

Tax Year _____

Client Tax Organizer

Tax Return Appointment: Date: _____ Time: _____ PM

Please complete this Organizer before your appointment. Include all statements (W-2s, 1099s, etc.)

1. Personal Information		Taxpayer		Spouse	
First name & Initial					
Last name					
Social Security number					
Date of birth					
Occupation					
E-mail address					
Work phone	Cell		Work	Cell	
Home phone	Fax		Home	Fax	
Address				Apt/Suite	
City				State	ZIP

Taxpayer Legally Blind Yes No Spouse Legally Blind Yes No
 Taxpayer Disabled Yes No Spouse Disabled Yes No
 Pres. Campaign Fund (Taxpayer) Yes No Pres. Campaign Fund (Spouse) Yes No
Filing status: Single Head of Household Married filing joint Married filing separate Widower Year of Spouse death? _____

2. Dependents (Children & Others)							
Name	Relationship	Date of Birth	Social Security Number	Months Lived With You	Disabled	Full Time Student	Dependent's Gross Income

Please answer the following questions to determine maximum deductions:

- | | |
|--|---|
| 1. Did your marital status change during the year? <input type="checkbox"/> Yes <input type="checkbox"/> No | 12. Did you receive a distribution from or make a contribution to a retirement plan (401(k), IRA, etc.)? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Did your address change during the year? <input type="checkbox"/> Yes <input type="checkbox"/> No | 13. Did you give a gift of more than \$13,000 to one or more people? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Were there any changes in dependents? <input type="checkbox"/> Yes <input type="checkbox"/> No | 14. Did you go through bankruptcy, foreclosure, or repossession proceedings? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Did you receive unreported tip income of \$20 or more in any month? <input type="checkbox"/> Yes <input type="checkbox"/> No | 15. Did you incur a loss because of damaged or stolen property? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Did you receive any unemployment or disability income? <input type="checkbox"/> Yes <input type="checkbox"/> No | 16. Were you notified or audited by either the IRS or State taxing agency? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Did you buy or sell any stocks, bonds or other investment property? <input type="checkbox"/> Yes <input type="checkbox"/> No | 17. Did you work from a home office or use your car for business? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. Did you purchase, sell, or refinance your principal home or second home, or take out a home equity loan? <input type="checkbox"/> Yes <input type="checkbox"/> No | 18. May the IRS discuss your tax return with your preparer? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. Did you convert part or all of your traditional/SEP/SIMPLE IRA to a ROTH IRA? <input type="checkbox"/> Yes <input type="checkbox"/> No | 19. Were you a citizen of, have income from, or live in a foreign country? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9. Could you be claimed as a dependent on another person's tax return? <input type="checkbox"/> Yes <input type="checkbox"/> No | 20. Do you want to electronically file your tax return? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 10. Did you pay anyone for domestic services in your home? <input type="checkbox"/> Yes <input type="checkbox"/> No | 21. Did you buy any internet merchandise for which you did not pay sales/use tax? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 11. Did you pay anyone for childcare services? <input type="checkbox"/> Yes <input type="checkbox"/> No | |

13. Medical/Dental Expenses

Medical insurance premiums (paid by you) . . . _____
Long Term Care insurance _____
Prescription drugs _____
Glasses, contacts _____
Hearing aids, batteries _____
Braces _____
Medical equipment, supplies _____
Nursing care _____
Medical therapy _____
Hospital _____
Doctor/Dental/Orthodontist _____
Mileage (no. of miles before 7/1/11) _____
Mileage (no. of miles after 6/30/11) _____

14. Taxes Paid

Real property tax (attach bills) _____
Personal property tax _____
Other: _____

15. Interest Expense

Mortgage interest paid (**attach 1098's**) _____
Interest paid to individual for your home
(attach amortization schedule) _____
Paid to:
Name _____
Address _____
Social Security No. _____
Investment interest _____

16. Casualty/Theft Loss

For property damaged by storm, water, fire, accident, or stolen.
Location of property _____
Description of property _____
Amount of damage _____
Insurance reimbursement _____
Repair costs _____
Federal grants received _____

17. Estimated Tax Payments

	Federal Amount		State Amount
LY - Jan 15	_____	LY - Jan 15	_____
Q1 - Apr 15	_____	Q1 - Apr 15	_____
Q2 - Jun 15	_____	Q2 - Jun 15	_____
Q3 - Sep 15	_____	Q3 - Sep 15	_____
Q4 - Jan 15	_____	Q4 - Jan 15	_____

18. Charitable Contributions (receipts required)

Church _____
United Way _____
Scouts _____
Telethons _____
University, Public TV/Radio _____
Heart, Lung, Cancer, etc. _____
Wildlife Fund., Humane society _____
Salvation Army, Goodwill _____
Other: _____
Non-Cash _____
Address _____
City/State/Zip _____
Value of goods (attach list if more than one) _____
Volunteer mileage _____

19. Miscellaneous/Unreimbursed Expenses

Dues - union, professional _____
Books, subscriptions, supplies _____
Licenses _____
Tools, equipment, safety equipment _____
Uniforms (including cleaning) _____
Sales expense, gifts _____
Tuition, Books (work related) _____
Entertainment _____
Tax preparation fee _____
Safe deposit box _____
IRA custodial fees _____
Investment periodicals, advisory fees _____
Job search expense _____
Moving of household goods (job related) _____
Other: _____
Other: _____

20. Day Care Expense (Form 2441)

Provider #1 _____
Address _____
City/State/ZIP _____
EIN/SS# _____ Amt Pd _____
Provider #2 _____
Address _____
City/State/ZIP _____
EIN/SS# _____ Amt Pd _____
Children cared for _____

Self Employment Information

Business Name

Total Sales		Taxpayer <input type="checkbox"/>	Spouse <input type="checkbox"/>
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Expenses			
Advertising		Repairs Expense	
Commissions/Fees		Supplies Expense	
Dues & Publications		Taxes	
Interest Expense		Travel Expense	
Insurance		Meals & Entertainment	
Legal & Professional Fees		Telephone	
Office Expense		Utilities	
Rent (office) Expense		Wages (gross W-2)	
Equipment Rental Expense		Postage	
Auto Expense		Bank Charges	
Auto (miles before 7/1/11)		Tools & Equipment	
Auto (miles after 6/30/11)		Uniforms	

Assets Purchased			Notes
Date	Amount	Asset	

Cost of Goods Sold	
Inventory at beginning of year	Material & supplies
Purchases	Other:
Cost of items for personal use	Other:
Cost of labor	Inventory at end of year

Rental Income	Property #1	Property #2	Property #3	Property #4
Address				
City/State				
Rent Received				
Expenses				
Advertising				
Auto & Travel				
Auto Miles (before 7/1/11)				
Auto Miles (after 6/30/11)				
Cleaning & Maintenance				
Commissions Paid				
Grounds & Gardening				
Insurance				
Interest Expense				
Legal & Professional				
Management Fees				
Repairs & Maintenance				
Supplies				
Taxes				
Utilities				
Association Dues				
Pest Control				
Other:				
Other:				
Other:				
Other:				
Other:				
Other:				

EMPLOYEE BUSINESS EXPENSE

Do you have any expense for your job which is not fully reimbursed, or the reimbursement is shown on your W-2, such as:

- › Use of your auto on the job (other than driving to and from work)
- › Mileage / Lodging / Food for education or job hunting
- › Temporary job assignment
- › Meals / Lodging while away from home overnight
- › Entertainment of Clients
- › Use of your home as office or for sample storage
- › Mileage to second job on same day
- › Advertising / Office Supplies / Postage

PURCHASE OR TRADE OF VEHICLE					
	Make	Year	Date Purchased	Cost	Cash to Boot
Present Auto					
Previous Auto					

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	Make	Year	Date Purchased	Cost	Cash to Boot
Present Auto					
Previous Auto					

1. AUTOMOBILE EXPENSES		<i>If you take auto expense using optional mileage rates, complete lines 1 – 6</i>				
Check box if mfg. gross vehicle weight is 6000 lbs+		Vehicle 1 <input type="checkbox"/>	Vehicle 2 <input type="checkbox"/>	Vehicle 3 <input type="checkbox"/>		
1.	Total Miles Driven					
2.	Total Business Miles					
3.	Commuting Miles: Average daily round trip to job or first and last regular stop					
4.	Total Year Commuting Miles					
5.	Ending Odometer Reading (Dec. 31)					
6.	Parking & Tolls					
You may have a greater deduction using actual expenses. If so, fill in the following information:						
7.	Gas/Oil/Repairs/Tires/Lube/Wash/Tow					
8.	Licenses/Taxes/Ins/Auto Club/Garage					
9.	Lease Payments					
10.	Fair Market Value at time of Lease					
11.	Other					

2. TRAVEL AWAY FROM HOME	TAXPAYER	SPOUSE
Number of Nights Away from Home		
a. Airplane/Train/Cabs/Buses/etc.		
Auto Rental		
Cruise Ship Convention/Seminar		
Convention/Seminar Fees		
Lodging (actual costs)		
Laundry and Cleaning		
Other		
b. Meals & Tips (actual costs)		
3. OTHER BUSINESS EXPENSE	TAXPAYER	SPOUSE
a. Client Lunches/Beverages		
Entertainment/Tickets		
(Keep above totals separate from other costs)		
b. Business Ext. Phone + enhancements		
Long distance, fax, paging, cellular		
Commissions Paid		
Christmas Cards/Gifts		
Postage/Stationery/Supplies/Freight		
Dues/Subscriptions		
Tickets to qualified Charitable Events		
Other		

4. OFFICE IN HOME (if qualified to take deduction)	
Date Acquired Home	
Total Cost	
Cost of Land	
Cost of Improvements	
Square Footage of Home	
Square Footage of Office Area	
Rent Paid if you are Renter	
Interest	
Taxes	
Utilities/Garbage	
Insurance	
Repairs/Maintenance	
Casualty Loss (Nondeductible Amounts)	
Other	
Reimbursement Not Shown Anywhere Else	Part 1 - Vehicle 1
	Part 1 - Vehicle 2
	Part 2-a
	Part 2-b
	Part 3-a
	Part 3-b
Part 4	

CHECK LIST

Please check all information and amounts listed to be sure of completeness and accuracy to insure paying the least legal amount of tax.

Enclose all W-2s, Interest, Dividend and other 1099s. If you received any booklets, cards, labels, envelopes or correspondence from the IRS or state, please bring them.

Enclose Purchase/Sales/Contract Agreements or Closing Papers. **Dates are important!**

I consent to have the IRS discuss my tax return with my preparer.

TIMELY RECORDS must be maintained to support the above deductions. Records must indicate who, what, why, where and when.

Check if you have receipts or log:

I have reviewed this information and to the best of my knowledge it is true, correct and complete.

Please sign: _____

There are still some unlisted deductions for special situations and limitations to these deductions. During your appointment we will discuss them and answer your questions about income and deductions.

When complete, call for an appointment.