

FOR THE TAX YEAR 20_____

COMPLIMENTARY
TAX ORGANIZER
FOR
PERSONAL



PREPARE TODAY TO SAVE TOMORROW

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PERSONAL INFORMATION

	Taxpayer	Spouse
Last Name:		
First Name:		
Middle Initial and Suffix		
Social Security Number		
Occupation		
Home Phone		
Work Phone		
Birth Date		
Blind		
Contribute to Presidential		
Election Campaign Fund		
Street Address		Apt./Ste:
City	State	Zip Code
Fax #	E-Mail	
Resident Locality		
County	School District	School District Number

FILING STATUS

<input type="checkbox"/> Single	<input type="checkbox"/> Married Jointly	<input type="checkbox"/> Married Filing Separately	<input type="checkbox"/> Head of Household	<input type="checkbox"/> Qualifying Widow(er) Date Spouse Died:
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DEPENDENT INFORMATION

(Do not include Yourself or Spouse)

First Name	Middle Initial	Last Name	Social Security Number/ Relationship	Date of Birth/ Months Living With You Last Tax Year

Did you have a **Foreign Bank Account** last tax year? YES Or No

WAGES, SALARIES AND OTHER INCOME

Number

Indicate the number of original W-2's and attach all copies	
Indicate the number of 1099-R's (Pensions, Annuities, Retirement and IRA plans) and attach all copies	
Indicate the number of W-G's (Gambling or Lottery Winnings) and attach all copies	
Indicate the number of 1099-MISC (Miscellaneous Income) and attach all copies	
Indicate the number of SSA-1099 (Social Security Benefit Forms) received and attach copies	
Indicate the number of 1099-MSA (Medical Savings Account) and attach all copies	
Indicate the number of 1099-G's (Government Payments) and attach all copies	
Indicate the number of 1065 K-1's (Partnership Income) and attach all copies	
Indicate the number of 1120 S K-1's (Sub Chapter S Corporations) and attach all copies	
Indicate the number of 1041 K-1's (Estate and Trust Income) and attach all copies	

Nature and Source of Other Income	Taxpayer	Spouse
Alimony Received & Ex-Spouse's Social Security #		
Scholarships/Fellowships Received		
Tips Not Reported to Employer		
Jury Duty Pay		
Gambling Winnings		

Other Income:

a.		
b.		
c.		

TAX PAYMENTS

2012 Estimated Tax Payments Paid:	Federal		State		Local	
	Date	Amount	Date	Amount	Date	Amount
Quarter 1 Due 4/15/____						
Quarter 2 Due 6/15/____						
Quarter 3 Due 9/15/____						
Quarter 4 Due 1/15/____						
Other Tax Payments:			Federal		State	Local
20____ Overpayment Applied to 20____						
20____ Balance Due Paid In 20____						
20____ Extension Payments Paid in 20____						
Other Taxes Paid in 20____ for Prior Years (Include Explanation)						

ITEMIZED DEDUCTIONS

MEDICAL AND DENTAL EXPENSES

Prescriptions Medications	
Health Insurance Premiums (Include Long Term Care):	
a. Family & Spouse	
b. Self-Employed Taxpayer	
Doctors, Dentists and Hospitals	
Eyeglasses and Medical Equipment	
Miles Driven for Medical Purposes	
Other Medical and Dental Expense:	
a.	
b.	

TAXES

Amount Paid on Balance Due for 20____ State Taxes Paid in 20____	
Real Estate Taxes Paid on Principal Residence	
Real Estate Taxes Paid on Additional Homes or Land (NOT RENTALS)	
Auto License Fees	
Other Personal Property Taxes	
Other Taxes:	
a.	
b.	

HOME MORTGAGE INTEREST ONLY

Home Mortgage Interest (list address)	Check if not on Form 1098	Amount
a.		
b.		
c.		
Points Paid on Loan to Buy, Build or Improve Your Home:		
a.		
b.		
If Interest is Paid to an Individual, Include Individual's Name, Address	Social Security Number	Amount
Enter Points Paid on a Home Equity Loan, Refinanced Mortgage or Loan for a Second Home:		
Points Paid	Date of Loan	Life of Loan (Years)

Investment Interest (For Example: Margin Interest, Interest Paid on Loans used for Property Held for Investment, etc.)	Amount

CASH CONTRIBUTIONS

Effective January 1, 2012 the documentation for the record of a contribution must be in the form of a written communication from the donee, showing donee organization name and address, date of contribution, the amount of contribution, and the donors name, otherwise the cash contribution will be disallowed and not used on the tax return.

(IT MUST BE DATED BEFORE THE TAX RETURN IS FILED)

Name of Charitable Organization:	I Have Required Documentation (Y/N)	Amount
a.		
b.		
c.		
d.		
e.		
f.		
g.		
h.		

NON CASH CONTRIBUTIONS

NO DEDUCTION WILL BE ALLOWED UNLESS ITEMS ARE IN GOOD USED CONDITION OR BETTER. IF ITEMS DONATED VALUE IS OVER \$5,000 ATTACH A COPY OF THE CERTIFIED APPRAISAL AS REQUIRED BY IRS CODE. IF THE DONATED PROPERTY WAS A VEHICLE ATTACH THE DOCUMENTATION FROM THE CHARITABLE ORGANIZATION SHOWING THE SALE PRICE OF THE VEHICLE. THERE WILL BE NO DEDUCTION ALLOWED ON THE TAX RETURN IF THIS INFORMATION IS NOT SUPPLIED.

Name of Charitable Organization:	Good Used Condition (Y/N)	Amount
a.		
b.		
c.		

Note: This Sections Must Be Filled In If You Have Non Cash Contributions

Description of Donated Property	Address of Charitable Organization
a.	
b.	
c.	

Note: This Sections Must Be Filled In If You Have Non Cash Contributions

Date of Contribution	Date Acquired	How Acquired	Your Cost
a.			
b.			
c.			

UNREIMBURSED EMPLOYEE EXPENSES (W-2 INCOME ONLY)

Employee Business Expenses:	Taxpayer	Spouse
Business Gifts		
Education To Maintain Employment (C.P.E.)		
Meals & Entertainment Expenses		
Telephone Used for Employer's Business		
Trade Publications		
Travel Expenses While Away from Home		
Uniforms & Protective Clothing		
Union & Professional Dues		
Other Unreimbursed Employee Business Expenses:		
a.		
b.		
c.		

VEHICLE EXPENSES (UNREIMBURSED EMPLOYEE EXPENSES USE ONLY)

If Vehicles Are Used by Both Taxpayer and Spouse for More than One Employer, Make a Copy of this Form for Each		
General Information:	Vehicle 1	Vehicle 2
Odometer Reading on 1-1-20_____		
Odometer Reading on 12-31-20_____		
Description of Vehicle		
Date Placed In Service		
Total Miles for the Year		
Total Business Miles for the Year		
Total Commuting Miles for the Year		
Mileage Round Trip Each Day To Work		
Actual Expenses:		
Auto Club		
Gasoline & Oil		
Repairs & Maintenance		
Insurance		
Interest		
License & Regulation		
Vehicle Lease		
Wash & Wax		
Tolls and Parking		

Others Expenses:			
Cost of Vehicle			
Is Another Vehicle Available for Personal Use	Yes? _____	No? _____	Yes? _____ No? _____
Do You Have Evidence to Support the Business use Claimed?	Yes? _____	No? _____	Yes? _____ No? _____
If YES, is the Evidence Written? <i>A Mileage Log Book is Required</i>	Yes? _____	No? _____	Yes? _____ No? _____
Was Vehicle Traded In in 20____?	Yes? _____	No? _____	Yes? _____ No? _____

MISCELLANEOUS DEDUCTIONS

	Taxpayer	Spouse
Tax Prep Fees		
Safety Deposit Box Fees		
IRA Fees / Portfolio Fees		
Other Miscellaneous Deductions		

ADJUSTMENTS TO INCOME

Retirement Accounts:	Taxpayer	Spouse
Check If You Were Covered by a Retirement Plan at Work		
Check If You Want to Contribute the Maximum Amount Allowed to Your Ira by the Due Date		
Amount Contributed for the 20____ IRA		
Indicate the Type of Plan You Have:		
Traditional IRA		
Roth IRA		
Money Purchase Keogh Plan		
Profit Sharing Keogh Plan		
Defined Benefit Keogh Plan		
SEP Plan		
Self-Employed SIMPLE Plan		
Other Adjustments:		
Student Loan Interest		
Alimony Paid	Recipient's Social Security Number	
Penalty On Early Withdrawal of Savings		

DEPENDENT CARE EXPENSES & EDUCATION CREDITS

Enter below the Persons or Organizations Who Provided the Child & Dependent Care.

Name	Address	ID Number	Amount Paid
1.			
2.			
3.			

Education Credits: (HIGHER EDUCATION ONLY)

Student's Name	Student's Social Security Number	Qualified Expenses (No Books)	First or Second Year of Post-Secondary Education?
1.			Yes _____ No _____
2.			Yes _____ No _____
3.			Yes _____ No _____

BUSINESS INCOME & EXPENSES (HOME BASED BUSINESS, SOLE PROPRIETOR)

General Information:		If More than One Business, Make Copies of the Business & Expense Forms	
Check Ownership	_____ Taxpayer	_____ Spouse	_____ Joint
Business Name			
Business Address			
Principal Business/Profession			
Employer ID Number (EIN)			
Did You Materially Participate in the Operation of this Business During the Year?		_____ YES	_____ NO
Did You Start or Acquire this Business During the Year?		_____ YES	_____ NO
		Amount	
Gross Receipts or Sales from 1099's			
Gross Receipts or Sales Other			
Return & Allowances			
Other Income (ie: Business Interest)			
Cost of Goods Sold (Inventory ONLY)			
Inventory At Beginning of Year			
Purchases: Less Cost of Items Withdrawn for Personal Use			
Cost of Labor			
Materials & Supplies			
Other Costs			
Inventory at End of Year			
Expenses:		Amount	
Advertising			
Car & Truck Expenses (Complete Vehicle Expense Section on Page 6)			
Commissions & Fees			
Employee Benefit Programs			
Insurance (Other Than Health)			
Insurance (Health)			
Interest:			
a. Commercial Mortgage (From Form 1098 Only)			
b. Other Interest (Explain)			
Legal & Professional Services			
Office Expenses			
Pension & Profit Sharing Plans			

Rent Or Lease: (If A Home Office Complete Section on Page 10)	
a. Machinery & Equipment	
b. Other Business Property	
Repairs & Maintenance	
Supplies (Not Included in Cost of Goods Sold)	
Taxes & Licenses	
Travel	
Meals & Entertainment	
Telephone & Cellular	
Utilities	
Wages	
Other Expenses:	
a.	
b.	
c.	
d.	
e.	

VEHICLE EXPENSES (FOR BUSINESS USE ONLY)

If Vehicles Are Used by Both Taxpayer and Spouse or in More than One Business, Make a Copy of this Form for Each

General Information:	Vehicle 1	Vehicle 2
Odometer Reading on 1-1-20_____		
Odometer Reading on 12-31-20_____		
Description of Vehicle		
Date Placed In Service		
Total Miles for the Year		
Total Business Miles for the Year		
Total Commuting Miles for the Year		
Mileage Round Trip Each Day To Work		
Actual Expenses:		
Auto Club		
Gasoline & Oil		
Repairs & Maintenance		
Insurance		
Interest		
License & Regulation		
Vehicle Lease		
Wash & Wax		
Tolls and Parking		
Others Expenses:		
Cost of Vehicle		
Is Another Vehicle Available for Personal Use	Yes? _____ No? _____	Yes? _____ No? _____
Do You Have Evidence to Support the Business use Claimed?	Yes? _____ No? _____	Yes? _____ No? _____
If YES, is the Evidence Written? <i>A Mileage Log Book is Required</i>	Yes? _____ No? _____	Yes? _____ No? _____
Was Vehicle Traded In in 20_____?	Yes? _____ No? _____	Yes? _____ No? _____

HOME OFFICE EXPENSE (HOME BASED BUSINESS, SOLE PROPRIETOR)

General Information:		
Area Used Regularly and Exclusively for Business (Square Footage)		
Area Used for Day Care (Square Footage)		
Total Area of Home (Square Footage)		
Number of Hours Used for Day Car in the Year		
Expenses:	Direct	Indirect
Mortgage Interest		
Real Estate Taxes		
Insurance		
Repairs & Maintenance		
Utilities		
Rent		
Other Expenses:		
a.		
b.		
Depreciation:	Date Acquired	Cost
Residence		
Addition/Improvement		
Addition/Improvement		
Addition/Improvement		
Land Value Included in Cost of Residence		

BUSINESS DEPRECIATION

Please Provide a Detailed Depreciation Schedule for Assets Acquired Before 20_____		
Business Assets Acquired During the Year 20_____		
Description	Date Acquired	Cost

RENTAL & ROYALTY INCOME

Description & Address of Property:			
Property 1:			
Property 2:			
Property 3:			
	Property 1	Property 2	Property 3
Was Property Used for Personal Purposes for More than 14 Days or 10% of the Total Days Rented at Fair Market Value?	Yes _____ No _____	Yes _____ No _____	Yes _____ No _____
Income:			
Date Property Became Available for Rent:			
Rents Received			
Royalties Received			
Expenses:			
Advertising			
Automobile (Complete Vehicle Expense Section Page 11)			
Travel			
Cleaning & Maintenance			
Commissions			
Insurance			
Legal & Professional Fees			
Management Fees			
Interest:			
a. Mortgage (From Form 1098)			
b. Other Interest			
Repairs			
Supplies			
Taxes:			
a. Real Estate			
b. Other			
Utilities			
Other Expenses:			
a.			
b.			
c.			
d.			

Please Provide a Detailed Depreciation Schedule for Assets Acquired Before 20____

Rental Assets Acquired During the Year 20____

Property #	Description/Address	Date Acquired	Cost

Additional Questions as Required by IRS:

1) Do you have Foreign bank accounts, assets or holdings such as; checking or savings accounts, retirement accounts, brokerage accounts or financial interest in an entity or entities in a foreign country?

Circle: YES Or NO Dated this ____ day of _____, 20____

Signature

2) Do you claim mileage or vehicle expense on your tax return?

Circle: YES Or NO Dated this ____ day of _____, 20____

Signature

A) If you have answered YES, do you have written evidence of the claimed mileage or vehicle expenses?

Circle: YES Or NO Dated this ____ day of _____, 20____

Signature

WHAT IS A LAST WILL & TESTAMENT?

A Last Will and Testament is probably the most important document the average person will ever sign. A Last Will is used to distribute property to beneficiaries, specify last wishes, and name guardians for minor children. It is an important part of any estate plan. Without one, the courts will make these critical decisions for you. With or without a Last Will and Testament YOU HAVE TO GO THROUGH PROBATE.

WHAT IS A LIVING TRUST?

A basic living trust allows property to AVOID PROBATE and to quickly and efficiently pass to the beneficiaries you name, without the hassles and expense of PROBATE COURT proceedings. A married couple can use one basic living trust to handle both co-owned property and the separate property of either spouse.

Or simply.

A Living Trust, also known as a Revocable Trust, is an alternative way to own property during your life, for your benefit and transfer that property at your death and AVOID PROBATE.

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DO-IT-YOURSELF LEGAL KITS

- Adoption
- Bill of Sale
- Corporation
- Divorce
- Eviction
- Grant, Bargain and Sale Deed
- Homestead
- Last Will & Testament
- Lease
- Limited Liability Company
- Living Trust
- Mechanic Lien
- Name Change
- Power of Attorney
- Promissory Note
- QuitClaim Deed
- Small Claims
- Temporary Guardianship

PARALEGAL SERVICES AVAILABLE

- Living Trusts
- Property Trusts
- Special Needs Trust
- Nevada Asset Protection Trust
- Incorporation Service
- Limited Liability Company Service
- Non-Profit Corporation Service
- Minutes and Bylaws
- Operating Agreement
- Probate
- Name Change
- Complaint Divorce
- Joint Petition Divorce
- Legal Separation
- Guardianship
- Pre-Marriage Agreement
- Post Marriage Agreement
- Termination of Parental Rights

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