

Individual Tax Organizer

Medical Expenses

(total must exceed 7.5% of adjusted gross income in order to itemize)

Health Insurance (Non Pre-Tax)	_____	Nursing Home	_____
Long Term Care Insurance	_____	Hotels	_____
Husband	_____	Hospitals	_____
Wife	_____	Prescription clothing (support hose, shoes)	_____
Dental Insurance	_____	Doctors, Dentists, Etc.	_____
Prescriptions (no over-counter)	_____	Number of medical miles	_____
Eye care (glasses, contact, exams)	_____	Parking	_____

Taxes

Property Taxes:

Home	_____	Vehicle Registration	_____
Second Home	_____	Other	_____

****If you purchased or sold your home, please bring in the closing papers.**

Interest

Home Mortgage Interest (to bank)	_____	Travel Trailer/RV Interest	_____
Home Mortgage Interest (to individual)	_____	Home Equity Interest**	_____
Name	_____	**Note that home equity interest is only deductible if the proceeds were used to buy, build, or improve your home. If used to purchase a vehicle, pay off credit card debt, etc., the interest is not deductible.	
Address	_____		
SSN or Federal ID	_____		
Student loan interest	_____		

Donations

Cash donations (non-QCD)	_____	Noncash donations***	_____
Mileage (in # of miles)	_____	(clothes, household items, etc.)	_____

***If noncash donations exceed \$500 in total, please include receipts with your information.

Amount contributed through Qualified Charitable Distributions (QCDs) _____
(Please note 1099-Rs do not indicate this information)

Notes/Questions to Preparer

Individual Tax Organizer

Daycare Expense

Provide amounts paid to daycare providers, preschool centers, day camps, etc.

Name of Provider: _____
 Address: _____ Amount Paid: _____
 City, State, ZIP: _____
 Tax ID Number: (EIN or SSN) _____

Name of Provider: _____
 Address: _____ Amount Paid: _____
 City, State, ZIP: _____
 Tax ID Number: (EIN or SSN) _____

College Tuition

Please bring in **1098-T** statements from university. Also be sure to include amount(s) paid for books, supplies, and other required fees.

Other Credits/Deductions

Volunteer Fire Fighter/EMS/Police Reserve (number of months) taxpayer or spouse (circle one) _____
 Energy Efficient improvements made to your home (AC, furnace, windows, etc.) _____
 College Savings Iowa 529 Plan Contributions (provide statements) _____
 K-12 Educator expenses (professional development, materials, books, supplies, etc) _____
 K-12 Education Expense (tuition/registration, textbooks, uniforms, school supplies, drivers ed, etc.):

Child Name	Amount

Contributions made to retirement (not through your employer) - taxpayer Type: _____ Amount: _____
 Contributions made to retirement (not through your employer) - spouse Type: _____ Amount: _____
 (Examples of Type: Roth, Traditional IRA, or SEP)

Health Savings Account (HSA) contributions outside employment _____
 Were all HSA distributions, if any, used for medical expenses? Yes or No (circle one)

Estimated Tax Payments

Federal Estimate Payments		State Estimate Payments	
Date Paid	Amount	Date Paid	Amount