

2018 Tax Organizer
GARY L. SPOON, Certified Public Accountant
 6209 Forest Road Cheverly, MD 20785

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NAME: _____	SSN: _____
SPOUSE: _____	SSN: _____
ADDRESS: _____	HOME PHONE: _____
CITY/STATE/ZIP _____	WORK PHONE: _____
EMAIL ADDRESS: _____	

DEPENDENTS				ESTIMATED TAXES PAID		
Name	SSN	DateBirth	Relationship	Date Paid	Fed Amt	St Amt

W-2 INCOME	Box 1	Box 2	Box 18	
Employer	Wages	Fed W/H	State W/H	
				T S*
				T S
				T S
				T S
				T S

State Tax Refund Received in 2018 Name of State

Interest Income			Dividend Income		
Company	Amount		Company	Amount	
		T S J *			T S J
		T S J			T S J
		T S J			T S J
		T S J			T S J
		T S J			T S J
		T S J			T S J

Other Income (1099Misc, K1, Alimony)			ADJUSTMENTS TO INCOME	
Source	Amount			
		T S J	Indiv Retirement Account for 2017	
		T S J	Type: Regular, Non-Deductible, Roth	
		T S J	Self Employed Health Insurance	
		T S J	Penalty on Early Withdrawals	
		T S J	Alimony Paid Moving Expenses	
		T S J	Other	

RENTAL INCOME/EXPENSE

PROPERTY

A

B

Location

Nr Days Personal Use

Purchase Price

Improvements

Date Purchased

Date First Rented

Rents Received

EXPENSES

Advertising

Travel

Cleaning

Maintenance

Commissions

Insurance

Legal/Accounting

Management Fee

Mortgage Interest

Other Interest

Repairs

Supplies

Taxes

Utilities

Condo Fees

Telephone

Pest Control

Other (List)

Depreciation

(I will calculate)

TOTAL EXPENSE

NET INC/LOSS

ALLOWABLE
