

**MARCOLINA TAX & ACCOUNTING**  
 2801 Youngfield Street, Suite 160  
 Golden, CO 80401  
 Phone: (303)975-6981 | Fax (303)557-6106  
[office@marcolinatax.com](mailto:office@marcolinatax.com)  
**Tax Organizer**

Bank:	<b>*New Clients</b> Please provide a copy of your prior year Federal & State return
Routing #:	
Account #:	

Tax Payer Name:	Spouse:
Social Security #:	Social Security #:
Occupation:	Occupation:
Date of Birth:	Date of Birth:
Email Address:	Email Address:
Best Telephone Number:	Best Telephone Number:
Address:	Address:
City: State:	City: State:
Zip:	Zip:
Driver's License State of Issuance:	Driver's License State of Issuance:
Driver's License #	Driver's License #
Date of Issuance:	Date of Issuance:
Date of Expiration:	Date of Expiration:

**Was everyone on the return covered by Health Insurance? Y / N If yes, 1095 A B C**

Contributions to IRA / ROTH / HSA			
Tax Payer		Spouse	
Self/Family	\$ Amount	Self/Family	\$ Amount
S/F		S/F	
S/F		S/F	
S/F		S/F	
S/F		S/F	

Dependent's Name	Social Security #	Relationship	Date of Birth	Lives with you Y / N	Quality for CC

CHILD CARE				
To whom paid	Address	Tax ID #	Amount Paid	DCB

**MARCOLINA TAX & ACCOUNTING**  
 2801 Youngfield Street, Suite 160  
 Golden, CO 80401  
 Phone: (303)975-6981 | Fax (303)557-6106  
[office@marcolinatax.com](mailto:office@marcolinatax.com)  
**Tax Organizer**

INCOME INFORMATION (Enclose all W-2 Forms)						
	Wage/Salary	Taxes Withheld				
Employer	Total Income	Federal Taxes	Social Security	Medicare	State Tax	City Tax

Interest Income		Dividend Income						
Payer	Amount	Payer	Ordinary	Qualified	CAP GAIN	SEC 1250	NON-DIV	Foreign Tax
<b>REQUIRED:</b> At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? Please check your answer to right							<b>YES</b> <input type="checkbox"/>	<b>NO</b> <input type="checkbox"/>

OTHER INCOME				
(List Payers and Amounts. Attach Forms 1099, Schedule K-1, etc.)				
Payer	Amount	Withholding		
		Federal	State	CODE
State Tax Refund				
Social Security Benefits TP				
Social Security Benefits – SP				
Pensions – TP/SP				
Pensions – TP/SP				
Pensions – TP/SP				
Pensions – TP/SP				
Unemployment Compensation				
Gambling Winnings				

STOCK OR PROPERTY INCLUDING PRINCIPAL RESIDENCE SOLD					
Description	Date Sold	Date Acquired	Selling Price	Cost	S/L

**MARCOLINA TAX & ACCOUNTING**  
 2801 Youngfield Street, Suite 160  
 Golden, CO 80401  
 Phone: (303)975-6981 | Fax (303)557-6106  
[office@marcolinatax.com](mailto:office@marcolinatax.com)  
**Tax Organizer**

MEDICAL			CONTRIBUTIONS	
PAID TO WHOM	MILEAGE	AMOUNT	PAID TO WHOM	AMOUNT
Medical insurance			Cash or check (list)	
Prescriptions				
Doctors /Dentists	mi.			
Hospitals / Clinics	mi.			
Eyeglasses / Contact Lenses				
Hearing Aids / Batteries				
Therapy / Nurses / Nursing				
Long Term Care – TP			Charitable Miles:	
Long Term Care – SP			Goods (list)	
Other				

TAXES	AMOUNT	NOTES
State Income Tax		
City or Head Tax		
Real Estate Tax		
Vehicle License Plates (car, trailer, etc.)		
<b>INTEREST EXPENSE</b>		
Home mortgage		
Home mortgage		
Home mortgage		
PMI		
PMI		
Student Loans – TP		
Student Loans – SP		
<b>MISCELLANEOUS</b>		
Energy Credits		
College costs		
College costs		
1099-Q		
<b>CO 529 Contributions</b>		

Please use the next page for any notes/comments that you need us to know

**MARCOLINA TAX & ACCOUNTING**  
2801 Youngfield Street, Suite 160  
Golden, CO 80401  
Phone: (303)975-6981 | Fax (303)557-6106  
[office@marcolinatax.com](mailto:office@marcolinatax.com)  
**Tax Organizer**

Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_