



Nelson Company, P.C. Tax Organizer

Do NOT use estimates and please provide copies of forms

The IRS is more likely to audit if they see a round number (i.e. 0 or 5, seriously)

Basic Information

Name: _____

If you are entering social security numbers and/or birthdates, email this document at your own risk. Otherwise, you can upload it to your client portal, mail it to us, fax it to us, or drop it off at our office.

| Information | Birth Date | Soc Sec Number | Dates of Health Insurance Coverage During Tax Year |
|---------------------|------------|----------------|--|
| Taxpayer Name _____ | _____ | _____ | _____ |
| Spouse Name _____ | _____ | _____ | _____ |
| Dependents | | | |
| Name _____ | _____ | _____ | _____ |
| Name _____ | _____ | _____ | _____ |
| Name _____ | _____ | _____ | _____ |
| Name _____ | _____ | _____ | _____ |
| Name _____ | _____ | _____ | _____ |

Contact Information

| | | |
|----------------------|-----------------|------------|
| Taxpayer Email _____ | Telephone _____ | Type _____ |
| Spouse Email _____ | Telephone _____ | Type _____ |

Street Address _____

Direct Deposit Information

| | |
|---|--------------------|
| Bank Name _____ | Account Type _____ |
| Routing # _____ | Account # _____ |
| <input type="checkbox"/> check box if joint account | |

Childcare Provider(s)

| | |
|--|-------------------|
| Name _____ | Tax ID # _____ |
| Address _____ | |
| Phone # _____ | Amount Paid _____ |
| check box if relative <input type="checkbox"/> | |
| Name _____ | Tax ID # _____ |
| Address _____ | |
| Phone # _____ | Amount Paid _____ |
| check box if relative <input type="checkbox"/> | |
| Name _____ | Tax ID # _____ |
| Address _____ | |
| Phone # _____ | Amount Paid _____ |
| check box if relative <input type="checkbox"/> | |



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Basic Income Information ***If you give us the form, don't re-enter the numbers here**

| W-2 Income | Form 1 | Form 2 (if applicable) | Form 3 (if applicable) |
|---------------------------------|--------|---------------------------|---------------------------|
| Employee Name | _____ | _____ | _____ |
| Employer's Name | _____ | _____ | _____ |
| Income (Box 1) | _____ | _____ | _____ |
| Fed. Tax w/h (Box 2) | _____ | _____ | _____ |
| State (Box 15) | _____ | _____ | _____ |
| State Wages (Box 16) | _____ | _____ | _____ |
| State Tax w/h (Box 17) | _____ | _____ | _____ |
| | | | |
| Interest Income (From 1099-INT) | | | |
| Interest Payer's Name | _____ | _____ | _____ |
| Interest Income (Box 1) | _____ | _____ | _____ |
| Int. on U.S. Bond (Box 3) | _____ | _____ | _____ |
| Fed. Tax w/h (Box 4) | _____ | _____ | _____ |
| Tax-exempt Int. (Box 8) | _____ | _____ | _____ |
| S.P.A.B. Int. (Box 9) | _____ | _____ | _____ |
| Bond Premium (Box 11) | _____ | _____ | _____ |
| State Tax w/h (Box 15) | _____ | _____ | _____ |
| | | | |
| Dividend Income (Form 1099-DIV) | | | |
| Dividend Payer's Name | _____ | _____ | _____ |
| Ordinary Div's (Box 1a) | _____ | _____ | _____ |
| Qualified Div's (Box 1b) | _____ | _____ | _____ |
| Tot. Cap. Gain Distr. (Box 2a) | _____ | _____ | _____ |
| Sec. 1250 Gain (Box 2b) | _____ | _____ | _____ |
| Fed. Tax w/h (Box 4) | _____ | _____ | _____ |
| Foreign tax paid (Box 6) | _____ | _____ | _____ |
| Exempt-Int. Div's (Box 10) | _____ | _____ | _____ |
| S.P.A.B. Int. Div's (Box 11) | _____ | _____ | _____ |
| State (Box 12) | _____ | _____ | _____ |
| State w/h (Box 14) | _____ | _____ | _____ |
| | | | |
| State Tax Refund (Form 1099-G) | | | |
| State | _____ | _____ | _____ |
| Refund Year | _____ | _____ | _____ |
| Total Sate Refund | _____ | _____ | _____ |



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Education Information

Name: _____

Tuition and Fees (Form 1098-T)

| | | | |
|-------------------------------------|-------|-------|-------|
| Student's Name | _____ | _____ | _____ |
| College/University Name | _____ | _____ | _____ |
| School's State | _____ | _____ | _____ |
| Payment's Received (Box 1) | _____ | _____ | _____ |
| Amounts Billed (Box 2) | _____ | _____ | _____ |
| Scholarships or Grants (Box 5) | _____ | _____ | _____ |
| Checked? (Box 7) | _____ | _____ | _____ |
| At least 1/2 Time Student (Box 8) | _____ | _____ | _____ |
| Graduate Student (Box 9) | _____ | _____ | _____ |
| Ins. Reimb./Refund (Box 10) | _____ | _____ | _____ |
| # of years completed as of 12/31/20 | _____ | _____ | _____ |

Student Loan Interest (Form 1098-E)

| | | | |
|---------------------------------|-------|-------|-------|
| Student's Name | _____ | _____ | _____ |
| Borrower's Name | _____ | _____ | _____ |
| Int. Received by Lender (Box 1) | _____ | _____ | _____ |
| Checked? (Box 2) | _____ | _____ | _____ |

Payments from Qualified Education (529 Plan) Programs (Form 1099-Q)

| | | | |
|-------------------------------------|-------|-------|-------|
| Payer's Name | _____ | _____ | _____ |
| Recipient's Name | _____ | _____ | _____ |
| Gross Distribution (Box 1) | _____ | _____ | _____ |
| Earnings (Box 2) | _____ | _____ | _____ |
| Basis (Box 3) | _____ | _____ | _____ |
| Trustee-to-trustee transfer (Box 4) | _____ | _____ | _____ |
| Box 5 Options: | | | |
| Private | _____ | _____ | _____ |
| State | _____ | _____ | _____ |
| Coverdell ESA | _____ | _____ | _____ |
| Checked? (Box 6) | _____ | _____ | _____ |

Contributions to 529 Plans

| | | | |
|--------------------|-------|-----------------|-------|
| Amount contributed | _____ | Name on account | _____ |
| Amount contributed | _____ | Name on account | _____ |
| Amount contributed | _____ | Name on account | _____ |



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Education Information (cont'd)

Name: _____

Contributions to Qualified Education (529 Plan) Programs

| | 1st Beneficiary's Plan | 2nd Beneficiary's Plan | 3rd Beneficiary's Plan |
|------------------------------|------------------------------|------------------------------|------------------------------|
| Payer's/Trustee's Name | _____ | _____ | _____ |
| Tax ID Number | _____ | _____ | _____ |
| Private Plan/State Plan? | _____ | _____ | _____ |
| Account Number | _____ | _____ | _____ |
| Beneficiary's Name | _____ | _____ | _____ |
| Beneficiary's SSN | _____ | _____ | _____ |
| Amount Contributed This Year | _____ | _____ | _____ |
| Value at Year End | _____ | _____ | _____ |

Record of Estimated Tax Payments Made

| | Federal \$ | Date Pd. | () State \$ | Date Pd. |
|---------------|------------|----------|--------------|----------|
| Due Date 4/15 | | | | |
| Due Date 6/15 | | | | |
| Due Date 9/15 | | | | |
| Due Date 1/15 | | | | |

Health or Medical Savings Account (HSA/MSA)

Account Owner _____
 Trustee's Name _____
 EIN _____

From Form 5498SA

Type of Account _____
 Contributions for Tax Year _____
 Account Value at Year End _____
 All Contributions through W-2? _____

From Form 1099SA

Gross Distribution (box 1) _____
 Distribution Code (box 3) _____
 Type of Account (box 5) _____
 All Distributions Paid Towards Medical Exp's? Y or N: _____ Y or N: _____