

Tax Organizer

Brought to you by



Introduction

Liberty's Tax Organizer will help you keep all of your important information in one place, so when it's time to come in to get your taxes prepared, you'll have everything ready. That means getting your taxes done quickly and accurately.

This organizer is in 3 sections:

1) Personal Information.

This is where you'll write in social security numbers, birth dates, addresses, contact information, employers, etc. for you and your family.

2) Financial Information.

All about your money - banking information, tax assets and deductions, IRA contributions and more.

3) Business Information.

Are you self-employed or an independent sales professional? Profit and loss, business expenses, and more is included here.

If you need extra room, just copy pages before you fill in the blanks and keep those pages with this booklet.

Keep your organizer in a safe place and bring it with you to your nearest Liberty office when you're ready to have your taxes prepared. Call us at **1-866-871-1040** or visit our website at **www.libertytax.com** for the office closest to you.

Personal Information

	You	Spouse
Name	_____	_____
Social Security Number	_____	_____
Birth Date/Birthplace	_____	_____
Citizenship	_____	_____
Current Address	_____	_____
Home Phone	_____	_____
Cell Phone	_____	_____
Work Phone	_____	_____
Occupation	_____	_____
Email Address	_____	_____
Alias/Maiden Name	_____	_____

	Dependent	Dependent	Dependent
Name	_____	_____	_____
Social Security Number	_____	_____	_____
Birth Date/Birthplace	_____	_____	_____
Citizenship	_____	_____	_____
Current Address	_____	_____	_____
Home Phone	_____	_____	_____
Cell Phone	_____	_____	_____
Email Address	_____	_____	_____
Months Living At Your Address	_____	_____	_____
Student?	_____	_____	_____

Family History

	You	Spouse
Father's Name	_____	_____
Address	_____	_____
Phone Numbers	_____	_____
Email Address	_____	_____
Birth Date/Birthplace/Date of Death	_____	_____
Citizenship	_____	_____

	You	Spouse
Mother's Name	_____	_____
Address	_____	_____
Phone Numbers	_____	_____
Email Address	_____	_____
Birth Date/Birthplace/Date of Death	_____	_____
Citizenship	_____	_____

	You	Spouse
Former Spouse Name	_____	_____
Date of Divorce	_____	_____

Important Numbers

	Name	Address	Contact Information
Attorney	_____	_____	_____
Doctor	_____	_____	_____
Doctor	_____	_____	_____
Doctor	_____	_____	_____
Dentist	_____	_____	_____
Employer	_____	_____	_____
Employer	_____	_____	_____
Other	_____	_____	_____

Insurance Policies

	Company Name	Policy #	Contact Information
Medical	_____	_____	_____
Medical	_____	_____	_____
Medical	_____	_____	_____
Dental	_____	_____	_____
Life	_____	_____	_____
Home	_____	_____	_____
Rental	_____	_____	_____
Vehicle 1	_____	_____	_____
Vehicle 2	_____	_____	_____
Vehicle 3	_____	_____	_____

Safety Deposit Box

Bank _____

Contents _____

Vehicles

	Vehicle 1	Vehicle 2	Vehicle 3
Loan #	_____	_____	_____
Bank	_____	_____	_____
Vehicle ID#	_____	_____	_____
License #	_____	_____	_____
Make/Model/Year	_____	_____	_____
Date Purchased	_____	_____	_____
Cost	_____	_____	_____
Lease?	_____	_____	_____

Real Estate

Primary Residence

Address _____

Purchase Date _____

Loan # _____

Mortgage Company _____

Contact Information _____

Rental Property

Address _____

Purchase Date _____

Loan # _____

Mortgage Company _____

Contact Information _____

Address _____

Purchase Date _____

Loan # _____

Mortgage Company _____

Contact Information _____

Land

Address _____

Purchase Date _____

Loan # _____

Mortgage Company _____

Contact Information _____

Financial Information

Banking

	Checking	Savings
Name of Bank	_____	_____
Account #	_____	_____
Contact Information	_____	_____
Name of Bank	_____	_____
Account #	_____	_____
Contact Information	_____	_____
Name of Bank	_____	_____
Account #	_____	_____
Contact Information	_____	_____

Credit Cards

Type of Card	Account #	Contact Information	Name on Account
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Store Charge Accounts

Store Name	Account #	Contact Information	Name on Account
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Investments

Retirement Plans

	IRA	Roth IRA	401K
Plan Name	_____	_____	_____
Account #	_____	_____	_____
Contributions	_____	_____	_____
Withdrawals	_____	_____	_____
Rollovers	_____	_____	_____
Contact Information	_____	_____	_____
Name on Account	_____	_____	_____

Brokerage Accounts

Account Name	Account #	Contact Information	Name on Account
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Securities/Bonds/Mutual Funds

Account Name	Account #	Contact Information	Name on Account
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Income

Salary

	You	Spouse
Company	_____	_____
Amount for Year	_____	_____
Company	_____	_____
Amount for Year	_____	_____
Tip Income Amount	_____	_____
Unemployment Received	_____	_____
Other		
Alimony Received	_____	_____
Gambling Winnings	_____	_____
Other	_____	_____

Interest

Account Name	Account #	Interest Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____

Dividend Income

Account Name	Long Term Capital Gains	Short Term Capital Gains	Bonds
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Stock Sales

Stock Name	Acquisition Date	Cost	Sales Date	Gross Proceeds	Net Profit (Loss)
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Income (con't)

Rental Property

Address

Income

_____	_____
_____	_____
_____	_____
_____	_____

Expenses

Medical (must exceed 7.5% of adjusted gross income, all costs are those not covered by insurance)

You

Spouse

Dependent

Insurance Premiums	_____	_____	_____
Long Term Care Insurance	_____	_____	_____
Medicare Premiums	_____	_____	_____
Doctor/Dentist Visits	_____	_____	_____
Prescriptions	_____	_____	_____
Hospital	_____	_____	_____
Nursing Home/Nursing Care	_____	_____	_____
Lab Fees/X-rays	_____	_____	_____
Eye Exams/Glasses	_____	_____	_____
Hearing Aids/Batteries	_____	_____	_____
Ambulance	_____	_____	_____
Travel (for medical purposes)	_____	_____	_____
Lodging (for medical purposes)	_____	_____	_____
Modification to Home	_____	_____	_____
Physical Therapy	_____	_____	_____
Medical Equipment/Supplies	_____	_____	_____
Special Schooling	_____	_____	_____

Expenses (con't)

Child Care

Child Name	Provider Contact Information	Employer ID # or Social Security #	Cost
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Education

	Dependent	Dependent	Dependent
Part-time/Full-time?	_____	_____	_____
Tuition & Fees	_____	_____	_____
Books & Supplies	_____	_____	_____
Room/Board	_____	_____	_____

Continuing Education (not paid by employer)

	You	Spouse
Tuition & Fees	_____	_____
Seminars	_____	_____
Books/Supplies	_____	_____
Travel	_____	_____

Casualty Losses

Description	Date of Loss	Amount of Loss	Insurance Reimbursement	Fair Market Value
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Travel Expenses (if not reimbursed by employer)

Airfare	Other Transportation	Vehicle Rental	Meals	Lodging	Tips	Other
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Moving Expenses (must exceed 50 miles and move must be due to employment change)

Movers	Truck Rental	Tolls	Meals	Lodging	Travel	Other
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Sale of Home

Address _____

Date Purchased _____ Purchase Price _____

Improvements _____ Date of Sale _____

Sales Price _____ Sale Expenses _____

Rental Property

Address _____

Cleaning & Maintenance _____ Management Fees _____ Insurance _____

Legal Fees _____ Mortgage Interest _____ Repairs _____

Taxes _____ Utilities _____ Improvements _____

Address _____

Cleaning & Maintenance _____ Management Fees _____ Insurance _____

Legal Fees _____ Mortgage Interest _____ Repairs _____

Taxes _____ Utilities _____ Improvements _____

Taxes Paid

Estimated Taxes

	You	Spouse
First Quarter	_____	_____
Second Quarter	_____	_____
Third Quarter	_____	_____
Fourth Quarter	_____	_____

Income Tax

Federal	_____	_____
State	_____	_____
Taxes Paid to Another State	_____	_____
City, County, Local Taxes	_____	_____

Property Tax

	Main Residence	Investment Property
Total Amount	_____	_____

Personal Property Tax

	Vehicles	Other Property
Total Amount	_____	_____

Deductions

	You	Spouse
Alimony	_____	_____
Attorney Fees	_____	_____
Union Dues	_____	_____
Gambling Losses	_____	_____
Investment Publications	_____	_____
Job Seeking Expenses	_____	_____
Tax Preparation Fees	_____	_____
Uniforms (purchase/cleaning)	_____	_____

Deductions (con't)

Charitable Contributions - Cash

	Amount Given	Date
Charity Name _____	_____	_____
Charity Name _____	_____	_____
Charity Name _____	_____	_____
Charity Name _____	_____	_____
Charity Name _____	_____	_____

Charitable Contributions - Non-Cash

	Items	Date	Fair Market Value
Charity Name _____	_____	_____	_____
Charity Name _____	_____	_____	_____
Charity Name _____	_____	_____	_____
Charity Name _____	_____	_____	_____
Charity Name _____	_____	_____	_____

Travel for Charity

	Miles	Date
Charity Name _____	_____	_____
Charity Name _____	_____	_____
Charity Name _____	_____	_____

Out of Pocket Expenses for Charity

	Description	Amount
Charity Name _____	_____	_____
Charity Name _____	_____	_____
Charity Name _____	_____	_____

Business Information

	You	Spouse
Business Name	_____	_____
Tax ID #	_____	_____
Type of Business	_____	_____
Gross Income	_____	_____
Net Income	_____	_____

Business Expenses

Beginning Inventory	_____	Ending Inventory	_____
Merchandise Purchased for Resale	_____	Advertising	_____
Bank Charges	_____	Commissions	_____
Dues & Publications	_____	Freight/Delivery/Postage	_____
Insurance	_____	Mortgage Interest	_____
Legal/Professional Fees	_____	Rent	_____
Repairs	_____	Taxes	_____
Entertainment	_____	Telephone	_____
Utilities	_____	Wages	_____
Seminars	_____	Travel Expenses	_____

In-House Offices Expenses (used exclusively as principal place of business)

Total Square Feet of Home _____

Total Square Feet of Office Space _____

Total Square Feet of Storage Area _____

Rent _____

Utilities _____

Insurance _____

Office Repairs _____

Sep IRAs

You

Spouse

Plan Name _____

Account # _____

Contributions _____

Withdrawals _____

Rollovers _____

Deductions

Professional Dues _____

Business Insurance _____

Credential Fees _____

Publications/Books _____

Telephone _____

Tools/Supplies/Equipment _____

Mileage _____

WHAT TO BRING TO YOUR TAX INTERVIEW

PERSONAL INFORMATION FOR EACH FAMILY MEMBER:

- Name
- Date of Birth
- Social Security Card
- Last Year's Tax Return
- Valid Driver's License

INCOME AND TAX INFORMATION:

- W-2's
- Interest (1099-INT or substitute)
- Dividend (1099-DIV or substitute)
- Stock Sales (1099-B or Broker Statement)
- Self-Employment Income (1099-MISC or record of payments)
- Sale of a Personal Residence
- Rental Income
- Sale of any Business Assets
- Gambling or Lottery Winnings
- State Income Tax Refund
- Pension Income (1099-R)
- Estimated Taxes Paid
- Social Security or Railroad Retirement
- IRA or 401(k) Distribution (1099-R)
- Unemployment Compensation

DEDUCTIONS/ADJUSTMENTS:

- Medical Expenses
- Real Estate and/or Personal Property Taxes
- Mortgage Interest
- Charitable Contributions
- Employee Business Expenses
- Gambling Losses
- Moving Expenses
- Traditional IRA Contributions
- Certain Education Expenses

TAX CREDITS:

- Child Care Provider/Address and Social Security Number or Employer Identification Number
- Adoption Expenses
- Retirement Savings Contributions



For the office nearest you, call
1-866-871-1040
or visit our website at www.libertytax.com