Cirino Services Corp daphnecirino@gmail.com 5165.655.8088 cirinoservicescorp.com

## **TAX ORGANIZER**

Taxpayer Information			Spouse	Information	
Last name		Last name			
First name		First name	····· _		
Middle Initial	Suffix				Suffix
Social security number		Social security	number	······	
Occupation		Occupation	····· _		
Work phone			·····		Ext
Cell phone	_	Cell phone			
E-mail address					
Date of birth					
Address				Apartment nun	nber
City				ZIP Code	
Home phone		number		_	
		-			
Dependent Information	1	1		1	
First name  Last name	Suffix	Social Security Number	Date of Birth	Months Lived with Taxpayer	Child Care Expense
Last name	Sullix	Relationship	OI BII (II	with raxpayer	Ехрепзе
				+	
Child and Dependent Care Provider Expe	nses				
Name		Address		ID Number	Amount Paid
Education Tuition and Fees					
Attach all Form 1098-Ts and a list of your qualified educ	cation expens	ses.			
Student Loan Interest Paid					
Enter <mark>total</mark> qualified student loan interest					

Attach Form(s) W-2 — Wages, Salaries, Tips and Other Compensation Employer Name		Amount
uttach Form(s) 1099-R — Distributions from Pensions, Annuities, Ret	irement, Profit-Sharing,	
1099-R Payer Name		Amount
Attach Form(s) SSA-1099 — Social Security/Railroad Benefits	Taxpayer	Spouse
Social Security Benefits from Form SSA-1099		
Railroad Retirement Benefits from Form RRB-1099		
Medicare B premiums withheld		
Medicare C premiums withheld	···	
Medicare D premiums withheld	···	
Attach Form(s) 1099-MISC — Miscellaneous Income and 1099-NEC  1099-MISC Payer Name and 1099-NEC Payer Name		
Attach Form(s) 1099-INT — Interest Income		
1099-INT Payer Name		Amount
1005-INTT ayer Name		Amount
Attach Form(s) 1099-DIV — Dividend Income		
1099-DIV Payer Name		Amount
Attach Form(s) 1099-B, 1099-S — Sales of Stocks, Bonds, Real Estate, etc  Attach all stock sale transaction information, including initial cost information.		
<b>Other Government Forms to <mark>attach:</mark></b> Form(s) 1099-G — Certain Government Payments, Schedule K-1s — Partnership, S-Co	ornoration. Trust or Estate Incom	me Form(s) \\\ 20
Gambling or Lottery Winnings, Form(s) 1099-Q — Payments from Qualified Education I	Programs	ne, ruiii(s) W-2G
Other Income:		
Alimony, jury duty, unreported tips, disability income, etc. Business, rentals, farms: Attach income Include a list of all new equipment acquired this year, including date of purchase and cost.	e and expenses for any business, re	ntal or farm you own
	Taxpayer	Spouse
Retirement Plan Contributions		
Traditional IRA contributions made		
Roth IRA contributions made		_
SEP, Keogh, Individual 401(k) or SIMPLE Contributions		

## **Deductions**

Medical and Dental Expenses	Amount	Amount
Prescription medications.		
Health insurance premiums		
Doctors, dentists, etc		
Hospitals, clinics, etc		
Eyeglasses and contact lenses		
Miles driven for medical purposes.		
Other medical and dental expenses:		
Taxes	Amount	Amount
Real estate taxes paid on principal residence		
Real estate taxes paid on additional homes or land		
Auto license registration fees based on the value of the vehicle		
Other personal property taxes		
Interest Expenses Home mortgage interest paid — Attach Form(s) 1098. Lender's Name	Amount	Amount
Points paid on loan to buy, build or improve main home  Lender's Name	Amount	
Cash/Check/Credit Contributions	Amount	Amount
Noncash Charitable Contributions - Please provide total.  If over \$500 in total, attach all receipts with details listing the following information: Donee, donee address, and date contributed, your cost, value at time of donation, and how you acquired the property.	description of donation, da	te acquired
	Amount	Amount
Miscellaneous Deductions		
Union and professional dues		
Union and professional dues  Professional subscriptions, books, supplies		
Union and professional dues  Professional subscriptions, books, supplies  Uniforms and protective clothing (including cleaning)		
Union and professional dues  Professional subscriptions, books, supplies  Uniforms and protective clothing (including cleaning)  Job search costs		
Union and professional dues  Professional subscriptions, books, supplies  Uniforms and protective clothing (including cleaning)  Job search costs  Taxpayer educator expenses		
Union and professional dues  Professional subscriptions, books, supplies  Uniforms and protective clothing (including cleaning)  Job search costs  Taxpayer educator expenses  Spouse educator expenses		
Professional subscriptions, books, supplies  Uniforms and protective clothing (including cleaning)  Job search costs  Taxpayer educator expenses		

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	ancel any of your debt?						
Did you make a	energy efficient improv	ements to your home	e or purchase any en	ergy-saving	property?	If <b>yes</b> , please	٦
Did you purcha	ase a motor vehicle or b	ooat? ?					
	documentation showing	•			lata munda a a al-		
Dia you	ı purchase a hybrid or e	electric venicle? If yes	s, enter year, make,	model, and d	late purchased:		٦
Did you denote	lf vo	es, attach Form 1098	^				╡
Did you donate What was the s	sales tax rate in your lo						
Did your marita	al status change?				······· ——		٦
If yes, explain:	•					_	
Were you or yo	our spouse permanently	y and totally disabled					
Do you have de	ependents who must fil	e?					
-	hildren who are under a	-	-		-	_	╛
Did you provide	e over half the support						_
Did you receive	adoption expenses? e a total distribution fro an within 60 days of the	m an IRA or other g	ualified plan that was	partially or	totally rolled over	r into another IRA	
	e any disability paymer						
	e tip income <b>not</b> reporte						
Did you buy, so	ell, refinance, foreclose ents, 1099-C or 1099-A	or abandon a princi	pal residence or other	er real prope	rty? If <b>yes</b>	, attach closing or	٦
If you sold a ho	ome, did you claim the	First-Time Homebuy	er Credit when you p	ourchased it?			
Did you incur a	any non-business bad d	lebts?					ī
Did you pay ar	ny individual for domest	tic services					Ī
Did you buy or	sell any stocks or bond	ds?					Ī
Did you use the	e proceeds from Series	EE or I U.S. saving	s bonds purchased a	fter 1989 to	pay for higher ed	ucation expenses?.	Ī
Did you incur a	any moving expenses?	If yes, attach details					
	e any income not includ	ded in this Tax Organ	nizer?				
If <b>yes</b> , please a	attach information.						7
Did you receive	Form 1095-A (Health	Insurance Marketpla	ce Statement)? If so	, please <mark>atta</mark>	<mark>ch</mark>		
Did you sell, se	end, exchange, or othe	rwise acquire any fir	ancial interest in any	y virtual curre	ency?		
a							╛
b							
If you paid any	alimony, enter recipie	nt's SSN:	Alin	nony paid:			
Enter your state	e of residence					Spouse	
	o change the language anguage?						
tronic Filing	and Direct Deposit eligible for Electronic F	of Refund	to file electronically?	)			es l
	ue Service is able to de					_	_
ou receive a refu	ınd, would you like dire	ct deposit?					
	de a voided check (not	, ,			•	Checking Savin	nas
t type of accour	nt is this?					Javiii	.y,
mated Tax Pa	aid ederal		State			Local	
Date	Amount	Date	Amount	ID	Date	Amount	
						-	+
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							#
litional Infor	mation (Enter any ac	Iditional information	here and <mark>attach</mark> any	documents.)			+