

Income Tax Organizer



Please mail or scan and email this Tax Organizer and all supporting documents
to:

Mailing Address :

PO Box 94690

Phoenix AZ 85070-4690

Office Address:

1238 E Chandler Blvd # 103

Phoenix AZ 85048

phxtaxoffice@gmail.com

Telephone 480-696-0375

Fax 866-828-5181

**We Are Unable To Accept Images of Tax Documents Taken With Your Phone.
They Do Not Come Out On Our End Clearly.
We are not Responsible for Data Entry Errors Due To Unreadable Phone Images.**



Subject: Preparation of Your Tax Returns

Thank you for selecting USA Income Tax Services LLC to assist you with preparation of your tax returns. The enclosed "Organizer" is provided for your convenience. Many of our clients find it useful to accumulate and summarize their tax information with the Organizer, and it helps us prepare your returns efficiently. When you submit your tax information to us you acknowledge and agree to the following terms and conditions for our services.

Your returns will be prepared from information you provide. We may ask for explanation or clarification of some items, but we will not audit or otherwise verify your data. You are responsible for the completeness and accuracy of information used to prepare the returns. Our responsibility is to prepare the returns in accordance with applicable tax laws.

Those laws impose penalties on you for substantial understatements of tax, items in the return for which there is not substantial authority, and failure to maintain records required by law. Federal regulations impose significant penalties on us if we are associated with a return that takes a position that has no realistic possibility of success if audited. Some items may require special disclosure to protect you and us from penalties. We will consult with you about any special disclosures we believe necessary.

We may observe opportunities for tax savings that require planning or changes in the way you handle some transactions. While an engagement for tax return preparation does not include significant tax planning services, we will share any ideas we have with you and discuss terms for any additional work that may be required to implement those ideas.

Our fees for preparing your returns will be based on the time required at our standard rates for such services. Invoices are due when submitted to you. Late charges may be added to past due amounts in accordance with state law.

Your return may be selected for examination by state or federal tax agencies. In that event, we will be available to assist you in defending and explaining the return. That service is not part of our engagement to prepare your returns, and would be the subject of a separate agreement for services.

We appreciate the opportunity to serve you in this important work. If you have questions about the contents of this letter or the enclosed Organizer, please call me.

Sincerely,

Richard Lake



1238 E Chandler Blvd # 103
Phoenix AZ 85048
480-696-0375

One Time Credit Card Payment Authorization Form

Sign and complete this form to authorize USA Income Tax Services LLC to make a one-time debit to your credit card listed below.

By signing this form, you give us permission to debit your account for your income tax preparation fees. We will not process this charge to your credit card until after we have completed your taxes and contacted you by telephone or email. This is permission for a single transaction only, and does not provide authorization for any additional unrelated debits or credits to your account.

Please complete the information below:

I _____ authorize USA Income Tax Services LLC to charge my credit card
(full name)
account indicated below on or after _____ . This payment is for
(date)

Income Tax Preparation Services.

Billing Address _____ Phone# _____
City, State, Zip _____ Email _____

Account Type: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> AMEX <input type="checkbox"/> Discover
Cardholder Name _____
Account Number _____
Expiration Date _____
CVV2 (3-digit number on back of Visa/MC, 4 digits on front of AMEX) _____
Billing Zip Code _____

SIGNATURE _____ DATE _____

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, and is valid for one time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.



Refund Direct Deposit Authorization Form

Taxpayer's Name: _____

I/we wish to have USA Income Tax Services LLC, instruct the Internal Revenue Service and/or any State Revenue Departments to deposit my/our income tax refund(s) directly to the account(s) indicated above. I agree to notify USA Income Tax Services LLC of any changes to this account and/or the Financial Institution's name and routing number.

I understand that in the event that my financial institution is not able to make a deposit into my account due to incorrect information that I provide; that I am responsible for any resulting bank fees incurred, and that IRS and/or any State Departments cannot issue another refund (in check form) until the funds have been returned by the Financial Institution. This process will delay my/our refund(s) by several weeks.

Taxpayer's Signature _____ **Date** _____

Account Information

Financial Institution Name: _____

Checking _____ **Savings** _____

Bank Routing Number: _____

Account Number: _____

Please attach a voided check



Client Contact Information

Taxpayer Name : _____

Taxpayer SSN: _____ DOB: _____

Spouse Name: _____

Spouse SSN: _____ DOB: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Type: Home Cell

Email: _____

Dependents :

Name _____ SSN: _____ DOB: _____

Name _____ SSN: _____ DOB: _____

Name _____ SSN: _____ DOB: _____

Name _____ SSN: _____ DOB: _____

Referred By: _____

Tax Preparation Checklist

Before you begin to prepare your income tax return, go through the following checklist. Highlight the areas that apply to you, and make sure you have that information available. Better yet, attach the list to a folder of your tax documents, and check items off as you add them to the folder.

Most people will need:

Personal information

This information tells the IRS exactly who's filing, who is covered in your tax return, and where to deposit your tax refund.

- Social Security numbers and dates of birth for you, your spouse, your dependents
- Copies of last year's tax return for you and your spouse (New Clients Only)
- Bank account number and routing number, if depositing your refund directly into your account

Information about your income

- W-2 forms for you and your spouse
- 1099-C forms for cancellation of debt
- 1099-G forms for unemployment income, or state or local tax refunds
- 1099-MISC forms for you and your spouse (for any independent contractor work)
- 1099-R, Form 8606 for payments/distributions from IRAs or retirement plans
- 1099-S forms for income from sale of a property
- 1099-INT, -DIV, -B, or K-1s for investment or interest income
- SSA-1099 for Social Security benefits received
- Alimony received
- Business or farming income - profit/loss statement, capital equipment information
- Rental property income and expenses: profit/loss statement, suspended loss information
- Prior year installment sale information - Forms 6252, principal and interest collected during the year, SSN and address for payer
- Miscellaneous income: jury duty, gambling winnings, Medical Savings Account, scholarships, etc.

Adjustments to your income

This following items can help reduce the amount of your income that is taxed, which can increase your tax refund, or lower the amount you owe.

- Form 1098-E for student loan interest paid (or loan statements for student loans)
- Form 1098-T for tuition paid (or receipts/canceled checks for tuition paid for post-high school)
- For teachers: Canceled checks or receipts for expenses paid for classroom supplies, etc.
- Records of IRA contributions made during the year
- Receipts for any qualifying energy-efficient home improvements (solar, windows, etc.)
- Records of Medical Savings Account (MSA) contributions
- Self-employed health insurance payment records
- Records of moving expenses
- Alimony paid
- Keogh, SEP, SIMPLE, and other self-employed pension plans

If you itemize your deductions:

Deductions and credits

The government offers a number of deductions and credits to help lower the tax burden on individuals, which means more money in your pocket. You'll need the following documentation to make sure you get all the deductions and credits you deserve:

- Child care costs: provider's name, address, tax ID, and amount paid
- Education costs: Form 1098-T, education expenses
- Adoption costs: SSN of child; records of legal, medical and transportation costs
- Forms 1098: Mortgage interest, private mortgage insurance (PMI), and points you paid
- Investment interest expenses
- Charitable donations: cash amounts, official charity receipts, canceled checks; value of donated property; miles driven and out-of-pocket expenses
- Medical and dental expense records
- Casualty and theft losses: amount of damage, insurance reimbursements

Deductions and credits (continued)

- Records/amounts of other miscellaneous tax deductions: union dues; unreimbursed employee expenses (uniforms, supplies, seminars, continuing education, publications, travel, etc.)
- Records of home business expenses, home size/office size, home expenses
- Rental property income/expenses: profit/loss statement, rental property suspended loss information

Taxes you've paid

- State and local income taxes paid
- Real estate taxes paid
- Personal property taxes
- Vehicle license fees based on value of vehicle

Other information

- Estimated tax payments made during the year (self-employed)
- Prior-year refund applied to current year and/or any amount paid with an extension to file
- Foreign bank account information: location, name of bank, account number, peak value of account during the year

ITEMIZED DEDUCTIONS (SCHEDULE A)

Medical Expenses	Taxpayer/Joint	Spouse
Prescription Medicines and Drugs	\$	\$
Health Insurance Premiums Paid		
Long-Term Care Insurance Premiums Paid		
Insurance Reimbursements Paid to You		
Medical Miles (_____)		
Lodging		
Doctors, Dentists, Etc.		
Hospitals		
Lab Fees		
Eyeglasses and Contacts		
Other (Describe):		
Taxes Paid	Taxpayer/Joint	Spouse
Real Estate Taxes	\$	\$
Personal Property Taxes (including Car Tags)		
General Sales Tax Paid on Specified Items		
Other (Describe):		
Mortgage & Investment Interest Paid (List Institution Paid)	Taxpayer/Joint	Spouse
	\$	\$
Cash Contributions (List Organization Paid)	Taxpayer/Joint	Spouse
	\$	\$
Charitable Miles (_____)		
Noncash Contributions (List Organization & Description)	Taxpayer/Joint	Spouse
	\$	\$

FEDERAL TAX PAYMENTS

Detail	Amount Paid	Date Paid
Prior Year Overpayment Applied	\$	
1 st Quarter Estimate		
2 nd Quarter Estimate		
3 rd Quarter Estimate		
4 th Quarter Estimate		
Extension Payment		
Other (<i>Describe</i>):		

PRIMARY STATE TAX PAYMENTS

Detail	State	Amount Paid	Date Paid
Prior Year Overpayment Applied		\$	
1 st Quarter Estimate			
2 nd Quarter Estimate			
3 rd Quarter Estimate			
4 th Quarter Estimate			
Extension Payment			
Other (<i>Describe</i>):			

SECONDARY STATE TAX PAYMENTS

Detail	State	Amount Paid	Date Paid
Prior Year Overpayment Applied		\$	
1 st Quarter Estimate			
2 nd Quarter Estimate			
3 rd Quarter Estimate			
4 th Quarter Estimate			
Extension Payment			
Other (<i>Describe</i>):			

OTHER STATE TAX PAYMENTS

Detail	State	Amount Paid	Date Paid
Prior Year Overpayment Applied		\$	
1 st Quarter Estimate			
2 nd Quarter Estimate			
3 rd Quarter Estimate			
4 th Quarter Estimate			
Extension Payment			
Other (<i>Describe</i>):			



Use for your business expenses for your individual (Schedule C), corporate (S Corp or LLC) or partnership (regular or LLC) tax returns

Section 1 - Identity: Complete entire section for all businesses (See Other Organizer for W2 Employee Business Exp)

Business owner name:	<input type="text"/>	Employer ID#	<input type="text"/>
Business name (legal or fictitious name):	<input type="text"/>	Tax year:	<input type="text"/>
Description of product or service:	<input type="text"/>	Indicate Tax Type (select one)	
Business address (if not home address):	<input type="text"/>	<input type="checkbox"/>	Individual/Proprietorship (Schedule C)
<input type="checkbox"/>	Check if legally formed as an LLC	<input type="checkbox"/>	S Corporation (1120S)
<input type="checkbox"/>	Check if you did NOT materially participate in the business during the year	<input type="checkbox"/>	Partnership (1065)

Section 2 - Business Income: Complete applicable lines

(attach Form(s) 1099, if any)

Gross business sales receipts (including portion not on 1099 Forms)	\$	<input type="text"/>
Less: returns & allowances	\$	<input type="text"/>
Other income (indicate type):	\$	<input type="text"/>
	\$	<input type="text"/>

Please note: the following expense items are listed on pages 2 & 3

- Cost of sales items for goods & products sold
- Vehicle expenses (mileage, acquisition, associated expenses)
- Business equipment, computers, furniture, etc.
- Home office expenses
- Employee Business Expenses for W2 wage earner has a separate organizer

Section 3 - General Business Expense Deductions: Complete applicable lines only

Advertising	\$	<input type="text"/>	Bank charges	\$	<input type="text"/>
Commissions & fees paid (1099-MISC)	\$	<input type="text"/>	Chargebacks	\$	<input type="text"/>
Contract labor paid (1099-MISC)	\$	<input type="text"/>	Credit card merchant fees	\$	<input type="text"/>
Entertainment (Business/Nondeductible)	\$	<input type="text"/>	Customer gifts & incentives	\$	<input type="text"/>
Health insurance	\$	<input type="text"/>	Dues and subscriptions	\$	<input type="text"/>
Insurance - business (non-vehicle)	\$	<input type="text"/>	Education	\$	<input type="text"/>
Interest - mortgage (1098) on business property only	\$	<input type="text"/>	Internet	\$	<input type="text"/>
Interest - other (trade, credit card, non-auto loans)	\$	<input type="text"/>	Marketing supplies & expense	\$	<input type="text"/>
Professional services - legal & other	\$	<input type="text"/>	Postage	\$	<input type="text"/>
Professional services - tax & accounting	\$	<input type="text"/>	Printing	\$	<input type="text"/>
Meals (100%-with business associates or in travel)	\$	<input type="text"/>	Promotion	\$	<input type="text"/>
Office supplies & expense (list assets below/page 2)	\$	<input type="text"/>	Recruiting	\$	<input type="text"/>
Rent - machinery & equipment	\$	<input type="text"/>	Telephone - cell phone	\$	<input type="text"/>
Rent - building	\$	<input type="text"/>	Telephone - exclusive business line or fax	\$	<input type="text"/>
Repairs & maintenance (non-vehicle)	\$	<input type="text"/>	Uniforms (not usable outside work)	\$	<input type="text"/>
Supplies	\$	<input type="text"/>	Other expenses (not above or below/pages 2-3)		<input type="text"/>
Taxes - payroll	\$	<input type="text"/>		\$	<input type="text"/>
Taxes - property	\$	<input type="text"/>		\$	<input type="text"/>
Taxes - sales (if included in income above)	\$	<input type="text"/>		\$	<input type="text"/>
Taxes - licenses & fees	\$	<input type="text"/>		\$	<input type="text"/>
Travel - lodging & transportation	\$	<input type="text"/>		\$	<input type="text"/>
Utilities (list home office on page 2)	\$	<input type="text"/>	<input type="checkbox"/>	-Check if paid any person, LLC or partnership \$600 or more	
Wages paid (attach W-2 & W-3 forms)	\$	<input type="text"/>	<input type="checkbox"/>	-Check if required 1099 was issued for \$600 or more paid	



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Section 4 - Vehicle Expenses: Complete only if applicable

<input type="checkbox"/>	Check to affirm you have documented evidence to support this deduction.	Vehicle #1	Vehicle #2
	Date vehicle was placed in service		
	Vehicle year, make & model		
	TOTAL mileage driven during the year		
	BUSINESS mileage driven during the year (do not include commuting)		
<input type="checkbox"/>	Check if using STANDARD MILEAGE and proceed to Section 5		
<input type="checkbox"/>	Check if using ACTUAL EXPENSES & complete information below		
	Operating expenses including gasoline, oil, repairs, maintenance, insurance, registration, (not traffic violations), etc.	\$	\$
	Business parking fees & tolls (exclude personal)	\$	\$
	If you OWN the vehicle(s):		
	Date purchased		
	Vehicle cost	\$	\$
	Vehicle loan interest paid during the year	\$	\$
	If you LEASE the vehicle(s):		
	Date lease began		
	Length of lease		
	Cost of vehicle if you had purchased it	\$	\$
	Down payment on lease	\$	\$
	Lease payments for the year	\$	\$

Section 5 - Business Assets Acquired

Did you acquire assets used in your business during the year (computer(s), equipment, furniture, etc.)? Yes No

If Yes, provide details below for each; if no, proceed to Section 6 (if necessary, use additional sheets):

DESCRIPTION	DATE PURCHASED	COST
		\$
		\$
		\$
		\$
		\$

Section 6 - Cost of Sales: only if selling goods/product

Inventory on January 1	\$	
Goods purchased	\$	
Less: items removed for personal use	\$	
Less: inventory on December 31	\$	
Other production costs		
Labor for production & manufacturing	\$	
Materials & supplies for product	\$	
Other product costs (indicate type):		
	\$	
	\$	

Section 7 - S Corp & Partnership Items Only

Cash in bank on January 1	\$	
Cash in bank on December 31	\$	
Credit cards, line of credits & notes payable on Jan. 1	\$	
Credit cards, line of credits & notes payable on Dec. 31	\$	
Personal funds deposited in business during year	\$	
Funds paid out to owner(s) during the year	\$	
Investments or foreign bank accounts?	<input type="checkbox"/> Yes <input type="checkbox"/> No	



Use for your business expenses for your individual (Schedule C), corporate (S Corp or LLC) or partnership (regular or LLC) tax returns

Section 8 - Home Office (for individual proprietorship/Schedule C only)

Check if you meet the primary & exclusive use test. If you have questions see below (required for both safe harbor & actual expense methods).

Space (square feet) used exclusively for your business office/storage

Total space (square feet) of your home

Check if you intend to use safe harbor method this year rather than actual expense method (if so, amounts below are not required).

Date home acquired & date home placed in service

Original cost of home & cost of subsequent improvements

\$

\$

Deductible home mortgage int (100% from Form 1098)	\$	<input type="text"/>
Real estate taxes paid (100%)	\$	<input type="text"/>
Insurance (100%)	\$	<input type="text"/>
Rent (100%)	\$	<input type="text"/>
Repairs & maintenance (whole house)	\$	<input type="text"/>
Repairs & maintenance (specific to business space)	\$	<input type="text"/>
Utilities (100%)	\$	<input type="text"/>
Other expenses at 100% (security, HOA, etc.)		<input type="text"/>
	\$	<input type="text"/>
	\$	<input type="text"/>
	\$	<input type="text"/>

HOME OFFICE SAFE HARBOR ADVANTAGES & DISADVANTAGES

- + easier (recordkeeping and calculation of deductions skipped)
- +/- no depreciation (lose current deduction but avoid future recapture)
- limited (both square footage (300) and amount (\$5 x 300 = \$1500))
- no carryover if Schedule C loss (vs. carryover with actual exp.)
- prohibited if any employer reimbursement received
- if Sch. C income, may result in lower deduction & higher income & social security/self-employment taxes
- prohibits use of any prior year actual expense carryover

If you desire an analysis for your situation, check here and complete all the data for the actual expense method:

Home Office Rules for Schedule C Business Entities (not allowed for S Corp or Partnership):

1) You must meet one of the following three usage requirements:

- (1) Separate structure not attached to the dwelling unit that is used exclusively & regularly for your business activity.
- (2) If within your living structure, a room/space used regularly to physically meet with customers and never used for personal purposes.
- (3) Or, if within your living structure, a room/space used as the only office space for your business (no commercial location) and you either spend the majority of your time working there (not out of the house) or it is the only suitable place for performing administrative or management activities required by the business. If you sell retail product, it may also include the storage space for the product.

2) If you qualify under any one of the three rules above, the home office must be used EXCLUSIVELY for the business.

3) It must be regularly used for the business; you must use the home office in connection with your work on a continuous, ongoing or recurring basis. Generally, at least a few hours every week. Occasional or sporadic business usage will not pass the test.



RENTAL ORGANIZER

Use for your residential or commercial rental property for your individual (Schedule E) or business (LLC, S Corp or partnership) tax returns

Property owner name: [] EIN or SSN: []

Property location and address: [] Tax year: []

Indicate Property Type:
[] Single Family Residential
[] Multi-Family Residential
[] Vacation/Short-Term
[] Commercial
[] Land

100 % business
or [] % business

Indicate Property Ownership:
[] Taxpayer [] Spouse [] Joint
[] Partnership or LLC [] S Corporation

Issuance of 1099 to Service Providers:
[] Pay \$600 or more to service provider?
[] Did you give 1099 to non-incorporated providers?

Were you actively involved in the management of the rental activity of this property? [] No [] Yes

Is the owner(s) a real estate professional? [] No [] Yes [] Unsure if I qualify, please discuss with us

To be a real estate professional, more than half of your work time must be in the profession and you must work more than 750 hours in a real property trade or business as a self-employed individual or as the owner of a business entity.

Was this property used during the year for personal purposes by the owner or owner's family, or by the owner's business? [] No [] Yes

If used for personal purposes - indicate number of days used personally: [] & indicate number of days rented: []

Rental Income (net of sales tax collected, if applicable) \$ []

Table with columns for Expense Category and Amount. Rows include Advertising, Automobile & travel, Cleaning and maintenance, Commissions, Insurance, Accounting & tax preparation, Legal & other professional, Management fees, Mortgage interest paid to banks (Form 1098), Other interest, Repairs, Supplies, Taxes - real estate, Taxes - other, Utilities, Association dues (regular, non-capital), and Other expenses (list).

Provide a copy of the closing statement & a list of all the improvements made to the property after you purchased it if

[] you acquired a rental property during the year or
[] you converted a property to rental use during the year.
Date Placed in service: (available for rent) []

RENTAL PROPERTY IMPROVEMENTS

If you spend money on improvements to an existing rental property during the year, provide details below:

Table with columns: Description, Date, Cost. Multiple rows for recording improvements.

DEPRECIATION: provide depreciation schedules from the prior year if we did not prepare your return for that year.

[] If you sold any rental properties during the year, provide copies of the closing statements from the sale of and from the purchase of the property and a detailed list of all improvements made to the property during your ownership.

PROFIT OR LOSS FROM FARMING – SCHEDULE F (Please include all 1099's):

Principal Crop/Activity:	Tax ID #:
Farming Income (List Below):	Amount
Sales of Raised Livestock, Produce, Grains, Etc.	\$
Cooperative Distributions	
Agricultural Program Payments	
Other (Describe):	
Farm Expenses (List Below):	Amount
Auto Expenses (Business Mileage: _____)	\$
Chemicals	
Feed Purchased	
Fertilizers and Lime	
Freight and Trucking	
Gasoline, Fuel and Oil	
Insurance (Other than Health)	
Interest Expense	
Contract Labor	
Rent or Lease of Machinery and Equipment	
Rent or Lease of Real Estate	
Repairs and Maintenance	
Seeds and Plants Purchased	
Storage and Warehousing	
Supplies	
Taxes	
Utilities	
Veterinary, Breeding and Medicine	
Meals	
Other (Describe):	

Listing of Significant Purchases for Farming Purposes (Greater than \$2,500):

Description of Property	Date Purchased	Cost
		\$

TAX PLANNING INFORMATION

Do you expect any of the following to occur in 2021? (If yes, explain below)	Yes	No
A change in marital status		
A change in dependents		
A substantial change in income		
A substantial change in withholding		
A substantial change in deductions		
<hr/> <hr/> <hr/> <hr/> <hr/>		

OTHER ITEMS OF SIGNIFICANCE

State Use Taxes	
Amount of Internet and out of state purchases for which you did not pay sales tax	\$ _____

Please include any other information that might be of significance.
<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>

I (We) have submitted this information for the sole purpose of preparing my (our) tax return(s). Each item can be substantiated by receipts, canceled checks or other documents. This information is true, correct and complete to the best of my (our) knowledge.

Taxpayer Signature: _____ **Date:** _____

Spouse Signature: _____ **Date:** _____