

TAX ORGANIZER

Dear ,

Enclosed is your Tax Organizer for tax year 2014.

Your Organizer contains several sections that include common expenses and deductions that many taxpayers overlook. Please review these sections carefully. Depending upon your tax bracket, you may save as much as \$35 for each \$100 in deductible expenses you find in your 2014 records.

If our firm prepared your return last year, your prior year amounts are included in the Prior Year Amount column of your Organizer. Use this information to help you remember the types of income and deductions you reported last year.

To complete the Organizer, enter all relevant information in the designated areas on each page. Please add any notes or questions that will help us prepare a complete and accurate return for you and to plan with you how to manage your tax situation in future years.

If you answer 'Yes' to any of the General Business and Investment questions, please provide detailed information with your answer.

We have scheduled your appointment for:

Day:

Date:

Time:

When you arrive for your appointment, please bring your Organizer and any of the following that apply to your tax situation:

- Last year's tax return (if not in our possession)
- Original Form(s) W-2
- Schedule(s) K-1 from partnerships, S-corporations, estates or trusts
- Information about contributions to a pension or other retirement plan if this is the first year you received income from the plan
- Form(s) 1099 or statements reporting dividend, interest, retirement or other income
- Broker statements providing details of capital gains transactions
- Form(s) 1098 and copies of real estate tax bills, etc.
- Legal documents pertaining to the sale or purchase of real property

If you have any questions before your scheduled appointment, please give us a call.

Sincerely,

John Willyoung
4301 West Cayuga Street
Tampa, FL 33614
813-872-0077
cpa@willyoung.com

Organizer Options

1 Appointment Information

Date:

Day:

Time:

2 Miscellaneous

Check ("X") to SUPPRESS Social Security Numbers throughout this organizer.

3 Printing

**Check ("X") to include
in printed Organizer**

- Pg 1 - Basic Info, Dependents, Wages, and Pensions
 - Pg 2 - General Questions
 - Pg 3 - Interest, Dividends, and K-1
 - Pg 4 - Stocks, Other income, and Adjustments to income
 - Pg 5 - Itemized deductions and Education Expenses
 - Pg 6 - Estimates
 - Pg 7 - Vehicle and Business use of home
 - Pg 8 - Comments
 - Custom
-

Willyoung and Company
John Willyoung
4301 West Cayuga Street
Tampa, FL 33614



Organizer Mailing Slip

TAX ORGANIZER

Basic Taxpayer Information

	First Name	Initial	Last Name	Suffix	Social Security No.
Taxpayer					
Spouse					

	Date of Birth	Check if			
Occupation		Disabled	Blind	Dependent of Another	Presidential Election Contrib.
Taxpayer					
Spouse					

Street & Apt/Suite			Phone Res:	
City, State & Zip			Phone Work:	
Foreign country			Cell Phone:	
Foreign province				
Foreign postal code				
E-mail Address				

School District _____

Filing Status 1 - Single; 2 - Married filing joint; 3 - Married filing separate; 4 - Head of Household; 5 - Qualifying Widower

Dependent Information

	First Name	Last Name	Social Sec. No.	Relationship	Months in home	Date of Birth	Disabled or full time student
1							
2							
3							
4							
5							
6							

Wages and Salaries

	Employer Name	Wages	Federal Tax Withheld	FICA Withheld	Medicare Withheld	State Tax Withheld	Local Tax Withheld
1							
2							
3							
4							
5							
6							

Pensions and IRAs

	Payer's Name	Gross Distribution	Taxable Distribution	Federal Tax Withheld	IRA
1					
2					
3					
4					

Attestation and Signature:

To the best of my knowledge the enclosed information is correct and includes all income, deductions, and other information necessary for the preparation of this year's income tax returns for which I have adequate records.

Sign _____ Date _____

here _____ Date _____

General Questions

Please check if "Yes" and provide documentation, if possible.

- | | |
|--|---|
| | 1. Has your marital status changed? |
| | 2. Were you in a Registered Domestic Partnership, civil union or same-sex marriage during 2014? |
| | 3. Have you been notified by the IRS of changes to a prior year's return, or received any other tax correspondence? |
| | 4. Are you being claimed as a dependent by another person? |
| | 5. Are there any changes in the dependent information from the prior year? |
| | 6. Did you have any children under 19 (or 24 if a full time student) who received more than \$1,000 in investment income? |
| | 7. Do you have dependents who are neither U.S. citizens nor U.S. residents? |
| | 8. Did you provide over half of the support for another person (or persons) during the year? |
| | 9. Did you purchase or sell a principal residence? |
| | 10. Did you receive payments from a pension or profit sharing plan? |
| | 11. Did you receive any distributions from an IRA or other qualified plan? |
| | 12. Did you receive any disability income? |
| | 13. Did you receive any foreign income or pay any foreign taxes? |
| | 14. Did you receive interest from a bank account or other financial account based in a foreign country? |
| | 15. Were you the grantor of or transferor to a foreign trust? |
| | 16. Were either you or your spouse enlisted in the military or National Guard? |
| | 17. If you or your spouse are self-employed, are either of you covered under an employer's health plan at another job? |
| | 18. Did you file Form 8839, Adoption Credit, in a previous year or incur adoption expenses in 2014? |
| | 19. Did you claim a First-time Homebuyer Credit for a home purchased in 2008? |
| | 20. Was there a disposition or change in use of your main home for which you claimed the First-time Homebuyer Credit? |
| | 21. Did you receive proceeds from an installment sale? |
| | 22. Did you make a loan at an interest rate below market rate? |
| | 23. Did you make gifts of more than \$14,000 to any one person? |
| | 24. Were there any changes to a prior year's income, deductions, or credits? |
| | 25. Did your employer pay premiums on life insurance in excess of \$50,000? |
| | 26. Were any payments made on student loans? |
| | 27. Did you pay any educational tuition or fees for you or a dependent? |
| | 28. Did you purchase a 'clean fuel' or electric hybrid vehicle in 2014? |
| | 29. Did you refinance a mortgage or take out a home equity loan? |
| | 30. Were any contributions made to a traditional or Roth IRA for 2014? |
| | 31. Did you make any contributions to HSA (Health Savings Account) in 2014? |
| | 32. Was there any month in 2014 where the individual health insurance mandate was not met for you or your dependents? |
| | 33. Did you receive Form 1095-A, Health Insurance Marketplace Statement? |
| | 34. Did you have a Health Insurance Marketplace granted coverage exemption or are you claiming a coverage exemption? |

Business and Investment Questions

- | | |
|--|--|
| | 1. Did you receive stock from a stock bonus plan with your employer? |
| | 2. Did you buy or sell any bonds? |
| | 3. Did you surrender any U.S. savings bonds? |
| | 4. Did you suffer a casualty, theft or condemnation? |
| | 5. Did you start a business, purchase a rental property or farm, or acquire interests in partnerships or S-corporations? |
| | 6. Did you own any investments for which you were not personally at-risk? |
| | 7. Did you own any interest in a Real Estate Mortgage Investment Conduit (REMIC)? |
| | 8. Did you sell any property or equipment on installments? |
| | 9. Did you incur any business-related educational expenses? |
| | 10. Did you incur any travel and entertainment expenses? |
| | 11. Did you purchase any special fuels for non-highway use? |
| | 12. Did you make any contributions to a Keogh or a self-employed SEP, SIMPLE or Qualified plan? |

Interest Income

Please provide copies of all Form 1099-INT or other statements reporting interest income.

* F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint.

*F/S/J	Payer
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	
12	

Taxable Interest Income		Tax Exempt Interest		Specified Priv Act Interest	
Prior Year Amount	Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount	Current Year Amount

Dividend Income

Please provide copies of all Form 1099-DIV or other statements reporting dividend income.

* F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint.

*F/S/J	Payer
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	
12	

Ordinary Dividends		Qualified Dividends		Capital Gains
Prior Year Amount	Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount

Income or Loss from Partnerships, S Corporations, and Trusts

	Name	Income	Loss	Other Expenses	Passive (Yes / No)	*P/S/T
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						

*P/S/T - enter entity type (P)partnership, (S) Corporation, (T)rust

Gains or Losses from Sales of Stocks, Securities or Other Assets

	Kind of Property and Description	Date acquired	Date sold	Sales Price	Cost or other basis
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					

Other Income

		Prior Year Amount	Current Year Taxpayer	Current Year Spouse
1	Taxable refunds of state and local income taxes			
2	Alimony received			
3	Business income or (loss) - Schedule C			
4	Other gains or (losses) - Form 4797			
5	Rents and royalties - Schedule E pg 1			
6	Farm income or (loss) - Schedule F			
7	Unemployment compensation			
8	Total social security benefits			
9	Tips			
10	Child care taxable benefits			
11	Prizes and awards			
12	Scholarships and fellowships			
13	Other income not provided for in this organizer			
14				
15				
16				

Adjustments to Income

		Prior Year Amount	Current Year Taxpayer	Current Year Spouse
1	Educator expenses			
2	Business expenses of reservists, performing artists and fee-based gov officials			
3	Health savings account deduction			
4	Moving expenses			
5	Self-employed SEP, SIMPLE, and qualified plans			
6	Penalty on early withdrawal of savings			
7	Alimony paid			
8	Your IRA contribution			
9	Spouse's IRA contribution			
10	Student loan interest			
11	Tuition and fees			

Itemized Deductions

		Prior Year Amount	Current Year Amount
1a	Medical and dental expenses (other than long-term care premiums)		
1b	Long-term care premiums Taxpayer Spouse		
2	Other state and local taxes paid not reported elsewhere in this Organizer		
3	State and local income taxes paid		
4	Real estate taxes		
5	Personal property taxes		
6	Other taxes		
7	Home mortgage interest and points reported on Form 1098		
8	Home mortgage interest not reported on Form 1098 Name: Address: SSN:		
9	Home mortgage points not reported on Form 1098		
10	Qualified mortgage insurance premiums		
11	Investment interest paid		
12	Gifts to charity by cash or check		
13	Gifts to charity other than by cash or check		
14	Mileage driven to charitable activities		
15	Casualty and theft losses - Form 4684		
16	Unreimbursed employee expenses		
	Travel expenses (exclude meals)		
	Meals and entertainment		
	Parking and tolls (enter other vehicle information on Page 7)		
	Telephone used for employer's business (allocate cost)		
	Professional organization or union dues		
	Educational expenses required to maintain your job		
	Office in home required by employer		
	Tools and equipment		
	Uniform and protective clothing		
	Professional journals subscriptions		
	Job seeking costs		
	Other		
17	Tax preparation fees		
18	Other expenses		
	Investment expenses		
	Safe deposit box rental		
	Other		
19	Other miscellaneous deductions		

Education Expenses

	Student's Name	Type of Expense	Year of School	Amount
1				
2				
3				
4				
5				
6				

Child or Dependent Care Expenses

	Persons or Organizations Who Provided the Care		Social Security or ID Number	Amount Paid
	Name	Address		
1				
2				
3				
4				

