

## TAX ORGANIZER

### Childcare or Dependent Care Expenses

	Name of Child Care Provider	Address	Social Security or ID Number	Amount Paid
1.				
2.				
3.				
4.				

Child's name			Amount paid	
Child's name			Amount paid	
Child's name			Amount paid	

### Estimated Taxes and Other Taxes Paid

	Federal			State	
	Date due	Date Paid	Amount	Date paid	Amount
1. Applied from prior year's refund					
2. First quarter estimated tax					
3. Second quarter estimated tax					
4. Third quarter estimated tax					
5. Fourth quarter estimated tax					
6. Other tax payments					
7. Prior year's state fourth quarter est tax payment (paid in current year)					
8. Prior year's state tax payment paid with extention /return					