

# **WEITZEL TAX SERVICE**

18147 CHERRY CREEK LANE, DETROIT LAKES, MN 56501  
PHONE: 218-847-4819 FAX: 218-847-0664

## **TAX ORGANIZER**

<b>NAME</b>		<b>SS NUMBER</b>	<b>DOB</b>	<b>OCCUPATION</b>	<b>WORK PHONE</b>
<b>SELF</b>					
<b>SPOUSE</b>					

<b>STREET ADDRESS</b>		<b>CITY</b>	<b>STATE</b>	<b>ZIP</b>
<b>HOME PHONE</b>	<b>EMAIL ADDRESS</b>			

### **DEPENDENTS** (ATTACH SEPARATE SHEET IF MORE SPACE IS NEEDED)

<b>NAME</b>	<b>RELATIONSHIP</b>	<b>DOB</b>	<b>SS NUMBER</b>	<b>FULL TIME STUDENT?</b>	<b>GROSS INCOME</b>

### **WAGES** (INCLUDE /ATTACH W2'S AND 1099'S)

<b>EMPLOYER</b>	<b>SELF</b>	<b>SPOUSE</b>

### **INTEREST INCOME** (INCLUDE 1099-INT)

<b>PAYER</b>	<b>AMOUNT</b>	<b>SELF</b>	<b>SPOUSE</b>

### **DIVIDEND INCOME** (INCLUDE 1099-DIV)

<b>PAYER</b>	<b>ORDINARY</b>	<b>QUALIFIED</b>	<b>CAPITAL GAINS</b>	<b>SELF</b>	<b>SPOUSE</b>

**IRA CONTRIBUTIONS**

	AMOUNT	DATE	ROTH?
SELF			
SPOUSE			

**IRA, PENSION, ANNUITY INCOME** (ATTACH 1099-R)

PAYER	AMOUNT	SELF	SPOUSE

**SS BENEFITS** (ATTACH SSA-1099)

	AMOUNT FROM BOX 5
SELF	
SPOUSE	

**OTHER INCOME**

SOURCE	AMOUNT	SELF	SPOUSE
ALIMONY			
CHILD SUPPORT			
GAMBLING WINNINGS			
SCHOLARSHIP/GRANTS			
JURY DUTY			
UNEMPLOYMENT			
WORKMANS COMP			

**TAXES PAID**

REAL ESTATE PROPERTY TAX	
PERSONAL PROPERTY TAX (TABS)	
OTHER	

**INTEREST PAID**

MORTGAGE INTEREST	
HOME EQUITY LINE OF CREDIT	
MORTGAGE INSURANCE (PMI)	
INVESTMENT INTEREST	

**CHARITABLE CONTRIBUTIONS**

CHURCH	
UNITED WAY	
SCOUTS	
HEART, LUNG, CANCER, ETC.	
OTHER:	
NON-CASH	
VOLUNTEER MILES	

**MEDICAL EXPENSES**

INSURANCE PREMIUMS NOT LISTED ELSEWHERE	
PRESCRIPTIONS	
HOSPITAL	
DOCTOR	
GLASSES, CONTACTS	
HEARING AIDS & BATTERIES	
MEDICAL EQUIPMENT	
MILEAGE	
OTHER:	

**CHILD CARE EXPENSES**

NAME OF PROVIDER	ADDRESS	SS# OR EMPLOYER ID	AMOUNT PAID

**EDUCATION EXPENSES** (ATTACH 1098-T)

STUDENT		STUDENT	
TUITION		TUITION	
BOOKS		BOOKS	
SUPPLIES		SUPPLIES	
# YEARS IN COLLEGE		# YEARS IN COLLEGE	

**OTHER DEDUCTIONS**

STUDENT LOAN INTEREST PAID	
HSA CONTRIBUTIONS	
ALIMONY PAID	

**ESTIMATED TAXES PAID**

DATE DUE	DATE PAID	FEDERAL	STATE

**UNREIMBURSED EMPLOYEE BUSINESS EXPENSES** (MUST EXCEED 2% OF ADJUSTED GROSS INCOME)

EXPENSE	AMOUNT	EXPENSE	AMOUNT
UNION DUES		PROFESSIONAL DUES	
SUBSCRIPTIONS		SUPPLIES	
PROFESSIONAL LICENSES		AIRFARE	
TOOLS		LODGING	
UNIFORMS		MEALS (# OF DAYS)	

**BUSINESS MILEAGE** (\$.58 PER MILE)

BUSINESS MILEAGE		TOTAL MILEAGE	MAKE/MODEL		DATE PURCHASED
GAS/OIL	BATTERIES/TIRES	REPAIRS	WASH	INSURANCE	LOAN INTEREST

**DIRECT DEPOSIT INFORMATION**

BANK NAME	
ACCOUNT TYPE (CHECKING/SAVINGS)	
ROUTING NUMBER	
ACCOUNT NUMBER	

To the best of my knowledge the information enclosed in this client tax organizer is correct and includes all income, deductions, and other information necessary for the preparation of this year's tax returns for which I have adequate records.

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**Taxpayer**

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**Date**

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**Spouse**

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**Date**