



**Bookkeeping Solutions GA LLC**

**Tax Organizer - Page 1 of 2**

email: [contact@bookkeepingsolutions.biz](mailto:contact@bookkeepingsolutions.biz)

For Year:

**20** \_\_ \_\_

**Tax Payer**

**Spouse**

Name: \_\_\_\_\_  
 SS # \_\_\_\_\_  
 Date of Birth \_\_\_\_\_  
 Occupation \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Address: \_\_\_\_\_

Name: \_\_\_\_\_  
 SS # \_\_\_\_\_  
 Date of Birth \_\_\_\_\_  
 Occupation \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_

*Form 1095A is required if you have marketplace insurance. We require current State Issued ID.*

**Changes to Dependents: Yes NO**

Dependent Name	Social Security #	Date of Birth

**Stimulus Received in year 20 \_\_ \_\_:**

**Advanced Child Tax Credit Received in year 20 \_\_ \_\_:**

**INCOME:**

	W2's		1099's
Tax Payer	<input type="text"/>	Tax Payer	<input type="text"/>
Spouse	<input type="text"/>	Spouse	<input type="text"/>
	( number of W2's)		(type of 1099) (number of 1099's)

**Notes for Preparer:**

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**Date Received:**

**Received by:**

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Mortgage Interest Paid		Interest and Dividends Earned	
1st Mortgage	_____	Interest:	_____
2nd Mortgage	_____		_____
Home Equity LOC:	_____		_____
Mortgage Insurance:	_____	Dividends:	_____
<b>Contributions</b>			
Cash:	_____	Non-Cash:	_____
<b>Stocks &amp; Investment Sales</b>			
Description	_____	Documents Attached:	_____
	_____		_____
	_____		_____
<b>Taxes</b>			
Real Estate	_____	TAVT	_____
<b>Quarterly Payments</b>			
Date Paid	_____	Federal	_____
	_____		_____
	_____	State	_____
<b>Medical Expenses</b>			
Prescriptions	_____	Private Health Insurance	_____
Doctors	_____	Medicare Premiums	_____
Dentists	_____	Hospitals & Labs	_____
Eyeglasses & Contacts	_____	Medical Travel Miles	_____
<b>Self Employment Business Income &amp; Expenses</b>			
<b>Business Name / Services:</b>			
Owner:	_____	Gross Income / Revenue:	_____
<b>Expenses:</b>			
Advertising	_____	Professional Fees	_____
Bank Fees	_____	Rent	_____
Commissions	_____	Rental Equipment	_____
Contract Labor	_____	Repairs / Main	_____
Dues & Subs	_____	Supplies	_____
Insurance	_____	Taxes / Licenses	_____
Interest	_____	Telephone	_____
Materials	_____	Travel	_____
Meals	_____	Other (Explain):	_____
Office	_____		
Home Office: Total Sq. Ft.:	_____	Sq. Ft. Used for Office:	_____
Total Miles Driven	_____		
Business Miles	_____	@ * _____ =	Net Profit/Loss: <span style="border: 2px solid black;">_____</span>
<i>*For Tax year 2023, enter .655/Mile      *For Tax year 2024, enter .67/Mile</i>			

Completed by: \_\_\_\_\_ Date Completed: \_\_\_\_\_ Date Filed: \_\_\_\_\_