



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)

Itemized Deductions

Name: _____

Medical Expenses

Do not include expenses reimbursed by insurance or paid/reimbursed via an HSA

Prescriptions _____
Doctor/Dentist _____
Glasses/Orthodontia/Lab Fees _____
Long-Term Insurance Premiums _____
Other _____
Total Medical Miles Driven _____

Include miles driven to hospitals, doctors, dentists, to pick up prescriptions, etc. _____

Real Estate/Local Taxes/Vehicle Excise Taxes Paid

Real Estate Taxes paid

Primary Residence _____
Second Home/Land/RV* _____

*If the second home is a rental property, do not enter taxes paid here, enter on the "Rental Property Organizer."

Other Taxes Paid

City of Portland Arts Tax _____
For CA residents: Personal Property Vehicle Tax _____
For non-OR residents: Sales Tax on Major Purchases (vehicles, appliances, equipment, remodeling, etc):

Description	Purchase Date	Original Cost	Sales Tax

Mortgage Interest Paid - Please include all Forms 1098 and refinance HUD statements (if applicable)

Bank Name	Interest Paid	Points Paid	Mortgage Insurance



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Itemized Deductions

Name: _____

Charitable Contributions

Cash/Check/Payroll Deduction

- if any one contribution exceeds \$250, please provide IRS-approved letter from donee

Organization Name	Amount	Letter?	OR C.T. Qualified?*
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

*If you file an Oregon tax return, you may qualify for additional state deductions, if you donate to an Oregon Cultural Trust-qualified organization, please check here: <http://culturaltrust.org/get-involved/nonprofits/>

Non-Cash Contributions - items to Goodwill/Salvation Army/DI/ Elementary Schools/Toys for Tots

example: clothing/shoes/coats/furniture/electronics/household/kitchen/bedding/toys/books/sports equipment/

Organization/Address Donated to:	Date	Fair Market Value - no decimals
Brief Description of Items Donated		
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Organization/Address Donated to:	Date	Fair Market Value - no decimals
Brief Description of Items Donated		
_____	_____	_____
_____	_____	_____
_____	_____	_____

Organization/Address Donated to:	Date	Fair Market Value - no decimals
Brief Description of Items Donated		
_____	_____	_____
_____	_____	_____
_____	_____	_____

Charitable Miles Driven _____

