

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

Bank:	*New Clients 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	Qualify for CC

CHILD CARE/DEPENDENT CARE				
To whom paid	Address	Tax ID #	Amount Paid	Work Related CC Y/ N

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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
REQUIRED: At any time during the year, did you receive, sell, exchange, or otherwise acquire any financial interest in any domestic or foreign virtual currency? Do you have any financial interest in any foreign bank?							YES <input type="checkbox"/>	NO <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/Prizes				

STOCK OR PROPERTY INCLUDING PRINCIPAL RESIDENCE SOLD					
Description	Date Sold	Date Acquired	Selling Price	Cost	S/L
If you sold your Principal Residence, include a copy of the Closing Disclosure Statement from your Real Estate closing with your tax documents.					

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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 ownership tax (renewal tags)		
INTEREST EXPENSE		
Home mortgage		
Home mortgage		
Home mortgage		
PMI		
PMI		
Student Loans – TP		
Student Loans – SP		
MISCELLANEOUS		
Energy Credits		
College costs		
College costs		
1099-Q		
CO 529 Contributions		

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

Notes: _____
