

Annual Tax Planner

Atwood Tax™
MADISON, WI

Atwood Tax Client Organizer

Taxpayer Information

First Name: (_____) Initial: (____) Last Name: (_____)

Date of Birth: (____/____/____) SSN: (_____ - ____ - ____) Occupation: (_____)

Address: (_____) City: (_____)

State: (_____) Zip: (_____)

Daytime phone: (_____) Evening phone: (_____)

Email: (_____)

Spouse Information

First Name: (_____) Initial: (____) Last Name: (_____)

Date of Birth: (____/____/____) SSN: (_____ - ____ - ____) Occupation: (_____)

Daytime phone: (_____) Evening phone: (_____)

Email: (_____)

Dependents

Name:	DOB:	SSN:	Relationship:	# Months @ Home:
(_____)	(____/____/____)	(_____ - ____ - ____)	(_____)	(_____)
(_____)	(____/____/____)	(_____ - ____ - ____)	(_____)	(_____)
(_____)	(____/____/____)	(_____ - ____ - ____)	(_____)	(_____)
(_____)	(____/____/____)	(_____ - ____ - ____)	(_____)	(_____)

Wage/Salary Income (Provide W2's)

Employer Name:	Gross Wages:	Fed Withholdings:	State Withholdings:
(_____)	(_____)	(_____)	(_____)
(_____)	(_____)	(_____)	(_____)
(_____)	(_____)	(_____)	(_____)
(_____)	(_____)	(_____)	(_____)

Other Income

Interest income (Provide 1099INT forms)

Payer:	Amount:	Payer:	Amount:
(_____)	(_____)	(_____)	(_____)
(_____)	(_____)	(_____)	(_____)

Dividend income (Provide 1099DIV forms)

Payer:	Total:	Capital Gains:	Ordinary Dividend:
(_____)	(_____)	(_____)	(_____)
(_____)	(_____)	(_____)	(_____)
(_____)	(_____)	(_____)	(_____)

Capital gains (Provide 1099B forms)

Description:	Date Acquired:	Date Sold	Cost:	Sale Price:
(_____)	(__/__/__)	(__/__/__)	(_____)	(_____)
(_____)	(__/__/__)	(__/__/__)	(_____)	(_____)
(_____)	(__/__/__)	(__/__/__)	(_____)	(_____)

Pension / IRA Distribution (Provide 1099R forms)

Payer:	Gross Distribution:	Taxable Amount:	Roth Conversion:	Reason for withdrawal:
(_____)	(_____)	(_____)	(_____)	(_____)
(_____)	(_____)	(_____)	(_____)	(_____)
(_____)	(_____)	(_____)	(_____)	(_____)

State tax refund (Provide 1099G form)

Amount Received: (_____)

Alimony Received (does not include child support)

Payer Name: (_____) Payer SSN: (____ - ____ - ____) Amount: (_____)

Unemployment Received (Provide 1099G form)

Amount Received: (_____)

Social Security Received (Provide SSA-1099 forms)

Amount Received Taxpayer: (_____) Spouse: (_____)

Self Employed / Business Income (please fill out page 4): (_____)

Income from Rental property (please fill out page 5): (_____)

Miscellaneous Income

Tips (not on W2): (_____) Gambling winnings (provide W-2Gs): (_____) Child Support: (_____)

Scholarships/Grants: (_____) Jury Duty Pay: (_____)

Other (Description and amount): (_____)

Deductions

Medical and Dental Expenses – After Tax

Insurance premiums: () Medical miles driven: () Out of pocket expenses: ()

Did you have health insurance for every month of 2014? Yes () No () Please attach forms 1095 A, B and/or C
Taxes Paid

State and local income tax: () Real estate taxes (personal residence): ()

Real estate taxes (other non-rental property): ()

Interest Paid (Provide 1098 Forms)

Home Mortgage Interest Paid (1st): () Home Mortgage Interest Paid (2nd): ()

Home Mortgage Equity Line: () Private Mortgage Insurance Premiums: ()

Student Loan Interest: ()

Contributions to Qualified Organizations/501C3s (Provide Documentation)

Cash, Check, Credit Card: () Value of donated items: ()

Miscellaneous Deductions

Unreimbursed Employee Business Expenses: () Tax Return Prep Fees: ()

Investment Fees: () Safety Deposit Box Rental: ()

Educator Expenses: () Other: ()

Child and Dependent Care Expenses

Name of Care Provider: () Address: ()

SSN or Federal ID: () Amount: ()

Name of Care Provider: () Address: ()

SSN or Federal ID: () Amount: ()

Do you pay tuition to any primary or secondary private schools? Yes () No ()

Education Expenses

Tuition (Attach 1098 T Forms)

Student Name: () Amount: ()

Institution Name: () Institution Federal ID: (-)

Student Name: () Amount: ()

Institution Name: () Institution Federal ID: (-)

Amount Paid for required books/supplies: ()

	Taxpayer	Spouse
Traditional IRA Contributions:	()	()
Roth IRA Contributions:	()	()
SEP SIMPLE or KEOGH:	()	()

Business Income (Self-Employed)

Principal Business Activity/Profession: (_____) Business Name: (_____)

Business Address: (_____)

Cash Basis: () Accrual Basis: () First Year: ()

Income

Gross Receipts or Sales: (_____)

Expenses

Advertising: (_____)

Commissions: (_____)

Employee Benefit Programs: (_____)

Insurance – Other than Health: (_____)

Health Insurance Premiums: (_____)

Interest: (_____)

Legal and Professional Fees: (_____)

Office Supplies and Expense: (_____)

Rent (property): (_____)

Equipment Rental: (_____)

Repairs: (_____)

Supplies: (_____)

Taxes: (_____)

Travel: (_____)

Mileage:

Business Miles: (_____)

Total Miles: (_____)

*If claiming actual automobile expenses:

Repairs: (_____) Interest: (_____)

Gas: (_____) Oil Changes: (_____)

Insurance: (_____) License: (_____)

Merchant Fees: (_____)

Bank Fees: (_____)

Software: (_____)

Professional Development: (_____)

Dues and Subscriptions: (_____)

Postage and Delivery: (_____)

Meals and Entertainment: (_____)

Utilities: (_____)

Wages: (_____)

Web Expense: (_____)

Phone: (_____)

Internet: (_____)

Assets Purchased:

Description: (_____)

Date: (/ /) Amount: (_____)

Description: (_____)

Date: (/ /) Amount: (_____)

Rental Property

Property Address: _____ % Ownership _____ Property Type _____
 Property 1 (_____) (_____) (_____)
Street City, State Zip

Property 2 (_____) (_____) (_____)
Street City, State Zip

	Property 1	Property 2
Income/Rent Received:	(_____)	(_____)

Check if property was purchased or converted to rental property during the tax year: ()

Expenses:

Advertising:	(_____)	(_____)
Association Dues:	(_____)	(_____)
Cleaning:	(_____)	(_____)
Insurance:	(_____)	(_____)
Contract Labor:	(_____)	(_____)
Yard Maintenance:	(_____)	(_____)
Professional Fees:	(_____)	(_____)
Management Fees:	(_____)	(_____)
Mortgage Interest:	(_____)	(_____)
Other Interest:	(_____)	(_____)
Repairs/Maint:	(_____)	(_____)
Supplies:	(_____)	(_____)
Property Taxes:	(_____)	(_____)
Telephone:	(_____)	(_____)
Utilities:	(_____)	(_____)
Other:	(_____)	(_____)

Number of Days Rented or Available for Rent:
 Property 1: (_____)
 Property 2: (_____)

Mileage:
 Business Miles: (_____)
 Total Miles: (_____)

Depreciable Improvements/Assets:

Date: (___/___/___) Amount: (_____) Description: (_____)

Date: (___/___/___) Amount: (_____) Description: (_____)

Date: (___/___/___) Amount: (_____) Description: (_____)

Date: (___/___/___) Amount: (_____) Description: (_____)

Miscellaneous Items

Alimony Paid

SSN of Payee: (____ - ____ - ____)

Amount Paid: (_____)

Estimated Tax Payments

Federal

Overpayment – previous tax year: (_____)

Quarter 1: Amount (_____) Date Paid (___/___/___)

Quarter 2: Amount (_____) Date Paid (___/___/___)

Quarter 3: Amount (_____) Date Paid (___/___/___)

Quarter 4: Amount (_____) Date Paid (___/___/___)

State

Overpayment – previous tax year: (_____)

Quarter 1: Amount (_____) Date Paid (___/___/___)

Quarter 2: Amount (_____) Date Paid (___/___/___)

Quarter 3: Amount (_____) Date Paid (___/___/___)

Quarter 4: Amount (_____) Date Paid (___/___/___)

Notes, Comments or Questions:

CPA-Owned Tax Preparation

2453 Atwood Ave Ste 101C
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Atwood Tax[™]
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