

Bookkeeping Solutions GA LLC Tax Organizer - Page 1 of 2

For Year:

20

email: contact@bookkeepingsolutions.biz **Tax Payer Spouse** Name: Name: SS# SS# **Date of Birth Date of Birth** Occupation Occupation Phone: Phone: Email: Email: Address: 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 **Tax Payer Spouse Spouse** (number of W2's) (type of 1099) (number of 1099's) **Notes for Preparer:** Date Received: Received by:

Tax Organizer - Page 2 of 2

2nd Mortgage Home Equity LOC: Mortgage Insurance: Cash: Cash: Stocks & Investment Sales Description Documents Attached: Taxes Real Estate TAVT Quarterly Payments Date Paid Federal	Mortgage Intere	st Paid	Interest and Dividends Earned	
Home Equity LOC: Mortgage Insurance: Cash: Stocks & Investment Sales Description Documents Attached: Taxes Real Estate TAVT Quarterly Payments Date Paid Federal Medical Expenses Prescriptions Descriptions Private Health Insurance Medicare Premiums Doctors Dentists Eyeglasses & Contacts Self Employment Business Income & Expenses Business Name / Services: Owner: Expenses: Advertising Professional Fees Rent Rent Rent Rent Rent Rental Equipment	1st Mortgage		Interest:	
Home Equity LOC: Mortgage Insurance: Contributions Cash: Non-Cash: Stocks & Investment Sales Description Documents Attached: Taxes Real Estate TAVT Quarterly Payments Date Paid Federal Medical Expenses Prescriptions Private Health Insurance Medicare Premiums Doctors Dentists Eyeglasses & Contacts Medical Travel Miles Self Employment Business Income & Expenses Business Name / Services: Owner: Expenses: Advertising Professional Fees Rent Commissions Rental Equipment			_	
Mortgage Insurance: Cash: Cash: Stocks & Investment Sales Description Documents Attached: Taxes Real Estate TAVT Quarterly Payments Date Paid Federal Medical Expenses Prescriptions Private Health Insurance Medicare Premiums Doctors Doctors Dentists Eyeglasses & Contacts Medical Travel Miles Self Employment Business Income & Expenses Business Name / Services: Owner: Expenses: Advertising Professional Fees Rent Commissions Rental Equipment			_	
Cash: Cash: Stocks & Investment Sales Description Documents Attached: Taxes Real Estate TAVT Quarterly Payments Date Paid Federal Medical Expenses Prescriptions Private Health Insurance Medicare Premiums Hospitals & Labs Eyeglasses & Contacts Medical Travel Miles Self Employment Business Income & Expenses Business Name / Services: Owner: Gross Income / Revenue: Expenses: Advertising Professional Fees Bank Fees Rent Commissions Rental Equipment			 Dividends:	
Cash: Stocks & Investment Sales			_	
Stocks & Investment Sales Description Documents Attached: Taxes Real Estate TAVT Quarterly Payments Date Paid Federal State Medical Expenses Prescriptions Private Health Insurance Medicare Premiums Doctors Medicare Premiums Hospitals & Labs Eyeglasses & Contacts Medical Travel Miles Self Employment Business Income & Expenses Business Name / Services: Owner: Gross Income / Revenue: Expenses: Advertising Professional Fees Bank Fees Rent Commissions Rental Equipment		Con	tributions	
Description Taxes Real Estate TAVT Quarterly Payments Date Paid Federal Medical Expenses Prescriptions Doctors Dentists Eyeglasses & Contacts Self Employment Business Income & Expenses Business Name / Services: Owner: Expenses: Advertising Bank Fees Commissions Private Health Insurance Medicare Premiums Hospitals & Labs Medical Travel Miles Frofessional Fees Rent Rental Equipment	Cash:		Non-Cash:	
Description Taxes Real Estate TAVT Quarterly Payments Date Paid Federal Medical Expenses Prescriptions Doctors Dentists Eyeglasses & Contacts Self Employment Business Income & Expenses Business Name / Services: Owner: Expenses: Advertising Bank Fees Commissions Private Health Insurance Medicare Premiums Hospitals & Labs Medical Travel Miles Fross Income & Expenses Professional Fees Rent Rental Equipment			_	
Taxes Real Estate TAVT Quarterly Payments Date Paid Federal Medical Expenses Prescriptions Doctors Doctors Doctors Dentists Eyeglasses & Contacts Self Employment Business Income & Expenses Business Name / Services: Owner: Expenses: Advertising Bank Fees Commissions Face a Service Se		Stocks & I	nvestment Sales	
Real Estate Quarterly Payments Date Paid Federal Medical Expenses Prescriptions Doctors Dentists Eyeglasses & Contacts Self Employment Business Income & Expenses Business Name / Services: Owner: Gross Income / Revenue: Expenses: Advertising Professional Fees Bank Fees Commissions Rental Equipment	Description		Documents Attached:	
Real Estate Quarterly Payments Date Paid Federal Medical Expenses Prescriptions Doctors Dentists Eyeglasses & Contacts Self Employment Business Income & Expenses Business Name / Services: Owner: Gross Income / Revenue: Expenses: Advertising Professional Fees Bank Fees Commissions Rental Equipment			_	
Real Estate Quarterly Payments Date Paid Federal Medical Expenses Prescriptions Doctors Dentists Eyeglasses & Contacts Self Employment Business Income & Expenses Business Name / Services: Owner: Gross Income / Revenue: Expenses: Advertising Professional Fees Bank Fees Commissions Rental Equipment			_	
Real Estate Quarterly Payments Date Paid Federal Medical Expenses Prescriptions Doctors Dentists Eyeglasses & Contacts Self Employment Business Income & Expenses Business Name / Services: Owner: Gross Income / Revenue: Expenses: Advertising Professional Fees Bank Fees Commissions Rental Equipment			_	
Quarterly Payments State			Taxes	
Quarterly Payments State	Real Estate		TAVT	
Prescriptions	-		_	
Prescriptions		Quarte	rly Payments	
Medical Expenses Prescriptions Private Health Insurance Doctors Medicare Premiums Dentists Hospitals & Labs Eyeglasses & Contacts Medical Travel Miles Self Employment Business Income & Expenses Business Name / Services: Owner: Gross Income / Revenue: Expenses: Advertising Professional Fees Bank Fees Rent Commissions Rental Equipment	Date Paid			
Prescriptions Private Health Insurance Medicare Premiums Dentists Hospitals & Labs Eyeglasses & Contacts Medical Travel Miles Self Employment Business Income & Expenses Business Name / Services: Owner: Gross Income / Revenue: Expenses: Advertising Professional Fees Bank Fees Rent Commissions Rental Equipment	-			
Prescriptions Private Health Insurance Medicare Premiums Dentists Hospitals & Labs Eyeglasses & Contacts Medical Travel Miles Self Employment Business Income & Expenses Business Name / Services: Owner: Gross Income / Revenue: Expenses: Advertising Professional Fees Bank Fees Rent Commissions Rental Equipment				
Prescriptions Private Health Insurance Medicare Premiums Dentists Hospitals & Labs Eyeglasses & Contacts Medical Travel Miles Self Employment Business Income & Expenses Business Name / Services: Owner: Gross Income / Revenue: Expenses: Advertising Professional Fees Bank Fees Rent Commissions Rental Equipment				
Doctors Dentists Eyeglasses & Contacts Self Employment Business Income & Expenses Business Name / Services: Owner: Expenses: Advertising Bank Fees Commissions Medicare Premiums Hospitals & Labs Medical Travel Miles		Medic	cal Expenses	
Dentists Eyeglasses & Contacts Self Employment Business Income & Expenses Business Name / Services: Owner: Gross Income / Revenue: Expenses: Advertising Professional Fees Bank Fees Commissions Rental Equipment	Prescriptions		Private Health Insurance	
Eyeglasses & Contacts Self Employment Business Income & Expenses Business Name / Services: Owner: Gross Income / Revenue: Expenses: Advertising Professional Fees Bank Fees Rent Commissions Rental Equipment	Doctors		Medicare Premiums	
Self Employment Business Income & Expenses Business Name / Services: Owner: Gross Income / Revenue: Expenses: Advertising Professional Fees Bank Fees Rent Commissions Rental Equipment	Dentists		Hospitals & Labs	
Business Name / Services: Owner: Expenses: Advertising Bank Fees Commissions Gross Income / Revenue: Professional Fees Rent Rent Rental Equipment	Eyeglasses & Contacts		Medical Travel Miles	
Business Name / Services: Owner: Expenses: Advertising Bank Fees Commissions Gross Income / Revenue: Professional Fees Rent Rent Rental Equipment				
Business Name / Services: Owner: Expenses: Advertising Bank Fees Commissions Gross Income / Revenue: Professional Fees Rent Rent Rental Equipment				
Owner: Gross Income / Revenue: Expenses: Professional Fees Advertising Professional Fees Bank Fees Rent Commissions Rental Equipment		f Employment Bus	siness Income & Expense	S
Expenses: Advertising Professional Fees Bank Fees Rent Commissions Rental Equipment	Business Name / Services:			
Advertising Professional Fees Bank Fees Rent Commissions Rental Equipment	Owner:		Gross Income / Revenue:	
Bank Fees Rent Commissions Rental Equipment	Expenses:			
Commissions Rental Equipment	Advertising		Professional Fees	
Contract Labor Repairs / Main				
Dues & Subs Supplies	Dues & Subs			
Insurance Taxes / Licenses				
Interest Telephone	Interest		Telephone	
Materials Travel	Materials		Travel	
Meals Other (Explain):	Meals		Other (Explain):	
Office	<u> </u>			
Home Office: Total Sq. Ft: Sq. Ft. Used for Office:		Sq. Ft. Used f	or Office:	
Total Miles Driven	Total Miles Driven			
Business Miles @ * = Net Profit/Loss:	Business Miles	@ *	= Net Profit/Loss:	
*For Tax year 2023, enter .655/Mile *For Tax year 2024, enter .67/Mile	*For Tax vear 2023. enter .6	55/Mile *For Tax \	vear 2024. enter .67/Mile	
10. 14. year 202,				

Completed by: _____ Date Completed: _____ Date Filed: _____