

Personal Tax Organizer

Shannon A. Shehorn, EA CFP®

Tax & Financial Advisors, Inc., Logan Street, Clearwater, FL 34685, 727-442-1120 (Clearwater), 352-597-1040 (Spring Hill)
727-562-2816 (Fax), www.tfa1120.com

Taxpayer's Name: _____ Social Security Number: _____
Spouse's Name: _____ Social Security Number: _____
Taxpayer's Occupation: _____ Taxpayer's date of birth: _____
Spouse's Occupation: _____ Spouse's date of birth: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: _____ E-Mail: _____

Dependent Children (who live with you):

Name: _____ Date of birth: _____ SSN: _____
Name: _____ Date of birth: _____ SSN: _____
Name: _____ Date of birth: _____ SSN: _____
Name: _____ Date of birth: _____ SSN: _____

Other Dependents:

Name: _____ Date of birth: _____ SSN: _____

Wages:

Employer Gross Wages	Fed. W/H	SS W/H	Med W/H	State W/H
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Pensions & Annuities:

Payer Gross	Taxable Fed. W/H	State W/H	Code IRA
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Personal Tax Organizer

Shannon A. Shehorn, EA CFP®

Tax & Financial Advisors, Inc., Logan Street, Clearwater, FL 34685, 727-442-1120 (Clearwater), 352-597-1040 (Spring Hill)
727-562-2816 (Fax), www.tfa1120.com

Social Security:

Taxpayer Gross: _____

Medicare: _____

Spouse: Gross: _____

Medicare: _____

Other Income:

Source Type

Amount

_____	_____	_____
_____	_____	_____

Direct Deposit/Withdrawal Info:

Bank Name

Account Type

Routing #

Account #

_____	_____	_____	_____
-------	-------	-------	-------

Interest Income: Do you have any foreign bank accounts? Yes No

Payer

Amount

Type

Payer

Amount

Type

_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Dividend Income: Do you have any foreign investment accounts? Yes No

Payer

Ord. Div

Qual. Div

CG Dist

1250 Gain

NT Dist

FT Paid

_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Personal Tax Organizer

Shannon A. Shehorn, EA CFP®

Tax & Financial Advisors, Inc., Logan Street, Clearwater, FL 34685, 727-442-1120 (Clearwater), 352-597-1040 (Spring Hill)
727-562-2816 (Fax), www.tfa1120.com

IRA/ROTH IRA/SEPP/SIMPLE/Keogh Contributions:

Taxpayer: Type: _____ Amount: _____

Spouse: Type: _____ Amount: _____

Other Adjustments: (Medical savings accounts, Moving expense, Penalty on early withdrawal of savings, Alimony)

Type: _____ Taxpayer or Spouse Amount: _____

Type: _____ Taxpayer or Spouse Amount: _____

Type: _____ Taxpayer or Spouse Amount: _____

Estimated Tax Payments:

	Date Paid	Federal	State
1st Quarter	_____	_____	_____
2nd Quarter	_____	_____	_____
3rd Quarter	_____	_____	_____
4th Quarter	_____	_____	_____

Educational Credits:

Student	Type	College Attended	Qualified Costs	Grants & Scholarships
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Child and Dependent Care Expenses:

Was any child or dependent care services performed in your home, reimbursed by your employer or paid through a Salary reduction program? Yes _____ No _____

If so, which of the above? _____

Providers Name	Providers Address	Providers ID #	Amount Paid
_____	_____	_____	_____
_____	_____	_____	_____

Personal Tax Organizer

Shannon A. Shehorn, EA CFP®

Tax & Financial Advisors, Inc., Logan Street, Clearwater, FL 34685, 727-442-1120 (Clearwater), 352-597-1040 (Spring Hill)
727-562-2816 (Fax), www.tfa1120.com

Itemized Deductions

Medical Expenses:

(a) Insurances

1. Health _____
2. Dental _____
3. Medicare B _____
4. Prescription Drug _____
5. Long-Term Care _____

(b) Doctor/Dentist _____

(c) Hospital _____

(d) Prescriptions _____

(e) Ambulance _____

(f) Eyeglasses _____

(g) Auto (Miles) _____

(h) Other _____

Taxes:

(a) Real Estate Taxes _____

(b) State Income Taxes _____

(c) Sales Taxes _____

(d) Other Taxes _____

Interest Expenses:

(a) Home Mortgage (Financial Inst) _____

(b) Home Mortgage (Individual) _____

(c) Investment Interest _____

(d) Other Interest _____

Contributions:

(a) Received _____

(b) Non-Received _____

(c) Non-Cash _____

(d) Other Cont. _____

(e) Auto Mileage _____

Casualty & Theft Losses:

(a) Item Lost _____

(b) Cost of Prop. _____

(c) FMV Prior _____

(d) FMV After _____

(e) Ins. Reimb. _____

Other:

(a) Dues & Sub. _____

(b) Educational Exp. _____

(c) Safety Equip. _____

(d) Gambling Losses _____

(e) Uniforms _____

(f) Job Seeking Exp. _____

(g) Tax Prep Fees _____

(h) Tool & Equip. _____

(i) SD Box _____

(j) Other _____