

Sale of Home Organizer

Taxpayer name: _____

The information provided in this organizer is intended to help you gather and organize information for use in preparing your tax return. Please answer all questions and provide any information or documents requested in this organizer to your tax preparer.

Date you purchased your old home:	
Date you sold your home:	
What was the purchase price of your old home?	\$ _____
Please provide a copy of the Good-Faith Estimate received at the time you purchased your home.	
Did you refinance your home during the time you owned it? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, please provide copies of Good-Faith Estimates from all refinances.	
Did you pay legal fees relating to the home?	\$ _____
Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, describe. _____	
Did you pay to have surveys done of the home or land?	\$ _____
Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, describe. _____	
Please provide a copy of the Good-Faith Estimate received at the time you sold your home.	
Did you pay any assessments on the home for sewer connections, sidewalks, or other city improvements?	\$ _____
Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, describe. _____	
Did the buyer assume your mortgage? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, describe.	
Did the buyer assume any debts you owed? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, describe.	
Cost of improvements you made to the home during the time you owned it.	
Replacement windows /doors \$ _____	Upgrades to wiring, plumbing \$ _____
New roof \$ _____	Insulation \$ _____
New deck or fence \$ _____	New appliances \$ _____
Other improvements – Describe: _____	
Have you claimed office use of home expenses on this home? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, we will need you to provide copies of depreciation schedules showing amounts claimed.	
Have you previously used this home as a rental property? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, we will need you to provide us with a copy of the most recent depreciation schedule.	
Did you claim a Casualty or Theft Loss deduction on this property? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, describe the event and the loss sustained.	
Selling price of home sold	\$ _____
Number of days you occupied home in the last 5 years	
Number of days you owned the home in the last 5 years	
Have you sold another home in the last two years? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, what was the date you sold the other home.	
If you owned and occupied this home for fewer than 2 of the last 5 years, describe the reason why you sold this home in less than 2 years.	