

Tax Organizer

for Tax Year 20__



Name:
 Taxpayer _____ SS No. _____ Birthdate/Age _____

Spouse _____ SS No. _____ Birthdate/Age _____

Address: _____ Telephone (Home) () _____
 _____ Telephone (Work) () _____
 Cell Phone: () _____ Cell Phone: () _____

Email Address: _____

Occupation: Taxpayer _____ Spouse _____

Check One: Single Married Filing Joint Surviving Widow/Widower
 Married Filing Separately (enter spouse's name/SS No. Above) Unmarried Head of Household

Dependents Name	Birthdate/ Age	Social Security Number*	Relationship	No. of Months lived in your home in 2010

*A personal exemption is disallowed for any dependent unless the Social Security number is provided on the tax return. Members of your family attending college may make you eligible for a Hope Scholarship Credit, Lifetime Learning Credit, or Tuition and Fees Deduction. # Students _____

Taxpayer: 65 or over Blind/Disabled **Spouse:** 65 or over Blind/Disabled

The checklist below could lead to helpful deductions. Please answer and provide supporting information. **All questions below pertain to the year 20__.**

- YES NO**
- Did you receive any employer-provided educational assistance? \$ _____
 - Did you incur any educational expenses on behalf of yourself, your spouse, or a dependent?
 - Did you contribute to a Qualified State Tuition Plan?
 - If you are an educator, did you have un-reimbursed work-related expenses? Amount: \$ _____ (not yet extended)
 - Do you or your spouse have any kind of pension, profit-sharing, 401K, Retirement, Keogh, IRA, Roth or tax sheltered annuity plan? If yes, please circle above which ones.
 - If yes, were you or your spouse at least 70 __ years of age on Dec. 31st?
 - Did you withdraw IRA or Keogh funds during the year? If so, please indicate the amount of funds:
 Withdrawn: \$ _____ Date: _____ Re-deposited: \$ _____ Date: _____
 Were any funds withheld? Yes No Amount: \$ _____
 Were the withdrawn funds used to pay medial expenses? Yes No
 - Were you called to active duty before you withdrew the amounts?
 - If you are self-employed, did you pay health insurance premiums for yourself and your family?
 Amount: \$ _____
 - Did you pay alimony? If yes, paid to: _____
 SS no.: _____ Amount Paid: \$ _____
 - Did you receive alimony, if so how much? \$ _____
 - Did you have any adoption expenses? \$ _____
 - Did you receive gifts in excess of \$14,139 from a foreign person?
 - Did your college student receive educational benefits under a prepaid tuition program?
 - Do you wish to designate \$3 of your taxes to the Presidential Campaign Fund?
 - Did you receive an advance child tax credit payment? If yes, how much? \$ _____
 - Have you ever qualified for the Earned Income Tax Credit?
 - Did you have a casualty of theft loss? If so, attach itemized list (including original cost and the value on date of loss), insurance information regarding coverage, reimbursement and police report.
 - Did you purchase an alternative motor vehicle (energy efficient)?
 - Did you make qualified energy improvements, such as energy efficient windows, doors, or metal roofs?
 - Did you purchase alternative energy sources for your personal residence, such as solar water heaters, solar electric equipment, geothermal heat pumps or wind turbines and fuel cell plants?
 - Did you purchase a home as a first time homebuyer?

- Did you purchase a new home after Nov. of last year & lived in your prior home for 5 consecutive years out of the last 8 years?
- Did you have a property foreclosed on, have a short sale, or relinquish a property in lieu of foreclosure?

Estimated Tax Payments

	1 st Quarter		2 nd Quarter		3 rd Quarter		4 th Quarter		TOTAL
	Date Paid	Amount	Date Paid	Amount	Date Paid	Amount	Date Paid	Amount	
Federal									
State									
City									

Wage Income

Employer's Name	T or S	Wages	Federal W/H	FICA	Medicare	State W/H	City W/H

Retirement Benefits Received (Enclose all 1099R Forms)

Payer	T or S	Amount	Plan Type

Payer	T or S	Amount	Plan Type

Interest Income (Enclose all 1099-INT Forms)

Payer	T or S	Amount	Seller Financed Mortgage	Early Withdrawal Penalty	Tax Exempt (Y or N)

Total Municipal Bond Interest Earned in 20__: \$ _____
For seller financed mortgage: Buyer's name, Social Security number and addresses: _____

Dividend Income (Enclose all 1099-DIV Forms)

Payer	T or S	Total Amount	Qualified Dividends	Capital Gain Dist.	Non-Taxable

Do you have funds in a foreign account? Yes No
Did you have any stock sales in 20__? If yes, submit all 1099B forms. Yes No
Installment Sale Payments Received: Interest \$ _____ Principal \$ _____
Buyer's name: _____ **SS #** _____ **Address:** _____

Other Benefits/Income Received (Enclose all 1099, SSA-1099, K-1s and other Misc. Forms)

	Social Security		Unemployment		Alimony		State Refund		Other	
Taxpayer										
Spouse										

Capital Assets Sold (Securities, Real Estate, etc.) Attach Forms 1099B and 1099S

Description of Property	Date Acquired		Date Sold		Sale Price		Depreciation Taken (if applicable)		Cost or Basis	

*To qualify for long term capital gain rates, assets sold must have been held for more than one year.

Rental Income (Attach 1099 Forms)

Property Description										
Gross Income										
Expenses										
Advertising										
Auto & Travel										
Cleaning & Maintenance										
Commissions										
Insurance										
Professional Fees										
Mortgage Interest										
Other Interest										
Repairs										
Supplies										
Taxes										
Utilities										
Wages/Schedule										
% Occupancy by Taxpayer										

Depreciable Asset Additions

For Schedule C, E, F, 2106	Description	Date Purchased	Cost		Trade-In (if any)	

Improvements to Personal Residence Note: If you refinanced your home this year, please bring a copy of your closing statement.

For Schedule C, E, F, 2106	Description	Date Purchased	Cost	

Business Income (Attach 1099-MISC Forms)

Business Name _____
Federal ID No. _____
Principal Business Activity _____
Principal Product _____
Method Used to Value Inventory _____
Accounting Method: Cash Accrual

Gross Income	Amount
Gross Income.....	_____
Less Returns/Allowances.....	_____
Cost of Sales	
Beginning Inventory.....	_____
Purchases.....	_____
Cost of Labor.....	_____
Materials and Supplies.....	_____
Freight In.....	_____
Other.....	_____
Ending Inventory.....	_____

Deductions

Advertising.....	_____
Auto-Truck Expense.....	_____
Bad Debts.....	_____
Collection Expense.....	_____
Commissions.....	_____
Professional Dues & Subscriptions..	_____
Employee Benefit Program.....	_____
Freight & Express.....	_____
Utilities.....	_____
Insurance.....	_____
Interest—Mortgage.....	_____
Interest—Other.....	_____
Janitorial & Cleaning.....	_____
Laundry.....	_____
Legal & Accounting Fees.....	_____
Office Expense.....	_____
Postage.....	_____
Rent.....	_____
Repairs.....	_____
Salaries.....	_____
Supplies.....	_____
Telephone.....	_____
Travel.....	_____
Total Meals & Entertainment.....	_____
.....	_____
.....	_____

Farm Income (Attach 1099 Forms)

Farm Name _____
Principal Activity _____
Accounting Method: Cash Accrual

Income

Sales of Items Bought for Resale..... _____
Cost of Items Bought for Resale..... _____

Sales of Livestock & Produce Raised Except for Breeding Stock

Feeders & Calves.....	_____
Pigs & Sheep.....	_____
Poultry & Eggs.....	_____
Dairy Products.....	_____
Corn, Peas, etc.....	_____
Wheat, Oats, Hay & Straw.....	_____
Fruit.....	_____
Patronage Dividends.....	_____
Agricultural Program Payments.....	_____
Commodity Credit Loans Neglected....	_____
CCC Loans: Forfeited.....	_____
Repaid with Certificates.....	_____
Crop Insurance Proceeds.....	_____
Federal Gasoline Tax Credit.....	_____
Other.....	_____

Deductions

Breeding Fees.....	_____
Chemicals.....	_____
Conservation Expenses.....	_____
Custom Hire (Machine Work).....	_____
Employee Benefits Programs.....	_____
Feed Purchased.....	_____
Fertilizers & Lime.....	_____
Freight & Trucking.....	_____
Gasoline, Fuel, Oil.....	_____
Insurance.....	_____
Interest—Mortgage.....	_____
Interest—Other.....	_____
Labor Hired.....	_____
Pension & Profit Sharing Plans.....	_____
Rent of Farm, Pasture.....	_____
Repairs, Maintenance.....	_____
Seeds, Plants Purchased.....	_____
Storage, Warehousing.....	_____
Supplies Purchased.....	_____
Taxes.....	_____
Utilities.....	_____
Veterinary Fees, Medicine.....	_____
.....	_____
.....	_____

Did you have business start-up costs in 20___? Yes No

If so, was the business running by the end of 20___? Yes No

Did you have income (or loss) on K-1 from Partnership, LLC, S Corp., Estate or Trust in 20___? Provide all copies of K-1.

Business Use of Home

Total Area of Home: _____ sq. ft. Total area Used for Business: _____ sq. ft.

Nature of Business Activity Performed in Home: _____

Was Another Office Available to You Outside the Home? Yes No

Non-Exclusive Use by Day Care Providers Only:

Hours/Day Used for Day Care: _____ Days/Year Used for Day Care: _____

Retirement Contributions for 20__ Do you want to make any nondeductible IRA contributions? Yes ___ No ___

	Taxpayer	Spouse
IRA or Roth, Specify		
SEP		
Keogh		
Other:		

Personal Itemized Deductions

Medical	Amount
Prescription Drugs.....	
Medical Insurance Premiums.....	
Long Term Care Ins. Premiums.....	
Medicare Premiums.....	
Doctors/Dentists.....	
Clinic/Lab Tests.....	
Hospitals.....	
Eyeglasses/Hearing Aids.....	
Orthopedic Shoes/Braces.....	
Medical Long Distance Phone.....	
Other.....	
_____ Miles.....	
Fares: Taxi, Bus, etc.....	
Do you have a medical savings acct.?	

Interest

Deductible Home Mortgage Interest Paid to Financial Institutions.....	
Home Equity Interest.....	
Deductible Home Mortgage Interest Paid to Individuals:*	
Name Address:*	

Social Security No.:*	
*Failure to provide is subject to a \$50 penalty.	
Deductible Points (Include Amortization Points from Prior Years).....	
Investment Interest (list).....	

Taxes

Real Estate.....	
Personal Property.....	
State & Local Income Tax.....	
State & Local General Sales Tax.....	

Charitable Contributions

Cash Contributions*.....	

Other Than Cash Contributions.....	

_____ Miles for Charity	

*Contributions of \$250 or more require written substantiation from the organizations.

Miscellaneous Deductions Subject to 2% AGI

Unreimbursed Employee Business Expense.....	
Union & Professional Dues.....	
Safe Deposit Box Rental.....	
Tax Return Preparation Fee.....	
Business Publications.....	
Business Telephone Calls.....	
Tools, Supplies, Equipment.....	
Employment-Related Education.....	
Investment Expenses.....	
Other.....	

Miscellaneous Deductions Not Subject to 2% AGI

Gambling Losses (limited to winnings).....	

Household Employee Information

Household Employer EIN: _____
 Did you pay any one household employee \$1,700 or more in 20__? Yes ___ No ___
 Did you withhold Federal income tax during 20__ at the request of any household employee? Yes ___ No ___
 Did you pay total cash wages of \$1,000 in any calendar quarter of 20__ to household employees? Yes ___ No ___
 Was the employee under age 18? Yes ___ No ___ Student? Yes ___ No ___
 Do you have a Form I-9 on file for your household employee? Yes ___ No ___
 Household Employee Name: _____ Social Security Number: _____
 Address: _____

Gross Wages	FITW	SS Withheld	Employer Share FICA	Advance EIC	FUTA	State Unemployment

Moving Expenses

Enter No. of miles from your old home to your *new* workplace _____
 Enter No. of miles from your old home to your *old* workplace _____
 Date of Move _____ Arrival at New Location _____

	Amount		Amount
Cost to Ship and Pack Household Goods...		Reimbursements (on W-2)? Yes ___ No ___	
Cost to Travel to New Home.....		Other: _____	
Cost of Lodging During Move.....			

Employee Business Expense

Travel Expense	Amount	
Air Fares.....		
Auto Rentals.....		
Entertainment.....		
Garage.....		
Hotel/Motel.....		
Meals.....		
Parking.....		
Postage.....		

	Amount	
Road Tolls.....		
Taxi, Subway.....		
Telephone, Telegraph.....		
Tips.....		
Other.....		
.....		
.....		
.....		

Automobile Expense		
	Car 1	Car 2
Total Miles Driven		
Total Mileage		
Business Mileage		
Business Use %		
Average Daily Commuting		
Written Records Available	Y/N	Y/N
Is another vehicle available for personal use?	Y/N	Y/N
Is an employer-provided vehicle available for personal use?	Y/N	Y/N

	Car 1	Car 2
Actual Automobile Expenses		
Gas & Oil		
Insurance		
Licenses		
Lubrication		
Repairs		
Tires, Tire Repair		
Wash		
Other:		

Child Care Deductions (Number of Dependents Qualifying: _____)

Provider's Name & Address (Include Individual's Name and/or Org. Name)	SS No. or Federal ID	Amount	

Did you receive employer-provided dependent care assistance benefits? Yes No Amount: \$ _____

Sale of Personal Residence (Attach copy of closing/settlement statement)

Date Old Residence Acquired	<i>Cost or Basis of Old Residence</i>
Cost of Improvements (landscaping, driveway, roof, etc.)	
Date Old Residence Sold	<i>Selling Price</i>
Expenses of Sale (commissions, legal fees, points, deed stamps, etc.)	
Was any part of residence rented or used for business?	
Was it your principal place of residence for 2 of the last 5 years, ending on date of sale?	
Date New Residence Acquired (or construction began)	
Date you occupied new residence	<i>Cost of New Residence</i>
If married do you and/or your spouse meet the ownership and residence requirements?	

Do you wish to designate your tax preparer or someone else to be contacted by the IRS in case any questions arise regarding your tax return? If yes, name the person. Yes No _____

To the best of my knowledge the enclosed information is correct and includes all income deductions and other information necessary for the preparation of this year's income tax returns for which I have adequate contemporaneous records.

Signature

Date