



Tax Service Organizer  
 \_\_\_\_\_ Tax Year Personal Tax Return

Please call 716-632-7886 or go to egtax.com with any questions or to schedule an appointment.

**Personal Information:**

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Taxpayer		Spouse (If Applicable)		
Social Security #		Social Security #		
Date of Birth		Date of Birth		
Occupation		Occupation		
Phone # (Home)		Phone # (Home)		
Phone # (Cell)		Phone # (Cell)		
Email Address		Email Address		
Marital Status		Marital Status		
Did you receive stimulus?            Y   or   N		Did you receive stimulus?            Y   or   N		
Mailing Address				
Address				
City				
State				
Zip Code				
<i>Is this a change of address from your prior year's Tax Return?</i> <b>Yes</b> <b>No</b>				
Dependents	#1	#2	#3	#4
Name				
Social Security #				
Date of Birth				
Relationship				
Residence				
Did you receive stimulus for this dependent?	Y   or   N	Y   or   N	Y   or   N	Y   or   N

Filing Status as of 12/31 for prior year (Please Circle One):	<input type="radio"/> Single	<input type="radio"/> Head of Household
	<input type="radio"/> Married Filing Joint	<input type="radio"/> Married Filing Separate

**Please Bring to Your Appointment:**

- |   |   |
|---|---|
| <ul style="list-style-type: none"> <li><input type="radio"/> Copy of last year's Federal and State Tax Returns – 2019 Earned Income \$ _____</li> <li><input type="radio"/> Proof of identity.</li> <li><input type="radio"/> Social Security cards.</li> <li><input type="radio"/> Proof of birth and relationship for dependents.</li> <li><input type="radio"/> Copy of form 1095-A NYSOH Marketplace</li> <li><input type="radio"/> Copies of all W2 and 1099 forms.</li> </ul> | <ul style="list-style-type: none"> <li><input type="radio"/> Self-employment income and expenses.</li> <li><input type="radio"/> Rental property income and expenses.</li> <li><input type="radio"/> Business income on form K-1.</li> <li><input type="radio"/> Pension, IRA, trust and royalty income.</li> <li><input type="radio"/> Any other income earned and unearned.</li> <li><input type="radio"/> Email address</li> <li><input type="radio"/> Voided check for direct deposit.</li> </ul> |
|---|---|



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<i>Employers for Tax Year _____ (Form W2)</i>	<i>Taxpayer</i>

<i>Interest Income for Tax Year _____ (Form 1099-INT)</i>	<i>Taxpayer</i>

<i>Dividend Income for Tax Year _____ (Form 1099-DIV)</i>	<i>Taxpayer</i>

<i>Brokerage &amp; Investment Income for Tax Year _____ (Form 1099-B)</i>	<i>Taxpayer</i>



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<b>Retirement (IRA) &amp; Pension Income for Tax Year ____ (Form 1099-R)</b>	<b>Taxpayer</b>
Did you make an election under COVID – 19 for a retirement account?	Y or N

<b>Self-Employment Income for Tax Year ____ (Form 1099-MISC)</b>	<b>Taxpayer</b>
Are you electing to defer self-employment tax?	Y or N

<b>Rental Income for Tax Year ____ (Property Address)</b>	<b>Amount</b>

<b>Misc. Income for Tax Year ____</b>	<b>Taxpayer</b>	<b>Amount</b>
Alimony Received – Date Divorce Finalized _____		
Unemployment Income – form 1099-G* <i>(NOTE: form 1099-G is not mailed. 1099-G recipients will have to retrieve the form online or by calling the NYS Dept. of Labor)</i>		
Social Security Income		
Other: _____		



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	<i>Source</i>	<i>Taxpayer</i>
Partnership/"S" Corp. Income (Form K-1)		
Trust Income (Form K-1)		
Royalty Income (Form 1099-MISC)		
Jury Duty Income		
Foreign Income		
Tax Refunds		
Gambling Income		
Other Income		

**Business Expenses:**

	<i>Amount \$</i>		<i>Amount \$</i>
Cost of Goods Sold		Office Expenses	
Inventory (Start of Year)		Rent or Lease	
Inventory (End of Year)		Repairs/Maintenance	
Advertising		Supplies	
Business Miles		Taxes & Licenses	
Insurance		Travel & Meals	
Interest		Utilities	
Legal & Professional		Other: _____	
		Other: _____	
Home Office (sq. feet)		Other: _____	
Home (sq. feet)		Other: _____	

**Rental Expenses:** Property Address \_\_\_\_\_

	<i>Amount \$</i>		<i>Amount \$</i>
Advertising		Repairs	
Mileage		Supplies	
Cleaning & Maintenance		Taxes	
Insurance		Utilities	
Legal/Professional Fees		Other: _____	
Management Fees		Other: _____	
Mortgage Interest		Other: _____	

**Depreciation (Assets/Capital Improvements):**

<i>Description of Purchase</i>	<i>Date Placed in Service</i>	<i>Cost \$</i>



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**Sale of Assets/Investments:**

<i>Description</i>	<i>Purchase Date</i>	<i>Cost</i>	<i>Improvements</i>	<i>Date Sold</i>	<i>Proceeds</i>

**Tuition Expenses (Form 1098-T):**

<i>Student</i>	<i>School</i>	<i>Qualified Tuition &amp; Expenses \$</i>

**Adjustments & Deductions to Reduce Your Taxes:**

<i>Description</i>	<i>Source</i>	<i>Amount \$</i>
Educator Expenses		
Health Savings Account Contribution		
Self Employed Retirement Plan		
Self Employed Health Ins. Premiums		
Alimony Paid – SS# _____ Date Divorce Finalized _____		
IRA Deduction (Traditional or Roth)		
Student Loan Interest Paid		
Child and/or Dependent Care Expenses		
Medical & Dental Expenses		
Long Care Ins. Premium		
Sales Tax Paid		
NYS-529 Plan Contribution		



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**Adjustments & Deductions to Reduce Your Taxes (cont'd):**

<i>Description</i>	<i>Source</i>	<i>Amount \$</i>
Real Estate Taxes (Form 1098)		
Other Property Taxes		
Home Mortgage Interest (Form 1098)		
Mortgage Ins. Premiums (Form 1098)		
Charitable Contributions (Cash)		
Charitable Contributions (non-Cash)		
Volunteer Mileage		
Gambling Losses		
Other: _____		
Other: _____		
Other: _____		

Are you participating in the repayment of a First-time Homebuyer Credit? Y N If yes, amount \$ \_\_\_\_\_

<b>Additional Information &amp; Questions:</b>

- Please make sure we have a current and valid email on file in order so EG Tax may correspond with you through our client portal.
- Please bring this organizer and all supporting tax documents and information to your appointment.
- Please plan to file your dependent's tax return with your return in the event of "kiddie tax"
- You may submit this form prior to your appointment by fax 716.631.7516 or email to [frontdesk@egtax.com](mailto:frontdesk@egtax.com).

*Thank you for joining the EG Tax Family!!*