TAX ORGANIZER

KOLODZIEJ, EISEN & FEY, LLC

Certified Public Accountants
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2014

PERSONAL INFORMATION - If any changes or new client

Name _____ Spouse's Name _____
Occupation _____ Occupation _____
Address _____
Tel. No. _____ Cell No. _____ Work No. _____
Date of Birth: Self _____ Spouse _____ E-Mail _____

DEPENDENTS

Name	Birth Date	Relationship	SS#	Grade	Tuition/Books	School Name/City	Filing return
							(yes, no)
							(yes, no)
							(yes, no)
							(yes, no)

DIRECT DEPOSIT my refund (yes or no). Routing # _____ Account # _____

❑ **I want my refund to be deposited in the same account as last year.**

SOURCES OF INCOME - Please provide copies of all W-2's and 1099's

INTEREST INCOME

From Whom?	Amount
_____	$_____
_____	$_____
_____	$_____
_____	$_____
_____	$_____

DIVIDEND INCOME

From Whom?	Amount
_____	$_____
_____	$_____
_____	$_____
_____	$_____
_____	$_____

PENSION & IRA DISTRIBUTIONS

From Whom?	Amount
_____	$_____
_____	$_____
_____	$_____

SOCIAL SECURITY RECEIVED

Self _____ $_____
Spouse _____ $_____

UNEMPLOYMENT RECEIVED

Self _____ $_____
Spouse _____ $_____

ALIMONY RECEIVED $_____

DO YOU HAVE A FOREIGN BANK OR INVESTMENT ACCOUNT? Y N
- if yes please provide statement and include income above

SALES OF STOCK & MUTUAL FUND REDEMPTIONS - attach copies of 1099-B's

Security Name	#of Shares	Purchase Date	Sale Date	Proceeds	Cost

RENTAL PROPERTIES - (if any properties were purchased or sold - attach closing statement)
- or Schedule C Information

Location	_____	_____	_____
Rental income	$_____	_____	_____
Expenses:			
Advertising	$_____	_____	_____
Auto & travel	$_____	_____	_____
Cleaning & maintenance	$_____	_____	_____
Commissions	$_____	_____	_____
Insurance	$_____	_____	_____
Interest	$_____	_____	_____
Legal & professional fees	$_____	_____	_____
Repairs	$_____	_____	_____
Supplies	$_____	_____	_____
Real Estate Tax	$_____	_____	_____
Utilities	$_____	_____	_____
Other	$_____	_____	_____
Major repairs & purchases	$_____	_____	_____

-please provide details on major repairs and purchases

(Continued on other side)

TAXES, DEDUCTIONS & CREDITS

Estimated tax payments:

	Federal	State	Date
1st qtr - due 4/15/14	$ _____	$_____	_____
2nd qtr - due 6/16/14	$ _____	$_____	_____
3rd qtr - due 9/15/14	$ _____	$_____	_____
4th qtr - due 1/15/15	$ _____	$_____	_____

Alimony paid
$_____ Recipient's SSN _____

HSA contribution paid by Self $ _____
Spouse $ _____

IRA ACCOUNTS - limit for 2014 is $5,500, if you are 50 or older the limit increases to $6,500

2014 traditional IRA contributions (must be made by 4/15/15): Self _____ Spouse _____
2014 Roth IRA contributions (must be made by 4/15/15): Self _____ Spouse _____
Are you covered by an employer sponsored retirement plan: Self (yes, no) Spouse (yes, no)

Did you or your spouse rollover an amount to an IRA? (yes, no) $ _____(self, spouse) - attach 1099R
Did you or your spouse convert an amount to a Roth IRA? (yes, no) $ _____(self, spouse) - attach 1099R
Note: Beginning in 2010 the income limitation previously imposed on ROTH conversions has been removed

Mortgage interest: Payee
$_____ _____
$_____ _____
$_____ _____
Refinance points paid.... _____ Loan years____
Student loan interest.....$_____
Primary Residence Property Taxes Paid $ _____
Other Property taxes paid.....$_____
Sales tax - major purchases.....$_____
-description of major purchase _____
Sales tax on Vehicle purchases....$_____

Charitable contributions-cash
Payee _____$_____
Payee _____$_____
Payee _____$_____
Contributions over $250 require a receipt

Medical expenses
Doctors & dentists.....$_____
Drugs.....$_____
Glasses, Hearing Aids Etc.....$_____
Medical Insurance.....$_____
Miles driven for medical treatment_____

Long Term care premiums.....$_____

Noncash charitable contributions $ _____
-description, fair market value, organization and organization address must be provided for donations over $500

Miles driven for charity.....$_____

Miscellaneous deductions
Unions dues paid.....$_____
Safety deposit box.....$_____
Job related safety equipment....$_____
Income tax return preparation..$_____
Work uniforms / Maintenance..$_____
Cost of tools used on job.....$_____
Professional association dues...$_____
Required Firehouse Dues.....$_____

Employment agency fees.....$_____
Education expenses for employment..$_____
Computer expenses.....$_____
Travel-airfare & lodging.....$_____
Business miles driven.....$_____
Meals & entertainment.....$_____
Promotion.....$_____
Required daily meal expense.....$_____
Other:.....$_____

MISCELLANEOUS CREDITS

Child care credit - paid for care of child under 13 which enables you to work. Amount $ _____
Provider's name _____Complete address _____SSN or FEIN_____

College Tuition paid for self or spouse Amount $_____ Year in School _____
-if tuition is paid for a dependent, fill in the amount and year in school on the front page dependent section

Other miscellaneous information
Did you sell your house in 2014? (yes, no). If yes, provide closing papers from sale, purchase date and cost of prior residence.
Did you move **due to a job change**? (yes, no). If yes, provide moving expenses, addresses and dates of employment.

Other Information _____