



**TAX
NETWORK
USA INC**
REDUCE. SETTLE. RESOLVE.

Hope all is well. We are following up on your compliance requirements with the IRS and/or State in order to negotiate a resolution for your case. We must file a complete tax return for the following Tax Year(s):

1. Please Complete Tax Organizer for each tax year (attached)

- Pg 1: Fill in Tax Year, Section 1, Section 2 (If Applicable), and Answer Yes/No Questions 1-25
- Pg 2: Add Income Form Qty and/or amount received for Each Section, and fill out the bottom disclaimer.
- Pg 3: Add any deductions & expenses for Schedule A.
- Provide Tax Forms: W-2s, SSA-1099s, 1099-B/Div/Int/C/Nec/Misc, 1098, etc.
- Provide Proof of Healthcare (Form 1095-A, B, and/or C), unless Medicare is on SSA-1099
- Photo ID.
- Most Recent Personal, Business, Federal and State Tax Return (all pages)
- If you are married, then we will need your spouse tax forms and photo ID, too.

Short/Long-Term Trades:

Provide your 1099 Composite Form (1099-B/DIV/INT) for your short/long term trades. Please follow up with your stockbroker or download the form from their website/application to avoid delays in your tax preparation.

Tax Organizer Expenses:

We will claim the standard deduction for your filing status unless you itemize your expenses and charitable contribution deductions on page 3. The Tax Code has changed every year, so we may not be able to deduct all expenses. We will provide you with the best possible result for your tax return based on the information that you provide.

Self Employed/Business Owners:

We strongly recommend that you itemize your expenses on Schedule C to reduce your tax liability. Please provide your most recent personal and business tax return (All Pages). Please make sure that have receipts for any expenses. The IRS or State Tax Revenue, or we may ask for them if there is any expense that it is not ordinary or necessary for your line of work.

If you have any questions on how to fill out Schedule C Worksheet (Attached) or Tax Organizer, then please REPLY ALL to our email or contact my assistant, Mairys Colina at the following email: mcolina@taxnetworkusa.com.



Tax Year(s): _____

Please complete this Tax Organizer and include all Tax Forms (W2s, 1099s, 1098s, 1095s, etc.)

1. Personal Information		Taxpayer		Spouse	
First & Middle Name					
Last Name					
Social Security #					
Date of Birth					
Occupation					
Email Address					
Work phone	Cell	Work	Cell		
Home phone	Tax Pin	Home	Tax Pin		
Address				Apt / Ste #	
City				State	ZIP

Taxpayer Legally Blind	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Spouse Legally Blind	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Taxpayer Disabled	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Spouse Disabled	<input type="checkbox"/> Yes	<input type="checkbox"/> No
U.S. Citizen (Taxpayer)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	U.S. Citizen (Spouse)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Filing status: Single Head of Household Married Filing Joint Married Filing Separate Widower, Date of Spouse's Death: _____

2. Dependents (Children & Others)							
First Name, Middle Initial, Last Name	Relationship	DOB	Social Security #	Months Lived With You	Disabled? Yes or No	Full Time Student? Y/N	Identity Tax Pin

Please answer the following questions to determine maximum deductions:

- | | | | | | |
|---|------------------------------|-----------------------------|---|------------------------------|-----------------------------|
| 1. Did your marital status change during the year? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 14. Did you give a gift of more than \$15,000 to one or more people? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Did your address change during the year? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 15. Did you go through bankruptcy, foreclosure, or repossession proceedings? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Were there any changes in dependents? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 16. Did you incur a loss because of damaged or stolen property? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Did you receive unreported tip income of \$20 or more in any month? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 17. Were you notified or audited by either the IRS or State taxing agency? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Did you receive any unemployment or disability income? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 18. Did you work from a home office or use your car for business? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Did you buy or sell any stocks, bonds or other investment property? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 19. Did you live or work in a different state than your current home state? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. Did you purchase, sell, or refinance your principal home or second home, or take out a home equity loan? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 20. Were you a citizen of, have income from, or live in a foreign country? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8. Did you convert part or all of your traditional/SEP/SIMPLE IRA to a ROTH IRA? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 21. Did you own or have interest in any foreign assets or accounts, or have signature authority with any foreign financial accounts? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 9. Could you be claimed as a dependent on another person's tax return? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 22. Did you buy any internet merchandise for which you did not pay sales/use tax? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 10. Did you pay anyone for domestic services in your home? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 23. Did you have Health Insurance for ALL 12 months? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 11. Did you pay anyone for childcare services? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 24. Did you have ACA compliant health insurance during the year? (Attach Form 1095-A, 1095-B, and/or 1095-C) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 12. Did you pay tuition or other education expenses for yourself or a dependent? (Attach Form 1098-T) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 25. At any time during the year, did you: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 13. Did you receive a distribution from or make a contribution to a retirement plan (401(k), IRA, etc.)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? | | |

3. Wage, Salary Income

Input Quantity, and Attach Form(s): W-2, 1099-K / Misc / Nec

	Taxpayer	Spouse	Dependents
W-2's			
1099-K			
1099-Misc 1099-Nec			

4. Pensions, Annuities, Profit Sharing, IRA's, etc.

Attach Form(s): 1099-R

	Qty	Reason for Withdrawal
Taxpayer		
Spouse		
Dependent		

5. Social Security/Railroad Benefits

Attach Form(s) SSA-1099	Taxpayer	Spouse
Social Security benefits		
Railroad Retirement benefits		
Medicare B premiums w/h		
Medicare D premiums w/h		

6. Interest Income

Attach Form(s) 1099-INT & Broker statements

1099-INT Payer name	Tax-exempt?	Amount
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	

7. Partnership, Trust, Estate Income

Attach Form(s) K-1

Payer Name: _____

12. Investments Sold

Attach Form(s) 1099-B & confirmation slips

1099-B Payer Name: _____
1099-B Payer Name: _____
1099-B Payer Name: _____

8. Dividend Income

Attach Form(s) 1099-DIV

Payer	Ordinary	Capital Gains	Tax Exempt	199A/REI

9. Property Sold

Attach Form(s) 1099-S & closing statements

Property	Date acquired	Cost & Imp

10. Other Income

Alimony received	\$ _____
Gambling/lottery winnings	\$ _____
Jury duty	\$ _____
Disability income	\$ _____
State income tax refund	\$ _____
Other _____	\$ _____
Other _____	\$ _____

11. Adjustments to Income

Alimony paid	
Name _____	SS# _____
IRA/SEP Contributions - Taxpayer	_____
IRA/SEP Contributions - Spouse	_____
Educator expenses	_____
Student loan interest	_____
Health Savings Account	_____
Other: _____	_____

To the best of my knowledge the information enclosed in this client tax organizer is correct and includes all income, deductions, and other information necessary for the preparation of this year's income tax returns for which I have adequate records.

Taxpayer: _____ Date: _____

Spouse: _____ Date: _____

Would you like to have your refund(s) directly deposited into your checking bank account? No [] Yes []

Account Number: _____

Routing Number: _____

13. Medical/Dental Expenses

Medical insurance premiums (paid by you) . . . \$
Long Term Care insurance \$
Prescription drugs \$
Glasses, contacts \$
Hearing aids, batteries \$
Braces \$
Medical equipment, supplies \$
Nursing care \$
Medical therapy \$
Hospital \$
Doctor/Dental/Orthodontist \$
Mileage _____

14. Taxes Paid

Receipts Required

Real property tax (attach bills)
Personal property tax
Other: _____

15. Interest Expense

Mortgage interest paid (attach 1098's)
Interest paid to individual for your home
(attach amortization schedule)
Paid to:
Name _____
Address _____
Social Security No. _____
Investment interest

16. Casualty/Theft Loss

Receipts Required

For property damaged by storm, water, fire, accident, or stolen.

Location of property _____

Description of property _____

Amount of damage

Insurance reimbursement

Repair costs

Federal grants received

17. Estimated Tax Payments

Receipts Required

IRS Amount	State Amount
LY - Jan 15 _____	LY - Jan 15 _____
Q1 - Apr 15 _____	Q1 - Apr 15 _____
Q2 - Jun 15 _____	Q2 - Jun 15 _____
Q3 - Sep 15 _____	Q3 - Sep 15 _____
Q4 - Jan 15 _____	Q4 - Jan 15 _____

18. Charitable Contributions (receipts required)

Name	Amount
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Non-Cash Goods:

Name _____

Address _____

City/State/Zip _____

Value of goods (attach list if more than one) _____

Volunteer mileage

19. Miscellaneous/Unreimbursed Expenses

Dues - union, professional
Books, subscriptions, supplies
Licenses
Tools, equipment, safety equipment
Uniforms (including cleaning)
Sales expense, gifts
Tuition, Books (work related)
Entertainment
Tax preparation fee
Safe deposit box
IRA custodial fees
Investment periodicals, advisory fees
Job search expense
Moving of household goods (job related)
Other: _____
Other: _____

20. Day Care Expense (Form 2441)

Provider #1 _____
Address _____
City/State/ZIP _____
EIN/SS# _____ Amt Pd _____
Phone number _____
Provider #2 _____
Address _____
City/State/ZIP _____
EIN/SS# _____ Amt Pd _____
Phone number _____
Children cared for _____