



This is your WebTax Organizer. You can use this form to gather the information necessary to complete your taxes and to help your tax preparer expedite the processing of your return.

You can type directly into the PDF but you MUST save the file to your computer and then upload into your FILE CABINET.

For Tax Year _____

Personal Information

	NAME	SOCIAL SECURITY #	DATE OF BIRTH	# OF MONTHS WITH HEALTH INSURANCE
Taxpayer	_____	_____	_____	_____
Spouse	_____	_____	_____	_____
Address 1	_____			
Address 2	_____			
City or town	_____			
State	_____	Zip Code _____	County _____	
Telephone #1	_____			
Telephone #2	_____			

BANKING INFORMATION FOR DIRECT DEPOSIT OF REFUND OR WITHDRAW BALANCE DUE (Optional)

Name of Financial Institution _____

Routing Number _____

Account Number _____

DEPENDENTS

Name	Social Security #	Relationship	Date of Birth	# of Months Lived with You
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

ACA HEALTHCARE QUESTIONS (click yes or no)

Does everyone in your tax household have qualified health insurance for all 12 months? yes no

Did you purchase Health Insurance through a Government Sponsored Health Exchange? yes no

Other Information and Questions you may have:

Income / Adjustments / Deductions

Please enter amounts below OR upload source documents to your Client Communicator

INCOME

	Amount 1	Amount 2	Check
W-2 Salaries	_____	_____	Uploaded W-2's
Interest Income	_____	_____	Uploaded 1099 Int
Dividend Income	_____	_____	Uploaded 1099 Div
Capital Gains	_____	_____	Uploaded 1099 B
Pension/Retirement Income	_____	_____	Uploaded 1099R
Partnership, S-Corp Income	_____	_____	Uploaded K-1's
State Tax Refunds	_____	_____	Uploaded 1099-G
Unemployment compensation	_____	_____	Uploaded 1099-G
Social security benefits	_____	_____	Uploaded 1099-SSA
Distributions from Education Plans	_____	_____	Uploaded 1099-Q
Distributions from HSA/MSA Plans	_____	_____	Uploaded 1099-SA
Alimony received	_____	_____	
Jury Duty	_____	_____	

ADJUSTMENTS

	Taxpayer	Spouse	
Educator expenses	_____	_____	
HSA Contributions	_____	_____	
Student loan interest paid	_____	_____	Uploaded 1098-E
Alimony Paid	_____	_____	
Recipient's SS#	_____	_____	
SEP Contributions	_____	_____	
IRA Contributions	_____	_____	
Self Employed Health Insurance	_____	_____	
Job Related Moving Expenses	_____	_____	
Date of move	_____	_____	
Cost to Move or Store Items	_____	_____	
Cost of Lodging during Move	_____	_____	
# Miles from Old Home to New Job	_____	_____	
# Miles from Old Home to Old Job	_____	_____	

ITEMIZED DEDUCTIONS

Medical Expenses (Out of Pocket) _____
Medical Insurance Premiums _____
Doctor, dentist, and hospital fees _____
Prescription medicines and drugs _____
Medical Supplies _____
Medical Miles _____
Medical Parking _____
Other Medical Expenses _____

Taxes Paid	Amount 1	Amount 2	Amount 3
State and Local Taxes Paid	_____	_____	_____
Real Estate Taxes	_____	_____	_____
Ad Valorem/Car Taxes	_____	_____	_____
Actual Sales Taxes Paid	_____	_____	_____

Interest Paid
Mortgage Interest Paid _____
Investment Interest Paid _____

Gifts to Charity
Cash Contributions Total _____

Non Cash Contributions

Charity Name/Address	Date Given	Original Cost	FMV
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

CHILD AND DEPENDENT CARE EXPENSES

Care Provider Name	Address	City State Zip	Provider's Fed Tax ID#	Amount Paid
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

HIGHER EDUCATION EXPENSES (Please Upload 1098-T)

Student Name	Educational Institution	(Fresh, Soph, Jr, Sr)	Tuition and Fees	Books etc.
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

CASUALTY AND THEFT LOSSES (for property damaged by storm, water, fire, accident, or theft)

Location of property _____
Description of property _____
Date of Event _____
Amount of damage _____
Insurance reimbursement _____
Repair Costs _____

UNREIMBURSED EMPLOYEE BUSINESS EXPENSES (Not for Self Employed Individuals)

	Taxpayer	Spouse
Dues (related to job)	_____	_____
Subscriptions related to your work	_____	_____
Licenses and regulatory fees	_____	_____
Tools and supplies used in your work	_____	_____
Uniforms (if required)	_____	_____
Medical exams required	_____	_____
Work related education	_____	_____
Legal fees related to your job	_____	_____
Job search expenses	_____	_____

HOME OFFICE EXPENSES (If office is not provided by employer)

Total square footage of Home _____
Office square footage _____
Rent Paid _____
Utilities _____
Insurance _____
Home Repairs and Maintenance _____
Vehicle Expenses _____
Business miles _____
Commuting miles _____
Other miles _____
Actual Vehicle Gas, Repairs, Ins. _____
Parking fees and tolls _____
Other Travel expenses _____

OTHER MISC. DEDUCTIONS

Tax Prep Fees _____
Safe Deposit Box Rental _____
Investment Expenses _____
Legal Fees _____
Gambling Losses _____

FEDERAL AND STATE ESTIMATED PAYMENTS

	Federal Estimates	Date Paid	Amount
Quarter 1	_____	_____	_____
Quarter 2	_____	_____	_____
Quarter 3	_____	_____	_____
Quarter 4	_____	_____	_____

	State 1 Estimates	Date Paid	Amount
Quarter 1	_____	_____	_____
Quarter 2	_____	_____	_____
Quarter 3	_____	_____	_____
Quarter 4	_____	_____	_____

	State 2 Estimates	Date Paid	Amount
Quarter 1	_____	_____	_____
Quarter 2	_____	_____	_____
Quarter 3	_____	_____	_____
Quarter 4	_____	_____	_____



Business Organizer

For Self Employed Individuals, Independent Contractors, and Small Businesses

Income	Taxpayer 1	Taxpayer 2	Automobile Expense	Taxpayer 1	Taxpayer 2
Gross Receipts	_____	_____	Make/Year	_____	_____
1099's	_____	_____	Date Purchased	_____	_____
Expenses			Purchase Cost	_____	_____
Advertising	_____	_____	Date Placed in Service	_____	_____
Insurance	_____	_____	Total Miles for the Year	_____	_____
Legal Professional	_____	_____	Business Miles for the Year	_____	_____
Office Expense	_____	_____	Commuting Miles	_____	_____
Rent	_____	_____	Parking/Tolls	_____	_____
Supplies	_____	_____	Loan Interest	_____	_____
Taxes and Licenses	_____	_____	Car Tax	_____	_____
Travel	_____	_____	Actual Auto Expenses		
Meals/Entertainment	_____	_____	Gas, Oil, Maintenance	_____	_____
Bank Charges	_____	_____	Repairs	_____	_____
Contract Labor	_____	_____	Business Use of Home		
Internet	_____	_____	Sq. Footage of Entire House	_____	
Telephone	_____	_____	Sq. Footage of Office	_____	
Cell Phone	_____	_____	Utilities	_____	
Gifts	_____	_____	Home Insurance	_____	
Dues and Publications	_____	_____	Security	_____	
Equipment	_____	_____	Pest Control	_____	
Computer	_____	_____	Rent Paid	_____	
Other (Please List)	_____	_____	Repairs	_____	
_____	_____	_____	Original Cost of Home	_____	
_____	_____	_____			
_____	_____	_____			
_____	_____	_____			
_____	_____	_____			
_____	_____	_____			
_____	_____	_____			

Rental Income and Expenses

	Property 1	Property 2	Property 3
Address	_____	_____	_____
	_____	_____	_____

Income

Gross Rents	_____	_____	_____
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Expenses

Advertising	_____	_____	_____
Travel (Miles)	_____	_____	_____
Cleaning	_____	_____	_____
Management Fees	_____	_____	_____
Condo Fees	_____	_____	_____
Insurance	_____	_____	_____
Legal/Professional	_____	_____	_____
Mortgage Interest	_____	_____	_____
Taxes	_____	_____	_____
Supplies	_____	_____	_____
Small Repairs	_____	_____	_____
Utilities	_____	_____	_____
Pest Control	_____	_____	_____
HOA Fees	_____	_____	_____
Other (Please List)			
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Major Improvements

	Cost/Date Aquired	Cost/Date Aquired	Cost/Date Aquired
Roof/Carpet/Furniture	_____	_____	_____
Other	_____	_____	_____

Depreciation Information

	Asset 1	Asset 2	Asset 3
Date Placed in Service	_____	_____	_____
Purchase Price/Basis	_____	_____	_____

Other Information and Questions you may have