

**ROGER LAMBERSON, PLC**  
**725 W ELLIOT RD, STE 101-8**  
**GILBERT, AZ 85233**  
**(480) 591-1002**

# TAX ORGANIZER

Social Security Number		First Name & M.I.	Last Name		Health Ins?	# of Month	Date of Birth	Age
Taxpayer	-	-	-	-	Yes	No	/ /	
Spouse	-	-	-	-	Yes	No	/ /	
Address			City	State	Zip			
Work Phone-T	Cell-T		Occupation - T					
Home Phone	Cell-Sp		Occupation-Sp					
E-Mail Address								

<b>Electronic Filing E-file</b>	Routing Number	Checking OR Savings
Bank Name	Account Number	

Income Received?	Amounts	List W-2	List Retire.	Deductions & Credits?	Amounts
State Refunds?	\$	Amounts Box 1	Distributions, IRA's, 401-K's	IRA, SEP Contributions	\$
Cancelled Debts, Short Sale?	Yes No	\$	\$	College Tuition, Books	\$
Alimony Received?	\$			Student loan Interest	\$
Tips or Jury Duty, Other?				529 College Plan or Coverdell Ed.	Yes No
Lottery or Gambling winnings?	Yes No			Health Savings Acct "HSA"	Yes No
Foreign Bank Accounts?	Yes No	\$	\$	Fees to AZ Public Schools \$200/\$400	Extra Curricular Act.
Sold Stock or Property	Yes No				
Unemployment Received?	\$	\$		AZ Tuition Organ./Working Poor	
Social Security Received?	\$	\$			

**Itemized Deduction Amounts** Round to the nearest dollar, thank you

<b>"Family" Medical &amp; Dental Cost: (not HSA Amt's)</b>	
Health Insurance <small>(After Tax)</small>	Total
Long Term Care Insurance	Sp
Prescription Medicine & co-pays -- No HSA!	\$
Doctors & Chiropractors & co-pays -- No HSA!	
Dentists & Orthodontists & co-pays	
Hospitals, Lab Fees, X rays, Ambulance Exp.	
Eyeglasses, Contacts, Hearing Aids Exp.	\$
Medical Miles #	Total Co-pays & Exp \$

<b>Charitable Donations With Receipts:</b>	
Churches (Cash or Check)	\$
United Way, Red Cross -- Others	\$
<b>Total Donations</b>	\$
<b>Fair Market Value of Goods Donated:</b>	
Dates Given: / /	Total FMV \$
Given To Whom & Address:	
Items Given?	

<b>Taxes Paid:</b>	
State Income Tax Paid	\$
Vehicle Sales Tax Paid	\$
Property Taxes	Total P. Tax
Auto -Truck License Plate Fees	\$
Total Auto Lic	\$
<b>Interest Paid: New or Refi? need (Hud-1 Stat.)</b>	
Home - Mortgage 1098 Int.	\$
Total Interest	\$
Points & Date Paid/Refi.?	\$
Mortgage Insurance	\$
Investment Interest	\$

<b>Alimony Paid Details</b>	
DATE OF DIVORCE	/ /
AMOUNT PAID	\$
NAME OF RECIPIENT	
RECIPIENT SOC SEC #	

Dependents:		Social Security Number	Relati on-ship:	Health Insurance		Date of Birth	Age	Child Day Care College Tuition		School Attended
First Name	Last			Yes	No			C	T	
O		-	-			/	/			
O		-	-			/	/			
O		-	-			/	/			
O		-	-			/	/			
O		-	-			/	/			

Child Day Care:	Provider's Name	Provider's Address	Social Security or Tax Id #	Amount
O			-	\$
O			-	\$
O			-	\$

Interest Income 1099-Int		Tax Exempt Interest	US Gov. Interest	Dividend Income 1099-Div		Ordinary Dividends	Qualified Dividends	Capital Gain Div.	Foreign Tax Paid
Name of Payer	Interest			Name of Payer	Dividends				
	\$				\$				

Gains & Losses from Sale of Property - Securities, Home, etc. 1099-B					Loss Carryovers		Short	Long
	Quantity	Description	Date Acquired	Date Sold	Sales Amt.	Cost Amt.	Gain / (Loss)	
1			/ /	/ /	\$	\$	\$	
2			/ /	/ /				
3			/ /	/ /				
4			/ /	/ /				
5			/ /	/ /				

The Check List: ✓		Bring Documents to the Office		Cancellation of Debt 1099-C's	
<input type="checkbox"/> W-2 Wage Statements	<input type="checkbox"/> Student Loan Interest 1098-E's	<input type="checkbox"/> Health Ins. Forms 1095-A, B and C	<input type="checkbox"/> Real Estate Sales 1099-S's	<input type="checkbox"/> Abandonment of Property 1099-A's	<input type="checkbox"/> Purchase of expensive assets, auto
<input type="checkbox"/> Social Security Income 1099-SSA	<input type="checkbox"/> Interest Income 1099-Int's	<input type="checkbox"/> Mortgage Statement 1098's	<input type="checkbox"/> Dividend Income 1099-Div's	<input type="checkbox"/> Merchant & Pay Pal 1099-K's	<input type="checkbox"/> Health Savings Accounts 1099-SA's
<input type="checkbox"/> Property Tax Statements	<input type="checkbox"/> IRA or Roth Contributions	<input type="checkbox"/> Auto-Truck License Cost		<input type="checkbox"/> IRS & State Letters Received	
<input type="checkbox"/> Business Mileage Log		<input type="checkbox"/> Retirement Income 1099-R's			
<input type="checkbox"/> Gambling Income W-2G's		<input type="checkbox"/> Stock Sales & Cost Information 1099-B's			
<input type="checkbox"/> HSA Forms 1099-SA's (Personal Contributions Amts)		<input type="checkbox"/> Foreign Business Dealings & Account Information			
<input type="checkbox"/> College Tuition Fees 1098-T's & 1099-Q's		<input type="checkbox"/> Unemployment Income 1099-G's			

Estimated Tax Payments or Carry-Over's:	
Date	Federal Amt. State Amount
Carry-Over's/First	\$ \$
2 <sup>nd</sup> / /	
3 <sup>rd</sup> / /	
4 <sup>th</sup> / /	\$ \$

Other Tax Credits:	
Electric Auto: <small>Bring Documents</small>	
Energy Efficient & Solar Equipment:	\$ Y N
Energy Efficient Home Improvements:	\$ Y N

This Firm does not disclose any nonpublic personal information about their clients or former clients to anyone, except as requested by them in writing or as required by law.