



TAX ORGANIZER

This Tax Organizer is designed to help you collect and report the information needed to prepare your income tax return. The attached worksheets cover income, deductions, and credits, and will help in the preparation of your tax return by focusing attention on your special needs.

Enter your information in the designated areas on the worksheets. If you need to include additional information, you may use the back of a worksheet or an additional page.

Please provide a copy of your prior year tax return, or most recently filed year, if we did not prepare them last year.

Note: The General Questions and Business/Investment Questions worksheets include a variety of questions designed to assist in completing your tax return. If you answer yes to any of the questions, be sure to provide the applicable details.

Please provide the following information:

- Picture Identification for Taxpayer and Spouse
- Proof of Residency for all dependents (approved sources: school, place of worship, medical, etc.).
– If applicable, copy of Divorce Decree page verifying years dependent(s) can be claimed.
- Copy most recently filed federal and state tax returns (if not in our possession).
- Original Form(s) W-2.
- Schedule(s) K-1 showing income or loss from partnerships, S-corporations, estates or trusts.
- Copies of other compensation or pension documentation, such as Form 1099-NEC, 1099-MISC, or Form 1099-R.
- Form(s) 1099-INT/1099-DIV or statements reporting dividend and interest income.
- Brokerage statements showing transactions for stocks, bonds, etc. (1099-B).
- Form(s) 1098 reporting interest paid, copies of real estate tax bills and other information relating to real property holdings or student loan interest.
- Copies of closing statements regarding the sale or purchase of real property or vehicles.
- All other information notices you received, or any items you have questions about.

Thank you for taking the time to complete this Tax Organizer.

Pure Accounting, LLC

(385) 326-5863

Nicole@pureaccounting.org



ATTACH THE FOLLOWING DOCUMENTS – WHERE APPLICABLE

REQUIRED IDENTIFICATION

<input type="checkbox"/>	Taxpayer and Spouse	Driver’s License, State I.D., Passport (front only), or Green Card
<input type="checkbox"/>	Dependents	Identifying document, with name and address for each dependent (i.e., School Record or Medical Bill)
<input type="checkbox"/>	Identify Theft Victims	Annual IRS provided Protected Tax Identification Number (PTIN) Letter

INCOME SOURCES (Form Number w/brief description)

<input type="checkbox"/>	W-2/W-2G/W-2C	Wage, Gambling, Corrected Income
<input type="checkbox"/>	K-1	Pass-through Income (<i>Partnership, S-Corp, Trust Estate</i>)
<input type="checkbox"/>	1095-A	Market Place Health Coverage Credits/Payments
<input type="checkbox"/>	SSA-1099	Social Security Income
<input type="checkbox"/>	1099-B	Sale of Stocks or Bonds Income
<input type="checkbox"/>	1099-DIV	Dividend Income
<input type="checkbox"/>	1099-G	State Refund or Unemployment Income
<input type="checkbox"/>	1099-INT	Interest Income
<input type="checkbox"/>	1099-K	Merchant Sales Income
<input type="checkbox"/>	1099-NEC / 1099-MISC	Business/Rental/Other Income
<input type="checkbox"/>	1099-Q	Qualified Education Program Income
<input type="checkbox"/>	1099-R	Retirement/Pension Income
<input type="checkbox"/>	1099-S	Sale of Real Property Income
<input type="checkbox"/>	Other	Alimony Award (<i>for Divorces finalized prior to December 31, 2018</i>) , Jury Duty, Unreported

CONTRIBUTION AND DEDUCTION SOURCES (Form Number w/brief description)

<input type="checkbox"/>	1098-E	Student Loan Interest Paid
<input type="checkbox"/>	1098-T	Tuition Paid
<input type="checkbox"/>	1098 MORT	Mortgage Interest Paid
<input type="checkbox"/>	5498	IRA Contributions
<input type="checkbox"/>	5498-SA	HSA, MSA, ARCHER Contributions
<input type="checkbox"/>	Statement or Receipt for Taxes Paid	<input type="checkbox"/> Receipt/Statement for Child Care
<input type="checkbox"/>	Summary of Medical Expenses (Doctors, Labs/Xrays, Prescriptions, Eye Exams, Dentists, etc.)	
<input type="checkbox"/>	Charitable Contribution Receipts (Cash and Non-Cash)	
<input type="checkbox"/>	Summary of Medical Miles Driven and Charitable Miles Driven	
<input type="checkbox"/>	Statement for Real Estate Taxes Paid	
<input type="checkbox"/>	Military Move Costs (No food)	
<input type="checkbox"/>	Receipt of Alimony Paid (<i>for Divorces finalized prior to December 31, 2018</i>) INCLUDE Recipient Name, SSN/ITIN/ATIN, and State of Residence	

ADDITIONAL INFORMATION

Additional dependents, Change in Dependents, Marriage, Divorce, Address Change, etc.



TAXPAYER INFORMATION	
Full Name:	Dependent of someone else: <input type="checkbox"/> Yes <input type="checkbox"/> No
SSN/ITIN/ATIN:	Date of Birth: (mm/dd/yyyy)
Occupation:	Student: <input type="checkbox"/> Yes <input type="checkbox"/> No
Work Phone:	Home/Cell Phone:
Email Address:	
Mailing Address:	
City, State, Zip:	

SPOUSE INFORMATION	
Full Name:	
SSN/ITIN/ATIN:	Date of Birth: (mm/dd/yyyy)
Occupation:	Student: <input type="checkbox"/> Yes <input type="checkbox"/> No
Work Phone:	Home/Cell Phone:
Email Address:	
Mailing Address:	
City, State, Zip:	

DEPENDENT(S) INFORMATION	
1. Full Name:	
SSN/ITIN/ATIN:	Date of Birth (mm/dd/yyyy):
Student: <input type="checkbox"/> Yes <input type="checkbox"/> No	Childcare <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, complete on page 3
2. Full Name:	
SSN/ITIN/ATIN:	Date of Birth (mm/dd/yyyy):
Student: <input type="checkbox"/> Yes <input type="checkbox"/> No	Childcare <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, complete on page 3
3. Full Name:	
SSN/ITIN/ATIN:	Date of Birth (mm/dd/yyyy):
Student: <input type="checkbox"/> Yes <input type="checkbox"/> No	Childcare <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, complete on page 3
4. Full Name:	
SSN/ITIN/ATIN:	Date of Birth (mm/dd/yyyy):
Student: <input type="checkbox"/> Yes <input type="checkbox"/> No	Childcare <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, complete on page 3
5. Full Name:	
SSN/ITIN/ATIN:	Date of Birth (mm/dd/yyyy):
Student: <input type="checkbox"/> Yes <input type="checkbox"/> No	Childcare <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, complete on page 3
6. Full Name:	
SSN/ITIN/ATIN:	Date of Birth (mm/dd/yyyy):
Student: <input type="checkbox"/> Yes <input type="checkbox"/> No	Childcare <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, complete on page 3



BLIND OR PERMANENTLY DISABLED	
Are any of the above persons Legally Blind or Permanently Disabled: <input type="checkbox"/> Yes <input type="checkbox"/> No	
If so, please list name of person(s) here:	

DAYCARE/CHILDCARE INFORMATION	
Provider Name:	EIN/SSN/TIN:
Location where care provided:	
Was the care provided at your home? <input type="checkbox"/> Yes <input type="checkbox"/> No	Childcare Costs:

HIGHER EDUCATION SCHOOL INFORMATION	
School Name:	EIN:
School Address:	
Was Form 1098-T received? <input type="checkbox"/> Yes <input type="checkbox"/> No	Tuition Expense:
Add'l School Expenses (labs, books, housing, computers, etc.). Please provide receipts:	

RESIDENCY INFORMATION	
Part-year State Resident: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Move:
Former State of Residence:	Current State of Residence:

DIGITAL CURRENCY
During the year, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, gift, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? <input type="checkbox"/> Yes <input type="checkbox"/> No

ESTIMATED TAX PAYMENTS	
Did you make any estimated tax payments towards the current year anticipated liability? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, Please provide below, the dates and amounts for each payment:	
Date/Amount:	Date/Amount:
Date/Amount:	Date/Amount:

DIRECT DEPOSIT OF REFUND	
If you receive a refund, would you like Direct Deposit? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please provide a Voided Check (not a Deposit Slip) and complete the following:	
Bank Routing #	Account #:
Which account would you like it deposited to? <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
Financial Institution Name:	

Business (Self-employment) Information on next page.



BUSINESS INCOME AND EXPENSES

Who owns the business? <input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Joint			
Accounting Method: <input type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Hybrid			
Business Name:			
EIN:		NAICS Code (if known):	
What does the business do?			
Mailing Address:			
City, State, Zip:			
Was this business disposed of in a fully taxable transaction during the year? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Do you materially participate in this business? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you carry Inventory? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If YES, was there a change in determination methods between opening/closing inventory? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If YES, attach explanation	
Business started or acquired in current year? <input type="checkbox"/> Yes <input type="checkbox"/> No (If YES, include associated costs in financials)	
1099-NEC Contractors Paid? <input type="checkbox"/> Yes <input type="checkbox"/> No	1099-NEC forms Filed? <input type="checkbox"/> Yes <input type="checkbox"/> No

Business Income and Expenses:

Attach either an Income/Expense Summary, Spreadsheet*
or Business Financials (Profit & Loss Statement and Balance Sheet)

An Excel spreadsheet or Google Sheets format is available upon request

VEHICLE(S) used for Business Purposes: (Attach additional sheets if needed for additional vehicles)If		
Year:	Make:	Model:
Date Placed in Service:		
Original Purchase Date & Cost: (If new purchase or depreciation is requested)		
Business Miles Driven:		Commute/Personal Miles:
Year:	Make:	Model:
Date Placed in Service:		
Original Purchase Date & Cost: (If new purchase or depreciation is requested)		
Business Miles Driven:		Commute/Personal Miles:

HOME OFFICE (Address will be same as residence):	
Total Sq. Footage:	Daycare/Office/Storage Sq Footage:
Percentage used solely for Business/Daycare Purposes:	
DAYCARE ONLY – Operating Information	
Weeks per Year:	Days per Week: Days Closed per Year:
Hours Open per Day:	Number of Hours Available for Use (8,760 max):