

Maguire Taxes, LLC

TAX ORGANIZER

REFERRED BY:

If you have any questions please contact Maguire Taxes Inc. at
maguiretaxes@gmail.com

CLIENT INFORMATION

| | Taxpayer | Spouse |
|--|----------|--------|
| First Name & initial | | |
| Last Name | | |
| Social Security Number | | |
| Date Of Birth | | |
| Occupation | | |
| Home Telephone | | |
| Work Telephone | | |
| Cell Telephone | | |
| Email Address | | |
| Current Address | | |
| Address for Tax Returns to be mailed to you | | |
| *School District / County | | |

If you would like Direct Deposit of your refund please fill out:

Routing Number: _____ Account Number: _____

FILING STATUS: (Check One)

SINGLE_ MARRIED_ MARRIED FIING SEPARATE_ HEAD OF HOUSEHOLD_

DEPENDENTS (Add additional dependents as necessary)

| | DEPENDENT # 1 | DEPENDENT # 2 |
|------------------------|---------------|---------------|
| First Name & initial | | |
| Last Name | | |
| Social Security Number | | |
| Date Of Birth | | |
| Months Lived at Home | | |
| Relationship | | |

| | DEPENDENT # 3 | DEPENDENT # 4 |
|------------------------|---------------|---------------|
| First Name & initial | | |
| Last Name | | |
| Social Security Number | | |
| Date Of Birth | | |
| Months Lived at Home | | |
| Relationship | | |

INCOME

SALARIES AND WAGES (ATTACH W-2'S)

INTEREST INCOME (ATTACH 1099-INT'S)

DIVIDEND INCOME (ATTACH 1099-DIV'S)

STATE TAX REFUND (ATTACH 1099-G'S)

BUSINESS INCOME – Schedule C (CONTACT MAGURIE TAXES FOR REQUIRED INFORMATION)

RENTAL INCOME – Schedule E

***Fees for preparing your Schedule C, D & E will be based on complexity.

**Also be sure to include any and all information received entitled:
“IMPORTANT TAX DOCUMENT”**

CAPITAL GAINS AND LOSSES – Schedule D (ATTACH 1099-B'S AND COST BASIS DETAIL).

| Description | Purchase Date | Sales Date | Proceeds | Purchase Price |
|-------------|---------------|------------|----------|----------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

IRA & PENSION DISTRIBUTIONS (ATTACH 1099-R'S)

| SOURCE | DID YOU ROLL OVER? | CONTRIBUTE TO A CHARITY? | DISTRIBUTION | TAXABLE AMOUNT |
|--------|--------------------|--------------------------|--------------|----------------|
| | | | | |
| | | | | |
| | | | | |

INCOME FROM PASS-THROUGH ENTITIES (ATTACH SCHEDULE K-1'S)

| SOURCE | DISTRIBUTION | TAXABLE AMOUNT |
|--------|--------------|----------------|
| | | |
| | | |
| | | |

OTHER INCOME

| | AMOUNT |
|--|---------------|
| Alimony Income | |
| Payers Name & Social Security | |
| SOCIAL SECURITY RECEIVED (ATTACH 1099-SSA) | |
| SOCIAL SECURITY RECEIVED (ATTACH 1099-SSA) | |
| UNEMPLOYMENT RECEIVED (ATTACH 1099-G) | |
| MISCELLANEOUS INCOME Description: | |
| MISCELLANEOUS INCOME Description: | |
| Stimulus Payment Recv'd | |

ADJUSTMENTS TO INCOME

| | TAXPAYER | SPOUSE |
|---|-----------------|---------------|
| IRA Deduction | | |
| Education IRA Deduction | | |
| Roth IRA Contribution | | |
| Student Loan Interest Paid | | |
| Moving Expense (contact us for worksheet) | | |
| Alimony Paid – if applicable, please provide social security number of alimony recipient | | |

ITEMIZED DEDUCTIONS

MEDICAL EXPENSES (Please note Medical Expenses must exceed 7.5% of your Adj. Gross Income to be deductible – add separate worksheet if you feel this may be applicable). In general, taxpayers do not meet this requirement. If the combined dollar amount of Medical Insurance Premiums, Prescriptions, Doctors, Dentists, Hospital Charges, Lab Charges, and Miscellaneous Expenses does not exceed 7.5% of your adjusted gross income, there is no need to include these numbers.

| | TAXPAYER | SPOUSE |
|--|----------|--------|
| Estimated Payments | | |
| Real Estate Taxes | | |
| Personal Property Taxes | | |
| State Intangible Tax – List State: _____ | | |
| Other – Include Auto Registration Tax | | |

INTEREST PAID (ATTACH 1098'S)

| | TAXPAYER | SPOUSE |
|---------------------|----------|--------|
| First Mortgage | | |
| Second Mortgage | | |
| Equity Line | | |
| Investment Interest | | |

CHARITABLE CONTRIBUTIONS (ATTACH RELATED DOCUMENTS) Any documents supporting Miscellaneous Cash, Check, Non-Cash Contributions, and Charitable Mileage

| | TAXPAYER | SPOUSE |
|--|----------|--------|
| Misc Cash or Check | | |
| Non-Cash Contributions | | |
| Charitable Mileage | | |
| Any Gift > \$500 – Include Organization name, City, State, and description | | |

| | TAXPAYER | SPOUSE |
|----------------------------|----------|--------|
| Safe Deposit Box | | |
| Investment Expenses | | |
| Tax Return Preparation Fee | | |
| Rent | | |

TEACHERS! Be sure to include your educator expenses _____

TAX CREDITS

| | DEPENDENT #1 | DEPENDENT #2 |
|--|--------------|--------------|
| Child Care Provider Name and EIN or SS number | | |
| Address | | |
| City State Zip | | |
| Child Care Expenses | | |

Educational Deductions and Credits

| | TAXPAYER | SPOUSE |
|-------------------------|-------------|-------------|
| Educational Institution | | |
| Tuition and fees | | |
| | DEPENDANT 1 | DEPENDANT 2 |
| Educational Institution | | |
| Tuition and fees | | |

Attach any 1098-T forms you receive. Parents – either have us prepare your children’s return, or **make sure that they do not indicate** that “no one else can claim them as a dependant” on their taxes...

ENERGY CREDITS

| Energy Improvement | Date Installed | Purchase Price |
|--------------------|----------------|----------------|
| | | |
| | | |
| | | |
| | | |

NEW VEHICLE PURCHASE

| Date new vehicle purchased | Purchase Price | Sales Tax Paid |
|----------------------------|----------------|----------------|
| | | |
| | | |

RENTAL INFORMATION

| | Property 1 | Property 2 |
|-------------------------------|------------|------------|
| Rental Type | | |
| Address | | |
| City State Zip | | |
| How many days rented | | |
| Rent Recieved | | |
| | | |
| Advertising | | |
| Auto and Travel | | |
| Cleaning and Maintnace | | |
| Insurance | | |
| Legal and Professional Fees | | |
| Management Fees | | |
| Mortgage Fee | | |
| Repairs | | |
| Supplies | | |
| Taxes | | |
| Utittes | | |
| Misc info not mentioned above | | |
| | | |
| | | |
| | | |
| | | |

BUSINESS INFORMATION

| | Business |
|-------------------------------|----------|
| Business Type | |
| Business Name | |
| Address | |
| City State Zip | |
| Income | |
| | |
| Expenses | |
| Advertising | |
| Auto expenses | |
| Year, Make, Model | |
| Miles used for business | |
| | |
| Cleaning and Maintnace | |
| Insurance (other than health) | |
| Legal and Professional Fees | |
| Office Supplies | |
| Utlities | |
| Tools | |
| Travel | |
| Taxes | |
| Rent | |
| Employee benefit program | |
| Wages Paid | |
| Meals | |
| Misc info not mentioned above | |
| | |

ESTIMATED TAX PAYMENTS

| | FEDERAL | STATE |
|-------------------------------------|---------|-------|
| Overpayment Applied from Prior Year | | |
| First Quarter – Date paid: | | |
| Second Quarter - Date paid: | | |
| Third Quarter - Date paid: | | |
| Fourth Quarter – Date paid: | | |

MISCELLANEOUS QUESTIONS

| | YES | NO |
|---|-----|----|
| Has your marital status changed? | | |
| Has your mailing address changed? | | |
| Can another taxpayer claim you (or your spouse) as a dependent? | | |
| Were there any changes to your dependents during the tax year? | | |
| Do you have any children under 14 who have unearned income greater than \$700? | | |
| Did you begin adoption proceedings or adopt a child? | | |
| Did you buy, sell or refinance your first or second home during the tax year? If yes, please attach copies of the closing documents. | | |
| Do you have Health Insurance? (MA only) | | |

******IF THERE ARE ANY OTHER DEDUCTIONS YOU WOULD LIKE TO ADD AND HAVE LOOKED AT PLEASE WRITE IT DOWN ON A BLANK SHEET**