



NATIONS
BUSINESS & TAX CENTERS INC.

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For appointments please contact:
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Deadline Checklist

01/31/2025	Forms 1099s and W2s due to employees and the IRS
03/15/2025	S Corporation (Form 1120S) Tax Returns and Extensions Partnership/LLC (Form 1065) Tax Returns and Extensions
04/15/2025	C Corporation (Form 1120) Tax Returns and Extensions Individual Income Tax Return (Forms 1040), Extensions and Tax Liability

Income Tax Organizer

Taxpayer's Name				Social Security Number	
Spouse's Name				Social Security Number	
Taxpayer's Occupation			Date of Birth (D.O.B.)		Blind?
Spouse's Occupation			Date of Birth (D.O.B.)		Blind?
Address				e-mail	
City	State	Zip	Cellular Phone	Work Phone	

Authorize for our office to contact you via text? Yes ___ No ___

THINGS TO BRING

(if applicable):



- | | |
|--|--|
| <input type="checkbox"/> Last Year's Tax Return (if new client) | <input type="checkbox"/> Property Tax Statement |
| <input type="checkbox"/> W-2 Forms for Wages | <input type="checkbox"/> IRA Year-end Statements |
| <input type="checkbox"/> 1099 R for Retirement | <input type="checkbox"/> 1098s: Mortgage Interest, Contributions, Tuition |
| <input type="checkbox"/> 1099s for Interest, Dividends, and Other Income | <input type="checkbox"/> Closing Papers for Purchases & Sales, including purchase and sale dates & amounts |
| <input type="checkbox"/> K-1s from Partnerships, Corporations or Estates | <input type="checkbox"/> All Other Statements Showing Income |
| <input type="checkbox"/> Social Security Benefits Statement | <input type="checkbox"/> Last Pay Stub of the Year |
| <input type="checkbox"/> Voided Check for Direct Deposit | <input type="checkbox"/> Proof of Health Insurance / 1095-A Form |

♦ RENTAL/SELF-EMPLOYMENT/FARMING INCOME & EXPENSE

Total Received: \$ _____

Expenses:

Taxes	_____
Utilities	_____
Interest	_____
Insurance	_____
Repairs	_____
Supplies	_____
Equipment	_____
Advertising	_____
Other	_____

Business Mileage (on back)

Home Office Information (exclusive use):

Office sq. footage _____ House sq. footage _____

Utilities paid	_____
Insurance paid	_____
Repairs	_____
Improvements	_____

Sale of Stock or Other Property **Cost** **Sale \$**

Please bring supporting documents. *Dates are important!*

OTHER INCOME

- | | |
|---|-------|
| ★ Wages (Forms W-2) | _____ |
| ★ Interest (Forms 1099) | _____ |
| ★ Dividends (Forms 1099) | _____ |
| ★ Tips | _____ |
| ♦ Child Care | _____ |
| ★ Pensions/Annuities/Roth Conversions ... | _____ |
| ★ Jury Duty | _____ |
| ★ Gambling Winnings | _____ |
| ★ Unemployment (1099-G) | _____ |
| ★ Alimony Received | _____ |
| ★ Prizes (1099-Misc.) | _____ |
| ★ Debt Cancellation | _____ |
| ★ Partnerships & S Corporations | _____ |
| ★ Estates & Trusts | _____ |
| ★ Social Security/RR Retirement | _____ |
| ★ Scholarships & Fellowships | _____ |
| ★ State Tax Refunds | _____ |
| ★ Royalties | _____ |
| ★ Disability | _____ |
| ★ Veteran's Payments | _____ |
| ★ Other | _____ |

★ Bring statements for marked items.

♦ If you need a more detailed worksheet or assistance in compiling records, please call.

www.nationstaxservice.com

Deductions and Credit Items

ADJUSTMENTS

Payments to an IRA

Regular ☐ Roth ☐

Taxpayer Amount \$

SEP ☐ SIMPLE ☐

Spouse Amount \$

Penalty for Early Withdrawal

Alimony Paid (Established prior to 2018)

Self-Employed Health Insurance

Student Loan Interest

Pymts to MSA/HSA: Taxpayer _____ Spouse _____

Withdrawal from MSA/HSA: Taxpayer _____ Spouse _____

MEDICAL EXPENSES

Insurance & Medicare (not pretax)
 Long Term Care Insurance
 Prescriptions
 Eyeglasses, Hearing Aids & Batteries.....
 Doctors
 Dentists
 Hospital / Ambulance
 Auto Mileage.....miles
 Other Medical Expenses, Travel.....
 Reimbursement
 Did you receive reimbursement atwork? _____

TAXES

Real Estate Taxes
 Sales tax paid on vehicle.....
 Other sales tax paid (from receipts).....
 State taxes paid for earlier years

State Tax Estimates

date pd. _____\$ _____ date pd. _____\$ _____
 date pd. _____\$ _____ date pd. _____\$ _____

Federal Tax Estimates

date pd. _____\$ _____ date pd. _____\$ _____
 date pd. _____\$ _____ date pd. _____\$ _____

Vehicle License Tabs, Pers. Prop. Tax.. _____

HIGHER EDUCATION EXPENSES

Post Secondary Tuition/Req. Fees Paid
 Date: _____ Year in School.....

INTEREST EXPENSE

Home Mortgage—Paid to Financial Institutions (Form 1098)

First Mortgage/Refinance.....
 Loan Origination Fee/Discount Fee.....
 Second Mortgage (if applicable).....
 Home Equity (no longer deductible)
 Mortgage Insurance (new purchase)

CONTRIBUTIONS

Churches (receipted)
 Other Contributions of Money (receipted) .
 Charitable Auto Mileage.....
 Volunteer Expenses (receipted).....
 Property Donated (for which you have
 receipts (fair market value)—
 bring documentation if over \$500).....
 Auto, Boat Donations (Form 1098C)
 Other.....
 Other.....

CASUALTY LOSSES

ONLY from Federally Declared Disaster

Cost of Property Lost
 Fair Market Value of Property.....
 Insurance Reimbursement Received....
 Ponzi-style Scheme Loss.....

DEDUCTIONS

Gambling Losses.....
 Classroom materials for Educators
 (cap \$250)

CHILD CARE EXPENSES

Names, addresses, and ID#s of provider(s), amount paid.

.....

Do you have a dependent care benefit plan atwork? _____

ADOPTION EXPENSES

Amount Paid: _____ Date Finalized: _____

DEPENDENT CHILDREN (who live with you)

1) Name	Social Security No.	D.O.B.	2) Name	Social Security No.	D.O.B.
3) Name	Social Security No.	D.O.B.	4) Name	Social Security No.	D.O.B.

OTHER DEPENDENTS

1) Name	Social Security	Time at home	Relationship	Income	Support by you	Support by dependent & others
2) Name	Social Security	Time at home	Relationship	Income	Support by you	Support by dependent & others

* Due to late federal tax law changes, some items listed on this organizer may not be deductible.

Please sign here _____ date _____

Please sign here _____ date _____

For Business Tax organizer
 please visit:
www.nationsbusinesscenter.com