



FINANCIAL  
ACCOUNTING  
SERVICES INC.

# 2021 Tax Organizer

**Name:**

Single       Married       Head of Household       Married Filing Separate

## SALARIES AND WAGES (enclose all W-2 forms)

W-2	Gross Income	Federal Withheld	FICA	Medicare	State Withheld	SDI
1						
2						
3						
4						

### REFUND

Automatic deposit?       Yes (attach a VOID check)       No

### DEPENDENTS

Name \_\_\_\_\_

Name \_\_\_\_\_

Name \_\_\_\_\_

Name \_\_\_\_\_

### ADJUSTMENTS TO INCOME

#### ALIMONY PAID

Payee \_\_\_\_\_

Payee's SSN \_\_\_\_\_

Amount \_\_\_\_\_

#### IRA CONTRIBUTIONS, ETC.

SIMPLE Plan Deduction \_\_\_\_\_

Keogh/SEP Deduction \_\_\_\_\_

Education IRA Deduction \_\_\_\_\_

Penalty on Early Withdrawal \_\_\_\_\_

### ESTIMATED TAX PAYMENTS

FEDERAL	Date Paid	Amount
Overpayment-Prior Year		
1 <sup>st</sup> Quarter		
4 <sup>th</sup> Quarter		
STATE	Date Paid	Amount
Overpayment-Prior Year		
1 <sup>st</sup> Quarter		
4 <sup>th</sup> Quarter		

Additional Notes and Information:

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**ITEMIZED DEDUCTIONS****MEDICAL & DENTAL EXPENSES***Attach detailed schedule*

Insurance Premiums \_\_\_\_\_

Doctors, Dentists, etc. (Net) \_\_\_\_\_

**TAXES PAID**

State &amp; Local Income Tax \_\_\_\_\_

Real Estate Taxes – Residence \_\_\_\_\_

Real Estate Taxes – Other Property \_\_\_\_\_

Auto License: No. of Cars \_\_\_\_\_

Auto License: Fees Paid \_\_\_\_\_

Personal Property Taxes \_\_\_\_\_

Other Taxes \_\_\_\_\_

**INTEREST PAID – Attach Forms 1098**Home Mortgage (1<sup>st</sup>) \_\_\_\_\_Home Mortgage (2<sup>nd</sup>) \_\_\_\_\_

Home Mortgage (Equity Line) \_\_\_\_\_

Student Loan Interest \_\_\_\_\_

**CONTRIBUTIONS – Attach Detailed Schedule**

Contributions by Cash or Check \_\_\_\_\_

Contributions Other than Cash \_\_\_\_\_

**MISCELLANEOUS DEDUCTIONS**

Union/Professional Dues \_\_\_\_\_

Investment Expenses \_\_\_\_\_

Tax Return Preparation Fees \_\_\_\_\_

Safe Deposit Box Rental \_\_\_\_\_

Unreimbursed Employee

Business Expenses\* \_\_\_\_\_

Other: \_\_\_\_\_

\*Attach detailed schedule

**INCOME FROM BUSINESS OR PROFESSION****GENERAL INFORMATION** Cash Basis Accrual Basis First Year Taxpayer Spouse

Principal Business/Profession \_\_\_\_\_

Business Name \_\_\_\_\_

Business Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

**INCOME**

Gross Receipts or Sales \_\_\_\_\_

Returns and Allowances \_\_\_\_\_

Other Income \_\_\_\_\_

**COST OF GOODS SOLD – If Applicable**

Inventory at Beginning of the Year \_\_\_\_\_

Purchases \_\_\_\_\_

Cost of Labor \_\_\_\_\_

Materials &amp; Supplies \_\_\_\_\_

Other Costs \_\_\_\_\_

Inventory at End of the Year \_\_\_\_\_

**EXPENSES**

Advertising \_\_\_\_\_

Car &amp; Truck Expenses\* \_\_\_\_\_

Commissions \_\_\_\_\_

Employee Benefit Programs \_\_\_\_\_

Insurance (other than health) \_\_\_\_\_

Health Insurance Premiums for Self\* \_\_\_\_\_

Interest \_\_\_\_\_

Legal &amp; Professional \_\_\_\_\_

Office Expense \_\_\_\_\_

Pension &amp; Profit Sharing Plans \_\_\_\_\_

Rent – Vehicles, Machinery &amp; Equipment \_\_\_\_\_

Rent – Business Property \_\_\_\_\_

Repairs &amp; Maintenance \_\_\_\_\_

Supplies \_\_\_\_\_

Taxes – Property \_\_\_\_\_

Taxes – Other \_\_\_\_\_

Travel \_\_\_\_\_

Total Meals &amp; Entertainment\* \_\_\_\_\_

Utilities \_\_\_\_\_

Wages \_\_\_\_\_

Other\* \_\_\_\_\_

\*Attach detailed schedules

**HOME OFFICE**

Did you have a home office during the year?

 Yes  No

If yes, attach detailed schedule of expenses including mortgage interest (or rent), real estate taxes, utilities, property insurance, maintenance &amp; cleaning