



**Return to:** Carmines, Robbins & Company, PLC via Fax 757-873-8586 or Mail to 11815 Rock Landing Drive, Newport News, VA 23606; Phone Number 757-873-8585

## INCOME TAX ORGANIZER

### Personal Information

First Name	
Middle	
Last Name	
Social Security #	
Address	
Address 2	
Address 3	
City	
State	
Zip	
DOB	
Occupation	

### Spouse Information

First Name	
Middle	
Last Name	
Social Security #	
Address	
Address 2	
Address 3	
City	
State	
Zip	
DOB	
Occupation	

### Check One

Single	<input type="checkbox"/>	Married	<input type="checkbox"/>
Head of Household	<input type="checkbox"/>	Married Filing Separate	<input type="checkbox"/>

**Earnings**

W-2	Gross Income	Federal Withholding	FICA
1	\$	\$	\$
2	\$	\$	\$
3	\$	\$	\$
4	\$	\$	\$
5	\$	\$	\$

W-2	Medical	State Withholding	SDI
1	\$	\$	\$
2	\$	\$	\$
3	\$	\$	\$
4	\$	\$	\$
5	\$	\$	\$

**Spouse Earnings**

W-2	Gross Income	Federal Withholding	FICA
1	\$	\$	\$
2	\$	\$	\$
3	\$	\$	\$
4	\$	\$	\$
5	\$	\$	\$

W-2	Medical	State Withholding	SDI
1	\$	\$	\$
2	\$	\$	\$
3	\$	\$	\$
4	\$	\$	\$
5	\$	\$	\$

**Check One**

Would you like electronic filing?	
Yes! <input type="checkbox"/>	No <input type="checkbox"/>
Automatic deposit?	
Yes <input type="checkbox"/> (attached a VOID check)	No <input type="checkbox"/>

**Children**

Name	
Date of Birth	
Social Security Number	
Relationship	
Months Lived at Home	

Name	
Date of Birth	
Social Security Number	
Relationship	
Months Lived at Home	

Name	
Date of Birth	
Social Security Number	
Relationship	
Months Lived at Home	

Name	
Date of Birth	
Social Security Number	
Relationship	
Months Lived at Home	

Name	
Date of Birth	
Social Security Number	
Relationship	
Months Lived at Home	

**INTEREST: Attach 1099 Forms**

Payor	Amount
1	\$
2	\$
3	\$
4	\$

**Dividends - Attach 1099 Forms**

Payor	Total	Capital Gain	Ordinary Dividend
1	\$	\$	\$
2	\$	\$	\$
3	\$	\$	\$
4	\$	\$	\$

**State Tax Refund**

Amount Received	\$
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<input type="checkbox"/>	Check if you did not itemize in prior years
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**Capital Gains**

Description	Date Acquired	Date Sold	Sales Price	Cost or Basis
1			\$	\$
2			\$	\$
3			\$	\$
4			\$	\$

**Pensions/IRA Distributions - Attach Form 1099 / W-2s**

Payor	Gross Distribution	Taxable Amount
1	\$	\$
2	\$	\$

<input type="checkbox"/>	Check box if Federal or State Tax was withheld
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**Alimony Received**

Payor		Amount\$	
Payor's Social Security #			

**Unemployment Received**

Taxpayer Amount	\$
Spouse Amount	\$

**Social Security Received**

Taxpayer Amount	\$
Spouse Amount	\$

**Miscellaneous Income**

Description:	
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**Medical and Dental Expenses**

Insurance Premiums (Net)	
Doctors, Dentists, etc.	

**Taxes Paid**

State & Local Income Tax	
Real Estate Taxes - Residence	
Real Estate Taxes - Other Property	
Auto License:	
No. of Cars Fees Paid	
Personal Property Taxes	
Other Taxes	

**Interest Paid - Attach 1098 Forms**

Home Mortgage Interest Paid (1st)	
Home Mortgage Interest Paid (2nd)	

**Contributions - Attach Details**

Contributions by Cash or Check	
Contributions by Other than Cash	

**Miscellaneous Deductions**

Un-reimbursed Employee Business Expenses	
Union /Professional Dues	
Investment Expense	
Tax Return Preparation Fees	
Safe Deposit Box Rental	

**General Information**

Cash basis	Accrual Basis	
First Year	Taxpayer	Spouse

Principal Bus./Profession	
Business Name	
Business Address	
City, State, Zip	
Other Accounting Method	

**Income**

Gross Receipts or Sales	\$
Returns and Allowances	\$
Other Income	\$

**Cost of Goods Sold - *If Applicable***

Inventory at Beginning of the Year	\$
Inventory at End of the Year	\$
Purchases	\$
Cost of Items for Personal Use	\$
Cost of Labor	\$
Materials and Supplies	\$
Other Costs	\$

**Expenses**

Advertising	
Car and Truck Expenses*	
Commissions	
Employee Benefit Programs	
Insurance (other than health)	
Health Insurance	
Premiums for Self*	
Mortgage Interest (paid to banks, etc.)	
Other Interest	
Legal and Professional	
Office Expense	
Pension and Profit	
Sharing Plans	
Rent - Vehicles, Machinery, and Equipment	
Rent - Other Business Property Repairs	

Supplies	
Taxes - Real Estate	
Taxes - Other	
Travel	
Total Meals and Entertainment	
Utilities	
Wages	

\* Attach detailed schedule

**Check one**

Did you dispose of any business assets (including real estate)?	
Yes <input type="checkbox"/>	No <input type="checkbox"/>

If yes, attach detailed schedule.

Did you have a home office during the year?	
Yes <input type="checkbox"/>	No <input type="checkbox"/>

Rent	\$	Utilities	\$
Insurance	\$	Janitorial	\$
Misc.	\$	% of exclusive business use	

**General Information**

Cash basis	Accrual Basis	
First Year	Taxpayer	Spouse

Principal Bus./Profession	
Business Name	
Business Address	
City, State, Zip	
Other Accounting Method	

**Income**

Gross Receipts or Sales	\$
Returns and Allowances	\$
Other Income	\$

**Cost of Goods Sold - If Applicable**

Inventory at Beginning of the Year	\$
Inventory at End of the Year	\$

Purchases	\$
Cost of Items for Personal Use	\$
Cost of Labor	\$
Materials and Supplies	\$
Other Costs	\$

**Expenses**

Advertising	
Car and Truck Expenses*	
Commissions	
Employee Benefit Programs	
Insurance (other than health)	
Health Insurance	
Premiums for Self*	
Mortgage Interest (paid to banks, etc.)	
Other Interest	
Legal and Professional	
Office Expense	
Pension and Profit	
Sharing Plans	
Rent - Vehicles, Machinery, and Equipment	
Rent - Other Business Property Repairs	
Supplies	
Taxes - Real Estate	
Taxes - Other	
Travel	
Total Meals and Entertainment	
Utilities	
Wages	

\* Attach detailed schedule

Property Address
1.
2.
3.

Property	1.	2.	3.
Income: Rents Received			
Expense: Advertising			
Association Dues			



Auto and Travel			
Cleaning/Maintenance			
Commissions			
Gardening			
Insurance			
Labor			
Professional Fees			
Miscellaneous			
Mortgage Interest			
Other Interest			
Repairs and Maintenance			
Supplies			
Taxes			
Telephone			
Utilities			
Improvements			
Other:			

**Alimony Paid**

Payee		Amount	\$
Payee's Social Security #			

IRA Deduction	\$
Keogh/SEP Deduction	\$

Penalty on Early Withdrawal of Savings	\$
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Federal	Date Paid	Amount Paid
Overpayment - Prior Year		
1st Quarter		
2nd Quarter		
3rd Quarter		
4th Quarter		

State	Date Paid	Amount Paid
Overpayment - Prior Year		
1st Quarter		
2nd Quarter		
3rd Quarter		
4th Quarter		

Please Attach W2's