# JOHN D. GALLO, C.P.A., LLC

# CERTIFIED PUBLIC ACCOUNTANT 2500 EAST 168TH AVENUE BRIGHTON, COLORADO 80602 (303) 817-7855

www.johngallocpa.com
email: john@johngallocpa.com

Organizer	for	indiv	vidual	income	tax	year

This organizer is designed to help make the preparation of your individual income tax returns as efficient as possible and to assure that you are taking advantage of all allowable deductions. Please fill in all applicable spaces as completely as possible.

fill in all applic	cable spaces as	completely as possib	le.
Please also attach the past two years		individual income t	ax returns for
About you: Name (First, MI, I Taxpayer		Social Security	#
		Social Security	
Address			
Home phone number:	: taxpayer	spouse	
Work phone number:	: taxpayer	spouse	
Cell phone number:	: taxpayer	spouse	
Fax phone number:	taxpayer	spouse	
Email address: tax	kpayer		
		spouse	
Occupation: taxpay	yer	spouse	
	_	another taxpayer? Y	es No
Estimated income t			
Date	Check #	Amount	Federal or State?

## About your dependents:

Please list your dependents:

First Name, MI, Last Name	Date of Birth	Social Security #
1.		
2.		
3.		
4.		
5.		
6.		

Relationship	Months lived with you	Gross Income	% support you provide
1.			
2.			
3.			
4.			
5.			
6.			

Dependent	t Care	
Provider Name	1:	
Address		
SS# or		
Amount	paid this year	
Provider Name	2:	
Address	S	
SS# or	EIN	
Amount	paid this year	
Provider Name	3:	
Address	S	
SS# or		
Amount	paid this year	

#### About your income:

Attach copies of all W-2, 1099, 1099R, SSA-1099 or other forms showing income and sources of income

#### Sources of W-2 income:

Employer	\$ Amount	Taxpayer or Spouse?

How	many	exempt	cions	are	you	claiming	on	your	W-4	forms	·	
Are	you	making	any	addit	ciona	al withhol	ldin	g ad	justn	ments?		

Sources of Retirement and Social Security income:

Payer	\$ Amount	Taxpayer or Spouse?

#### Interest Income:

Include documentation (1099 or end of year statement)

		•			•
Payer	Amount	Withholding	T Bills	Fed W/Hold	Municipal?

#### Dividend Income:

Include documentation (1099 or end of year statement)

		*	_		
Payer	Gross	Capital	Nontaxable	Fed	Foreign
	Amount	Gains	Dist	w/hold	Tax
		Dist			Paid

Attach copies of all K-1 forms from partnerships, S corporations, estates or trusts.

## Other Income:

Capital Gains and Losses: attach copies of all forms 1099B

Investment	Gross	Date	Date Sold	Cost/Basis	Net Sales
Description	Proceeds	Acquired			Proceeds

Alimony received
Gambling winnings (attach W-2G)
State tax refund (attach 1099-G)
Unemployment received
Taxable scholarships and fellowships

## About your Deductions:

2					
Medical					
Medical insuranc Medicare B premi	Medical insurance premiums paid by you:				
Doctors and Dent	ists				
Parking for Medi	cal treatment				
Evenlasses/conta	cts		<del></del>		
Medical equipmen	t and supplies				
Prescriptions an	d drugs				
Laboratory exams					
Miles driven for	medical nurnoses	5			
Insurance reimbu	rsement on above	amounts			
insurance reimbu	ischieffe off above				
Taxes					
iakes					
Proporty tayos p	aid on vour rosi	donco			
Property taxes p	aid on other prop	dence perty	<del></del>		
State income tax					
Scale income cax	n large nurchage		<del></del>		
Earcian income t	ii targe purchase_				
Paranal propert	axes	ip tax on vehicle			
reisonal propert	y caxes (Ownersh.	ip cax on venicle	registration)		
Tatomost					
Interest					
Hama Mankarana Ankaranak					
Home Mortgage in		1098	7		
Payee	Prin res (P)		Amount		
		Attached?			
	2 <sup>nd</sup> /Vac Home(S)	Yes/No			
	?				
Points paid on r	efinancing, curre	ent yearatta	ch doementation)		
	iously and being				
Amount	Date paid	Life of loan			

## Investment interest

Payee	Amount	Related Investment

#### Other Deductions

Union dues
Professional Society Dues
Trade associations
Professional Journals
Tools
Uniforms
Protective clothing
Tax preparation fees
Malpractice insurance
Safe deposit box
Adoption Expenses
Alimony paid
Job seeking expenses
Employment agency fees
Education expenses

#### Cash/Check/Credit Card Charitable Contributions

Donee	Amount	Fair Market Value of Service or Merchandise received

Contributio	ns equal to	or greate	er than	\$250 r	nust 1	oe substantia	ted
in writing	by the done	e. Please	provide	e copie	es of	documentatio	n.
Did you hav	e any gifts	over \$5,0	00.00?				
Mileage for	charitable	activitie	s				

#### Non-Cash Charitable Contributions

Provide a schedule showing:

Name of Donee; Address of Donee; Description of Gift; Date of Purchase; Date of Contribution; Original cost; Fair Market Value; How You Acquired Property; Method Used to determine Fair Market Value

Or you may also use the worksheets you can find on my website available as a PDF or an Excel spreadsheet.

http://johngallocpa.com/charitcontworksheet.xls

http://johngallocpa.com/charitcontworksheet.pdf

# Rental/Royalty Income

Type of property: residential	commercial royalty
Location	
If vacation home: number of days	rented Number of days
used personally	
INCOME	
EXPENSES	
Advertising	
HOA dues	
Management Fees	
Travel	
Cleaning and Maintenance	
Commissions	
Insurance	
Property Taxes	
Mortgage Interest	
Other Interest	
Legal and Professional Fees	
Licenses and Permits	
Repairs	
Supplies	
Utilities	
Other (describe)	
Auto Miles driven for activity	
Date property acquired	
Cost of property	

# Sole Proprietorship Business Income and Expense

Business Name
Business Address (if different)
Business Employer Identification Number
Principal business activity or profession
Whose business? Taxpayer or spouse
Do you have inventories?
If so \$ amount of beginning inventory
<pre>\$ amount of ending inventory</pre>
Is this the first year of the business?
Do you produce a product in the United States

INCOME	
Gross Receipts or Sales	
Returns and Allowances	
Interest Income	
Other Income	
COST OF GOODS SOLD	
Purchases	
Cost of Items Used Personally	
Payroll Costs	
Materials and Supplies	
Other costs of Making Product	
(describe)	
EXPENSES	
Advertising	
Commissions	
Employee Health Insurance	
Owner Health Insurance	
Other Insurance	
Interest	
Legal Fees	
Accounting/bookkeeping Fees	
Professional Fees	
Office expense	
Rent, Equipment	
Rent, Buildings	
Rent, Vehicles	
Repairs & Maint., Equipment	
Repairs & Maint., Buildings	
Repairs & Maint., Vehicles	
Supplies	

Payroll Taxes	
Licenses	
Personal Property Tax	
Other Taxes (describe)	
Permits	
Travel	
Meals and entertainment	
Per Diems	
Staff Meals/Parties	
Utilities	
Wages	
Management Fees	
Consulting Expenses	
Payroll Services	
Employee Mileage Reimbursements	
Education and Seminars	
Payroll Service	
Client Gifts (limit \$25 each)	
Other (describe	
Do you use any portion of your hobusiness?	ome regularly and exclusively for
Description of work done in home office  Description of work done outside office	of home
Total square footage of home Total Square footage of office	
Home insurance cost	- - -
If used as daycare facility: Day Hours per day used as daycare	

## Farm Business Income and Expense

Business Name				
Business Address (if different)				
· · · · · · · · · · · · · · · · · · ·				
Business Employer Identification Number				
	ess activity or p			
1	2 1			
Whose business?	Taxpayer or spo	use		
Do you have inve				
If so \$ amount	of beginning in	ventory		
\$ amount	of ending inven	tory	<del></del>	
Is this the firs	st year of the bu	siness?	<del></del>	
	_		_	
Income				
Sales of purcha	sed livestock and	other items purchas	sed for resale:	
Description	Date acquired	Amount received	Cost	
Sales of Market	livestock and produc	e raised and held pri	marily for sale:	
KIND	AMOUNT	KIND	AMOUNT	
Calves		Corn		
Cattle		Нау		
Poultry		Straw		
Sheep		Alfalfa		
Dairy product				
Eggs				
Other Farm income				
Agricultural Program Payments				
CCC Loans Reported				
CCC Loans Forfeited				
Gasoline Tax Refund				
Crop Insurance Proceeds				
Interest Income				
Rental Income				
Other Income (describe)				
(40002220)				

Farm Expenses

raim Expenses	
Advertising	
Breeding Fees	
Owner Health Insurance	
Other Insurance	
Interest	
Legal Fees	
Accounting Fees	
Professional Fees	
Rent, Equipment	
Rent, Buildings	
Rent, Farm/Pasture	
Repairs & Maint, Equipment	
Repairs & Maint, Vehicles	
Repairs & Maint, Buildings	
Conservation expenses	
Feed Purchases	
Fertilizer, Lime, Chemicals	
Freight, Trucking	
Gasoline, Fuel, Oil	
Office Supplies	
Postage	
Seeds, Plants Purchased	
Storage, Warehousing	
Supplies	
Veterinary Fees	
Veterinary Medicines	
Irrigation	
Other (describe)	

List animals, equipment and improvements purchased during the year below:

DATE	DESCRIPTION	AMOUNT

## Vehicle used in business

Activity vehicle was used for	hours allowed?deduction?
Date placed in service	
Original cost	
Prior depreciation	
Mileage	
For Self Employment	
For Farm Activity	
For Rental Activity	
For Charity	
For commuting to and from work	
For Travel between 1 <sup>st</sup> and 2 <sup>nd</sup> Jobs	
For Travel to Temporary Job sites	
From Job to School	
Other Personal Miles	
Average Daily Commuting Miles	
Vehicle Miles at Begin of Year	
Vehicle Miles at End of Year	
Expenses	
Registration	
Insurance	
Interest Paid	
Fuel, Oil	
Tires	
Repairs and Maintenance	
Lease Payments	
Tolls/Parking	
Washing/Waxing	
Other (describe)	

## Questions:

Do you have a second home?
Do you have a vacation/rental home?
Has your personal residence been refinanced?
Do you have a home equity loan or line of credit?
Did you sell your home during the year?
Did you sell any property during the year?
Are you or spouse legally blind?
If you are a new client, did you provide us with previous years tax returns? Did you provide depreciation schedules to support the previous years tax returns?
Did you enclose all copies of federal and state notices you received?
Have you made any gifts in excess of \$10,000 per donee?
When was your will or estate plan last revised?
What was your marital status as of the end of the year?
Did anyone in your household have educational expenses during the year?
Did you move for work purposes during the year?
Did you make any IRA, Keough, 401K, or SEP contributions during the year?
Did you make any H.S.A. or MSA contributions during the year?
Did you have any foreign income or foreign bank accounts?
Do you have any worthless stocks or uncollectible bad debts?
If you have an overpayment of this year's taxes do you want the excess refunded?Or applied to next year's estimate?
Do you expect next year's taxable income and deductions to be generally the same as this year?  If No, please explain any differences.

past	you received any correspondence from tax authorities during t year?  o, please attach copies	.he
any	se use this page to ask any questions you may have, descr tax related information in more detail or explain any rmation you are providing.	rib
and neces	he best of my knowledge, the enclosed information is cornincludes all income, deductions and other information ssary for the preparation of this year's income tax return which I have adequate contemporaneous records.	
Pleas	se Sign and Date	