

R J CARUSO TAX & ACCOUNTING CONDENSED ORGANIZER

MEDICAL & DENTAL		AMOUNT	CHARITABLE CONTRIBUTIONS		AMOUNT
Prescription Medicines & Drugs		\$	Cash or Check Contributions:		
Doctors, Dentists & Nurses		\$	Church/Temple		\$
Hospitals & Nursing Homes		\$	United Way		\$
Medical Insurance Premiums (After Tax)		\$	Red Cross		\$
Long Term Care Ins. Premium- Taxpayer		\$	Cancer/Heart Fund		\$
Long Term Care Ins. Premium- Spouse		\$	Boy/Girl Scouts		\$
Miles Driven to Dr/Dentist/Hospital/Rx/Etc	mi.		Other		\$
Lodging & Parking Expenses		\$	Other Than Cash: clothing, furniture,...		VALUE
Eyeglasses/Contact Lenses/Hearing Aids		\$	Rescue Mission (Best Kept Secret)		\$
Other Medical Expenses		\$	Salvation Army		\$
			Goodwill		\$
			Other		\$
			Charitable Travel:		mi.
TAXES YOU PAID		AMOUNT	ADJUSTMENTS TO INCOME		
City/County/School Tax - Primary Home		\$	Traditional IRA Contributions		\$
City/County/School Tax - Land / 2 nd Home		\$	Student Loan Interest (Bring 1098-E)		\$
Personal Property Taxes (boat, mob. home)		\$	College Tuition and Fees (Bring 1098-T)		\$
State Income Tax Paid Last Year		\$	Classroom Supplies (Teacher)		\$
Sales Tax on Car / Boat / RV / ATV / Other		\$	DIRECT DEPOSIT INFORMATION		
ESTIMATED TAXES PAID			Bank Name:		
	1 st Qtr	2 nd Qtr	3 rd Qtr	4 th Qtr	
Fed: Amount: \$	\$	\$	\$	\$	
Date Pd:					
State: Amount: \$	\$	\$	\$	\$	
Date Pd:					
					Routing Transit #:
					Account # and Type:

INTEREST YOU PAID		AMOUNT	MISCELLANEOUS DEDUCTIONS		AMOUNT	
Primary Home Mortgage Interest		\$	Unreimbursed Employee Business Expense:		Bring Detail	
Home Equity Loan / LoC Interest		\$	Union Dues		\$	
Mortgage Interest on Vacation / 2 nd Home		\$	Automobile (If Used for Job – Bring Log):			
Points Paid on New Home Purchase		\$	Auto Mileage TOTAL		mi.	
Bring Form 1098-Mortgage Statement			Auto Mileage Business		mi.	
Int on Motor Home / Boat / Seller Fin Mtg		\$	Parking Fees and Tolls		\$	
(A) Lender Name:					Lodging Receipts	\$
(B) Address:					Number of Days Out of Town for Work	
(C) Tax ID #:					Work Clothes / Safety Apparel (Receipts)	\$
Attach Closing Statement for Purchase, Sales or Refinance of Real Estate During the Year					Tools / Work Supplies (Bring Receipts)	\$
			Other		\$	
Investment Interest (margin interest)		\$	Job Search Expenses		\$	
			Tax Return Preparation Fee		\$	
CHILD CARE CREDITS		AMOUNT	Investment Expense, Management Fees, etc.		\$	
Total Child Care Expenses Paid		\$	(Only if Paid on Investments Outside of Retirement Accounts)			
			Safe Deposit Box		\$	
Child Care Organization / Provider Information:					Gambling Losses-only to extent of winnings	\$
(A) Provider Name:					Continuing Education / Training	\$
(B) Address:					Professional Dues and Publications	\$
					Other	\$
(C) Tax ID # / Soc. Sec. #:						

Interest, Dividends & Capital Gains on Reverse Side