CLIENT TAX ORGANIZER

version 12.0

CLIENT TYPE

☐ Returning Client

☐ New Client referred by > Name of Referral ____

☐ New Client: Found you on > ☐ Yelp ☐ Google ☐ Facebook Group ☐ Internet Search ☐ Other

FILING STATUS

Check only ONE

☐ Single ☐ Married Filing Joint ☐ Married Filing Separate ☐ Head Of Household

TAXPAYER 1

Social Security Number ______ - _____ - __________

First name _____________________________ Middle Initial ____

Last Name ____

Date of Birth (mm/dd/yyyy) ____ /_____ /__________

Occupation(s) (for the tax return we are working on) ____

Phone number(s) ____

Email address ____

TAXPAYER 2 aka SPOUSE

Social Security Number ______ - _____ - __________

First name _____________________________ Middle Initial ____

Last Name ____

Date of Birth (mm/dd/yyyy) ____ /_____ /__________

Occupation(s) (for the tax return we are working on)_____________________________________

Phone number(s) ____

Email address ____

ADDRESS

Street Address ____ Apt # __________

Zip Code _______________ City _______________________________________ State _____

☐ Check here if you will be moving from this address *RIGHT AFTER* we file this return.

RESIDENCY

Answer this according to where you lived, NOT where you worked.

☐ I lived in ONE state during this tax year.

☐ I lived in MORE than one state during this tax year.

☐ I lived OUT OF THE COUNTRY during this tax year.

☐ I lived OUT OF THE COUNTRY for a part of this tax year and in one state.

☐ I lived OUT OF THE COUNTRY for a part of this tax year and more than one state. I am a nomad.

FOREIGN ACCOUNTS

ALL CLIENTS MUST FILL THIS OUT SAYS THE IRS!

☐ We did NOT have any foreign accounts.

☐ We did have foreign account(s) BUT the balance *never* exceeded $10,000 in any one month.

☐ We did have foreign accounts ***AND*** the balance exceeded $10,000 a month ***at least*** once. I understand that I must fill out Page 9 the Foreign Accounts section.

VIRTUAL CURRENCY

ALL CLIENTS MUST FILL THIS OUT SAYS THE IRS!

☐ No, we did **NOT** dabble in virtual currency during this tax year.

☐ Yes, we did buy, sell, receive, exchange, and/or dispose of virtual currency during this tax year.

If you checked YES, please check the following if applicable;

☐ I sold Bitcoin and am providing you with a form 8949 and/or Schedule D. If I need help obtaining a form 8949, I can try this link; https://www.cointracker.io/blog/cointracker-coinbase

DEPENDENTS BEING CLAIMED

DEPENDENT #1

First name ______________________________ Middle Initial ____

Last Name ____

Social Security Number ______ - _____ - __________

Relationship __________________________________

Date of Birth (mm/dd/yyyy) ____ /_____ /__________

☐ I incurred Child Care/Daycare expenses totaling > $________________
I must provide info for the Child Care Provider on Page 6 Child & Dependent Care Expense Worksheet.

☐ Dependent is a student AND over 18. School> ____

☐ Dependent is disabled. Disability type > _________________________________

DEPENDENT #2

First name ______________________________ Middle Initial ____

Last Name ____

Social Security Number ______ - _____ - __________

Relationship __________________________________

Date of Birth (mm/dd/yyyy) ____ /_____ /__________

☐ I incurred Child Care/Daycare expenses totaling > $________________
I must provide info for the Child Care Provider on Page 6 Child & Dependent Care Expense Worksheet.

☐ Dependent is a student AND over 18. School> ____

☐ Dependent is disabled. Disability type > _________________________________

DEPENDENT #3

First Name & Middle Initial _______________________________ ____

Last Name ____

Social Security Number ______ - _____ - __________

Relationship __________________________________

Date of Birth (mm/dd/yyyy) ____ /_____ /__________

☐ I incurred Child Care/Daycare expenses totaling > $________________
I must provide info for the Child Care Provider on Page 6 Child & Dependent Care Expense Worksheet.

☐ Dependent is a student AND over 18. School> ____

☐ Dependent is disabled. Disability type > _________________________________

YOUR ID

ALL CLIENTS MUST FILL THIS OUT SAYS THE IRS

TAXPAYER 1

1. LICENSE NUMBER OR STATE ID# ______________________
2. STATE OF ISSUE ______
3. DATE OF ISSUE (mm/dd/yyyy) ____ /____ /__________
4. DATE EXPIRES (mm/dd/yyyy) ____ /____ /__________

TAXPAYER 2

1. LICENSE NUMBER OR STATE ID# ______________________
2. STATE OF ISSUE ______
3. DATE OF ISSUE (mm/dd/yyyy) ____ /____ /__________
4. DATE EXPIRES (mm/dd/yyyy) ____ /____ /__________

DIRECT DEPOSIT

We HIGHLY recommend you direct deposit your refunds for minimal headaches.

Name Of Bank ____

Routing #_____________________________________

Account #_____________________________________ ☐ CHECKING ACCOUNT ☐ SAVINGS ACCOUNT

DIRECT DEBIT

We HIGHLY recommend you direct debit your taxes owed for minimal headaches.

☐ Check here if you want us to use the SAME bank info that you listed above for Direct Deposit.

Otherwise, if using a different account for tax payments, provide that info below.

Name Of Bank ____

Routing #_____________________________________

Account #_____________________________________ ☐ CHECKING ACCOUNT ☐ SAVINGS ACCOUNT

IRS PIN

If the IRS issued you a 6-digit identity protection PIN, they send you a NEW one every year.

Taxpayer 1 > _______________ Taxpayer 2 > _______________

Request a PIN > www.irs.gov/getanippin

Retrieve a PIN > https://www.irs.gov/identity-theft-fraud-scams/retrieve-your-ip-pin

Or call 800-908-4490 Monday - Friday, 7 a.m. to 7 p.m.

MULTIPLE STATES OR COUNTRIES

Answer this section ONLY if you lived in more than one state OR out of the country during this tax year.

State ______ <OR> Country ______ Dates of residency > From ____ /____ /____ to ____ /____ /____

State ______ <OR> Country ______ Dates of residency > From ____ /____ /____ to ____ /____ /____

State ______ <OR> Country ______ Dates of residency > From ____ /____ /____ to ____ /____ /____

RENT OR OWN

☐ **I rented** my home all year.

☐ **I owned** my home all year. I will provide Mortgage Interest form 1098 and Property taxes.

☐ I rented part year from ____ /____ /____ to ____ /____ /____

and I owned part year from ____ /____ /____ to ____ /____ /____

OBAMACARE

☐ I had OBAMACARE all or part year (even if for just 1 day). I will provide you with form **1095-A**.

EDUCATOR EXPENSES

I am a Kindergarten through Grade 12 teacher, instructor, counselor, principal or aide. Please claim the $250 Educator Expense for me > Taxpayer 1 > ☐ YES Taxpayer 2 > ☐ YES

CHILDCARE / DAYCARE EXPENSES

You must answer ALL fields for each provider. Any fields left blank will prevent e-filing.

Please enter the info below for the Child Care Service or the Person that provided Child Care.

If more than 2 providers, reprint this page, add the additional, then attach to the organizer.

Provider or Person #1

EIN # ____________________________ or Social Security Number ______ - _____ - __________

Name of Service provider or Personal provider ____

Street Address ____Zip ___________

City____________________ State _____ TOTAL PAID $______________ Phone ___________________

How much of the total was for> Dependent #1 $_______ #2 $_______ #3 $_______ #4 $_______

Provider or Person #2

EIN # ____________________________ <OR> Social Security Number ______ - _____ - __________

Name of Service provider or Personal provider ____

Street Address ____Zip ___________

City____________________ State _____ TOTAL PAID $______________ Phone ___________________

How much of the total was for> Dependent #1 $_______ #2 $_______ #3 $_______ #4 $_______

TUITION CREDIT

If you are reporting a form 1098-T, please answer the following questions;

Has the American Opportunity Credit (AOTC) or Hope Scholarship Credit been claimed for this student a total of 4 times in PRIOR years? ☐ YES ☐ NO ☐ I don't know

Was the student enrolled at least half-time for at least one academic period towards a college degree for the tax year we are doing? ☐ YES ☐ NO

Did the student complete the first 4 years of college/university BEFORE the tax year we are working on?
☐ YES ☐ NO

Was the student ever convicted? ☐ YES ☐ NO

Is this form 1098-T for a college/university or grad school? ☐ College/U ☐ Grad School ☐ Neither

IRA's

How much did you, or want to, contribute? Do not include amounts already reported on your W2.

TRADITIONAL

☐ Taxpayer 1 > Contributed $__________ ☐ Taxpayer 2 > Contributed $__________

☐ Taxpayer 1 waiting to be told how much they can contribute. You have until April 15th.

☐ Taxpayer 2 waiting to be told how much they can contribute. You have until April 15th.

ROTH

☐ Taxpayer 1 > Contributed $__________ ☐ Taxpayer 2 > Contributed $__________

☐ Taxpayer 1 waiting to be told how much they can contribute. You have until April 15th.

☐ Taxpayer 2 waiting to be told how much they can contribute. You have until April 15th.

SEP

☐ Taxpayer 1 > Contributed $__________ ☐ Taxpayer 2 > Contributed $__________

☐ Taxpayer 1 waiting to be told how much they can contribute. Have until Oct 15th if you get an extension.

☐ Taxpayer 2 waiting to be told how much they can contribute. Have until Oct 15th if you get an extension.

OTHER TYPE > Name of Other Type of IRA >____________________________________

☐ Taxpayer 1 > Contributed $__________ ☐ Taxpayer 2 > Contributed $__________

☐ Taxpayer 1 waiting to be told how much they can contribute

☐ Taxpayer 2 waiting to be told how much they can contribute

ALIMONY

I Received Alimony > I received $_______________________

Divorce Final Date (mm/dd/yyyy) ____ /____ /__________

Received by: ☐ Taxpayer 1 ☐ Taxpayer 2

I Paid Alimony to First & Last Name _________________________

Social Security Number ______ - _____ - __________

Divorce Final Date (mm/dd/yyyy) ____ /____ /__________

The Amount I Paid >______________________________

Paid by: ☐ Taxpayer 1 ☐ Taxpayer 2

ESTIMATED TAXES

READ THE EXPLANATIONS AND DIRECTIONS <u>CAREFULLY</u>.

<u>ESTIMATED TAXES PAID TO FEDERAL</u>

<u>Taxpayer 1</u>

Date Paid ____ /____ /_______ Amount $ _______

Date Paid ____ /____ /_______ Amount $ _______

Date Paid ____ /____ /_______ Amount $ _______

Date Paid ____ /____ /_______ Amount $ _______

<u>Taxpayer 2</u>

Date Paid ____ /____ /_______ Amount $ _______

Date Paid ____ /____ /_______ Amount $ _______

Date Paid ____ /____ /_______ Amount $ _______

Date Paid ____ /____ /_______ Amount $ _______

<u>ESTIMATED TAXES PAID TO STATE</u>

<u>Taxpayer 1</u>

Date Paid ____ /____ /____ Amount $ _______ STATE ____

Date Paid ____ /____ /____ Amount $ _______ STATE ____

Date Paid ____ /____ /____ Amount $ _______ STATE ____

Date Paid ____ /____ /____ Amount $ _______ STATE ____

<u>Taxpayer 2</u>

Date Paid ____ /____ /____ Amount $ _______ STATE ____

Date Paid ____ /____ /____ Amount $ _______ STATE ____

Date Paid ____ /____ /____ Amount $ _______ STATE ____

Date Paid ____ /____ /____ Amount $ _______ STATE ____

New Clients Only > Did you have any Federal and/or State refunds rolled over from last year's taxes?

☐ YES > You must show us the previous year's tax return to verify the amounts rolled over.

What IS an estimated tax?

Generally, if you don't know what an estimated tax is, the chances are that you did NOT pay any.
So move on and leave this blank. Don't be putting any numbers in here!

Estimated taxes are payments YOU make the year BEFORE it is time to do your taxes. You make these payments in anticipation of owing at tax time because you made money that didn't have taxes withheld.

For example, you worked for one day for a caterer as a waiter. You got the job from a job placement agency. They gave you your full pay of $100 with no taxes taken out. They give you a 1099-NEC for $100. You voluntarily pay estimated taxes before the end of the year to the IRS and/or State to cover any tax liability for that $100 income. So you give $25 to the IRS and $5 to the State.

Other examples of situations for paying estimated taxes: Receive 1099's, Sole Proprietor, Own a Corp, Big profits from selling stocks or home, anything where you make $ and the taxes weren't already withheld.

What is NOT an estimated tax?

The taxes withheld on your W2 are NOT estimated taxes. Why would we make you write down those amounts if they are already reported on your W2???

What about the taxes I ended up paying when you did my tax returns last year?

No! Those also are NOT estimated taxes. Those are Income Taxes Paid.

I SOLD MY HOME / INVESTMENT

☐ This was my primary residence ☐ This was an Investment Property

Date of Purchase (mm/dd/yyyy) ____ /____ /__________

Date Sold (mm/dd/yyyy) ____ /____ /__________

Purchase Price $___________________

Closing Costs & Other Fees $_________________

*Cost of Capital Improvements $_________________

This can include extensions, additions, upgrades and improvements.

Selling Price $__________________

*Selling Expenses $_________________

This can include Realtor commissions, advertising, staging, catering, cleaning, repairing, lawyer.

# of days used in last 5 years $________________

# of days lived in last 5 years $________________

Recently widowed taxpayer eligible for MFJ exclusion ☐ YES

FOREIGN ACCOUNTS

Fill this out only if you answered YES to page 2 the Foreign Accounts question.

Name of Foreign Bank ____

Bank's Foreign address ____

____

Bank Phone # ____

Routing # ____

Account # ____

Which month had the highest balance? ____

How much was that balance? ____

DEPRECIATION & EV CREDITS

ITEMS TO DEPRECIATE

Items such as any AUTO, BUILDING, EQUIPMENT, ASSET, RENTAL, FURNITURE, etc

If you need more space, print another copy of this page and attach.

Description of Item: ___________________	Date of Purchase: ___________________
Purchase Price: ___________________	Business % Use: ___________________

Description of Item: ___________________	Date of Purchase: ___________________
Purchase Price: ___________________	Business % Use: ___________________

Description of Item: ___________________	Date of Purchase: ___________________
Purchase Price: ___________________	Business % Use: ___________________

Description of Item: ___________________	Date of Purchase: ___________________
Purchase Price: ___________________	Business % Use: ___________________

ELECTRIC VEHICLE CREDIT FOR AUTO/TRUCK YOU OWN

1. Year, make and model of vehicle:____
2. Vehicle Identification Number:____
3. Enter date vehicle was placed in service:____
4. If it is a two-wheeled vehicle, enter the cost of the vehicle:$_________________________
5. If the vehicle has at least four wheels enter the credit allowable: $____________________

Here are the EV Credit requirements:

- Verification that the original use of the vehicle begins with the purchaser.
- You placed the vehicle in service during the tax year.
- The original use of the vehicle began with you.
- You acquired the vehicle for use or to lease to others, and not for resale.
- You used the vehicle primarily in the United States.
- You are the owner of the vehicle. If the vehicle is leased, only the lessor may be entitled to the credit.

MEDICAL PREMIUMS

HEALTHCARE

Medical Premiums paid for the year. Do not list other medical expenses here. Only the premiums.
Yes, you can include the premiums paid for your dependents. Doesn't matter which line you use.

☐ Taxpayer 1 is NOT self-employed, NOT a Corp, NOT an LLC. My employer paid for my health insurance.

☐ Taxpayer 2 is NOT self-employed, NOT a Corp, NOT an LLC. My employer paid for my health insurance.

☐ T1 and T2 are NOT self-employed, NOT a Corp, NOT an LLC. One spouse's employer paid for all of us.

☐ Taxpayer 1 is NOT self-employed, NOT a Corp, NOT an LLC.

My employer did not pay ***or*** they partially paid for my health insurance. I paid $__________

☐ Taxpayer 2 is NOT self-employed, NOT a Corp, NOT an LLC.

My employer did not pay ***or*** they partially paid for my health insurance. I paid $__________

☐ T1 and T2 are NOT self-employed, NOT a Corp, NOT an LLC.

Our employers did not pay ***or*** they partially paid for our health insurance. We paid $__________

☐ Taxpayer 1 is self-employed, or owns a Corp or an LLC. I paid for my own insurance. I paid $__________

☐ Taxpayer 2 is self-employed, or owns a Corp or an LLC. I paid for my own insurance. I paid $__________

☐ T1 and/or T2 is self-employed, or owns a Corp or an LLC. One spouse covered both. I paid $__________

☐ Taxpayer 1 had no health insurance.

☐ Taxpayer 2 had no health insurance.

MEDICAL EXPENSES

Other Medical Expenses > Taxpayer 1 $___________ Taxpayer 2 $___________ or Family $___________

Yes, you can include expenses paid for your dependents. Doesn't matter which line you use.

Other Medical Expenses can include the following; Co-Pay, Deductibles, Office Visits, Prescriptions, Dental premiums and expenses, Vision/Glasses, Therapy, Fertility expenses, Exams, Medical supplies & equipment.

Number of medical miles > Taxpayer 1 ________ Taxpayer 2 ___________ or Family ___________

Long Term Care Premiums* > Taxpayer 1 $___________ Taxpayer 2 $___________

**LTC is a plan that pays for a nurse when you're old & sick so that your family isn't burdened.*

PERSONAL WRITE OFFS

SCHEDULE A

If you and/or your spouse are **NOT** a Corp or LLC or a Sole Prop, then fill out this worksheet.
If you are a Corp, LLC or Sole Prop, go to Table of Contents on page 13 to find your destiny.

Property Tax & Supplemental Property Tax (aka Real Estate Tax) $______________________

*If claiming **Home Office**, then list **Property Tax** in **HOME OFFICE**. Go to page 13 to find your **Home Office** page.

DMV $______________________

*If claiming **Auto Expenses**, then list **DMV** in **AUTO EXPENSES.** Go to page 13 to find your **Auto Expense** page.

Charity / Donations / Tithing / Church, Places of worship $______________________

Goodwill, Salvation Army, Out of the Closet, etc # of receipts _____ and/or cash value $_____________________

NOTES TO PREPARER

FYI's, BTW's, Backstory, Explanations, Questions > Use this page to provide us with any additional information about your tax return and ask your questions. Please keep all notes, stories, questions and other info on this page, as best as you can. If you need additional pages, you can fill out another blank copy of this page and upload it or attach it. The purpose of this page is so that you don't send us an additional 5000 emails, voicemails, etc for us to keep track of.

TABLE OF CONTENTS (for Expenses & Deductions)	Page(s)
SOLE PROPRIETOR, SELF EMPLOYED, INDEPENDENT CONTRACTOR	pp. 14-18
DBA (but not incorporated)	pp. 14-18
RECEIVED 1099-NEC	pp. 14-18
RECEIVED 1099-K	pp. 14-18
SINGLE MEMBER LLC that is NOT taxed as an S Corp	pp. 14-18
LLC TAXED AS AN S CORP	pp. 20-24
CORPORATIONS (S Corp & C Corp)	pp. 20-24
PARTNERSHIPS	pp. 20-24
PROPERTY RENTAL IN YOUR NAME AND SOC SEC #	pp. 19
PROPERTY RENTAL SINGLE MEMBER LLC	pp. 14-15,19
PROPERTY RENTAL PARTNERSHIP LLC	pp. 19, 20-22
PROPERTY RENTAL S CORP	pp. 19, 20-22
INCOME THAT IS NOT BEING REPORTED ON ANY TAX FORM (NO 1099, NO W2, NOT REPORTED TO THE IRS)	pp. 14-18
CASH THAT IS NOT BEING REPORTED ON ANY TAX FORM (NO 1099, NO W2, NOT REPORTED TO THE IRS)	pp. 14-18
Home Office & Auto / DMV Expenses for SOLE PROP / SINGLE MEMBER LLC	pp. 16
Home Office for CORPORATIONS & PARTNERSHIPS	pp. 24
Auto / DMV Expense for CORPS & PARTNERSHIPS:Go to **Auto/Truck Expense**	pp. 22
Deduction FAQ'S	pp. 25
Creative Artist / Entertainment Industry Expenses	pp. 26
Tax Prep CHECKLIST	pp. 27
Earned Income Credit and Head of Household CHECKLIST	pp. 27

Q: I am W2 and 1099 and/or Sole Prop
A: Fill out pages 14-18, forget about your W2 stuff, the 1099 stuff is what benefits you. Act like all your expenses are 1099 related.

Q: I am W2, my wife is 1099 and/or Sole Prop
A: Fill out pages 14-18, forget about your W2 stuff, your Spouse' expenses will help both of you. Act like all your expenses are 1099 related.

Q: I pay for some stuff, my wife for the other stuff
A: Doesn't matter, claim it ALL on the Spouse with the 1099s and/or Sole Prop and/or Corp/LLC.

Q: I don't have an LLC or Corp or Sole Prop. I am just W2. Same with my spouse.
A: Ask your preparer how you can claim expenses on your State return.

SOLE PROPRIETOR

SCHEDULE C

<u>DO NOT</u> USE THIS PAGE FOR W2's, UNEMPLOYMENT, CORPORATIONS OR PARTNERSHIPS.

<u>**ONLY** for any the following situations;</u>
Sole Proprietor, Self Employed, Independent Contractor, DBA
Single Member LLC (that is **<u>NOT</u>** taxed as an S Corp)
Property Rental LLC (Only if it is a Single Member LLC OR your Spouse is the only other partner)
If you Received 1099-NEC, 1099-K or made income that was NOT reported on a 1099 or W2.

If you have more than one business or Single Member LLC, you must fill out this section for every business.

This business is for > ☐ Taxpayer 1 ☐ Taxpayer 2

If multiple businesses, this is for business # > ☐ 1 ☐ 2 ☐ 3 ☐ 4

Business or Profession / Product or Service ________________________/_________________________

<u>Type of business:</u>

☐ Self Employed/Sole Prop/Independent Contractor > Under my name and social security number.

☐ Single Member LLC > Name of LLC _________________________ EIN # ________________________

☐ Property Rental LLC > Name of LLC _________________________ EIN # ________________________

☐ DBA > Name of DBA ________________________________ EIN #(if any)________________________

<u>Business Address:</u>

☐ Same as my home address

☐ Different from my home address. Business address listed below:

Street address ____ Unit # ___________

Zip Code _________ City ______________________________________ State ______

<u>Additional Information:</u>

☐ I issued, or will issue, form 1099's for people who worked **for me**.

☐ I started or acquired this business this year. This is my first year in this business.

<u>If this is a Single Member LLC we also need the following info:</u>

Date the LLC started: ____/_____/______

The Secretary of State File or Entity Number (this is not the EIN) _________________________________

SOLE PROPRIETOR cont'd

BUSINESS GROSS INCOME

DO NOT USE THIS PAGE FOR W2's, UNEMPLOYMENT, CORPORATIONS OR PARTNERSHIPS.

FOLLOW DIRECTIONS VERY CLOSELY

ONLY for the following situations;

Sole Proprietor, Self Employed, Independent Contractor, DBA
Single Member LLC (that is **NOT** taxed as an S Corp)
Property Rental LLC (Only if it is a Single Member LLC OR your Spouse is the only other partner)
If you Received 1099-NEC, 1099-K or made income that was NOT reported on a 1099 or W2.

Pick one of the following:

☐ **ALL** of my income for this Sole Prop or LLC is reported on 1099-NEC and/or 1099-K. Just total them up.

☐ **NONE** of the income for this Sole Prop or LLC is reported on 1099-NEC/1099-K. Gross is $______________

☐ **SOME** of my income for this Sole Prop or LLC is reported on 1099-NEC and/or 1099-K.

BUT some of the Sole Prop or LLC income **is not being reported at all** (No 1099, No W2, No tax docs, Nothing)

The ***unreported*** portion of the income for this Sole Prop or LLC is: $____________________
DO NOT INCLUDE ANY W2 OR UNEMPLOYMENT ON THAT LINE!!!

BONUS QUESTION:

☐ Check this box if a vendor has ***not*** indicated whether or not they will 1099 you and you haven't received one yet. *The amount in question does **not** get listed above. List it here >* $________________________

ANY RETURNS / REFUNDS ? $________________________

AUTO EXPENSES

This is for > ☐ Taxpayer 1 ☐ Taxpayer 2 This is for business # > ☐ 1 ☐ 2 ☐ 3 ☐ 4

ITEM	TAXPAYER 1	TAXPAYER 2
Business Miles (in Miles not dollars)		
Gas		
Insurance		
License		
Oil		
Rental Fees		
Interest		
DMV Fees		
Repairs		
Tires		
Other > ____		

HOME OFFICE

This is for > ☐ Taxpayer 1 ☐ Taxpayer 2 This is for business # > ☐ 1 ☐ 2 ☐ 3 ☐ 4

Sq Footage of Office: ______ Sq Footage of entire home ______	TAXPAYER 1	TAXPAYER 2
Property Tax & Supplemental Property Tax (aka Real Estate Tax)		
Insurance		
Mortgage Interest OR Rent paid for the year		
Repairs & Maintenance		
Utilities		
Other > ____		

DEDUCTION WORKSHEET

BUSINESS IDENTIFIER

DO NOT USE THIS FOR CORPORATIONS or LLCs TAXED AS CORPORATIONS. NO CORPORATIONS HERE!

If you already have a prepared Profit & Loss or similar, you do NOT need to fill this worksheet. Use as reference.

T1 = Taxpayer 1 T2 = Taxpayer 2

This is for business # > ☐ 1 ☐ 2 ☐ 3 ☐ 4

ITEM	T1	T2	ITEM	T1	T2
Phone			Advertising		
Internet			Commissions Fees		
References Research Trades			Insurance (NOT Health)		
Business Gifts			Interest		
Parking Tolls Garage Rent			Tax Prep & Legal Services		
Dues Subscriptions			Office Expenses		
Business Gifts to Charity			Rent Lease (NOT home office)		
Website Domain Hosting			Rent machinery/equipment		
Classes Training Certifications			Repairs Maintenance		
Payment Processing Services			Supplies, Tools		
Job Search			City Taxes Biz License Permits		
Postage Delivery Shipping			Payroll taxes (employees only)		
Transportation			LLC Annual Franchise tax		
Outside Services			Travel Expenses		
Storage			Business Meals		
Coaching Consulting			Utilities (NOT home office)		
Uniforms Shoes Maintenance			Wages (employees only)		
Union Dues			Cost of Goods, Materials		
Marketing Promotion			Other > ________________		
Work Electronics, Software			Other > ________________		

Got more Expenses you don’t see here? Go to the next page (**pg 18**) > **OTHER EXPENSES**

OTHER EXPENSES **Did we miss anything?**

NAME OF ITEM	Taxpayer 1	Taxpayer 2

RENTAL TYPE

RENTAL PROPERTY WORKSHEET

☐ Property Rental is under my name. Use this worksheet.

☐ Property Rental is under a Single Member LLC. Use this worksheet & Pages 14-15 Sole Prop.

☐ Property Rental is under an S Corp or Partnership. Use this worksheet & Pages 20-22 Small Biz Worksheet.

Physical Address of Each Property

*	STREET ADDRESS	ZIP	CITY	STATE
A				
B				
C				

LOCATIONS	A	B	C
Rental Income			

EXPENSED ITEM	A	B	C
Advertising Costs			
Auto & Travel Expenses			
Cleaning & Maintenance			
Commissions Paid			
Insurance Paid			
Legal & Other Professional Fees			
Management Fees			
Mortgage Interest (paid to banks)			
Other Interest			
Repairs Made to Property			
Supplies			
Property Taxes Paid			
Utilities Paid			
HOA Fees			
Gardener			
Exterminator			
Other > ________________________			
Other > ________________________			

SMALL BIZ WORKSHEET

For S Corps, C Corps, LLC's taxed as S Corps, Partnership LLC, Partnership non LLC. **NOT** for Single Member LLC's.

TYPE OF ENTITY

☐ Returning Entity ☐ First time doing this entity with YOU

This is for business # > ☐ 1 ☐ 2 ☐ 3 ☐ 4

ENTITY INFO

☐ S Corp ☐ LLC taxed as S Corp ☐ C Corp ☐ Partnership (multi member) LLC ☐ non-LLC Partnership

EIN # ___________________________

Name ____

DBA (if applicable) ____

Street Address ____Unit # _________

Zip Code _______________ City ____State ________

Phone number _______________________

Date of S Corp election (if applicable) (mm/dd/yyyy) ____ /____ /__________

Business Activity ____________________________ Product or Service ____________________________

Date of Incorporation/Formation (mm/dd/yyyy) ____ /____ /__________

State of Incorporation/Formation ________

Choose ALL that apply > ☐ First year as an S corp ☐ FIRST tax return ☐ FINAL tax return

☐ Check here if using ACCRUAL accounting method (If unfamiliar with the term, just leave blank.)

Email address ______________________________________ **State Entity ID# (not EIN)** _____________________

SHAREHOLDERS/OFFICERS

SHAREHOLDER #1: Social Security Number ______ - _____ - __________

First name ______________________ Middle Initial ____ Last Name ______________________________

Street address ____ Apt # _____________

Zip Code _______________ City ___________________________________ State ____ Resident State ____

Phone number _________________________ Email address _____________________________________

Title ______________________ Signs return? ☐ YES Ownership % _____ W2 compensation $_______

SHAREHOLDER #2: Social Security Number _______ - ______ - ___________

First name ________________________ Middle Initial ____ Last Name _________________________________

Street address ____ Apt # _______________

Zip Code ________________ City ______________________________________ State ____ Resident State ____

Phone number ___________________________ Email address ____

Title ________________________ Signs return? ☐ YES Ownership % _____ W2 compensation $________

SHAREHOLDER #3: Social Security Number _______ - ______ - ___________

First name ________________________ Middle Initial ____ Last Name _________________________________

Street address ____ Apt # _______________

Zip Code ________________ City ______________________________________ State ____ Resident State ____

Phone number ___________________________ Email address ____

Title ________________________ Signs return? ☐ YES Ownership % _____ W2 compensation $________

SHAREHOLDER #4: Social Security Number _______ - ______ - ___________

First name ________________________ Middle Initial ____ Last Name _________________________________

Street address ____ Apt # _______________

Zip Code ________________ City ______________________________________ State ____ Resident State ____

Phone number ___________________________ Email address ____

Title ________________________ Signs return? ☐ YES Ownership % _____ W2 compensation $________

Additional Information:

Did this entity issue, or will it issue, 1099's ? ☐ Yes ☐ No

Did you file your Statement of Information or List of Directors ? ☐ Yes ☐ No

Did you renew your Business License and/or report your income for City taxes? ☐ Yes ☐ No

BUSINESS GROSS INCOME

☐ I already have a prepared Profit & Loss. I will be leaving the Gross Income & Expenses section blank.

GROSS INCOME $________________________ RETURNS AND ALLOWANCES $_______________________________

COST OF GOODS SOLD $_______________________ OTHER INCOME $_____________________________________

EXPENSES

ITEM	AMOUNT	ITEM	AMOUNT
ACCOUNTING		MARKETING	
ADVERTISING		MEALS	
AUTO/TRUCK EXPENSE		MEETINGS	
BAD DEBTS		MISCELLANEOUS	
BANK CHARGES		OFFICE EXPENSE	
CASH SHORT/OVER		OFFICER COMPENSATION (NON-SHAREHOLDERS)	
CELL PHONE		OFFICER COMPENSATION (SHAREHOLDERS)	
COLLECTIONS		OUTSIDE SERVICES AND CONTRACTORS	
COMMISSIONS		PARKING FEES & TOLLS	
COMPUTER		PENSION, PROFIT SHARING, OTHER PLANS	
CONSULTING		PAYROLL PROCESSING EXPENSES	
DELIVERY		PERMITS & FEES	
DUES & SUBSCRIPTIONS		POSTAGE & SHIPPING	
EDUCATION & TRAINING		PRINTING	
EMPLOYEE BENEFITS		RECRUITING	
ENTERTAINMENT		RENTS	
EQUIPMENT RENTAL		REPAIRS & MAINTENANCE	
GIFTS		SALARIES & WAGES TO NON-SHAREHOLDERS	
INDEPENDENT CONTRACTOR		SALARIES & WAGES TO SHAREHOLDERS	
INSURANCE GENERAL (**not** Health)		SALES	
INSURANCE BUILDING & EQUIPMENT		SECURITY	
INSURANCE LIABILITY		SOFTWARE	
INSURANCE WORKERS COMP		SUPPLIES	
INSURANCE OTHER >__________________		TELEPHONE	
INTEREST		TOOLS	
INTERNET		TRAVEL	
JANITORIAL		UNIFORMS	
LAUNDRY & CLEANING		UTILITIES (not Home Office)	
LEGAL & PROFESSIONAL		WASTE REMOVAL	

OTHER EXPENSES

Did we miss anything? Got more?

NAME OF ITEM	AMOUNT

TAXES PAID BY ENTITY

NAME OF ITEM	AMOUNT
TOTAL TAXES PAID *if actual breakdown unknown. If breakdown is known, use spaces below.*	
Annual Franchise Tax	
State Entity Income Tax	
City Tax, Business License	
Payroll tax	
Statement of Information or List of Directors	
Other Taxes > ____	

Small Biz Worksheet continued

HOME OFFICE EXPENSES FOR MY ENTITY

Claim Home Office Expenses for your S-Corp, C-Corp, Multi-Member LLC, Partnership, LLC taxed as S Corp.

Square Footage of Office: ___________ Square Footage of entire home/unit: ___________

ITEM: *Do NOT give a calculated percentage. We will do the math.*	**Annual Amount Paid**
Property Tax & Supplemental Property Tax (aka Real Estate Tax)	
Insurance	
Mortgage Interest OR Rent paid for the year	
Repairs & Maintenance	
Utilities	
Other > ____	

DIRECT DEBIT

This is for California Corporations and LLC's only.

☐ Check this box if you want your entity's California State Income Tax to be direct debited from your business checking account.

NOTE: California does not allow direct debit for the annual $800 franchise fee, that is too convenient. You can only debit additional Corp or LLC State Income tax above the $800 fee.

Name Of Bank ____

Routing # ____

Checking Account # ____

DEDUCTION WORKSHEET FAQ

What is the difference between Cost of Goods, Office Expenses & Supplies?

As long as you have documentation, it doesn't matter which one you use. But here are examples anyway;

- You buy records from Ebay then resell them for profit at the Flea Market. The money you paid Ebay is the **Cost of Goods**.

- You buy pens, pencils, envelopes, sticky notes, paper clips and staples for your office. The money you spent at Office Depot are **Office Expenses.**

- You buy a case of water bottles for your clients' meetings. The money you spent at Costco is **Supplies.**

What are Outside Services?

- If you paid somebody to work or who did work for you, and you gave them a 1099-NEC, that is **Outside Services that you 1099'd**. If you didn't issue them a 1099, that is **Outside Services not 1099'd**.

What are Research References & Trades?

- Any source you use to educate, inform, update, network, compare or improve your craft, is considered Research or Reference such as; Cable, Satellite TV/Radio, Streaming, CDs, DVDs, Concerts, Plays, Movies, Tapes.
- Example > You are a chef. You pay for a cable subscription to watch the FOOD NETWORK.
- Trades are books, magazines, journals, manuals, pamphlets, publications.
  Example > You are an actor, you buy VARIETY MAGAZINE.

Do I write off my Internet under HOME OFFICE EXPENSES or under INTERNET on the Deduction Worksheet?

- Under INTERNET on the Deduction Worksheet

I received 1099-MISC and 1099-G. Where do I input those?

- It does NOT get inputted into the Organizer. Just provide us with the actual 1099's.

How do I know what is a write-off and what isn't?

- You don't need to. Give us ALL of your expenses and we will cherry pick what you can claim.

CREATIVE ARTIST EXPENSES

Additional write offs for Fitness Models, Influencers, Social Media personalities, Tik Tokers, Content Producers, Vloggers, Instagram, YouTubers, Hosts, Photographers, Journalists, Reporters, Musicians, DJ's, Artists, Models, Dancers, Onlyfans, Actors, Writers, Producers, Directors, Crew, Entertainment Industry, Creatives

NOTE: Do NOT double list an expense here if you already claimed it on the DEDUCTION WORKSHEET.

INSTRUCTIONS

If you filled out pages 14-18, you can list these expenses and their amounts on page 18.
If you filled out pages 20-24, you can list these expenses and their amounts on page 23.

Agent & Manager Commissions
Cameras
Casting Workshops, Seminars
Character Hair Stylist, Wigs, Extensions
Classes, Theatre Groups, Membership
Coaching
Demo Reel Production & Replication
Editing Machines
Gifts to Agents
Instruments, Musical Supplies
Online Casting sites (ie LA Casting)
Online Marketing sites (ie IMDB)
Online Video Apps (ie Vimeo,YouTube)
Performance Make-Up
Performance Nails
Performance Wardrobe & Costume
Photography and Reproduction Costs
Portfolio Expenses, Resume
Production Costs
Publicist
Recording Fees
SAG-AFTRA, AEA, Dues & Initiation
Set Design
Sheet Music, Scripts
Showcase & Theatrical Expenses
Stage Crew, Roadies
Studio, Stage, Rehearsal Hall Rentals
Stunt Equipment, Props
Taped Audition Expenses
Voice Over Expenses

CLAIMS

<u>If you are claiming any of the following;</u>

- **EARNED INCOME CREDIT**
- **CHILD TAX CREDIT, ADOPTION CREDIT, OTHER DEPENDENT CREDIT**
- **TUITION CREDIT, EDUCATION CREDIT, AMERICAN OPPORTUNITY, LIFETIME LEARNING CREDIT**
- **HEAD OF HOUSEHOLD**

THE IRS REQUIRES ALL OR SOME OF THE FOLLOWING FOR YOURSELF AND THOSE YOU ARE CLAIMING;

- ID
- SOCIAL SECURITY CARDS
- FORM 1098-T
- REPORT CARDS OR SCHOOL RECORDS
- MEDICAL RECORDS, INSURANCE PROVIDER STATEMENTS, 1095 FORMS
- COURT DOCUMENTS, DIVORCE DECREES
- BIRTH CERTIFICATES
- EXPENSE SHEETS/RECEIPTS/ACCOUNTING RECORDS
- LEASE/MORTGAGE STATEMENTS
- STATEMENTS FROM PLACEMENT AGENCIES, SOCIAL SERVICES, WORSHIP, EMPLOYMENT, CHILDCARE
- **ANY DOCUMENTATION THAT CAN BE USED TO SUBSTANTIATE AND CONFIRM YOUR CLAIMS**

TAX PREP CHECKLIST

1. W2
2. 1099-NEC, 1099-MISC, 1099-INT, 1099-DIV, 1099-A, 1099-B, 1099-C, 1099-G, 1099-K, 1099-OID, 1099-Q, 1099—R, 1099-S, 1099-SA, RRB-1099, SSA-1099
3. 1098, 1098-E, 1098-T, 1098-C
4. K1
5. UNEMPLOYMENT 1099-G, STATE REFUND 1099-G
6. 1095-A, 1095-B, 1095-C, CA Form FTB 3895
7. EDUCATOR EXPENSES (up to $250)
8. TRADITIONAL, ROTH IRA, SEP, KEOUGH, SIMPLE CONTRIBUTIONS
9. ALIMONY RECEIVED, ALIMONY PAID
10. SALE OF HOME
11. HEALTH INSURANCE PREMIUMS AND EXPENSES
12. CHILD CARE EXPENSES INFO
13. ADOPTION CREDIT
14. PROPERTY TAXES, MORTGAGE INSURANCE PREMIUMS (PMI)
15. RENTAL PROPERTY INCOME & EXPENSES
16. HOME OFFICE EXPENSES
17. ANY MAIL THAT SAYS “IMPORTANT TAX DOCUMENTS ENCLOSED”
18. CHARITY DONATION INFO
19. ESTIMATED TAXES PAID, PREVIOUS YEAR’S REFUND ROLLED OVER
20. DEDUCTIONS, EXPENSES, WRITE OFFS
21. ARE YOU BLIND? ARE YOU OVER 65?
22. NEW CLIENTS, BRING LAST YEAR’S TAX RETURNS
23. DID YOU MOVE? WERE YOU OUT OF THE COUNTRY? NEED DATES AND STATES
24. DID YOU OR YOUR SPOUSE RECEIVE AN IDENTITY PROTECTION PIN FROM THE IRS?
25. NEED DRIVER LICENSE OR STATE ID AND SOC SEC CARD FOR YOU, SPOUSE & DEPENDENTS
26. DID YOU RECEIVE, SELL, SEND, EXCHANGE OR ACQUIRE ANY VIRTUAL CURRENCY?