

# Income Tax Organizer



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

**1238 E Chandler Blvd # 103  
Phoenix AZ 85048**

**[phxtaxoffice@gmail.com](mailto: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.**

## Amusing Taxation Quotes Throughout History

### **Will Rogers**

It is a good thing that we do not get as much government as we pay for.

### **Arthur Godfrey**

I am proud to be paying taxes in the United States. The only thing is I could be just as proud for half of the money.

### **H. L. Mencken**

Unquestionably, there is progress. The average American now pays out twice as much in taxes as he formerly got in wages.

### **Albert Einstein**

[on filing for tax returns] This is too difficult for a mathematician. It takes a philosopher.

### **John S. Coleman**

The point to remember is that what the government gives it must first take away.

### **Herman Wouk**

Income tax returns are the most imaginative fiction being written today.

### **Dr. Laurence J. Peter**

America is a land of taxation that was founded to avoid taxation.

### **Milton Friedman**

Congress can raise taxes because it can persuade a sizable fraction of the populace that somebody else will pay.

### **John Maynard Keynes**

The avoidance of taxes is the only intellectual pursuit that carries any reward.

### **Winston Churchill**

There is no such thing as a good tax.

### **Will Rogers**

The income tax has made more liars out of the American people than golf has.

### **Plato**

When there is an income tax, the just man will pay more and the unjust less on the same amount of income.

### **Will Rogers**

The difference between death and taxes is death doesn't get worse every time Congress meets.

### **Robert A. Heinlein**

Be wary of strong drink. It can make you shoot at tax collectors... and miss.

### **Dan Bennett**

There's nothing wrong with the younger generation that becoming taxpayers won't cure.

### **Martin A. Sullivan**

There may be liberty and justice for all, but there are tax breaks only for some.

### **Jewish Proverb**

Taxes grow without rain.



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  
480-409-0829

## 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.

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### 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:  Visa  MasterCard  AMEX  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

Tax Year \_\_\_\_\_

# Client Tax Organizer

Personal Information		Taxpayer		Spouse	
First name & Initial					
Last name					
Social Security number					
Date of birth					
Occupation					
E-mail address					
Work phone		Cell		Work	
Home phone		Fax		Home	
Address					Apt/Suite
City			State		ZIP

- Taxpayer Legally Blind  Yes  No      Spouse Legally Blind  Yes  No  
 Taxpayer Disabled  Yes  No      Spouse Disabled  Yes  No  
 Pres Campaign Fund (Taxpayer)  Yes  No      Pres Campaign Fund (Spouse)  Yes  No

Filing status: Single  Head of Household  Married filing joint  Married filing separate  Widower  Year of Spouse death? \_\_\_\_\_

Dependents (Children & Others)							
Name	Relationship	Date of Birth	Social Security Number	Months Lived With You	Disabled	Full Time Student	Dependent's Gross Income

**Please answer the following questions to determine maximum deductions:**

- |  |  |
|--|--|
| 1. Did your marital status change during the year? <input type="checkbox"/> Yes <input type="checkbox"/> No  | 12. Did you receive a distribution from or make a contribution to a retirement plan (401(k), IRA, etc)? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Did your address change during the year? <input type="checkbox"/> Yes <input type="checkbox"/> No   | 13. Did you give a gift of more than \$14,000 to one or more people? <input type="checkbox"/> Yes <input type="checkbox"/> No                                    |
| 3. Were there any changes in dependents? <input type="checkbox"/> Yes <input type="checkbox"/> No  | 14. Did you go through bankruptcy, foreclosure, or repossession proceedings? <input type="checkbox"/> Yes <input type="checkbox"/> No                            |
| 4. Did you receive unreported tip income of \$20 or more in any month? <input type="checkbox"/> Yes <input type="checkbox"/> No                                      | 15. Did you incur a loss because of damaged or stolen property? <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| 5. Did you receive any unemployment or disability income? <input type="checkbox"/> Yes <input type="checkbox"/> No   | 16. Were you notified or audited by either the IRS or State taxing agency? <input type="checkbox"/> Yes <input type="checkbox"/> No                              |
| 6. Did you buy or sell any stocks, bonds or other investment property? <input type="checkbox"/> Yes <input type="checkbox"/> No                                      | 17. Did you work from a home office or use your car for business? <input type="checkbox"/> Yes <input type="checkbox"/> No                                       |
| 7. Did you purchase, sell, or refinance your principal home or second home, or take out a home equity loan? <input type="checkbox"/> Yes <input type="checkbox"/> No | 18. May the IRS discuss your tax return with your preparer? <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| 8. Did you convert part or all of your traditional/SEP/SIMPLE IRA to a ROTH IRA? <input type="checkbox"/> Yes <input type="checkbox"/> No                            | 19. Were you a citizen of, have income from, or live in a foreign country? <input type="checkbox"/> Yes <input type="checkbox"/> No                              |
| 9. Could you be claimed as a dependent on another person's tax return? <input type="checkbox"/> Yes <input type="checkbox"/> No                                      | 20. Do you want to electronically file your tax return? <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| 10. Did you pay anyone for domestic services in your home? <input type="checkbox"/> Yes <input type="checkbox"/> No  | 21. Did you buy any internet merchandise for which you did not pay sales/use tax? <input type="checkbox"/> Yes <input type="checkbox"/> No                       |
| 11. Did you pay anyone for childcare services? <input type="checkbox"/> Yes <input type="checkbox"/> No  | 22. <b>Health Insurance</b> Did you have ACA compliant health insurance during the year? <input type="checkbox"/> Yes <input type="checkbox"/> No                |
- (Attach Form 1095-A, 1095-B, and/or 1095-C)**

## Income

Type of Income	Form(s) to Attach	# Attached	Notes
Wage & Salary Income	Form W-2s		
Pensions, Annuities, Profit Sharing, IRA's, etc.	Form(s) 1099-R		
Social Security/Railroad Benefits	Form(s) SSA-1099		
Interest Income	Form(s) 1099-INT & Broker statements		
Dividend Income	Form(s) 1099-DIV		
Partnership, Trust, Estate Income	Form(s) K-1		
Investments Sold	Form(s) 1099-B & confirmation slips (should include Date Acquired, Date Sold, Cost, and Sale Price)		
<b>Property Sold</b>	Form(s) 1099-S & closing statements		
Address of Property Sold	Date Acquired	Cost & Improvements	

## Other Income

Type	Amount	Type	Amount
Alimony Received		Gambling/lottery winnings	
Jury duty		Disability Income	
State Income tax refund		Other	
Other		Other	

## Adjustments to Income

Type	Amount	Type	Amount
Alimony Paid Name _____ SS# _____		Tuition and Fees paid Who was it paid for? _____	
		IRA/SEP Contributions - Taxpayer	
Educator Expenses		IRA/SEP Contributions - Spouse	
Health Savings Account		Student loan interest	

## Medical/Dental Expenses

Type	Amount	Type	Amount
Medical insurance premiums (paid by you)		Medical equipment, supplies	
Long Term Care insurance		Nursing care	
Prescription drugs		Medical therapy	
Glasses, contacts		Hospital	
Hearing aids, batteries		Doctor/Dental/Orthodontist	
Braces		Mileage	

## Taxes Paid

Type	Amount	Type	Amount
Real property tax (attach bills)		Other _____	
Personal property tax		Other _____	

## Interest Expense

Mortgage interest paid (attach 1098's)		Interest paid to individual for your home (attach amortization schedule)	
		Paid to _____	SSN _____
Investment Interest		Address _____	

## Charitable Contributions

Type	Amount	Type	Amount
Total cash contributions		Charitable mileage	
Total non-cash contributions (if over \$500 attach list)			

## Casualty/Theft Loss

For property damaged by storm, water, fire, accident, or stolen			
Location of Property		Amount of Damage	
		Insurance reimbursement	
Description of Property		Repair costs	
		Federal grants received	

## Miscellaneous/Unreimbursed Expenses

Type	Amount	Type	Amount
Dues - union, professional		Safe deposit box	
Books, subscriptions, supplies		IRA custodial fees	
Licenses		Investment periodicals, advisory fees	
Tools, equipment, safety equipment		Job search expense	
Uniforms (including cleaning)		Moving of household goods (job related)	
Tuition, Books (work related)		Other _____	
Entertainment		Other _____	
Tax Preparation Fee		Other _____	

## Estimated Tax Payments

	Federal	State		Federal	State
1 <sup>st</sup> Quarter			3 <sup>rd</sup> Quarter		
2 <sup>nd</sup> Quarter			4 <sup>th</sup> Quarter		

## Day Care Expense

Provider #1	Provider #2
Address	
EIN/SS#	
Amount Paid	
Children cared for	

## Health Insurance

Taxpayer	<input type="checkbox"/> I was insured through the Marketplace <input type="checkbox"/> Insured privately, through employer, or Medicaid <b>Attach Form 1095-A, 1095-B, and/or 1095-C</b> <input type="checkbox"/> Not insured at all  <i>Indicate months covered:</i> <input type="checkbox"/> Full year <input type="checkbox"/> Jan <input type="checkbox"/> Feb <input type="checkbox"/> Mar <input type="checkbox"/> Apr <input type="checkbox"/> May <input type="checkbox"/> Jun <input type="checkbox"/> Jul <input type="checkbox"/> Aug <input type="checkbox"/> Sep <input type="checkbox"/> Oct <input type="checkbox"/> Nov <input type="checkbox"/> Dec Was exempt from health care mandate. <input type="checkbox"/> Yes <input type="checkbox"/> No Has Exemption Certificate Number? <input type="checkbox"/> Yes <input type="checkbox"/> No      If yes, provide number _____
Spouse	<input type="checkbox"/> I was insured through the Marketplace <input type="checkbox"/> Insured privately, through employer, or Medicaid <b>Attach Form 1095-A, 1095-B, and/or 1095-C</b> <input type="checkbox"/> Not insured at all  <i>Indicate months covered:</i> <input type="checkbox"/> Full year <input type="checkbox"/> Jan <input type="checkbox"/> Feb <input type="checkbox"/> Mar <input type="checkbox"/> Apr <input type="checkbox"/> May <input type="checkbox"/> Jun <input type="checkbox"/> Jul <input type="checkbox"/> Aug <input type="checkbox"/> Sep <input type="checkbox"/> Oct <input type="checkbox"/> Nov <input type="checkbox"/> Dec Was exempt from health care mandate. <input type="checkbox"/> Yes <input type="checkbox"/> No Has Exemption Certificate Number? <input type="checkbox"/> Yes <input type="checkbox"/> No      If yes, provide number _____



## Health Insurance continued

Dependent  _____	<input type="checkbox"/> I was insured through the Marketplace <input type="checkbox"/> Insured privately, through employer, or Medicaid	<b>Attach Form 1095-A, 1095-B, and/or 1095-C</b> <input type="checkbox"/> Not insured at all  <i>Indicate months covered:</i> <input type="checkbox"/> Full year <input type="checkbox"/> Jan <input type="checkbox"/> Feb <input type="checkbox"/> Mar <input type="checkbox"/> Apr <input type="checkbox"/> May <input type="checkbox"/> Jun <input type="checkbox"/> Jul <input type="checkbox"/> Aug <input type="checkbox"/> Sep <input type="checkbox"/> Oct <input type="checkbox"/> Nov <input type="checkbox"/> Dec Was exempt from health care mandate. <input type="checkbox"/> Yes <input type="checkbox"/> No Has Exemption Certificate Number? <input type="checkbox"/> Yes <input type="checkbox"/> No      If yes, provide number _____
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## Self-Employment Information

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

<b>Total Sales</b>		<input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse
<b>Expenses</b>		
Advertising		Repairs Expense
Commissions/Fees		Supplies Expense
Dues & Publications		Taxes
Interest Expense		Travel Expense
Insurance		Meals & Entertainment
Legal & Professional Fees		Telephone
Office Expense		Utilities
Rent (office) Expense		Wages (gross W-2)
Equipment Rental Expense		Postage
Auto Expense		Bank Charges
Auto Mileage		Tools & Equipment
		Uniforms
<b>Assets Purchased</b>		<b>Notes</b>
Date	Amount	Asset
<b>Cost of Goods Sold</b>		
Inventory at beginning of year		Material & supplies
Purchases		Other:
Cost of items for personal use		Other:
Cost of labor		Inventory at end of year

<b>Rental Income</b>	Property #1	Property #2	Property #3	Property #4
Address				
City/State				
<b>Rent Received</b>				
<b>Expenses</b>				
Advertising				
Auto & Travel				
Auto Miles				
Cleaning & Maintenance				
Commissions Paid				
Grounds & Gardening				
Insurance				
Interest Expense				
Legal & Professional				
Management Fees				
Repairs & Maintenance				
Supplies				
Taxes				
Utilities				
Association Dues				
Pest Control				
Other:				
Other:				
Other:				
Other:				
Other:				
Other:				

**Notes**

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I (We, if filing Jointly) acknowledge that the above information provided by me/us is true and accurate to the best of my/our knowledge. I/We hereby relieve USA Income Tax Services LLC, its agents and affiliates, from any liability whatsoever, regarding the preparation of this/ these tax returns, and agree to hold them harmless from any damages I/We may suffer and understand that my/our sole relief is limited to the return of any fee paid for the preparation of these tax documents. I/we guarantee payment of the preparation fee and any related charges.

Primary Taxpayer's Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

Spouse's Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_