



Dickson, Randel, & Company, P.C.  
 1022 S. Washington Ave  
 Royal Oak, Michigan 48067

phone 248.547.5400  
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www.dicksonrandel.com

# INCOME TAX ORGANIZER

## PAGE 1 of 3

TAXPAYER INFORMATION	SPOUSE INFORMATION
First Name: _____	First Name: _____
Last Name: _____	Last Name: _____
Social Security #: _____	Social Security #: _____
Occupation: _____	Occupation: _____
Date of Birth: _____	Date of Birth: _____
Street Address: _____	Street Address: _____
City/State/Zip: _____	City/State/Zip: _____
Home Phone: _____	Home Phone: _____
Work Phone: _____	Work Phone: _____
email Address: _____	email Address: _____

<b>ELECTRONIC FILING</b>	<p>Would you like electronic Filing? <input type="radio"/> Yes <input type="radio"/> No</p> <p>Automatic deposit? <input type="radio"/> Yes (attach a VOID check) <input type="radio"/> No</p>
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FILING STATUS			
<input type="radio"/> Single	<input type="radio"/> Married	<input type="radio"/> Head of Household	<input type="radio"/> Married Filing Separate

SALARIES AND WAGES (ATTACH W-2 FORMS)						
W2	Gross Income	Fed Withholding	FICA	Medicare	State Withholding	SDI

### DEPENDENTS

Name: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_  
 Social Security #: \_\_\_\_\_  
 Relationship: \_\_\_\_\_  
 Months Lived Home: \_\_\_\_\_

Name: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_  
 Social Security #: \_\_\_\_\_  
 Relationship: \_\_\_\_\_  
 Months Lived Home: \_\_\_\_\_

Name: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_  
 Social Security #: \_\_\_\_\_  
 Relationship: \_\_\_\_\_  
 Months Lived Home: \_\_\_\_\_

Name: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_  
 Social Security #: \_\_\_\_\_  
 Relationship: \_\_\_\_\_  
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OTHER INCOME				
<b>INTEREST - Attach Forms 1099/NT</b>				
Payor			Amount	
_____				
_____				
_____				
<b>DIVIDENDS- Attach Forms 1099/DIV</b>				
Payor	Total	Capital Gain	Ordinary Dividend	
_____	_____	_____		
_____	_____	_____		
_____	_____	_____		
<b>STATE TAX REFUND- Attach Forms 1099/G</b>				
Amount Received _____				
<input type="checkbox"/> Check if you did not itemize in prior year				
<b>CAPITAL GAINS- Attach Forms 1099B &amp; 1099S</b>				
Description	Date Acquired	Date Sold	Sales Price	Cost or Basis
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
<b>PENSIONS/IRA DIST- Attach Forms 1099R</b>				
Payor	Gross Dist	Taxable Amount	Roth Conv.	
_____	_____	_____		
_____	_____	_____		
<b>ALIMONY RECEIVED Attach Forms 1099R</b>				
Payor			Amount	
Payor's Social Sec #	_____			
<b>UNEMPLOYMENT RECEIVED Attach Forms 1099G</b>				
Taxpayer Amount _____				
Spouse Amount _____				
<b>SOCIAL SEC. RECEIVED Attach Forms SSA-1099</b>				
Taxpayer Amount _____				
Spouse Amount _____				
<b>MISCELLANEOUS INCOME</b>				
Description and Amount _____				
_____				
_____				

BUSINESS INCOME	
<b>GENERAL INFORMATION</b>	
<input type="radio"/> Cash Basis	<input type="radio"/> Accrual Basis
<input type="radio"/> First Year	<input type="radio"/> Taxpayer
<input type="radio"/> Spouse	
Principal Bus./Profession _____	
Business Name _____	
Business Address _____	
City/State/Zip _____	
Other Account Method _____	
<b>INCOME</b>	
Gross Receipts or Sales _____	
Returns and Allowances _____	
Other Income _____	
<b>COST OF GOODS SOLD (if applicable)</b>	
Inventory at Beginning of the Year _____	
Inventory at End of the Year _____	
Purchases _____	
Cost of Items for Personal Use _____	
Cost of Labor _____	
Materials and Supplies _____	
Other Costs _____	
<b>EXPENSES</b>	
Advertising _____	
Car and Truck Expenses* _____	
Commissions _____	
Employee Benefit Programs _____	
Insurance (other than health) _____	
Health Insurance Premiums for Self* _____	
Mortgage Interest (paid to banks, etc.) _____	
Other Interest _____	
Legal and Professional _____	
Office Expense _____	
Pension and Profit Sharing Plans _____	
Rent - Vehicles, Machinery, and Equipment _____	
Rent - Other Business Property _____	
Repairs _____	
Supplies _____	
Taxes - Real Estate _____	
Taxes - Other _____	
Travel _____	
Total Meals and Entertainment _____	
Utilities _____	
Wages _____	
*Did you acquire or dispose of any business asset (including real estate) during the year? <input type="radio"/> Yes <input type="radio"/> No	
*Attach Detailed Schedule	



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DEDUCTIONS
<p><b>MEDICAL AND DENTAL EXPENSES</b>            Insurance Premiums _____            Doctors, Dentists, ext. (net) _____</p> <p><b>TAXES PAID</b>            State &amp; Local Income Tax _____            Real Estate Taxes - Residence _____            Real Estate Taxes - Other Property _____            Auto License: No. of Cars _____ Fees Paid _____            Personal Property Taxes _____            Other Taxes _____</p> <p><b>INTEREST PAID - attached forms 1098</b>            Home Mortgage Interest Paid (1st) _____            Home Mortgage Interest Paid (2nd) _____            Home Mortgage (Equity Line) _____            Student Loan Interest _____</p> <p><b>CONTRIBUTIONS- attached details</b>            Contributions by Cash or Check _____            Contributions Other than Cash or Check _____</p> <p><b>MISCELLANEOUS DEDUCTIONS</b>            Unreimbursed Employee Business Expenses: Description _____            Union/Professional Dues _____            Investment Expense _____            Tax Return Preparation Fees _____            Safe Deposit Box Rental _____</p>

BUSINESS INCOME (Continued)
<p><b>Did you have a home office during the year?</b>   <input type="radio"/> Yes   <input type="radio"/> No</p> <p>Rent _____ Utilities _____            Insurance _____ Janitorial _____            Misc. _____ &amp; of exclusive business use _____</p>

ADJUSTMENTS TO INCOME
<p><b>ALIMONY PAID</b>            Payee _____ Amount _____            Payees Soc Sec # _____</p> <p>IRA Deduction _____            SIMPLE Plan Deduction _____            Keogh?SEP Deduction _____            Education IRA Deduction _____            Penalty on Early Withdrawal of Savings _____</p>

ESTIMATED TAX PAYMENTS		
<b>FEDERAL</b>	<b>DATE PAID</b>	<b>AMOUNT PAID</b>
Overpayment - Prior Yr		
1st Quarter		
2nd Quarter		
3rd Quarter		
4th Quarter		
<b>STATE</b>	<b>DATE PAID</b>	<b>AMOUNT PAID</b>
Overpayment - Prior Yr		
1st Quarter		
2nd Quarter		
3rd Quarter		
4th Quarter		

RENTAL INCOME & EXPENSES	
<input type="checkbox"/> Check if property was purchased/converted to rental 1999	
<b>Property</b>	<b>Address</b>
1) _____	_____
2) _____	_____
3) _____	_____
<p><b>PROVIDE DETAILED LIST OF ALL EXPENDITURES</b>            Income (Rents Received), Advertising, Association Dues, Auto and Travel, Cleaning/Maintenance, Commissions, Gardening, Insurance, Labor, Professional Fees, Miscellaneous, Mortgage Interest, Repairs and Maintenance, Supplies, Taxes, Telephone, Utilities, Improvements, Other.</p>	

MISCELLANEOUS QUESTIONS		
<b>Yes</b>	<b>No</b>	<b>Question</b>
<input type="radio"/>	<input type="radio"/>	Were there any births, marriages, divorces, or deaths?
<input type="radio"/>	<input type="radio"/>	Are there any unmarried children age 19 or older?
<input type="radio"/>	<input type="radio"/>	Do you have any children under 14 with over \$650 in assets?
<input type="radio"/>	<input type="radio"/>	Can you be claimed as a dependent on another's return?
<input type="radio"/>	<input type="radio"/>	Did you roll over a retirement plan distribution?
<input type="radio"/>	<input type="radio"/>	Did you receive and disability?
<input type="radio"/>	<input type="radio"/>	Did you open or convert to a Roth IRA?
<input type="radio"/>	<input type="radio"/>	Did you sell or refi your principal home?