

TOMMY DO INCOME TAX & FINANCIAL SERVICES

TAX ORGANIZER

Phone: 206-783-6200 x5

Tommy@pacifictaxservice.com

PERSONAL INFORMATION

TAXPAYER:

First Name _____ M.I. _____ Last Name _____ Soc. Sec. # _____
 Occupation _____ Birthdate _____ Cell Phone _____ Other Phone _____
 Email Address _____ Preferred Communication Method: Phone Text Email

SPOUSE:

First Name _____ M.I. _____ Last Name _____ Soc. Sec. # _____
 Occupation _____ Birthdate _____ Cell Phone _____ Other Phone _____
 Email Address _____ Preferred Communication Method: Phone Text Email

DEPENDENTS: Please Fill Out Dependent Questionnaire on Page 2

Provide Copies of Driver Licenses or Photo IDs

ADDRESS:

Provide Copies of Prior Year's Tax Returns

City _____ State _____ Zip _____

Check if Change in Address, Phone Numbers, or Email

INCOME

SALARIES & WAGES (Provide All W-2 Forms)

Taxpayer _____
 Spouse _____

STATE INCOME TAX REFUND RECEIVED IN 2020

(Only if You Itemized Deductions Last Year) _____

INT. & DIV. LIST (Provide All 1099-INT & 1099-DIV Forms)

SOCIAL SECURITY/RAILROAD RETIREMENT

BENEFITS RECEIVED (Forms 1099-SSA Needed) _____

UNEMPLOYMENT COMPENSATION

(Provide 1099-G Forms) _____

SALE OF STOCKS, BONDS, & MUTUAL FUNDS

(Provide 1099-B forms, the Name of Stock, Number of Shares Sold, Date Bought, Original Cost, Date Sold, & Proceeds from Sale)

PARTNERSHIP, S CORP, ESTATES, TRUSTS

(Provide All K-1 Forms) _____

ALIMONY RECEIVED (If Divorced Before 2019)

Date of Divorce or Separation Agreement _____

RENTAL REAL ESTATE

Please complete the **Rental Real Estate Organizer**

PENSION/ANNUITY/IRA INCOME

(Provide All 1099-R Forms) _____

TAXABLE SCHOLARSHIP/FELLOWSHIP

REAL ESTATE - SALE OR PURCHASE

(Provide All Closing Statements) _____

SELF EMPLOYED BUSINESS

Please complete the **Small Business Organizer**

OTHER INCOME (Please Detail)

CREDITS & ADJUSTMENTS TO INCOME

HIGHER EDUCATION EXPENSES

Tuition & Required Fees (Need Form 1098-T) _____
 Course Required Books, Supplies, & Equipment _____

TEACHER/EDUCATOR SUPPLIES

HSA CONTRIBUTIONS (Need 5498-SA and 1099-SA) _____

CHILD CARE EXPENSES

Need the Name, Address, Tax ID #, and Amount Paid for each child care provider.

IRA CONTRIBUTIONS

Type: Roth Traditional SEP SIMPLE

ALIMONY PAID (If Divorced Before 2019)

Date of Divorce or Separation Agreement _____

STUDENT LOAN INTEREST PAID (Form 1098-E)

Recipient's Name: _____ SSN: _____

QUALIFIED ADOPTION EXPENSES

SOLAR ENERGY SYSTEMS INSTALLED ON HOUSE

HEALTH INSURANCE MARKETPLACE CREDIT (Need All 1095-A Forms)

ESTIMATED TAX PAYMENTS

FEDERAL ESTIMATED TAX PAYMENTS

#1 April 15, 2020 Installment Paid _____

#3 September 15, 2020 Installment Paid _____

#2 June 15, 2020 Installment Paid _____

#4 January 15, 2020 Installment Paid _____

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ITEMIZED DEDUCTIONS

MEDICAL EXPENSES

Doctors, Dentists, Nurses, Hospitals _____
 Eyeglasses, Hearing Aids, Other Misc., etc. _____
 Health Insurance Premiums _____
 Medicare Parts B, C and D Premiums _____
 Long Term Care Insurance Premiums _____
 Prescription Drugs & Insulin _____
 Medical Miles Driven _____

MORTGAGE INTEREST PAID

Home Mortgage Interest _____
 2nd Mortgage Interest _____
 Vacation Home/2nd Home Interest _____
 Mortgage Insurance Premiums _____

TAXES

Real Estate Property Taxes _____
 Personal Property Tax (e.g. RTA Tax) _____
 Additional State Income Tax Paid in 2020 _____
 Sales Tax Paid (Large Purchases, e.g. Boats, Vehicles, Motorhomes, Home Remodel) _____

CHARITABLE CONTRIBUTIONS

Amount Paid to Churches _____
 Amount Paid to Charities _____
 Mileage for Charity Work _____
 Non-Cash Contributions (Clothing, Furniture, Appliances, Stocks, etc.) _____

IMPORTANT NOTE: *If you bought, sold, or refinanced a home, include your closing settlement statements*

DEPENDENT QUESTIONNAIRE

DEPENDENT INFORMATION	DEPENDENT 1	DEPENDENT 2	DEPENDENT 3	DEPENDENT 4
Dependent's first name and middle initial				
Dependent's last name				
Date of Birth				
Social Security Number				
Relationship (e.g. Son, Daughter, Grandchild)				
Total months dependent lived in your home				

DIRECT DEPOSIT REFUND

REFUND/TAXES OWED DELIVERY METHOD

Mail check Direct Deposit/Debit Pymt Date _____

BANK NAME _____

ROUTING _____

ACCOUNT _____

CHECKING

SAVINGS