

## READ THIS FIRST

This tax organizer is designed to help you maximize your deductions and minimize problems in preparing and filing your tax return. Please keep in mind that taxes can be very complicated and even though this organizer will accommodate most taxpayers' needs, if you have a special situation not covered, please list it under "QUESTIONS YOU MAY HAVE."

The "ALERT FLAGS" designate certain special conditions as follows:



Indicates areas that MUST be completed by new clients and only need to be filled in by existing clients when the information has changed.



The most important flag of all, denotes areas where the IRS has concentrated their computer matching programs. If the information provided is incorrect, it may trigger a service center audit. Pay particular attention to any special instructions in areas with this flag.

## PLEASE PROVIDE THE FOLLOWING

- ✓ LAST YEAR'S TAX RETURN (only if you are a new client)
- ✓ ALL WAGE AND INCOME STATEMENTS (W-2s and 1099s\*)  
\*If available. They are not required but speed processing of your returns.

## TAXPAYER INFORMATION

Name		Social Security Number	Birth Date
You			
Spouse			
Occupation		Home Phone	<input type="checkbox"/> Work Phone <input type="checkbox"/> Cell Phone
You			
Spouse			

## SPECIAL INFORMATION



You Spouse

Employer Pension Plan?	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
<b>Traditional IRA, Keogh &amp; SEP Plans:</b>		
Contributions		
Withdrawals (1099-R) (1)		
Rollovers (2) or Conversions (3)		
<b>Roth IRA:</b>		
Contributions		
Withdrawals (1099-R) (1)		
Rollovers (2) or Conversions (3)		
<small>(1) If under age 59½ show reason (2) Must be reported even if not taxable unless "transferred" (3) Conversions (rollovers) from a Traditional IRA or other Qualified Plan to a Roth IRA is generally taxable.</small>		
State Tax Refund (1099-G)		
Social Security or RR (SSA-1099/RRB-1099)		
Alimony Received - matched with payer		
Tips Received		
Unemployment Received (1099-G)		
Other:		
Alimony paid (provide information below)		
Paid to:	SS#:	
Salaries, Pensions, & Misc. Income	Provide W-2s and 1099s	
Partnership & Trust Income	Provide K-1s	
Gambling Winnings \$	Student Loan Interest	\$
Coverdell Contribution \$	Sec. 529 Plan Contribution	\$
<input type="checkbox"/> ✓ If you have been denied earned income credit by the IRS If so, have you been re-certified?..... <input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> ✓ If you bought, sold, or gifted real estate last year. If so, please call in advance to discuss what documents are required.		
<input type="checkbox"/> ✓ If you incurred any adoption expenses this year. If so, enter amount		

## ADDRESS & STATUS



Street Address			
City	State	ZIP	
Email			
<b>Status Changes This Year - Enter Dates</b>			
Married	Spouse Deceased	Sold Home	
Separated	Dependent Dec'd.	Sold Property	
Divorced	Moved	Legally Blind	You <input type="checkbox"/> Spouse <input type="checkbox"/>

## DEPENDENTS

Soc. Sec. numbers are MANDATORY



Name (Include last name if different)	Soc. Sec. #	**	Mo. In Home During Year	Birth Date	If over age of 18	Income	✓ If Student

\*\* S = Son, D = Daughter, R = Relative, O = Other

## ESTIMATED TAXES PAID

Please provide canceled checks if available.

Date Due	Date Paid	Federal	State
Applied From Prior Year's Refund			
First Quarter	April		
Second Quarter	June		
Third Quarter	Sept.		
Fourth Quarter	THIS Jan.		

## INTEREST INCOME

IRS computer matches payer and amount. Always use payer name listed on the 1099 even if not the original source.



Name of Payer (Please provide all forms 1099-INT & 1099-OID)	Banks, Credit Unions, Bonds, etc.	Home State Municipal Bonds (Generally tax free)	Other State Municipal Bonds (Federal tax free)	Direct U.S. Obligations Savings Bonds, T-Bills, etc. (State tax free)
1				
2				
3				
4				
5	Seller Financed Mortgage (Payer name, address & SS# req'd.)		Name, Address & SS#:	
6	FORFEITED INTEREST (early withdrawals)		FEDERAL WITHHOLDING ON INT & DIV:	
7 Do you have an ownership interest in or signature authority over a foreign financial, bank or securities account? <input type="checkbox"/> Yes <input type="checkbox"/> No				

## QUESTIONS YOU MAY HAVE

## DIVIDEND INCOME

IRS computer matches payer and amount. Always use payer name listed on the 1099 even if not the original source.



Name of Payer (Please provide all forms 1099-DIV)	Foreign Taxes Paid	Ordinary Dividends	Qualified Portion*	Capital Gains Dividends	Source U.S. Obligations Savings Bonds, T-Bills, etc. (State tax-free)	Taxable to State Only	Nontaxable State and Federal
1							
2							
3							

\*The amount in the "Ordinary" column will include the "Qualified" dividends shown in the "Qualified Portion" column. The portion of ordinary dividends that are qualified receive special tax treatment.

### MEDICAL EXPENSES PAID

To be deductible, medical expenses must exceed 7 1/2% of your adjusted gross income, and then, only to the extent the amount that exceeds the 7 1/2% floor is deductible. Example: Your income is \$40,000 for the year - your medical must exceed \$3,000. Do not include medical expenses that were reimbursed by insurance or paid for by flex spending or Sec. 125 plans.

Hospital, Medical, Dental, Medicare* & Insurance Premiums	
Doctors, Dentists, Psychotherapy & Psychological Counseling	
Hospitals, Nursing Home, Nursing Care, Lodging, etc.	
Prescription Drugs (no "over-the-counter" drugs)	
Glasses, Hearing Aids, Batteries, etc.	Auto Travel mi
Lab & X-Ray	Parking Fees
Supplies, Rentals, etc.:	Phone (toll charges)
Other: _____	
Insurance Reimbursement (only for amounts listed above)	{ }

\*Amounts withheld from Social Security Benefits only.

### TAXES PAID

Real Estate - Home & 2nd Home ONLY (not rental)	
Real Estate - Investment Property (land, etc.) (not rental)	
Vehicle License Fees: (1) (2) (3) (4)	
Personal Property Tax (boat, plane, etc.)	
<b>State Income Tax Paid (provide cancelled checks)</b>	
Balance Due or Last Year's Return	Prior Year's Tax or adjustment
Extension Payment Last Year's Return	Last Year's 4th Quarter paid Jan. of this year

### HOME MORTGAGE INTEREST PAID



Provide 1098s Enter Rental Interest in Rental section.		Primary Home	Second Home
1st TD	Paid to a Bank, S & L, etc.* <small>(must list name, address &amp; SSN below**)</small>		
2nd TD	Paid to a Bank, S & L, etc.* <small>(must list name, address &amp; SSN below**)</small>		
Home Equity Loan			
Individual's Name:		SS#	
Address:			
*Amounts must agree with Form 1098 issued by the financial institution. If not, check here <input type="checkbox"/> . If Form 1098 was issued in another's social security number, enter that person's name and Social Security number here.			
Name:		SS#	
If the second home is a qualified motor home, boat, etc., list the name of the payee here:			
Did you refinance during the year? If so, provide final escrow statement ..	<input type="checkbox"/>	YES	NO
Does your home equity loan exceed \$100,000? .....	<input type="checkbox"/>		
Does the sum of all home mortgages exceed \$1,000,000? .....	<input type="checkbox"/>		

### INVESTMENT INTEREST PAID

Interest paid for investments, such as land, stocks, etc.

Vacant Land	Brokerage Margin Accounts
Other:	

### CHILD OR DEPENDENT CARE EXPENSES



Care must enable you to work (or look for work) or attend school FULL TIME. Care must be for a child under 13 or individual who is physically or mentally incapable of self care. IRS matches employer benefits SS# and EID#.

If employer provides dependent care benefits.

PROVIDER INFORMATION		Payments must be allocated by Child		
Payee SS# or EID# MANDATORY unless exempt organizations.		Child:	Child:	Child:
Name		Amount	Amount	Amount
Address				
Phone				
SS or EID Number				
Name		Amount	Amount	Amount
Address				
Phone				
SS or EID Number				

### CHARITABLE CONTRIBUTIONS

#### CASH

All cash contributions must be documented with either a bank record or written verification from the charity.

House of Worship	Red Cross
Payroll Deduction	Other: _____
Cancer	Other: _____
<b>NON-CASH</b> - Household and clothing items must be in good or better condition. A written receipt is required for donations of \$250 or more, and a detailed list should be included with your return if the total exceeds \$500.	
Fair Market Value of Clothing & Household Items Contributed	
Automobile Travel for Charitable Purposes	mi
Expenses in connection with a charitable organization	
Explain: _____	
Vehicle Donation (provide 1098-C)	

### MISCELLANEOUS DEDUCTIONS

List all travel expenses including auto, out of town meals, hotel, air fare, etc., in sections for business mileage, and away-from-home expenses (next page).

Do not enter expenses you have listed elsewhere	You	Spouse
Attorney Fees (to protect taxable income)		
Business Gifts (see business expense instructions on next page)		
Dues: Union & Professional		
Employment & Resume Fees		
Entertainment & Meals (see business expense instructions on next page) enter 100%		
Gambling Losses (limited to taxable winnings)		
Insurance - Business (E & O, malpractice, etc.)		
Investment Expenses	Publications & Journals	
	Other: _____	
IRA or SE Plan Fees Paid by You (not deducted from plan)		
Licenses, Fees, Credentials, etc.		
Publications, Books, etc., used in Business		
Safe Deposit Box		
Tax Preparation & Consulting Fees		
Telephone (business calls only)		
Tools, Supplies, Equipment (provide list of items with a useful life of over one year)		
Uniforms - Purchase		
Uniforms - Cleaning		
Other: _____		

### EDUCATION EXPENSES

CAUTION: These expenses qualify for tax credits, deductions, and are used to justify certain exclusions and tax or penalty free distributions. Expenses must be segregated by student. Use a different column for each student in the family.

STUDENT:	THIS COLUMN IS DESIGNATED FOR:		
Taxpayer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spouse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependent: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependent: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>FOR TUITION CREDIT ONLY - Qualified Educational Instruction</b>			
Check if at least half-time student	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Post-Secondary - First 2 years			
After First 2 years			
Fees - Enrollment/Attendance Only			
<b>Other Expenses - DO NOT COMPLETE Unless qualifying for tax or penalty-free Coverdell Account distributions, Savings Bond Interest Exclusion, or student loan interest deductions. Similar expenses for continuing education should be entered in different section below.</b>			
Tuition K - 12 (for coverdell distributions only)			
Books/Supplies			
Room/Board			
<b>CONTINUING EDUCATION EXPENSES - Education for the taxpayer &amp; spouse only &amp; ONLY if job related</b>			
Tuition & Fees			
Seminar Fees, etc.			
Books/Supplies, etc.			
Travel			(list in appropriate area opposite page)

## BUSINESS VEHICLE INSTRUCTIONS

Miles Driven section **MUST** be completed for every vehicle that is used for business. Actual expenses are **NOT** required if you are using the government's "standard mileage rate." However, they are generally required if you are using the actual expense method, or if you used the actual method the first year the vehicle was placed in service. If this is the first year of business use for the vehicle, provide a copy of the purchase or lease contract.

DO NOT complete this section or the Business Vehicle Expense section if your vehicle is used only for commuting to and from work and for personal travel.		Vehicle 1 <input type="checkbox"/> You <input type="checkbox"/> Spouse	Vehicle 2 <input type="checkbox"/> You <input type="checkbox"/> Spouse
Check if Vehicle Provided (owned) by Employer		<input type="checkbox"/>	<input type="checkbox"/>
Enter Reimbursement Provided by Employer			
Check if the Reimbursement Included in W-2		<input type="checkbox"/>	<input type="checkbox"/>
Description of Vehicle (make/model)			
Date Originally Acquired			
Parking - Business only (do not include parking at place of employment)			
BUSINESS MILES DRIVEN	Total Miles Auto Driven, Personal & Business (required)	mi	mi
	For Employer	mi	mi
	To Professional Meetings/From Job to School	mi	mi
	Between 1st & 2nd Job	mi	mi
	Jobseeking/Temporary Job Sites	mi	mi
	Investment/Tax Preparation	mi	mi
	Rental	mi	mi
	Self-employed Business	mi	mi
Other: _____	mi	mi	
Average Round Trip Distance to Work (required)	mi	mi	
Total Commuting for the Year (required)	mi	mi	

## BUSINESS VEHICLE EXPENSES Complete only if vehicle used for business.

Gasoline, Oil, Lubrication		
Repairs & Maintenance		
Tires, Batteries, etc.		
Insurance (DO NOT DUPLICATE ELSEWHERE)		
License & Taxes (DO NOT DUPLICATE ELSEWHERE)		
Interest (DO NOT DUPLICATE ELSEWHERE)		
Wash & Wax		
Lease Payments		
Other: _____		

## AWAY-FROM-HOME EXPENSES You Spouse

Airfare		
Auto Rental, Taxi, etc.		
Meals & Tips (enter 100% of expense)		
Lodging & Tips (do not include meals)		
Laundry		
Other: _____		

## BUSINESS EXPENSE INSTRUCTIONS

Business expense deductions must be based on a log and/or other receipts and records. The combination of records should document: the business purpose, date and time, place and amount. For business meals and entertainment, you must also document that (1) you discussed business during the meal, or (2) you had a substantial bona fide business discussion or activity before or after the meal/entertainment, or (3) you ate alone while out-of-town. You must also record the name and business relationship of each person entertained. Gifts are limited to \$25 per person per year. You may not deduct these expenses unless documented.

## "OFFICE-IN-HOME" EXPENSES

To qualify, an "office in the home" must be used exclusively and on a regular basis (a) as your principal place of business, or (b) by patients, clients, or customers in meeting and dealing with you in a normal course of business. A home office will qualify as your principal place of business if: 1) You use it exclusively and regularly for the administrative or management activities of your trade or business, and 2) You have no other fixed location where you conduct substantial administrative or management activities of your trade or business, if you are an employee, the home office use must also be for the convenience of the employer.

Total Sq. Feet of:	Home	Office	Storage
Expenses:	Rent*	Utilities	Insurance
Condo or Management Fees		Other:	
Maintenance & Repairs: Office		Home in General**	
*If you own your home, provide purchase settlement statement and list of improvements to office. **Roof, outside painting OK; not lawn care.			

## SECURITIES & PROPERTY SOLD IRS MATCH

IRS matches gross proceeds from sale using the 1099-B. Many brokerage houses use substitute forms. All transactions must be reported even if there is no profit. IRS computer matches sales price.

Description	✓ If Inher.	Date Acquired	Date Sold	Selling Price	Original Cost

## RENTAL INCOME & EXPENSES

If the property was purchased or converted to rental use this year, provide purchase settlement with statement and county tax bill. List business vehicle expenses and travel expenses in Business Mileage, Rental, this page.

Property	Address		
1			
2			
3			
Property	1	2	3
Income			
Advertising			
Cleaning & Maintenance			
Commissions			
Insurance			
Legal & Professional Fees			
Mortgage Interest Paid to Banks			
Other Interest			
Repairs: Carpentry, Hardware			
Electrical, Plumbing			
Paint & Decorating			
Supplies			
Taxes			
Utilities			
Wages & Salaries			
Condo or Management Fees			
Telephone (toll calls only)			
Improvements & Replacements	See Instructions Below		
Other: _____			
Number of Days Used Personally			
Improvements and Replacements include furniture, appliances, carpet, drapes, major repairs, or improvements. Provide a list with DESCRIPTION, DATE OF PURCHASE OR COMPLETION, and COST for each item.			

## SELF-EMPLOYED BUSINESS INCOME & EXPENSE

List business vehicle expenses and travel expenses in other column, this page.

	You	Spouse
Gross Income		
Returns & Refunds	<	>
Cost of Inventory at Beginning of Year		
Cost of Merchandise Purchased		
Cost of Items for Personal Use		
Cost of Inventory at End of Year		
Expense	You	Spouse
Advertising		Rent (other)
Bank Charges		Repairs
Commissions		Seminars
Dues & Pubs.		Supplies
Entertainment (100%)		Taxes-Payroll
Freight		Taxes-Sales
Gifts (see business expense instructions)		Taxes-Property
Insurance		Telephone
Interest (mortgage)		Utilities
Interest (other)		Wages (W-2)
Legal/Profess.		Other: _____
Office Expense		Other: _____
Rent (equip.)		Equipment: <small>Provide list including description, purchase date and cost.</small>