

AZZARA TAX SERVICE
5709 SOUTH REMINGTON PLACE STE 111
SIOUX FALLS, SD 57108-5157
Telephone: (605) 335-4983
Fax: (605)335-4986

TAX ORGANIZER

| Taxpayer Information | | | | Spouse Information | | | |
|-----------------------------|--|------------|------------|-----------------------------|--|---------------|--|
| Last Name..... | | | | Last Name.... | | | |
| First Name..... | | | | First Name.... | | | |
| Middle Initial..... | | Suffix.... | | Middle Initial.. | | Suffix.... | |
| Social Security Number..... | | | | Social Security Number..... | | | |
| Occupation..... | | | | Occupation.... | | | |
| Work Phone..... | | | Ext.._____ | Work Phone... | | | |
| Cell Phone..... | | | | Cell Phone.... | | | |
| E-mail Address.. | | | | E-mail Address..... | | | |
| Date of Birth..... | | | | Date of Birth..... | | | |
| Address..... | | | | | | Apartment #.. | |
| City..... | | | | State.... | | Zip Code... | |
| Home Phone..... | | | | Fax Number... | | | |

Did everyone listed on the tax return have health insurance for the entire year? _____ YES

| Dependent Information | | | | | |
|-----------------------|--------|------------------------|----------|--------------|------------|
| First Name | MI | Social Security Number | Date | Months Lived | Child Care |
| Last Name | Suffix | Relationship | of Birth | w/Taxpayer | Expense |
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| Child and Dependent Care Provider Expenses | | | |
|--|---------|-----------|-------------|
| Name | Address | ID Number | Amount Paid |
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Education Tuition and Fees Sioux Falls Christian Tuition
 Attach all Form 1098-T's and a list of your qualified education expenses.

Student Loan Interest Paid

| | | |
|--|--|--|
| Enter total qualified student loan interest..... | | |
|--|--|--|

| | | |
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| Attach Form (s) W-2 - Wages, Salaries, Tips and Other Compensation | | |
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| | | |
|---------------|--|--------|
| Employer Name | | Amount |
|---------------|--|--------|

| | | |
|--|--|--|
| Attach Form(s) 1099-R - Distributions from Pensions, Annuities, Retirement, Profit-Sharing, IRAs, etc | | |
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| | | |
|-------------------|--|--------|
| 1099-R Payer Name | | Amount |
|-------------------|--|--------|

| | | |
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| Attach Form(s) 1099-MISC and 1099-NEC- Miscellaneous Income/Non employee comp | | |
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|--|--|--------|
| | | Amount |
|--|--|--------|

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| Attach Form(s) 1099-INT - Interest Income | | |
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|--|--|--------|
| | | Amount |
|--|--|--------|

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| Attach Form(s) 1099-DIV - Dividend Income | | |
|--|--|--|

| | | |
|--|--|--------|
| | | Amount |
| | | 0 |

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|---|--|--|
| Attach Form(s) 1099-B, 1099-S - Sales of Stocks, Bonds, Real Estate, etc | | |
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| Attach all stock sale transaction information, including original purchase price information. | | 0 |
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| Other Government Forms to attach: | | |
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| Form(s) 1099-G - Certain Government Payments, Schedule K-1's - Partnership, S-Corporation, Trust or Estate Income, Form(s) W-2G - Gambling or Lottery Winnings, Form(s) 1099-Q - Payments from Qualified Education Programs, 1099-DA from digital assets | | |
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| Other Income: | | |
|----------------------|--|--|

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| Alimony, jury duty, unreported tips, disability income, etc. Business, rentals, farms: Attach income and expenses for any business, rental or farm you own. Include a list of all new equipment acquired this year, including date of purchase and cost. | | |
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|--------------------------------------|--|-----------------|---------------|
| Retirement Plan Contributions | | Taxpayer | Spouse |
|--------------------------------------|--|-----------------|---------------|

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|-------------------------------|--|--|--|
| Traditional IRA contributions | | | |
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|------------------------|--|--|--|
| Roth IRA contributions | | | |
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| SEP, keogh, individual 401K or SIMPLE contributions | | | |
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|--------------|--|--|---------------|
| Taxes | | | Amount |
|--------------|--|--|---------------|

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|--|--|--|--|
| Real estate taxes paid on primary home | | | |
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| Real estate taxes paid on additional homes or land | | | |
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| Other personal property taxes | | | |
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| Interest Expenses | | | |
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| Home mortgage interest paid-Attach Form(s) 1098 | | | |
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|--|--|--|--|--|--|------------|---------------|
| Lender's Name | | | | | | | Amount |
| | | | | | | | |
| Points paid on loan to buy, build or improve main home | | | | | | | |
| Lender's Name | | | | | | | Amount |
| | | | | | | | |
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| Cash/Check/Credit Contributions | | | | | | | |
| | | | | | | | Amount |
| | | | | | | | |
| Miscellaneous Deductions | | | | | | | |
| | | | | | | | Amount |
| Union and professional dues (non South Dakota residents) | | | | | | | |
| Taxpayer educator expenses | | | | | | | |
| Spouse educator expenses | | | | | | | |
| Tax return preparation fees | | | | | | | |
| Gambling losses (to the extent of gambling income) | | | | | | | |
| Other expenses (list): | | | | | | | |
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| | | | | | | Yes | No |
| 1. Have you deferred a Roth IRA Conversion in the past 3 years? | | | | | | | |
| 2. Did a lender cancel any of your debt? | | | | | | | |
| 3. Did you purchase a motor vehicle or boat? | | | | | | | |
| 4. Did you change your marital status? | | | | | | | |
| If yes, explain: | | | | | | | |
| 5. Do you have dependents who must file? | | | | | | | |
| 6. Do you have children who are under 19 or a full time student under age 24 with investment income greater than \$1900? | | | | | | | |
| 7. Did you receive a total distribution from an IRA or other qualified plan that was partially or totally rolled over into another IRA or qualified plan with 60 days of the distribution? | | | | | | | |
| 8. a. Did you buy, sell, refinance, foreclose or abandon a principal residence or other real property? If yes , attach closing or escrow statements, 1099-C or 1099-A forms. | | | | | | | |
| b. If you sold a home, did you claim the First-Time Homebuyer Credit when you purchased it? Are you paying installments for 2008 \$7500 tax credit? | | | | | | | |
| 9. Did you incur any moving expenses? If yes , attach details | | | | | | | |
| 10. Did you or your spouse elect continuation of COBRA coverage after your employment was involuntary terminated? | | | | | | | |
| 11. Did you receive any income not included in this Tax Organizer? If yes , please attach information. | | | | | | | |
| 12. If you paid any alimony, enter recipient's SSN: _____ Alimony paid: _____ | | | | | | | |
| 13. Enter your state of residence _____ | | | | | | | |
| | | | | | | | |
| Estimated Tax Payments (What you paid to the IRS for the tax year being filed) | | | | | | | |
| Date _____ | | | | | | | |
| Amount _____ | | | | | | | |
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| Additional Information (enter any additional information here and attach any documents) | | | | | | | |
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