

INDIVIDUAL TAX ORGANIZER LETTER
FORM 1040

Enclosed is an income tax data organizer that I (we) provide to tax clients to assist them in gathering the information necessary to prepare your individual income tax returns.

The Internal Revenue Service matches information returns/forms with amounts reported on tax returns. A negligence penalty may be assessed when income is underreported or when deductions are overstated. Accordingly, all information returns reflecting amounts reported to the Internal Revenue Service are also mailed/delivered to the taxpayers in an envelope clearly marked "IMPORTANT TAX DOCUMENTS ENCLOSED" and should be submitted with this organizer. Forms such as:

| | |
|--------------------------|---|
| W-2 (Wages) | Schedules K-1 |
| 1099-R (Retirement) | (Forms 1065, 1120S, 1041) |
| 1099-INT (Interest) | |
| 1099-DIV (Dividends) | Annual Brokerage Statements |
| 1099-B (Brokerage Sales) | 1098 – Mortgage Interest |
| 1099-MISC (Rents, etc) | Other tax information stmts |
| 1099 (any other) | 8886, Reportable transactions |
| 1098-T (Education) | Form HUD-1 for Real Estate Sales/Purchases |

Also enclosed is an engagement letter which explains the services I (we) will provide to you. Please sign a copy of the engagement letter and return the signed copy in the enclosed envelope. Keep the other copy for your records.

To continue providing quality services on a timely basis, I (we) urge you to collect your information as soon as possible. If information from "passthrough" entities such as partnerships, trusts and S corporations is the only data you are missing, please send the data you have assembled and forward the missing information as soon as it is available.

The filing deadline for your income tax return is _____. In order to meet this filing deadline your completed tax organizer needs to be received no later than _____. Any information received after that date may require that an extension of time be filed for this return.

If an extension of time is required, any tax due must be paid with that extension. Any taxes not paid by the filing deadline may be subject to late payment penalties and interest.

I (we) look forward to providing services to you. Should you have questions regarding any items, please do not hesitate to contact us (me).

INDIVIDUAL TAX ORGANIZER (1040)

If we did not prepare your prior year returns, provide a copy of federal and state returns for the three previous years. Complete pages 1 through 4 and all applicable sections.

Taxpayer's Name _____ SSN _____ Occupation _____

Spouse's Name _____ SSN _____ Occupation _____

Home Address _____

City, Town, or Post Office County State Zip Code School District

Telephone Number Telephone Number (Taxpayer) Telephone Number (Spouse)

Home (_____) _____ Office (_____) _____ Office (_____) _____

Email(T) _____ Fax (_____) _____ Fax (_____) _____

Email(S) _____ Cell (_____) _____ Cell (_____) _____

Email _____ Email _____

Taxpayer: Date of Birth _____

Blind? - Yes No

Spouse: Date of Birth _____

Blind? - Yes No

Dependent Children Who Lived With You:

| Full Name | Social Security Number | Relationship | Birth Date |
|-----------|------------------------|--------------|------------|
| 1.) | | | |
| 2.) | | | |
| 3.) | | | |
| 4.) | | | |
| 5.) | | | |
| 6.) | | | |
| 7.) | | | |

Other Dependents:

| Full Name | Social Security Number | Relationship | Birth Date | Number Months Resided in Your Home | % Support Furnished By You |
|-----------|------------------------|--------------|------------|------------------------------------|----------------------------|
| 8.) | | | | | |
| 9.) | | | | | |
| 10.) | | | | | |

INDIVIDUAL TAX ORGANIZER (1040)

Please answer the following questions and submit details for any question answered "Yes":

| | <u>YES</u> | <u>NO</u> |
|--|--------------------------|--------------------------|
| 1. Did any births, adoptions, marriages, divorces, or deaths occur in your family last year? If yes, provide details. | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Will the address on your current returns be different from that shown on your prior year returns? If yes, provide the new address and date moved. | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Were there any changes in dependents from the prior year? If yes, provide details. | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Are you entitled to a dependency exemption due to a divorce decree? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Did any of your dependents have income of \$950 or more? (\$400 if self-employed) | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Did any of your children under age 19, age 24 if they are a full time student, have investment income over \$1,900? | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, do you want to include your child's income on your return? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Are any dependent children married and filing a joint return with their spouse? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Did any dependent child 19-23 years of age attend school less than 5 months during the year? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Did you receive income from any legal proceedings, cancellation of student loans or other indebtedness during the year? If yes, provide details. | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Did you make any gifts during the year directly or in trust exceeding \$13,000 per person? | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Did you have any interest in, or signature, or other authority over a bank, securities, or other financial account in a foreign country? | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Were you the grantor, transferor or beneficiary of a foreign trust? | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Were you a resident of, or did you have income in, more than one state during the year? | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Do you wish to have \$3 (or \$6 on joint return) of your taxes applied to the Presidential Campaign Fund? | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Do you wish to contribute to any state fund(s)? If yes, indicate amount(s) and which fund(s): | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ | | |
| _____ | | |
| 16. Do you want any overpayment of taxes applied to next year's estimated taxes? | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Do you want any federal refund deposited directly into your bank account? If yes, enclose a voided check. | <input type="checkbox"/> | <input type="checkbox"/> |
| .1) Do you want any balance due directly withdrawn from this same bank account on the due date? | <input type="checkbox"/> | <input type="checkbox"/> |
| .2) Do you want next year's estimated taxes withdrawn from this same bank account on the due dates? | <input type="checkbox"/> | <input type="checkbox"/> |

INDIVIDUAL TAX ORGANIZER (1040)

- | | <u>YES</u> | <u>NO</u> |
|--|--------------------------|--------------------------|
| 18. Do either you or your spouse have any outstanding child or spousal support payments or federal debt? | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. If you owe federal tax upon completion of your return, are you able to pay the balance due? | <input type="checkbox"/> | <input type="checkbox"/> |
| 20. Do you expect a large fluctuation in your income, deductions or withholding next year? If yes, provide details. | <input type="checkbox"/> | <input type="checkbox"/> |
| 21. Did you receive any distribution from an IRA or other qualified plan that was partially or totally rolled over into another IRA or qualified plan within 60 days of the distribution? (Form 1099R) | <input type="checkbox"/> | <input type="checkbox"/> |
| 22. If you received an IRA distribution, which you did not roll over, provide details. (Form 1099R) | <input type="checkbox"/> | <input type="checkbox"/> |
| 23. Did you “convert” IRA funds into a Roth IRA? If yes, provide details. (Form 1099R) | <input type="checkbox"/> | <input type="checkbox"/> |
| 24. Did you receive any disability payments this year? | <input type="checkbox"/> | <input type="checkbox"/> |
| 25. Did you receive tip income not reported to your employer? | <input type="checkbox"/> | <input type="checkbox"/> |
| 26. Did you sell and/or purchase a principal residence or other real estate? If yes, provide settlement sheet (HUD-1) and Form 1099-S. | <input type="checkbox"/> | <input type="checkbox"/> |
| 27. Did you collect on any installment contract during the year? Provide details. | <input type="checkbox"/> | <input type="checkbox"/> |
| 28. Did you receive tax-exempt interest or dividends not reported on Forms 1099-INT or 1099-DIV? | <input type="checkbox"/> | <input type="checkbox"/> |
| 29. During this year, do you have any securities that became worthless or loans that became uncollectible? | <input type="checkbox"/> | <input type="checkbox"/> |
| 30. Did you receive unemployment compensation? If yes, provide Form 1099-G. | <input type="checkbox"/> | <input type="checkbox"/> |
| 31. Did you have any casualty or theft losses during the year? If yes, provide details. | <input type="checkbox"/> | <input type="checkbox"/> |
| 32. Did you have foreign income, pay any foreign taxes, or file any foreign information reporting or tax return forms? Provide details. | <input type="checkbox"/> | <input type="checkbox"/> |
| 33. If there were dues paid to an association, was any portion not deductible due to political lobbying by the association or benefits received? | <input type="checkbox"/> | <input type="checkbox"/> |
| 34. Has the IRS, or any state or local taxing agency, notified you of changes to a prior year’s tax return? If yes, provide copies of all notices/correspondence received. | <input type="checkbox"/> | <input type="checkbox"/> |
| 35. Are you aware of any changes to your income, deductions and credits reported on any prior years’ returns? | <input type="checkbox"/> | <input type="checkbox"/> |
| 36. Did you purchase gasoline, oil, or special fuels for non-highway vehicles? | <input type="checkbox"/> | <input type="checkbox"/> |
| 37. Did you purchase an energy-efficient or other ne vehicle? If yes, provide purchase invoice. | <input type="checkbox"/> | <input type="checkbox"/> |

INDIVIDUAL TAX ORGANIZER (1040)

- | | <u>YES</u> | <u>NO</u> |
|---|--------------------------|--------------------------|
| 38. If you, or your spouse, have self-employment income, did you pay any health insurance premiums or long-term care premiums? | <input type="checkbox"/> | <input type="checkbox"/> |
| 39. Were either you or your spouse eligible to participate in an employer's health insurance or long-term care plan? | <input type="checkbox"/> | <input type="checkbox"/> |
| 40. If you, or your spouse, have self-employment income, do you want to make a retirement plan contribution? | <input type="checkbox"/> | <input type="checkbox"/> |
| 41. Did you acquire any "qualified small business stock"? | <input type="checkbox"/> | <input type="checkbox"/> |
| 42. Were you granted or did you exercise any stock options? If yes, provide details. | <input type="checkbox"/> | <input type="checkbox"/> |
| 43. Were you granted any restricted stock? If yes, provide details. | <input type="checkbox"/> | <input type="checkbox"/> |
| 44. Did you pay any household employee over age 18 wages of \$1,700 or more? If yes, provide copy of Form W-2 issued to each household employee. If yes, did you pay total wages of \$1,000 or more in any calendar quarter to all household employees? | <input type="checkbox"/> | <input type="checkbox"/> |
| 45. Did you surrender any U.S. savings bonds? | <input type="checkbox"/> | <input type="checkbox"/> |
| 46. Did you use the proceeds from Series EE U.S. savings bonds purchased after 1989 to pay for higher education expenses? | <input type="checkbox"/> | <input type="checkbox"/> |
| 47. Did you realize a gain on property, which was taken from you by destruction, theft, seizure or condemnation? | <input type="checkbox"/> | <input type="checkbox"/> |
| 48. Did you start a business? | <input type="checkbox"/> | <input type="checkbox"/> |
| 49. Did you purchase rental property? | <input type="checkbox"/> | <input type="checkbox"/> |
| 50. Did you acquire any interests in partnerships, LLCs, S corporations, estates or trusts this year? | <input type="checkbox"/> | <input type="checkbox"/> |
| 51. Do you have records to support travel, entertainment, or gift expenses? The law requires that adequate records be maintained for travel, entertainment, and gift expenses. The documentation should include amount, time and place, date, business purpose, description of gift(s) (if any), and business relationship of recipient(s). | <input type="checkbox"/> | <input type="checkbox"/> |
| 52. Has your will or trust been updated within the last three years? | <input type="checkbox"/> | <input type="checkbox"/> |
| 53. Did you incur expenses as an elementary or secondary educator? If so, how much? | <input type="checkbox"/> | <input type="checkbox"/> |
| 54. Did you make any energy-efficient improvements (remodel or new construction) to your home? | <input type="checkbox"/> | <input type="checkbox"/> |
| 55. Can the Internal Revenue Service discuss questions about this return with the preparer? | <input type="checkbox"/> | <input type="checkbox"/> |
| 56. Did you make any large purchases or home improvements? | <input type="checkbox"/> | <input type="checkbox"/> |
| 57. Did you pay real estate taxes on your principal residence? If so, how much? | <input type="checkbox"/> | <input type="checkbox"/> |

INDIVIDUAL TAX ORGANIZER (1040)

ESTIMATED TAX PAYMENTS MADE

| | FEDERAL | | STATE (NAME): | |
|------------------------|-----------|-------------|---------------|-------------|
| | Date Paid | Amount Paid | Date Paid | Amount Paid |
| Prior year overpayment | | | | |
| 1st Quarter | | | | |
| 2nd Quarter | | | | |
| 3rd Quarter | | | | |
| 4th Quarter | | | | |

WAGES, SALARIES, AND OTHER EMPLOYEE COMPENSATION

Enclose all Forms W-2.

PENSION, IRA, AND ANNUITY INCOME

Enclose all Forms 1099-R.

- | | <u>YES</u> | <u>NO</u> |
|---|-----------------------------------|--------------------------|
| 1. Did you receive a Lump Sum distribution from your employer? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Did you "convert" a Lump Sum distribution into another plan or IRA account? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Did you transfer IRA funds to a Roth IRA this year? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Have you elected a Lump Sum treatment for any retirement distributions after 1986? | Taxpayer <input type="checkbox"/> | <input type="checkbox"/> |
| | Spouse <input type="checkbox"/> | <input type="checkbox"/> |

INDIVIDUAL TAX ORGANIZER (1040)

SOCIAL SECURITY BENEFITS RECEIVED

| |
|-----------------------------|
| Enclose all 1099 SSA Forms. |
|-----------------------------|

INTEREST INCOME - Enclose all Forms 1099-INT and statements of tax-exempt interest earned. **If not available, complete the following:**

| TSJ* | Name of Payor | Banks, S&L, Etc. | U.S. Bonds, T-Bills | <u>Tax-Exempt</u> | |
|------|----------------------------|---------------------|------------------------|-------------------|--------------|
| | | | | In-State | Out-of-State |
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| | Early Withdrawal Penalties | | | | |

*T = Taxpayer S = Spouse J = Joint

INTEREST INCOME (Seller-Financed Mortgage)

| Name of Payor | Social Security Number | Address | Interest Recorded |
|---------------|------------------------|---------|-------------------|
| | | | |
| | | | |

INDIVIDUAL TAX ORGANIZER (1040)

DIVIDEND INCOME - Enclose all Forms 1099-DIV and statements of tax-exempt dividends earned. **If not available, complete the following:**

| TSJ* | Name of Payor | Ordinary Dividends | Qualified Dividend | Capital Gain | Non Taxable | Federal Tax Withheld | Foreign Tax Withheld |
|------|---------------|--------------------|--------------------|--------------|-------------|----------------------|----------------------|
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*T = Taxpayer S = Spouse J = Joint

MISCELLANEOUS INCOME - List and enclose related Forms 1099 or other forms.

| Description | Amount |
|--------------------------------------|--------|
| State and local income tax refund(s) | |
| Alimony received | |
| Jury fees | |
| Finder's fees | |
| Director's fees | |
| Prizes | |
| Gambling winnings (W2-G) | |
| Other miscellaneous income | |
| | |
| | |
| | |

INDIVIDUAL TAX ORGANIZER (1040)

INCOME FROM BUSINESS OR PROFESSION – SCHEDULE C

Who owns this business? Taxpayer Spouse Joint

Principal business or profession _____

Business name _____

Business taxpayer identification number _____

Business address _____

Method(s) used to value closing inventory:

Cost Lower of cost or market Other (describe) _____ N/A

Accounting method:

Cash Accrual Other (describe) _____

| | <u>YES</u> | <u>NO</u> |
|---|--------------------------|--------------------------|
| 1. Was there any change in determining quantities, costs or valuations between the opening and closing inventory? If yes, attach explanation. | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Did you deduct expenses for the business use of your home? If yes, complete office in home schedule provided in this organizer. | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Did you materially participate in the operation of the business during the year? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Was all of your investment in this activity at risk? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Were any assets sold, retired or converted to personal use during the year? If yes, list assets sold including date acquired, date sold, sales price, and original cost. | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Were any assets purchased during the year? If yes, list assets acquired, including date placed in service and purchase price, including trade-in. Include copies of purchase invoices. | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Was this business still in operation at the end of the year? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. List the states in which business was conducted and provide income and expense by state. | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Provide copies of certification for employees of target groups and associated wages qualifying for Work Opportunities Tax Credit. | <input type="checkbox"/> | <input type="checkbox"/> |

Attach a schedule of income and expenses of the business or complete the following worksheet. Complete a separate schedule for each business.

INDIVIDUAL TAX ORGANIZER (1040)

INCOME AND EXPENSES (Schedule C)

| Description | Amount |
|---|--------|
| Part I – Income | |
| Gross receipts or sales | |
| Returns and allowances | |
| Other income (List type and amount.) | |
| | |
| Part II - Cost of Goods Sold | |
| Inventory at beginning of year | |
| Purchases less cost of items withdrawn for personal use | |
| Cost of labor (Do not include salary paid to yourself.) | |
| Materials and supplies | |
| Other costs (List type and amount.) | |
| Inventory at end of year | |
| Part III – Expenses | |
| Advertising | |
| Bad debts from sales or services | |
| Car and truck expenses (Complete Auto Expense Schedule on Page 21) | |
| Commissions and fees | |
| Depletion | |
| Depreciation and Section 179 expense deduction (provide depreciation schedules) | |
| Employee health insurance and other benefit programs (excluding retirement plans) | |
| Employee retirement contribution (other than owner) | |
| Self employed owner: | |
| a. Health insurance premiums | |
| b. Retirement contribution | |
| c. State income tax | |
| Insurance (other than health) | |
| Interest: | |
| a. Mortgage (paid to banks, etc.) | |
| b. Other | |
| Legal and professional services | |

INDIVIDUAL TAX ORGANIZER (1040)

| Description | Amount |
|--|--------|
| Office expense | |
| Rent or lease: | |
| a. Vehicles, machinery, and equipment | |
| b. Real Estate or Other business property | |
| Repairs and maintenance | |
| | |
| Supplies | |
| Taxes and licenses (Enclose copies of payroll tax returns.) Do not include state income tax. | |
| Travel, meals, and entertainment: | |
| a. Travel | |
| b. Meals and entertainment | |
| Utilities | |
| Wages (Enclose copies of Forms W-3/W-2.) | |
| Lobbying expenses | |
| Club dues: | |
| a. Civic club dues | |
| b. Social or entertainment club dues | |
| Other expenses (List type and amount.) | |
| | |
| | |
| | |

COMMENTS: _____

INDIVIDUAL TAX ORGANIZER (1040)

OFFICE IN HOME

To qualify for an office in home deduction, the area must be used exclusively for business purposes on a regular basis in connection with your employer's business and for your employer's convenience. If you are self-employed, it must be your principal place of business or you must be able to show that income is actually produced there. If business use of home relates to daycare, provide total hours of business operation for the year.

| Business or activity for which you have an office | Total area of the house (square feet) | Area of business portion (square feet) | Business Percentage |
|---|--|---|------------------------|
| | | | |

I. DEPRECIATION

| | Date Placed in Service | Cost/Basis | Method | Life | Prior Depreciation |
|-----------------------------------|---------------------------|------------|--------|------|-----------------------|
| House | | | | | |
| Land | | | | | |
| Total Purchase Price | | | | | |
| Improvements (Provide details) | | | | | |

II. EXPENSES TO BE PRORATED:

| | |
|--------------------------|-------|
| Mortgage interest | _____ |
| Real estate taxes | _____ |
| Utilities | _____ |
| Property insurance | _____ |
| Other expenses - itemize | _____ |
| | _____ |
| | _____ |
| | _____ |

III. EXPENSES THAT APPLY DIRECTLY TO HOME OFFICE:

| | |
|--------------------------|-------|
| Telephone | _____ |
| Maintenance | _____ |
| Other expenses - itemize | _____ |
| | _____ |
| | _____ |
| | _____ |

INDIVIDUAL TAX ORGANIZER (1040)

CAPITAL GAINS AND LOSSES - Enclose all Forms 1099-B (with supplemental year end brokerage statements) and 1099-S with HUD-1 closing statements). Complete the following schedule if no statements are available and provide all transaction slips for sales and purchases.

| Description | Date Acquired | Date Sold | Sales Proceeds | Cost or Basis | Gain (Loss) |
|-------------|---------------|-----------|----------------|---------------|-------------|
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Enter any sales **NOT** reported on Forms 1099-B and 1099-S:

| Description | Date Acquired | Date Sold | Sales Proceeds | Cost or Basis | Gain (Loss) |
|-------------|---------------|-----------|----------------|---------------|-------------|
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INDIVIDUAL TAX ORGANIZER (1040)

SALE/PURCHASE OF PERSONAL RESIDENCE

Provide closing statements (HUD-1) on purchase and sale of old residence and purchase of new residence.

| Description | Amount |
|-------------|--------|
| | |
| | |
| | |

MOVING EXPENSES

Did you change your residence during this year incident to a change in employment, transfer, or self-employment?

Yes No

If yes, furnish the following information:

Number of miles from your former residence to your new business location _____ miles

Number of miles from your former residence to your former business location _____ miles

Did your employer reimburse or pay directly any of your moving expenses?

Yes No

If yes, enclose the employer provided itemization form and note the amount of reimbursement received.

\$ _____

Itemize below the total moving costs you paid without reduction for any reimbursement by your employer.

Expenses of moving from old to new home:

Transportation expenses in moving household goods and family \$ _____

Cost of storing and insuring household goods \$ _____

RESIDENCE CHANGE

If you changed residences during the year, provide period of residence in each location.

Residence #1 _____ From _____ To _____

Own Rent

Residence #2 _____ From _____ To _____

Own Rent

INDIVIDUAL TAX ORGANIZER (1040)

RENTAL AND ROYALTY INCOME – Complete a separate schedule for each property.

1. Description and location of property: _____

2. Residential rental property? Yes No Personal use? Yes No

If personal use yes:

Number of days the property was occupied by you, a member of your family, or any individual not paying rent at the fair market value. _____

Number of days the property was not occupied. _____

3. Did you actively participate in the operation of the rental property during the year? Yes No

4. a) Were more than half of personal services that you or your spouse performed during the year performed in real property trades? Yes No

b) Did you or your spouse perform more than 750 hours of services during the year in real property trades or businesses? Yes No

| Income: | Amount | | Amount |
|-------------------|--------|-----------------------------------|--------|
| Rents received | | Royalties received | |
| Expenses: | | | |
| Mortgage interest | | Legal and other professional fees | |
| Other interest | | Cleaning and maintenance | |
| Insurance | | Commissions | |
| Repairs | | Utilities | |
| Auto and travel | | Management fees | |
| Advertising | | Supplies | |
| Taxes | | Other (itemize) | |

If this is the first year we are preparing your return, provide depreciation records.

If this is a new property, provide the closing statement. (HUD-1)

List below any improvements or assets purchased during the year.

| Description | Date placed in service | Cost |
|-------------|------------------------|------|
| | | |
| | | |
| | | |

If the property was sold during the year, provide the closing statement. (HUD-1)

INDIVIDUAL TAX ORGANIZER (1040)

INCOME FROM PARTNERSHIPS, ESTATES, LLCs, TRUSTS, AND S CORPORATIONS

Enclose all Schedules K-1 received to date. Also list below all Schedules K-1 not yet received:

| Name | Source Code* | Federal ID # |
|------|--------------|--------------|
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*Source Code: P = Partnership E = Estate/Trust S = S Corporation

CONTRIBUTIONS TO RETIREMENT PLANS

| | TAXPAYER | SPOUSE |
|---|----------|--------|
| Are you covered by a qualified retirement plan? (Yes <input type="checkbox"/> / No <input type="checkbox"/>) | | |
| Do you want to make the maximum deductible IRA contribution? (Yes <input type="checkbox"/> / No <input type="checkbox"/>) | | |
| IRA payments made for this return | \$ | \$ |
| IRA payments made for this return for nonworking spouse | \$ | \$ |
| Do you want to make an IRA contribution even if part or all of it may not be deducted? (Yes <input type="checkbox"/> / No <input type="checkbox"/>) If yes, provide copy of latest Form 8606 filed. | | |
| Have you made or do you want to make a Roth IRA contribution? (Yes <input type="checkbox"/> / No <input type="checkbox"/>) If yes, provide Roth IRA payments made for this return. | \$ | \$ |
| Do you want to make the maximum allowable Keogh/SEP/SIMPLE IRA contribution? (Yes <input type="checkbox"/> / No <input type="checkbox"/>) | | |
| Keogh/SEP/SIMPLE IRA payments made for this return | \$ | \$ |
| Date Keogh/SIMPLE IRA Plan established _____ | | |

INDIVIDUAL TAX ORGANIZER (1040)

ALIMONY PAID

Name of Recipient(s) _____

Social Security Number(s) of Recipient(s) _____

Amount(s) Paid \$ _____

If a divorce occurred this year, enclose a copy of the divorce decree and property settlement.

MEDICAL AND DENTAL EXPENSES (PLEASE NOTE THAT MEDICAL EXPENSES MUST EXCEED 7.5% OF ADJUSTED GROSS INCOME TO BE DEDUCTIBLE.) HEALTH INSURANCE PREMIUMS AND MEDICAL EXPENSES PAID WITH PRE-TAX DOLLARS (CAFETERIA PLANS, HEALTH SAVINGS ACCOUNTS, ETC.) ARE NOT DEDUCTIBLE.

| Description | Amount |
|--|--------------------------|
| Premiums for health and accident insurance including Medicare | |
| Long-term care premiums: Taxpayer \$ Spouse \$ | |
| Medicine and drugs (prescription only) | |
| Doctors, dentists, nurses | |
| Hospitals, clinics, laboratories | |
| Eyeglasses / corrective surgery | |
| Ambulance | |
| Medical supplies / equipment | |
| Hearing aids | |
| Lodging and meals | |
| Travel | |
| Mileage (number of miles) | |
| Long-term care expenses | |
| Payments for in-home care (complete later section on home care expenses) | |
| Other | |
| Insurance reimbursements received | () |

Were any of the above expenses related to cosmetic surgery? Yes No

INDIVIDUAL TAX ORGANIZER (1040)

DEDUCTIBLE TAXES

| Description | Amount |
|---|--------|
| State and local income tax payments made this year for prior year(s). | |
| Real estate taxes: Primary residence | |
| Secondary residence | |
| Other | |
| Personal property or ad valorem taxes | |
| Sales tax on major items (auto, boat, home improvements, etc.) | |
| Other sales taxes paid (if applicable) | |
| Intangible tax | |
| Other taxes (itemize) | |
| Foreign tax withheld (may be used as a credit) | |

INTEREST EXPENSE

Mortgage interest (Enclose Forms 1098.)

| Payee* | Property** | Amount |
|--------|------------|--------|
| | | |
| | | |
| | | |
| | | |
| | | |

* Include address and social security number if payee is an individual.

** Describe the property securing the related obligation, i.e., principal residence, motor home, boat, etc.

Unamortized points on residence refinancing

| Date of Refinance | Loan Term | | Total Points |
|-------------------|-----------|--|--------------|
| | | | |
| | | | |

INDIVIDUAL TAX ORGANIZER (1040)

Student loan interest

| Payee | Amount |
|-------|--------|
| | |
| | |

Investment interest not reported on Schedules A, C, or E

| Payee | Investment Purpose(stocks, land , etc) | Amount |
|-------|--|--------|
| | | |
| | | |
| | | |
| | | |

Business interest not reported on Schedules C, or E

| Payee | Business Purpose | Amount |
|-------|------------------|--------|
| | | |
| | | |
| | | |

INDIVIDUAL TAX ORGANIZER (1040)

CONTRIBUTIONS

Cash contributions, for which you have receipts, canceled checks, etc. NOTE: You need to have written acknowledgment from any charity to which you made individual donations of \$250 or more during the year.

| Donee | Amount | Donee | Amount |
|-------|--------|-------|--------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Expenses incurred in performing volunteer work for charitable organizations:

| | |
|--------------------------|----------|
| Parking fees and tolls | \$ _____ |
| Supplies | \$ _____ |
| Meals & entertainment | \$ _____ |
| Other (itemize) | \$ _____ |
| Automobile mileage _____ | |

Other than cash contributions (enclose receipt(s)):

| Organization name and address | | | |
|-------------------------------|--|--|--|
| Description of property | | | |
| Date acquired | | | |
| How acquired | | | |
| Cost or basis | | | |
| Date contributed | | | |
| Fair market value (FMV) | | | |
| How FMV determined | | | |

For contributions over \$5,000, include copy of appraisal and confirmation.

INDIVIDUAL TAX ORGANIZER (1040)

CASUALTY OR THEFT LOSSES

Loss of property by theft or damage to property by fire, storm, car accident, shipwreck, flood or other "act of God"

| | Property 1 | Property 2 | Property 3 |
|--|--|--|--|
| Indicate type of property | <input type="checkbox"/> Business <input type="checkbox"/> Personal | <input type="checkbox"/> Business <input type="checkbox"/> Personal | <input type="checkbox"/> Business <input type="checkbox"/> Personal |
| Description of property | | | |
| Date acquired | | | |
| Cost | | | |
| Date of loss | | | |
| Description of loss | | | |
| Was property insured? (Yes <input type="checkbox"/> / No <input type="checkbox"/>) | | | |
| Was insurance claim made? (Yes <input type="checkbox"/> / No <input type="checkbox"/>) | | | |
| Insurance proceeds | | | |
| Fair market value before loss | | | |
| Fair market value after loss | | | |

Is the property in a Presidentially declared disaster area? Yes No

MISCELLANEOUS DEDUCTIONS

| Description | Amount |
|--|--------|
| Union dues | |
| Income tax preparation fees | |
| Legal fees (provide details) | |
| Safe deposit box rental (if used for storage of documents or items related to income-producing property) | |
| Small tools | |
| Uniforms which are not suitable for wear outside work | |
| Safety equipment and clothing | |
| Professional dues | |
| Business publications | |
| Unreimbursed cost of business supplies | |
| Employment agency fees | |
| Investment expenses | |
| Trustee fees | |
| Other miscellaneous deductions – itemize | |
| Documented gambling losses | |

INDIVIDUAL TAX ORGANIZER (1040)

EMPLOYEE/SELF EMPLOYED BUSINESS EXPENSES – FORM 2106

Expenses incurred by: Taxpayer Spouse Occupation _____

(Complete a separate schedule for each business)

| Description | Total Expense Incurred | Employer Reimbursement Reported on W-2 | Employer Reimbursement Not on W-2 |
|--|------------------------|--|-----------------------------------|
| Travel expenses while away from home: | | | |
| Transportation costs | | | |
| Lodging | | | |
| Meals and entertainment | | | |
| Business use of home (see schedule) | | | |
| Other employee business expenses – itemize | | | |
| | | | |

Automobile Expenses - Complete a separate schedule for each vehicle.

| | |
|---------------------------------|---|
| Vehicle description _____ | Total business miles _____ |
| Date placed in service _____ | Total commuting miles _____ |
| Cost/Fair market value _____ | Total other personal miles _____ |
| Lease term, if applicable _____ | Total miles this year _____ |
| | Average daily round trip commuting distance _____ |

Actual expenses (*Omit if using mileage method)

| | |
|------------------------|----------------------|
| Gas, oil* _____ | Taxes and tags _____ |
| Repairs* _____ | Interest _____ |
| Tires, supplies* _____ | Parking _____ |
| Insurance* _____ | Tolls _____ |
| Lease payments* _____ | Other _____ |

Did you acquire, lease or dispose of a vehicle for business during this year? Yes No
If yes, enclose purchase and sales contract or lease agreement.

Did you use the above vehicle in this business less than 12 months? Yes No
If yes, enter the number of months _____.

Do you have another vehicle available for personal purposes? Yes No

Do you have evidence to support your deduction? Yes No

Is the evidence written? Yes No

INDIVIDUAL TAX ORGANIZER (1040)

CHILD CARE EXPENSES/HOME CARE EXPENSES

Did you pay an individual or an organization to perform services for the care of a dependent under 13 years old in order to enable you to work or attend school on a full-time basis? Yes No

Did you pay an individual to perform in-home health care services for yourself, your spouse, or dependents? Yes No

If the response to either of the questions above is yes, complete the following information:

Names(s) of dependent(s) for whom services were rendered.

List individuals or organizations to whom expenses were paid during the year. (Services of a relative may be deductible only if that relative is not a dependent and if the relative's services are considered employment for social security purposes.)

| Name and Address | ID# | Amount | If Under 18 |
|------------------|-----|--------|-------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

If payments of \$1,700 or more during the tax year were made to an individual, were the services performed in your home? Yes No

EDUCATIONAL EXPENSES

Did you or any other member of your family pay any educational expenses this year? Yes No

If yes, was any tuition paid for either of the first two years of post-secondary education? Yes No

If yes complete the following and provide Form 1098-T from school:

| Student Name | Institution | Grade/Level | Amount Paid | Date Paid |
|--------------|-------------|-------------|-------------|-----------|
| | | | | |
| | | | | |
| | | | | |

Was any of the preceding tuition paid with funds withdrawn from an educational IRA or 529 Plan? If yes, how much? \$ _____ Yes No