## 256.878.8463 BettysTaxService.com Tax Organizer

Tax	Year	
IUA	icai	

Filing Status:	☐ Single	□ Marr	ied Filing	g Joint	t 🗆 M	arried F	iling Sepa	arate	□ Hea	ad of Ho	usehold	□ Wido	w(er)		
Taxpayer							Spouse								
	☐ Active	 Duty □	Veteran	□ Bli	ind □ Di	sabled	орошоо			☐ Active	e Duty 🗆	Veterar	□Bl	ind 🗆 [	Disabled
Date of Birth		•					Date of I	Birth							
Social Security #							Social Se		#						
Photo ID #							Photo ID								
	Issue Date	Issue Date:								Issue Da	ıte:				
	Expiration	n Date:								Expirati	on Date:				
	☐ Driver License ☐ State ID ☐ Military ID								□ Drive	r License	□ State	e ID	□ Milita	ary ID	
	☐ Consul	☐ Consular Card ☐ Resident Alien ID								☐ Consu	ılar Card	□ Resid	lent A	lien ID	
	☐ Passpor	☐ Passport ☐ Foreign Passport								☐ Passp	ort 🗆	Foreign	Passpo	ort	
Address, Apt/Ste							Address,	Apt/S	te						
City, State, Zip Code							City, Sta								
Home or Cell Phone							Home or	Cell P	hone						
Work Phone							Work Pho	one							
Email							Email								
Occupation (job title	e)						Occupati	ion (jol	b title)						
Months Insured	$\square$ Jan	□ Feb	□ Mar		Apr		Months I	nsured	l	□ Jan	□ Feb	□ Mar		Apr	
	☐ May	□ Jun	□ Jul		Aug					□ May	□ Jun	□ Jul		Aug	
	□ Sep	□ Oct	□ Nov		Dec					□ Sep	□ Oct	□ Nov		Dec	
	□ All Yea	r	□ None	e						□ All Ye	ar	□ Non	e		
☐ Dependent of Ano	ther No	ame: _					□ Depen	ident o	f Anothe	er i	Name:				
☐ Full-Time Student	School N	ame: _					☐ Full-Ti	ime Stı	udent	School	Name:				
	Tuition & I	Fees: \$_							7	Tuition 8	t Fees: \$				
Donate \$1 to: □ AL	Democratic	Party	□ AL Re	public	an Party	/	Donate \$	1 to:	□ AL De	emocrat	ic Party	□ AL Re	publi	can Par	ty
□ Ele	ect \$3 to go	to the Pı	residenti	al Can	npaign				□ Elec	t \$3 to	go to th	e Preside	ential	Camp	aign
Dependents															
•															
Name Data of Birth			_	_				_			<del></del>				
Date of Birth Social Security #				_											
Social Security # Income	ς ———			ς –				ς —				ς ——			
mcome Relationship				_ ب								٠ <u> </u>			
Months in Home			mo	_			mo				mo				
Dependent Care	\$			\$				\$				\$			
Exemption Released					es □ N	o 🗆 T		. —	es 🗆 No	o □ To	☐ From	Y——— I□ Yes	□ No	□ То	☐ From
exemperon necesses	Name:														
	SSN:			SSN				_ SSN:				SSN:			
Tie-Breaker Rule	$\ \square$ Another	could cla	aim them	ı 🗆 A	Another o	could c	aim them	n 🗆 Aı	nother c	ould cla	im them	☐ Anoth	er co	uld clai	m them
Full-Time Student	□ Yes □ N	10		□Y	'es □ N	0		□ Ye	es 🗆 No	)		□ Yes	□ No		
School Name				_											
Tuition & Fees	\$			\$_				\$				\$			
Months Insured $\Box$	Jan □ Feb	□ Mar	□ Apr	□ Jar	n □ Feb	□ Ma	r 🗆 Apr	□ Jan	n □ Feb	⊃ Mar	$\square$ Apr	□ Jan □	] Feb	□ Mar	$\square$ Apr
	May □ Jun	☐ Jul	$\square$ Aug	□ Ma	y 🗆 Jun	☐ Jul	☐ Aug	☐ May	y 🗆 Jun	□ Jul	☐ Aug	□ May □	Jun	☐ Jul	☐ Aug
	Sep □ Oct	□ Nov	$\square$ Dec	□ Sep	o □ Oct	. □ No	v □ Dec	□ Sep	□ Oct	: 🗆 Nov	□ Dec	□ Sep □	0ct	□ Nov	□ Dec
П	All Year	□ Non	6	<b>□</b> ΔΙΙ	Year	□ No	ne		Year	□ Nor	ne	□ ΔII Yea	ır	□ Non	e

## Forms Received

Taxpayer Signature

## Self Employment

	Taxpayer	Spouse		Taxpayer	Taxpayer		Spouse		
W2 (general wages & tips)	#:	#:	Business EIN						
W2 (combat pay)	#:	#:	Trade Name		_				
W2-G (gambling)	#:		Product or Serv	ice	_				
1098 (mortgage)	#:	#:	Years in busines	s	_				
1098-E (student loans)	#:	#:							
1098-T (tuition)	#:	#:	Gross income	\$		\$			
1099-B (brokerage sales)	#:	#:	Expenses	\$		\$			
1099-DIV (dividends)	#:	#:	Mileage		mi		mi		
1099-INT (interest)	#:	#:	Federal est. tax	es paid \$		\$			
1099-G (unemployment)	#:	#:	State est. taxes	paid \$		\$			
1099-G (state refunds)	#:	#:							
1099-G (agriculture)	#:	#:	Rental income	\$		\$			
1099-G (jury duty)	#:	#:	Rental expense	s \$		\$			
1099-MISC	#:	#:	Rental mileage		mi		mi		
1099-R (retirement)	#:	#:							
1099-RRB (railroad benefit)	#:	#:	Farm income	\$		\$	_		
1099-SSA (social security)	#:	#:	Farm expenses	\$		\$	_		
1099-SSA (disability)	#:	#:	Farm mileage		mi		mi		
1099-K (merchant)	#:	#:							
1099 (any other)	#:	#:	Other Income	\$		\$			
Schedule K-1	#:	#:	Foreign Income	\$		\$			
Expenses									
-	ialiata thawa			awitahla dawatiawa (	(h)	¢			
☐ Physicians, hospitals spec		·	<u> </u>	aritable donations (		<b>\$</b> _			
☐ Dental: orthodontist, hyg		-		<del>-</del>					
☐ Eye care: optometrist, gl				aritable mileage			mi		
☐ Prescriptions: medication				ion dues		\$ <u>.</u>			
☐ Medical aids: hearing aid	s, walkers, et	c.		reimbursed work ex					
☐ Medical mileage				reimbursed work m			mi		
$\square$ Health Savings Account (I	HSA) contribut	tions \$	□ Of	fice in home: utiliti	es, supplies, etc.	\$ <u>_</u>			
☐ Medical Savings Account (MSA) contributions \$				x return preparation	n fees	\$_			
☐ State and local income taxes \$			🗆 Sa	_ □ Safe deposit box \$					
☐ AL Consumer Use: unpaid tax	k due on online	purchases \$	□ Jo	_ □ Job hunting expenses \$					
$\square$ Tag taxes: vehicles' ad va	lorem, trailer	s, etc. \$		ved to another stat	e (please list the	state)			
☐ Property taxes				ving expenses		\$_			
☐ Mortgage interest		\$	□ Ca	sualty and theft los	ses	\$			
☐ Student loan interest		\$		mbling losses (up w	rinnings amount)	\$			
Direct Deposit of Re	fund, or,	Direct Debit	of Taxes Owe	•d					
•			<b>F</b>						
Financial Institution				ncial Institution					
Routing Number			4	ing Number					
Account Number				unt Number					
□ Deposit □ Debit	sit □ Debit □ Checking □ Savings			☐ Deposit ☐ Debit ☐ Checking ☐ Savings					
To the best of my knowle							ctions, dates		
and other necessary info									

Spouse Signature

Date

Date