

# INCOME TAX ORGANIZER

NAME \_\_\_\_\_ TAX YEAR \_\_\_\_\_

## INCOME

W2 Wage Statement \_\_\_\_\_  
 1099-INT Interest \_\_\_\_\_  
 1099-DIV Dividends \_\_\_\_\_  
 1099-MISC Rent, Prizes, etc. \_\_\_\_\_  
 1099-R Pension, IRA \_\_\_\_\_  
 W2-G Gambling, Lottery \_\_\_\_\_  
 1099-G Unemp/State Refund \_\_\_\_\_  
 1099-Q Qual. Edu. Program \_\_\_\_\_  
 1099-B Investment Sale \_\_\_\_\_  
 1099-S Property Sale \_\_\_\_\_  
 1099-C Cancelled Debt \_\_\_\_\_

**K-1 From:**

Partnership \_\_\_\_\_  
 Limited Partnership \_\_\_\_\_  
 S-Corporation \_\_\_\_\_  
 Trust or Estate \_\_\_\_\_  
 SSA-1099 Social Security \_\_\_\_\_  
 RRB-1099 Railroad Retiree \_\_\_\_\_  
 Alimony \_\_\_\_\_  
 Tips \_\_\_\_\_  
 Scholarships \_\_\_\_\_  
 Jury Duty \_\_\_\_\_  
 Investment Transaction \_\_\_\_\_  
 Other Information \_\_\_\_\_

(i.e: broker statements, broker confirmation slips)

## PERSONAL INTEREST

Mortgage (include Form 1098) \_\_\_\_\_  
 Personal Residence  Rental  
 2nd/Vacation Home  Investment  
 Mortgage (include Form 1098) \_\_\_\_\_  
 Personal Residence  Rental  
 2nd/Vacation Home  Investment  
 Installment Sale \_\_\_\_\_  
 Student Loan (Form 1098-E) \_\_\_\_\_  
 Undergraduate  Graduate

**Do not include:** credit cards or auto loans

## TAXES PAID

Real Estate \_\_\_\_\_  
 Personal Property \_\_\_\_\_  
 Sales tax on large purchases \_\_\_\_\_  
 Auto Excise \_\_\_\_\_  
 Other Taxes \_\_\_\_\_

**Do not include:** Federal or inheritance taxes.

## CHARITABLE GIFTS

\*A receipt (or a letter/other written communication) from the qualified organization (containing the donation date, organization name and estimated dollar value) is required for all donations.

Church, Religious Group \_\_\_\_\_  
 Red Cross \_\_\_\_\_  
 United Way \_\_\_\_\_  
 Public Radio, TV \_\_\_\_\_  
 Payroll Deduction \_\_\_\_\_  
 Schools, Hospitals \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Non-Cash\* \_\_\_\_\_  
 Salvation Army/Goodwill \_\_\_\_\_  
 Vehicle Donation \_\_\_\_\_  
 Supplies for Charity \_\_\_\_\_  
 Food Drives \_\_\_\_\_  
 Mileage (# miles) \_\_\_\_\_

**Do not include:** tuition, political contribution, value of time or services, value of blood donated, gifts to lobbying groups, donations to individuals, cost of raffle, bingo, lottery tickets.

\*Please see enclosed for rules on Non-Cash charitable donations.

Other Gifts\*  
 Stock Gifts \_\_\_\_\_  
 RMD gift directly from IRA \_\_\_\_\_

\*Must include Form 8283 and/or letter of acknowledgement.

## ALIMONY PAID

**Paid to: Amount**  
 Name: \_\_\_\_\_  
 SSN: \_\_\_\_\_ \$ \_\_\_\_\_  
 Date of Divorce: \_\_\_\_\_

## DON'T FORGET

**Form 1099-HC Health Care Coverage**  
 Most Massachusetts residents will receive their 1099-HC from their health insurance provider.

## Form MA 1099-HC Massachusetts Health Coverage

**Form 1095-A**  
 If you purchased your coverage on the Mass Health Connector or a state exchange, you will also receive a 1095-A

**Who is unaffected**  
 Those enrolled in Medicare, Tricare, or other governmental programs that provided Minimum Essential Coverage.

## ESTIMATED TAX PAID

Federal	Amount	Date Paid
Due 4-15	\$ _____	_____
Due 6-15	\$ _____	_____
Due 9-15	\$ _____	_____
Due 1-15	\$ _____	_____
<b>State</b>		
Due 4-15	\$ _____	_____
Due 6-15	\$ _____	_____
Due 9-15	\$ _____	_____
Due 1-15	\$ _____	_____

## CHILD CARE EXPENSE

1. Provider Name & Address \_\_\_\_\_ Amount  
 \_\_\_\_\_ \$ \_\_\_\_\_

\*TIN# \_\_\_\_\_

2. Provider Name & Address \_\_\_\_\_ Amount  
 \_\_\_\_\_ \$ \_\_\_\_\_

\*TIN# \_\_\_\_\_

\*Tax Identification Number

**WorthTax**

**SALE OF HOME OR REAL ESTATE**

**Sale Price** \_\_\_\_\_ **Date** \_\_\_\_\_  
 \_\_\_\_\_

**Include:**  HUD/Settlement Statement (Sale)

**Purchase Price** \_\_\_\_\_ **Date** \_\_\_\_\_  
 \_\_\_\_\_

**Include:**  HUD/Settlement Statement (Buy)

**Costs & Improvements**

- Addition/Build Out \_\_\_\_\_
- Driveway/Sidewalk \_\_\_\_\_
- Roof \_\_\_\_\_
- Kitchen Remodel \_\_\_\_\_
- Bathroom Remodel \_\_\_\_\_
- Furnace/Heater \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**Other Items**

- Energy Credits Claimed for Improvements
- Used as a Home Office
- Used as a Rental Property
- Filed for Bankruptcy in a Prior Year
- Cancelled Debt Income Exclusion/Prior Yr

**IRA CONTRIBUTIONS**

		<b>Amount</b>
<b>You</b>	<input type="checkbox"/> Traditional IRA	_____
	<input type="checkbox"/> Roth IRA	_____
	<input type="checkbox"/> SEP IRA	_____
	<input type="checkbox"/> Solo 401k	_____
<b>Spouse</b>	<input type="checkbox"/> Traditional IRA	_____
	<input type="checkbox"/> Roth IRA	_____
	<input type="checkbox"/> SEP IRA	_____
	<input type="checkbox"/> Solo 401k	_____

**Note:** Your IRA deposit can be made until April 15 and still apply to this tax year. SEP IRA and solo 401k contributions may still be made until the due date of the return including extensions.

**MISCELLANEOUS DEDUCTIONS**

Legal Fees for Discrimination \_\_\_\_\_  
 Impairment Work Related Exp \_\_\_\_\_  
 Health Saving Account \_\_\_\_\_  
 Casualty Loss/ Property Damage\* \_\_\_\_\_

\*Must be from a presidential declared disaster area

**EDUCATION EXPENSES**

Student Name \_\_\_\_\_  
 School Name \_\_\_\_\_  
 Tuition & Fees Paid\* \_\_\_\_\_  
 Year In School \_\_\_\_\_  
 Reimburesments & Scholarships \_\_\_\_\_

**Include Form 1098-T & proof of payment**

\*Payments made with student loans are considered tuition payments, grants are not.

**ENERGY CREDITS**

**New Electric/Hybrid Vehicle**

**Purchase Price** \_\_\_\_\_ **Date** \_\_\_\_\_  
 \_\_\_\_\_

**Include:**  Bill of Sale

**Renewable Energy System**

Solar Panels \_\_\_\_\_  
 Solar Powered Water Heaters \_\_\_\_\_  
 Geothermal Heat Pump \_\_\_\_\_  
 \_\_\_\_\_  
 Rebates & Reimbursements \_\_\_\_\_

**Non Business Energy Property**

Insulation \_\_\_\_\_  
 Exterior Windows \_\_\_\_\_  
 Exterior Doors \_\_\_\_\_  
 Water Heater \_\_\_\_\_  
 Furnaces \_\_\_\_\_  
 Hot Water Boiler \_\_\_\_\_  
 \_\_\_\_\_

Rebates & Reimbursements \_\_\_\_\_

**PANDEMIC RELIEF**

Stimulus Payments Received \_\_\_\_\_  
 PPP or EIDL Loan \_\_\_\_\_  
 Self-Employed Sick Leave \_\_\_\_\_  
 60-Day rollover of RMD \_\_\_\_\_  
 Emergency 401k Distribution \_\_\_\_\_

**STATE**

EZ Pass/Fast Lane (commuting) \_\_\_\_\_  
 T-Pass (commuting) \_\_\_\_\_  
 Lead Paint Removal \_\_\_\_\_  
 Rent Paid \_\_\_\_\_  
 Septic/Title V \_\_\_\_\_  
 529A Contributions (MEFA) \_\_\_\_\_

**HEALTH CARE**

Health/Dental Insurance \_\_\_\_\_  
 Supplemental Medicare (B) \_\_\_\_\_  
 Prescriptions \_\_\_\_\_  
 Doctor/Copays \_\_\_\_\_  
 X-Ray/MRI/Lab Fees \_\_\_\_\_  
 Nursing Care \_\_\_\_\_  
 Hospital \_\_\_\_\_  
 Drug/Alcohol Treatment \_\_\_\_\_  
 Hearing Aids (batteries) \_\_\_\_\_  
 Eyeglasses, Contacts \_\_\_\_\_  
 Dentist/Orthodontist \_\_\_\_\_  
 Vet Costs for Guide Dogs \_\_\_\_\_  
 Ambulance \_\_\_\_\_  
 Eye Doctor \_\_\_\_\_  
 Medical Mileage (# miles) \_\_\_\_\_  
 Chiropractor \_\_\_\_\_  
 Psychiatrist, Psychologist \_\_\_\_\_  
 Long Term Care Ins. Prem. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Do not include:** cosmetic surgery, life or income insurance, Medicare (A), illegal operations or drugs, non-prescription drugs, funeral, burial, cremation, contact lens supplies.