

# Personal Tax Organizer Itemized Deductions and Credits

**NAME:**

**YEAR:**

**2015**

Medical Expenses	Taxpayer	Spouse	Interest and Taxes	Primary	Secondary
Prescriptions			First Mortgage Interest		
Doctor/Dentist/Nurses			Second Mortgage Interest		
Hospitals and Nursing Homes			Equity Line Interest		
Medical Insurance Premiums <sup>1</sup>			Equity Line Principal Balance <sup>2</sup>		
Long-Term Care Premiums <sup>1</sup>			Real Estate Taxes		
Out-of-Pocket Expenses			Personal Property Taxes		
Medical Mileage			Investment Interest		
Other Medical			<sup>2</sup> Please attach statement showing amounts applied to home improvements and personal use.		

<sup>1</sup> Do not include premiums paid for with pre-tax dollars or Medicare Parts B or D shown on SSA-1099

Notice: For TY 2015 all clients must confirm whether or not all members of their family were covered by health insurance. Provide a copy of Form 1095-A, 1095-B, or 1095-C, if received. Otherwise, please complete the Health Care Coverage Certification, included in the Client Information Package, affirming your coverage status.

Miscellaneous Expenses	Amount	Charitable Contributions	Amount
Job Search Expenses		Cash (you must have a receipt)	
Tax Prep Fees		Checks/Credit Cards <sup>4</sup>	
Investment Expenses		Churches/Synagogues	
Safe Deposit Box Fees		Non-Cash <sup>5</sup>	
IRA/ Brokerage Fees <sup>3</sup>		<sup>4</sup> Receipts are required for any single contribution of \$250 or more.	
Gambling Losses		<sup>5</sup> Please provide receipts showing Name and Address of Organization, Date, and FMV of goods donated. If FMV = \$500 or more, state original cost.	
<sup>3</sup> IRA/401Ks fees paid directly from pension accounts are not deductible.			

## Estimated Tax Payments

Federal	Date Paid	Amount	State	Date Paid	Amount
	(mm/dd/yy)			(mm/dd/yy)	
Amt. Applied From Prior Year			Amt. Applied From Prior Year		
First Quarter			First Quarter		
Second Quarter			Second Quarter		
Third Quarter			Third Quarter		
Fourth Quarter			Fourth Quarter		
Amount Paid with Extension			Amount Paid with Extension		

## Education Expenses (Attach Forms 1908-E, 1098-T and 1099-Q)

Include information about education expenses incurred for you, your spouse or your dependents.

Student's Name			Student's Name		
Enrolled at least 1/2 time?	Y	N	Enrolled at least 1/2 time?	Y	N
Felony conviction?	Y	N	Felony conviction?	Y	N
Purpose (Degree, Job Related)			Purpose (Degree, Job Related)		
Name of Institution			Name of Institution		
Type of Expense (Tuition, etc.)			Type of Expense (Tuition, etc.)		
Amount Paid			Amount Paid		
Paid by Whom?			Paid by Whom?		
Student's Grade/Yr. in College			Student's Grade/Yr. in College		

## Dependent Care Costs

Complete if you pay child care costs for a dependent child under 13, or costs of caring for a disabled dependent or spouse, so you can work, attend school, or look for a job. (Care includes attendance at summer camps).

Child, Dependent or Spouse			Child, Dependent or Spouse		
Amount Paid	Y	N	Amount Paid	Y	N
Care Provider Name			Care Provider Name		
Care Provider Tax ID Number			Care Provider Tax ID Number		
Care Provider Street Address			Care Provider Street Address		
Care Provider City, State, Zip			Care Provider City, State, Zip		
Amount, if any reimbursed by your employer	Y	N	Amount, if any reimbursed by your employer	Y	N

## Notes and Questions
