

Business Hours during Jan. 18 - Apr. 18, 2016
 M-F: 8 a.m.-6 p.m.
 Sat.: 8 A.M.— 2 P.M.
 Sun.: By Appointment Only

TAX ORGANIZER

• Business • Data • Solutions

Tax Year _____

PERSONAL INFORMATION

Taxpayer	Spouse
First Name:	First Name:
Last Name:	Last Name:
Social Security No.:	Social Security No.:
D.O.B.:	D.O.B.:
Phone (Daytime)	Phone (Daytime)
Phone (Evening)	Phone (Evening)
Phone (Cell)	Phone (Cell)
Email:	Email:
Street Address:	
City, State, Zip:	

DEPENDENT INFORMATION

	Name (first, initial, and last name)	D.O.B.	Social Sec. No.	Relationship
1				
2				
3				
4				

INCOME

WAGES AND SALARIES

Employer(s) Name	Taxable Wages



INTEREST INCOME

Source	Amount

DIVIDEND INCOME

Source	Amount

Please complete the *Health Insurance & Medical Cost Organizer!*

Do you have dependent expenses?

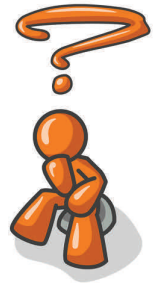
CHILD AND DEPENDENT CARE

Name/Address of Provider	Child	Providers Tax ID #	Amount

Anything else?

MISCELLANEOUS DEDUCTIONS

Type	Amount	Type	Amount
Tax Preparation Fees		Union/Professional Dues	
Safe Deposit Box		Work Uniforms	
Professional Dues		Un-Reimbursed Job Expense	
Gambling Losses		Investment Expense	
Other:			



Only the TOTAL amount that exceeds 2% of Adjusted Gross Income is deductible.

Did you contribute to a Retirement Plan?

(IRA, Roth IRA, SEP, 401k, etc.)

	Type	Date	Amount
Taxpayer			
Spouse			

Major Purchases

Please circle yes or no

Did you have any major purchases this year (i.e. car, boat, house) ? Yes or No

Did you refinance your house? Yes or No

If you refinanced your house or purchased a house please include the closing statements

Did you receive SS Benefits?

SOCIAL SECURITY (SSA-1099)

	Amount
Taxpayer	
Spouse	
Part of this income may be subject to taxation	



OTHER INCOME

Type of Income	Amount
Alimony (Not Child Support)	
State and Local Tax Refunds (1099-G)	
Jury Duty (or other Public Service)	
Gambling Winnings	

Type of Income	Amount
Tips/Gratuities (Not reported on W-2)	
Unemployment Compensation (1099-G)	
Other (explain)	

Do you own Rental Property?	YES	NO
Do you have Self Employment Income?	YES	NO
Did you Sell any Stocks or Bonds?	YES	NO
If Yes, Ask for our separate organizer for these items.		

ITEMIZED DEDUCTIONS

Did you pay interest? Please complete the interest paid

Type	Payee	Amount
Mortgage Interest (Form 1098)		
Mortgage Insurance Premium		
Deductible Investment Interest (i.e. Margin Interest)		
Student Loan Interest		
Other		

Did you pay taxes?

Please list the amounts of taxes paid

Real Estate	
Personal Property	
Other	

Estimated Taxes	Federal	State ____	State ____
Due 4/15/____			
Due 6/15/____			
Due 9/15/____			
Due 1/15/____			



Did you make any contributions?

Cash Contributions			
<i>MUST HAVE RECEIPTS OR CANCELLED CHECKS!</i>			
Paid To	Amount	Paid To	Amount
Volunteer Work-Mileage & Parking			# of Miles

Non-Cash Contributions			
<i>MUST BE IN GOOD CONDITION OR BETTER!</i>			
Given To	Value	Given To	Value

Did you pay college (post-secondary) expenses?

Student Paid For:	Paid To:	Amount

Do you want your Refund Deposited Direct to your Bank? Yes No

You can split your refund between two Different Banks Please inform BDS if this is what you want.

Bank Name _____ Routing # _____

Please enclose cancelled check

Refer a Friend!

If your friend uses BDS Tax Services- you save \$25.00- your friend also saves \$25.00.
Should you need more referral coupons, please contact BDS.

Friend's Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

E-Mail: _____

Referred By: _____

