

Izzi & Associates, Ltd.

Certified Public Accountants

2014 Tax Organizer

General Information

Name (s): _____

DOB (s): _____

Your SS#(s): _____

Mailing Address: _____

Email Address: _____

Phone Number: _____

Did you move in 2014?: (If so please include a copy of your closing statement) _____

Dependent Information

Dependents Names	DOB	SS Number
_____	_____	_____
_____	_____	_____
_____	_____	_____

Are Any of the Above Named **Not** Applicable For the Child Tax Credit? _____

Do you pay college tuition for any of the previously mentioned dependents?

CollegeName	FEIN#	Amount Paid in 2014
_____	_____	\$
_____	_____	\$
_____	_____	\$
_____	_____	\$

Books & Supplies: \$ _____

Student Loan Interest Paid: \$ _____

Do you pay for child care for any of the previously mentioned dependents?

Organization Name	FEIN#	Amount Paid in 2014
_____	_____	\$
_____	_____	\$
_____	_____	\$

390 East Devon Avenue • Suite 101 • Roselle, Illinois 60172

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www.izziandassociates.com

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Social Security Income (If applicable)

Yourself (Box 5): \$ _____
Medicare Premium: \$ _____
Spouse (Box 5): \$ _____
Medicare Premium: \$ _____

Itemized Deductions (All receipts need to be included)

Prescription Drugs: \$ _____
Doctors: \$ _____
Dentists: \$ _____
Hospitalization/ Emergency: \$ _____
HSA/ Employer Contribution Paid: \$ _____
Other Medical Deduction: _____ Paid: \$ _____

Affordable Care Act- OBAMACARE

(If you did not have insurance during 2014 for more than 3 months you may be penalized \$95 per person in your family)

Total Medical Insurance Premium Paid: \$ _____
Did You Receive a 1095-(A) (B) (C)?: _____
Was This Insurance Plan Employer Sponsored?: _____
Family Members Covered: _____

Were You Without Insurance This Year: _____
If So, How Long: _____

IRA Contributions (\$5,000.00 max deduction plus an additional \$1,000.00 if you are over the age of 50)

Yourself: \$ _____
Spouse: _____ \$ _____
Were either a ROTH IRA?: _____

Property Taxes for Main Residence (Must match your home address on your tax return)

Parcel Number: _____
Amount Paid: \$ _____
Other Property (Not Applicable to Sch. E): \$ _____

Mortgage / Interest Carrying Charges for Main Residence (Must match dress on your tax return)

Bank Name	FEIN#	Amount Paid in 2014
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

Points Paid on New Home Purchase: \$ _____
Other Interest Paid: \$ _____

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Vehicle Purchase in 2013 (Include copy of bill of sale to ensure proper credit)

Amount of Sales Taxes Paid: \$ _____ City/ & State Stickers Purchased: \$ _____

Cash Contributions

Organization Name	FEIN#	Amount Paid in 2014
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

Non- Cash Contributions (Any Non-cash donations over \$500.00 must have an appraisal to validate the approximate value)

Organization Name	FEIN#	Approximate Value
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

Miscellaneous Deductions (All deductions must be non-reimbursed & receipts must be attached)

Union Dues Paid: \$ _____

Cost of Safety Box Rental Paid: \$ _____

Job Related Equipment/ Tools Paid: \$ _____

Work Related Uniforms/Special Attire Paid: \$ _____

Amount Paid in 2013 for Filing Taxes: \$ _____

Professional Association Dues Paid: \$ _____

Educational Expenses for Employment Paid : \$ _____

Un-Reimbursed Business Mileage (log book must be attached): _____

Estimated Tax Payments (Please include copies of all canceled checks or proof of payment)

Federal 1040-ES	Date	Amount Paid in 2014
1 st Quarter 2014:	_____	\$ _____
2 nd Quarter 2014:	_____	\$ _____
3 rd Quarter 2014:	_____	\$ _____
4 th Quarter 2014:	_____	\$ _____

Illinois 1040-ES	Date	Amount Paid in 2014
1 st Quarter 2014:	_____	\$ _____
2 nd Quarter 2014:	_____	\$ _____

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3rd Quarter 2014: _____ \$
4th Quarter 2014: _____ \$

Rental Property Information

Address: _____
Percent of Ownership: _____ % Was Property Occupied All Year: _____
Was Property Owner Occupied: _____
Rents Received in 2014: \$ _____
Advertising: \$ _____ Association Dues: \$ _____
Cleaning & Maintenance: \$ _____ Gardening: \$ _____
Insurance: \$ _____ Exterminator: \$ _____
Legal & Professional Fees: \$ _____ Licenses & Permits: \$ _____
Management Fees: \$ _____ Painting and Decorating: \$ _____
Pest Control: \$ _____ Plumbing and Electrical: \$ _____
PO Box Fee: \$ _____ Repairs: \$ _____
Supplies: \$ _____ Telephone: \$ _____
Gas: \$ _____ Water: \$ _____
Electric: \$ _____ Scavenger: \$ _____
Landscaping / Snow Removal: \$ _____ Postage: \$ _____

Mortgage / Interest Carrying Charges for Rental Property

Bank Name	FEIN#	Amount Paid in 2014
_____	_____	\$ _____
_____	_____	\$ _____

Property Taxes for Rental Property

Parcel Number: _____
Amount Paid: \$ _____

Notes to your Accountant (Applicable to your return)

Changes in the 2014 tax year: _____

Checking or Savings Account Number to Deposit Refund

Bank Name: _____
Bank Routing Number: _____
Account Number: _____
Type of Account: _____

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Credit Card Authorization Form

PERSONAL TAX RETURN

I, _____, hereby authorize Izzi & Associates, Ltd. to charge the below listed credit card as authorization for the below specified charges upon completion of my personal tax return.

Please check the applicable boxes below, if paying for more than one return please note, additional hours will be charged after card holder authorization is obtained.

Personal Tax Return \$200.00 (One time authorization)

Dependant Return \$150.00 (One time authorization)

VISA

MASTERCARD

DISCOVER

AMERICAN EXPRESS

Client Name: _____

Phone Number: _____ Address: _____

Credit Card Number: _____

Expiration Date: _____ (MM/YY) CVV Code: _____ Billing Zip Code: _____

*Authorized Signature: _____ Date: _____

Terms & Conditions

Payment is expected at time of service- cash, approved check, credit card or debit card are the only approved forms of payment. We will accept checks, but only with a backup credit card on file. There is a \$50 fee for returned checks, and your credit card will be charged for the balance due. The cardholder attests that the above information is correct, that he/she has read and understands the above terms and conditions of the issuer. The cardholder acknowledges that if this form is submitted by fax or email it will be deemed as original. Any additional payments will be billed within 30 days and charged only with verbal/ written confirmation from the above authorized card holder. **By signing you authorize that you are the issued cardholder for the above referenced credit card. Acknowledge that you have read and accept the terms and conditions and authorize for the authorized withdrawal of payment for either onetime usage or the reoccurring monthly retainer.*

FOR IZZI & ASSOCIATES, LTD. OFFICE USE ONLY

Date	WD Amount	Authorization Code	Staff Intl

EDI/GMP ONLY: Additional Rate Charge \$ _____ Date: _____ Intl: _____

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