN PREPARED PREVIOUSLY? \_\_\_\_\_

**Section 1: General**

	NAME (As it appears on Social Security Card)	SSN	DOB	OCCUPATION/TITLE
TAXPAYER				
SPOUSE				

Driver's License or ID #	STATE	ISSUE DATE	EXP DATE

CURRENT STREET ADDRESS	CITY	STATE	ZIP
COUNTY	MUNICIPALITY	SCHOOL DISTRICT/CODE	

HOME PHONE		WORK PHONE	
CELL PHONE		EMAIL	

**SECTION 2: DEPENDENTS (Attach a separate sheet if you have more dependents with information)**

- Please provide Medical or School records to verify residency for any dependents *under 18 years old*.
- Please include only the dependents you can claim in this **Tax Year**

NAME (As it appears on Social Security Card)	RELATIONSHIP	SSN (Must Include)	DOB	MONTHS LIVED WITH YOU	DISABLED? Yes, or No?

### SECTION 3: Education & Healthcare

1. Did anyone attend school full time? If yes, who? \_\_\_\_\_
2. If Dependent worked then how much did they earn? \$ \_\_\_\_\_
3. Did Dependent file taxes? \_\_\_\_\_ Did they claim income on their tax return? \_\_\_\_\_
4. What was the amount of out-of-pocket tuition paid? \_\_\_\_\_ (Provide 1098-T)
5. Amount paid for necessary Books and Supplies \$ \_\_\_\_\_
6. Did you pay Student Loans? \_\_\_\_\_ If yes, Interest? \$ \_\_\_\_\_

### SECTION 4: Filing Status: Please check ONE

**MARRIED FILING JOINT**

**MARRIED FILING SEPARATE**

- **Must include Spouse's information for MFS**

Full Name \_\_\_\_\_

SSN: \_\_\_\_\_

DOB \_\_\_\_\_ Itemizing or standard deduction? \_\_\_\_\_

**SINGLE**

**HEAD OF HOUSEHOLD**

- Must list all dependent information on Page 2 (Section 2)

**QUALIFYING WIDOWER**

## Section 5: Income, Income Offset and Miscellaneous

[REVIEW, CHECK, CIRCLE AND FILL OUT ALL QUESTIONS THAT APPLY]

- **Income Type for YOU or MFJ Spouse:** W2, 1099/Cash/Self Employed, Social Security, Retirement, Unemployment, Tips, Other: \_\_\_\_\_
- **YOU AND, IF APPLICABLE, ALL YOUR QUALIFYING DEPENDENTS HAVE MEDICAL INSURANCE.**  
Who is your health insurance provider? \_\_\_\_\_  
Did you have coverage the entire year? Y / N  
Did you purchase health Insurance from a State marketplace? Y / N (PROVIDE 1095-A)
- Someone else claims you as a dependent
- You and your spouse lived apart during the year. If yes, did you live together at any time after June 30? \_\_\_\_\_
- You or your spouse were a resident of another state or earned income in another state during the last year.  
Previous State Lived In? \_\_\_\_\_ When did you reside there? \_\_\_\_\_ to \_\_\_\_\_  
Any Other State? \_\_\_\_\_
- You purchased a home in 2008 and received up to \$7,500 First Time Home Buyers Credit.
- Sold a Home. Circle all that apply: Personal, Rental, and/or 2<sup>nd</sup> Home
- You have Foreign Income. Circle all that apply: Trust or Bank Accounts
- You Filed Bankruptcy
- **Sold Stocks or Bonds – Need End Year Account Summary**
- **Bought or Sold Crypto - Need End of Year Account Summary**
- Received Interest / Dividends
- You contributed to an IRA. Circle all that apply: Traditional/ Roth/SIMPLE/SEP/KEOGH (**Not 401K**). Taxpayer \$ \_\_\_\_\_ Spouse \$ \_\_\_\_\_
- Alimony Paid to (Recipient Full Name) \_\_\_\_\_ and SSN: \_\_\_\_\_
- Alimony Received \$ \_\_\_\_\_
- Cancellation of debt - Provide 1099-C
- Gave a gift worth more than \$14,000. How much? \_\_\_\_\_
- Federal/State Estimated Tax Payments If yes, Federal \$ \_\_\_\_\_ State \$ \_\_\_\_\_  
**(Need Proof of Estimated Tax Payments)**

### HOW MUCH DID YOU RECEIVE FOR THE ECONOMIC IMPACT STIMULUS PAYMENT?

1st Payment \$ \_\_\_\_\_ 2nd Payment \$ \_\_\_\_\_ 3rd Payment \$ \_\_\_\_\_

**Did you Receive Advance Child Tax Credit?** \_\_\_\_\_ **Total \$** \_\_\_\_\_

### CHILD CARE EXPENSES (Note: this information is required for each provider)

Provider's Name \_\_\_\_\_ Provider's SSN/EIN \_\_\_\_\_  
Provider's Address \_\_\_\_\_  
Provider's Phone Number \_\_\_\_\_ Amount Paid \$ \_\_\_\_\_

## ITEMIZED DEDUCTION WORKSHEET (SCHEDULE A)

### MEDICAL AND DENTAL EXPENSES:

Medical & Dental Insurance Premiums (not on W2s) \$ \_\_\_\_\_  
Office Copay \$ \_\_\_\_\_  
Lab Fees \$ \_\_\_\_\_  
Prescription/copays \$ \_\_\_\_\_  
Other transportations \$ \_\_\_\_\_  
Total medical miles driven \$ \_\_\_\_\_  
Fees for hospital care \$ \_\_\_\_\_  
Long term hospital care \$ \_\_\_\_\_  
Dental/Orthodontics \$ \_\_\_\_\_  
Glasses/Contacts \$ \_\_\_\_\_  
Medical Aides (crutches, seeing eye dogs, wheelchairs) \$ \_\_\_\_\_

### TAXES PAID:

Car Registration \$ \_\_\_\_\_ General Taxes \$ \_\_\_\_\_  
Real Estate Taxes \$ \_\_\_\_\_ Purchase Car Sales Tax \$ \_\_\_\_\_  
Other Taxes \_\_\_\_\_ \$ \_\_\_\_\_

### INTEREST PAID:

Home Mortgage Interest \$ \_\_\_\_\_ ☐ Reported on form 1098 ☐ Not reported  
Points \$ \_\_\_\_\_ ☐ Reported on form 1098 ☐ Not reported  
Mortgage Insurance Premiums \$ \_\_\_\_\_ Investment Interest \$ \_\_\_\_\_

### GIFTS TO CHARITY:

Organization \_\_\_\_\_ Cash/Check \$ \_\_\_\_\_  
Organization \_\_\_\_\_ Cash/Check \$ \_\_\_\_\_

### NON-CASH/DONATED GOODS

(Over \$500, please provide itemized receipts w/ date, address and type of item FMV):

Organization \_\_\_\_\_ FMV \$ \_\_\_\_\_  
Organization \_\_\_\_\_ FMV \$ \_\_\_\_\_

Did you donate a vehicle? ☐ If yes, then fill out the following information:

Vehicle Identification Number \_\_\_\_\_  
Make/Model/Year \_\_\_\_\_ Date \_\_\_\_\_  
FMV \_\_\_\_\_ Volunteer miles \_\_\_\_\_

### CASUALTY AND THEFT LOSSES:

Description of Property \_\_\_\_\_ Date casualty/loss occurred \_\_\_\_\_  
Cost/Value of property \$ \_\_\_\_\_ Insurance Reimbursement \$ \_\_\_\_\_  
Fair Market value \$ \_\_\_\_\_ Fair Market Value After \$ \_\_\_\_\_



DO NOT CONTINUE UNLESS YOU ARE SELF-EMPLOYED (1099), CASH  
(SCHEDULE C) OR OWN A RENTAL/TENANT PROPERTY (SCHEDULE E)

## SELF-EMPLOYED BUSINESS EXPENSES (SCHEDULE C):

### Only fill out if you have 1099/Cash Income

Please use a separate worksheet for each business. Do not duplicate expenses!

Name of Business \_\_\_\_\_  
Owner \_\_\_\_\_ Type of Business \_\_\_\_\_  
EIN \_\_\_\_\_ Sole Proprietor \_\_\_\_\_ or LLC \_\_\_\_\_  
Separate Address \_\_\_\_\_

Cash/Check/Credit Income \$ \_\_\_\_\_  
1099/1099K Income \$ \_\_\_\_\_  
**TOTAL INCOME** \$ \_\_\_\_\_

#### EXPENSES: MUST BE ORDINARY AND NECESSARY FOR YOUR BUSINESS TO BE DEDUCTIBLE!

1. Did you pay \$600 or more in the year to any Individual for Contract Labor, Yes or No? \_\_\_\_\_
2. Did you file form 1099 for the Contract Individual, Yes or No? \_\_\_\_\_
3. Did you sell any Business Assets, Yes or No? \_\_\_\_\_

Expense	Cost	Expense	Cost
Accounting	\$	Laundry & Cleaning	\$
Advertising / Promotion	\$	Legal & Professional	\$
Bank Charges	\$	Licenses & Permits	\$
Cellphone	\$	Materials	\$
Commissions	\$	Meals	\$
Computers / Software	\$	Office Supplies	\$
Continuing Education classes & Seminars	\$	Rental - Property	\$
Contract Labor	\$	Rental Equipment	\$
Delivery & Freight	\$	Repairs	\$
Deprecation	\$	Security	\$
Dues & Subscriptions	\$	Shipping/Postage	\$
Entertainment	\$	Supplies	\$
Gasoline - Vehicle	\$	Taxes - Payroll	\$
Interest	\$	Taxes - Sales	\$
Internet	\$	Uniforms	\$
Janitorial	\$	Utilities	\$

**SCHEDULE C - Continued**

**ADDITIONAL EXPENSES:**

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

**BUSINESS RELATED MILEAGE (Must keep written mileage log)**

**Vehicle 1:**

Date vehicle was placed in service \_\_\_\_\_ Total business-related miles \_\_\_\_\_  
Make/Model/Year \_\_\_\_\_  
Total Miles driven (regardless of purpose) \_\_\_\_\_  
Insurance \$ \_\_\_\_\_  
Parking Fees, tolls, transportation (bus, train) \$ \_\_\_\_\_  
Other car expenses, please specify: \_\_\_\_\_  
Vehicle available after hours? YES / NO Is this Vehicle used for Personal Use? YES / NO  
Do you have another Vehicle? \_\_\_\_\_

**Vehicle 2:**

Date vehicle was placed in service \_\_\_\_\_ Total business-related miles \_\_\_\_\_  
Make/Model/Year \_\_\_\_\_  
Total Miles driven (regardless of purpose) \_\_\_\_\_  
Insurance \$ \_\_\_\_\_  
Parking Fees, tolls, transportation (bus, train) \$ \_\_\_\_\_  
Other car expenses, please specify: \_\_\_\_\_  
Vehicle available after hours? YES / NO Is this Vehicle used for Personal Use? YES / NO  
Do you have another Vehicle? \_\_\_\_\_

**Cost of Goods Sold**

Cost of beginning inventory 01/01 \$ \_\_\_\_\_ Ending Inventory 12/31 \$ \_\_\_\_\_  
Purchases \$ \_\_\_\_\_ Returns \$ \_\_\_\_\_  
Supplies, shipping, & other cost of productions \$ \_\_\_\_\_

**Home Office (Must Be Separate Designated Area for Business Use)**

Total square footage of home: _____	Square footage used for business: _____
Mortgage Interest Paid \$ _____	Rent paid \$ _____
Insurance \$ _____	Property Taxes \$ _____
Repairs \$ _____	Utilities \$ _____
Other _____	



DO NOT CONTINUE UNLESS YOU OWN A RENTAL/TENANT  
PROPERTY (SCHEDULE E)

## RENTAL INCOME (SCHEDULE E)

Only fill out if you **OWN** a Tenant or Rental Property

Please fill out a separate worksheet for each rental business. Do not duplicate expenses!

Physical address of property: \_\_\_\_\_

Type of property: \_\_\_\_\_

Total days rented: \_\_\_\_\_ Total days used for personal use: \_\_\_\_\_

Owned/operated by: Taxpayer \_\_\_\_\_ or Spouse: \_\_\_\_\_

Do you actively participate: Yes \_\_\_\_\_ or No \_\_\_\_\_?

### INCOME

Rent Received: \$ \_\_\_\_\_

Income from 1099s: \$ \_\_\_\_\_

TOTAL INCOME: \$ \_\_\_\_\_

### EXPENSES: EXPENSES MUST BE ORDINARY AND NECESSARY TO BE DEDUCTIBLE.

Advertising \$ \_\_\_\_\_

Association Dues/HOA \$ \_\_\_\_\_

Cleaning and Maintenance \$ \_\_\_\_\_

Contract Labor \$ \_\_\_\_\_

Homeowners Insurance \$ \_\_\_\_\_

Gardening \$ \_\_\_\_\_

Legal & Professional fees \$ \_\_\_\_\_

Managements Fees \$ \_\_\_\_\_

Mortgage Interest paid to banks \$ \_\_\_\_\_

Supplies \$ \_\_\_\_\_

Property Taxes Paid \$ \_\_\_\_\_

Repairs \$ \_\_\_\_\_

Utilities \$ \_\_\_\_\_

Travel \$ \_\_\_\_\_

Cellphone \$ \_\_\_\_\_

Painting \$ \_\_\_\_\_

Pest control \$ \_\_\_\_\_

Other \$ \_\_\_\_\_

TOTAL EXPENSES \$ \_\_\_\_\_

### DEPRECIATION (Please include prior year Tax Return)

Property Value/Purchase Price \$ \_\_\_\_\_ Land Value/ Purchase Price: \$ \_\_\_\_\_

Date put in service: \_\_\_\_\_ Did you do any improvements? If yes, please describe:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_