



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 12/31/21	_____	_____	_____

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 1/18				

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: _____