

ORGANIZER - MID-YEAR REVIEW

YEAR: _____

A review of the projected ESTIMATED tax liability for the current calendar year.

Some of the information asked for may not apply to you.

You may have other factors that could have bearing on your tax situation that are not included here.

If you have circumstances or situations that you know or think may have bearing on your taxes that are not included here, please bring that to our attention.

On 12/31 of this year, will you be legally married? NO YES

On 12/31 of this year you presume your legal tax filing status will be
 SINGLE MARRIED / RDP* WIDOW(ER) HEAD OF HOUSEHOLD**

** For the purpose of this review, it is presumed you are going to file JOINTLY where allowed or required*

*** Requires you to have dependent(s) and to be living as single (though you could be married)*

On 12/31 of this year, will you have DEPENDENTS? NO YES → If YES, how many? _____

On 12/31 of this year, will you (and or your spouse) be 65 years old or older? NO YES

INCOME - AS AN EMPLOYEE (YOU WILL RECEIVE W2)

<u>ACTUAL</u> Year-to-date (YTD) information	TAXPAYER	SPOUSE
WAGES (will be W2) information from most recent paystub(s)		
Wages - ACTUAL YTD	\$ _____	\$ _____
Federal Income Tax (FIT) Withheld - ACTUAL YTD	\$ _____	\$ _____
State Income Tax (SIT) Withheld - ACTUAL YTD	\$ _____	\$ _____

<u>PROJECTED</u>	TAXPAYER	SPOUSE
What are the ADDITIONAL Employee (will be W2) wages you project for the rest of the year?		
Wages - additional, projected	\$ _____	\$ _____
Federal Income Tax (FIT) Withheld - additional, projected	\$ _____	\$ _____
State Income Tax (SIT) Withheld - additional, projected	\$ _____	\$ _____

MARK BOX IF IT APPLIES TO YOU (or spouse) FOR ANY PART OF THIS YEAR

- | | | |
|--|---|---|
| <input type="checkbox"/> Alimony (pay or receive) | <input type="checkbox"/> Had / have LLC, corporation or partnership | <input type="checkbox"/> Will / should receive K1 |
| <input type="checkbox"/> Rental Property (owned by you) | <input type="checkbox"/> Had / have foreign bank account | <input type="checkbox"/> Did / will have debt cancelled |
| <input type="checkbox"/> Moved further than 50 miles | <input type="checkbox"/> Receive pension & or Social Security | <input type="checkbox"/> |
| <input type="checkbox"/> IRA contribution or withdrawal | <input type="checkbox"/> Savings Account | <input type="checkbox"/> |
| <input type="checkbox"/> Investments - Stocks, Bonds, etc. | <input type="checkbox"/> Buy or sold house | <input type="checkbox"/> |

INCOME - AS A SOLE-PROPRIETOR / CASH INCOME (YOU MAY OR MAY NOT RECEIVE 1099)		
ACTUAL Year-to-date information		
Cash income as Sole-Proprietor that you have already received this year (may or may not be reported to you on a 1099)	TAXPAYER \$ _____	SPOUSE \$ _____
PROJECTED		
What is the projected ADDITIONAL cash income for the remainder of the year (may or may not be reported on a 1099)?	TAXPAYER \$ _____	SPOUSE \$ _____
CHECK THIS BOX If you have cash / 1099 income streams from more than one (1) business / profession / job	TAXPAYER <input type="checkbox"/>	SPOUSE <input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/> HAVE you (and or spouse) made any ESTIMATED (Quarterly) payments this year? YES NO		
↓ If YES, amount paid to date	TAXPAYER \$ _____	SPOUSE \$ _____
<input type="checkbox"/> <input type="checkbox"/> WILL you (and or spouse) be making any (or additional) ESTIMATED (Quarterly) payments for the remainder of the year? YES NO		
↓ ADDITIONAL amount you will pay for this year?	TAXPAYER \$ _____	SPOUSE \$ _____

HEALTH CARE

Will you (AND your household as of 12/31) have had health care coverage for ALL 12 months of the year?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If NO, how many months WITHOUT coverage? _____ ↙	

If you will have had health care for ANY part of the year, how was it provided? (Check all that apply)	
<input type="checkbox"/>	EMPLOYER
<input type="checkbox"/>	HEALTHCARE.gov or EXCHANGE
What will be the total of your HEALTHCARE.gov / Exchange costs including any subsidy you may receive? \$ _____	
What is the total of the subsidy you expect to receive for the entire year? \$ _____	
<input type="checkbox"/>	PURCHASED OWN PLAN / SELF-PAY PLAN (NOT through Healthcare.gov or exchange)
If you purchased your own self-pay health care coverage, how much will you pay in PREMIUMS for the year? \$ _____	
<input type="checkbox"/>	OTHER
detail: _____	

EXPENSES FOR BUSINESS / PROFESSION / JOB ♦

Do / will YOU have expenses related to business / profession / job? NO YES
 Fill out **ORGANIZER - Expense for Business Profession Job♦** ↙

Does / will SPOUSE have expenses related to business / profession / job? NO/NA YES
 Fill out *separate* **ORGANIZER - Expense for Business Profession Job♦** ↙

Are you (& or spouse) taking a HOME OFFICE deduction? NO YES
 If YES, we will use the SIMPLIFIED METHOD for the mid-year review. ↙
 What is the TOTAL square footage of your ENTIRE home / apartment? _____ sf
 What is the square footage used regularly & exclusively by you for your
 business/profession/occupation (including storage area used for business)? _____ sf

Will you be claiming BUSINESS MILES on tax return? NO YES
 What is the total of BUSINESS miles you expect to claim for the year?♦ _____ miles ↙

Will SPOUSE be claiming BUSINESS MILES on tax return? NO/NA YES
 What is the total of BUSINESS miles SPOUSE expects to claim for the year?♦ _____ miles ↙

MISC ♦

Have / will pay MORTGAGE INTEREST during the year? NO YES
 What is the projected TOTAL AMOUNT of mortgage interest you expect to pay for
 the entire year?♦ \$ _____ ↙

Have / will pay PROPERTY TAXES for the year? NO YES
 What is the projected TOTAL AMOUNT of property taxes you expect to pay for the
 entire year?♦ \$ _____ ↙

Have / will made CHARITY donation (in cash/check/credit/debit card) this year? NO YES
 What is the projected TOTAL AMOUNT of charitable donations will you have
 made for the entire year via cash/check/credit/debit card?♦ \$ _____ ↙

NOT counting any medical insurance *premiums*, what is your projected TOTAL of
 your (and your spouse & dependents) health care expenses for the year?♦ \$ _____

Will you (and or your spouse) have paid student loans during the year? NO YES
 TAXPAYER SPOUSE ↙
 If YES, what is the amount of student loan **INTEREST** you will
 have paid for the year?♦ \$ _____ \$ _____

Will you (or your spouse) have collected Unemployment or Family Medical Leave
 during the year? NO YES
 TAXPAYER SPOUSE ↙
 If YES, what is the amount of Unemployment / Family Medical
 Leave will you have been paid for the year?♦ \$ _____ \$ _____

♦ When calculating expenses, use actual-to-date **PLUS** projected to produce expected TOTAL FOR YEAR