

INDIVIDUAL TAX ORGANIZER (1040)

ESTIMATED TAX PAYMENTS MADE

	FEDERAL		STATE (NAME):	
	Date Paid	Amount Paid	Date Paid	Amount Paid
Prior year overpayment applied				
1st Quarter				
2nd Quarter				
3rd Quarter				
4th Quarter				

WAGES, SALARIES, AND OTHER EMPLOYEE COMPENSATION - List and enclose all Forms W-2.

TS*	Employer	Gross Wages	Fed W/H	FICA W/H	Medicare W/H	State W/H	Local W/H

PENSION, IRA, AND ANNUITY INCOME - List and enclose all Forms 1099R.

TS*	Name of Payor	Total Received	Taxable Amount	Federal Tax Withheld	State Tax Withheld

*T = Taxpayer S = Spouse

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|---|------------|-----------|
| | <u>YES</u> | <u>NO</u> |
| 1. Did you receive a lump sum distribution from your employer? | _____ | _____ |
| 2. Did you “convert” a lump sum distribution into another plan or IRA account? | _____ | _____ |
| 3. Did you transfer IRA funds to a Roth IRA this year? | _____ | _____ |
| 4. Have you elected a lump sum treatment for any retirement distributions after 1986? | | |
| Taxpayer | _____ | _____ |
| Spouse | _____ | _____ |