



Serving the Inland Empire since 1991

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Income Tax Organizer

- _____ 1. Social Security Card and or Birth Certificates for yourself and your dependents
(**Only if you are a new client**).
- _____ 2. Originals or copies of all W2 forms and 1099 forms (**If any**).
- _____ 3. Last year's tax return copies (**Only if you are a new client**).
- _____ 4. 1099G form (**if you collected unemployment**).
- _____ 5. Alimony amounts if you paid alimony to your ex-spouse.
- _____ 6. Statements from sales of stock.
- _____ 7. Bank statements reporting interest earned from savings accounts.
- _____ 8. Rental income from rental properties and rental activity expenses such as mortgage, property taxes, maintenance, insurance etc.
- _____ 9. Escrow settlement statements reflecting purchase or sale of property (**home**) including timeshares. (**If any**).
- _____ 10. Student loan interest statements.
- _____ 11. Business income if any from self-employed activity and business expenses separated by category for the whole year such as Rent, Advertising, Utilities, Maintenance, etc.

ITEMIZED DEDUCTION CHECKOFF LIST

MISCELLANEOUS

- \$ _____ Union Dues
- \$ _____ Tax Preparation Fee
- \$ _____ Education Expense
- \$ _____ Job Seeking Expense
- \$ _____ Professional License
- \$ _____ Journal-Mag.
- \$ _____ Safety Equipment
- \$ _____ Tool/Supplies etc.
- \$ _____ Safe Deposit Box
- \$ _____ Uniform Cost
- \$ _____ Investment Expense
- \$ _____ Business Mileage
- \$ _____ Business Travel
- \$ _____ Business Meals
- \$ _____ Business Phone
- \$ _____ Gambling Losses

MEDICAL EXPENSES

- \$ _____ Insurance Program
- \$ _____ Prescription Drugs
- \$ _____ Doctor Visits
- \$ _____ Hospital Visits
- \$ _____ Dentists Visits
- \$ _____ Prescription Glasses
- \$ _____ Hearing Aids
- \$ _____ Batteries
- \$ _____ Miles

CONTRIBUTIONS

- \$ _____ Cash or Check
- \$ _____ Church
- \$ _____ Pay Roll Deductions
- \$ _____ United Way
- \$ _____ Cancer Society
- \$ _____ Goodwill
- \$ _____ Veterans
- \$ _____ Salvation Army
- \$ _____ Volunteer Expense

TAXES

- \$ _____ Real Estate
- \$ _____ Personal Property
- \$ _____ Payment to State
- \$ _____ Auto License

INTEREST

- \$ _____ Home Mortgage
- \$ _____ If Paid to Private Party
- Name: _____
- Address: _____
- SS#: _____

OTHER CREDITS

- CHILDCARE:** Name, address, and social security number or employer number of care provider.
- RENTERS:** Name, address, and phone number of landlord.
- EDUCATION:** Registration and tuition expenses for any college education that applied to you and your dependents.
- TEACHERS:** Clear copy of Preliminary Credential to prove you are a teacher