



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.

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 (866)274-0343.

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:

Amity One Tax
21625 Prairie St. Suite 200
Chatsworth, CA 91311

Email: processing@amitytaxgroup.com

Fax: **(442)333-1108**

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

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 2nd 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:
