

## INCOME TAX ORGANIZER

Taxpayer's Name	Blind	Occupation
Spouse's Name	Blind	Occupation
Email Address		
Phone Number	Phone Number	

If changed – Date \_\_\_\_\_

Address	Apt #
City	State Zip

Status Changes this year - enter dates

Married	Divorced	Sold Home
Separated	Dependent born/died	Sold Property

Dependents (include SS Card & Birth Certificate)

Name	SSN	Date of Birth	Daycare Paid

Child Care Expenses Do you flex daycare? Yes  No

Provider Name	Address	ID (ein or ssn)	Total Paid

### OTHER INCOME

Jury Duty..... \_\_\_\_\_  
 Gambling Winnings (W-.....) \_\_\_\_\_  
 Alimony Received..... \_\_\_\_\_  
 Prizes (1099-MISC)..... \_\_\_\_\_  
 Debt Cancellation..... \_\_\_\_\_  
 Scholarships & Fellowships..... \_\_\_\_\_  
 Hobby Income..... \_\_\_\_\_  
 Other Cash..... \_\_\_\_\_

State Tax Estimates

date pd. \_\_\_\_\_ \$ \_\_\_\_\_ date pd. \_\_\_\_\_ \$ \_\_\_\_\_  
 date pd. \_\_\_\_\_ \$ \_\_\_\_\_ date pd. \_\_\_\_\_ \$ \_\_\_\_\_

Federal Tax Estimates

date pd. \_\_\_\_\_ \$ \_\_\_\_\_ date pd. \_\_\_\_\_ \$ \_\_\_\_\_  
 date pd. \_\_\_\_\_ \$ \_\_\_\_\_ date pd. \_\_\_\_\_ \$ \_\_\_\_\_

### ADJUSTMENTS

Payments to an IRA  
 Taxpayer \_\_\_\_\_ Spouse \_\_\_\_\_  
 Alimony Paid: \_\_\_\_\_  
 Student Loan Interest ..... \_\_\_\_\_  
 Payments to MSA/HSA ..... \_\_\_\_\_

### HIGHER EDUCATION EXPENSE

College Tuition/ Req Fees Paid \_\_\_\_\_  
 Student \_\_\_\_\_ Year in School \_\_\_\_\_

## DEDUCTION AND CREDIT ITEMS

### MEDICAL EXPENSES (paid out of pocket)

Insurance..... \_\_\_\_\_  
 Long Term Care..... \_\_\_\_\_  
 Prescriptions..... \_\_\_\_\_  
 Eyeglasses, Hearing Aids..... \_\_\_\_\_  
 Doctors..... \_\_\_\_\_  
 Dentists..... \_\_\_\_\_  
 Hospital..... \_\_\_\_\_  
 Other Medical..... \_\_\_\_\_  
 Auto Mileage..... \_\_\_\_\_

### TAXES

Real Estate Taxes ..... \_\_\_\_\_  
 Vehicle Registration Tax..... \_\_\_\_\_

### CONTRIBUTIONS

Cash/Check ..... \_\_\_\_\_  
 Property (Goodwill) ..... \_\_\_\_\_  
 Charity Mileage ..... \_\_\_\_\_

### JOB/INVESTMENT RELATED DEDUCTIONS TAXPAYER MINNESOTA ONLY

Total Miles..... \_\_\_\_\_  
 Business Miles..... \_\_\_\_\_  
     Jan 1 Odometer ..... \_\_\_\_\_  
     Dec 31 Odometer..... \_\_\_\_\_  
 Unreimbursed Employee Expenses:  
     Dues & Subscriptions ..... \_\_\_\_\_  
     Education ..... \_\_\_\_\_  
     Safety Equipment ..... \_\_\_\_\_  
     Tools / Equipment / Supplies ... \_\_\_\_\_  
     Uniforms ..... \_\_\_\_\_  
     Protective Clothing..... \_\_\_\_\_  
     Professional License ..... \_\_\_\_\_  
     Physical Exam required..... \_\_\_\_\_  
 Job Seeking Expenses ..... \_\_\_\_\_  
 Investment Fees ..... \_\_\_\_\_  
 Tax Prep Fees ..... \_\_\_\_\_  
 Safe Deposit Box ..... \_\_\_\_\_  
 Classroom materials for Educators.... \_\_\_\_\_  
 Nights Away from Home Meals.. \_\_\_\_\_  
     Hotel..... \_\_\_\_\_  
 Total Reimbursed expenses..... \_\_\_\_\_  
 Other ..... \_\_\_\_\_

### JOB/INVESTMENT RELATED DEDUCTIONS SPOUSE MINNESOTA ONLY

Total Miles..... \_\_\_\_\_  
 Business Miles..... \_\_\_\_\_  
     Jan 1 Odometer ..... \_\_\_\_\_  
     Dec 31 Odometer..... \_\_\_\_\_  
 Unreimbursed Employee Expenses:  
     Dues & Subscriptions ..... \_\_\_\_\_  
     Education ..... \_\_\_\_\_  
     Safety Equipment ..... \_\_\_\_\_  
     Tools / Equipment / Supplies ... \_\_\_\_\_  
     Uniforms ..... \_\_\_\_\_  
     Protective Clothing..... \_\_\_\_\_  
     Professional License ..... \_\_\_\_\_  
     Physical Exam required..... \_\_\_\_\_  
 Job Seeking Expenses ..... \_\_\_\_\_  
 Investment Fees ..... \_\_\_\_\_  
 Tax Prep Fees ..... \_\_\_\_\_  
 Safe Deposit Box ..... \_\_\_\_\_  
 Classroom materials for Educators.... \_\_\_\_\_  
 Nights Away from Home Meals.. \_\_\_\_\_  
     Hotel..... \_\_\_\_\_  
 Total Reimbursed expenses..... \_\_\_\_\_  
 Other ..... \_\_\_\_\_