



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

Legally Blind

Taxpayer Name _____

Spouse Name _____

Dependents

Relationship to you

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 # _____

☐ check box if joint account

Childcare Provider(s)

Name _____ Tax ID # _____

Address _____

Phone # _____ Amount Paid _____

check box if relative ☐

Name _____ Tax ID # _____

Address _____

Phone # _____ Amount Paid _____

check box if relative ☐

Name _____ Tax ID # _____

Address _____

Phone # _____ Amount Paid _____

check box if relative ☐



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Basic Income Information

**Please provide a copy of each form listed below*

W-2 Income	Form 1	Form 2 (if applicable)	Form 3 (if applicable)
Employee Name	_____	_____	_____
Employer's Name	_____	_____	_____
	Form 4 (if applicable)	Form 5 (if applicable)	Form 6 (if applicable)
Employee Name	_____	_____	_____
Employer's Name	_____	_____	_____
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/County/City	_____	_____	_____
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 12/31/24	_____	_____	_____

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 4/15/24				
Due Date 6/17/24				
Due Date 9/16/24				
Due Date 1/15/25				

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: _____	Y or N: _____
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