



INCOME TAX GUIDE AND ORGANIZER

This booklet will assist you in collecting the necessary information to prepare your tax return accurately. Given the nature of tax laws this year, please include as much of the requested information as possible. This will help optimize your potential tax savings opportunities.

Please include your last year's return (only if you are a new client), all W-2 and 1099 forms, and name & address labels provided by the government, if available.

Upon completing this Tax Organizer, please read and sign below

I have gathered and submitted the information contained in this questionnaire and to the best of my knowledge it is true, correct, and complete.

(Please Sign) _____

PERSONAL DATA

TAXPAYER AND SPOUSE				DEPENDENTS				
TAXPAYER (OR SINGLE)		SPOUSE		Last Name (First, Initial & Last)		D.O.B.	X if post-secondary student ↓	# of mos. lived in your home ↓
Last Name		Last Name					Social Security no.	Relationship ↓
First Name & Initial		First Name & Initial						
Occupation		Occupation						
Phone (Home)	(Work)	Phone (Home)	(Work)					
Soc. Sec. number	Date of Birth	Soc. Sec. number	Date of Birth					
Mailing Address <input type="checkbox"/> Check if address is new			County		Social Security numbers are required for all dependents. If filing Head of Household and qualifying person is your child but not your dependent above, enter child's name here _____			
City, State, & Zip		Email Address		If filing Head of Household and qualifying person is your child but not your dependent above,				
				1. Did your name, address, or marital status change during the year? <input type="checkbox"/> Yes <input type="checkbox"/> No				
				2. Are you being claimed as a dependent on another tax return? <input type="checkbox"/> Yes <input type="checkbox"/> No				
				3. Are you (or your spouse) blind or permanently disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No				
				4. Did you claim children above that don't live with you? <input type="checkbox"/> Yes <input type="checkbox"/> No				
				5. Did you carry forward or incur any adoption expenses during the year? <input type="checkbox"/> Yes <input type="checkbox"/> No				

GENERAL QUESTIONNAIRE

<p>1. Were you notified by the IRS or STATE of a change to any prior year tax return? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>2. Are any of your claimed dependents not residents or citizens of the U.S.? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>3. Did you make any gifts of over \$15,000 to any individual? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>4. Do you have any foreign income or foreign bank accounts? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>5. Did you have living expenses in a foreign country as a result of income earned abroad? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>6. Do you have any worthless stocks, uncollectible bad debts, or were a victim of a ponzi scheme? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>7. Did you become disabled during the year? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>8. Are you a handicapped employee? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>9. Did you receive any distribution from an IRA, profit sharing or pension plan? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>10. Have you used bartering to exchange any goods or services? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>11. Have you or your dependents taken a distribution from a Qualified Tuition Program (QTP) or 529 program during the year? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>12. Did you receive any insurance or other reimbursement from a prior year casualty, theft loss or medical deduction? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>13. Did you start a new business during the year or do you expect to start one this coming year? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>14. Did you pay anyone (over 18) \$2,100 or more to work at your home during the calendar year? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>15. Did you donate a partial interest in any goods to charitable organizations? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>16. Do you have children under age 19 with investment income (age 24 if dependent student)? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>17. Do you expect any significant changes in income, withholding taxes or your tax liability for the coming year? Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>18. Did you receive any source of income that is not listed in this booklet? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>19. Do you wish to designate \$3.00 of your taxes to the Presidential Campaign Fund (no cost to you)? You Yes <input type="checkbox"/> No <input type="checkbox"/> Spouse Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>20. Do you have a Medical or Health Savings Account (MSA or HSA)? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>21. Are you a same-sex couple considered legally married? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>22. If you reached the age of 70½, have you begun your mandatory retirement saving withdrawals? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>23. Did you receive employer provided educational assistance or transportation benefits? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>24. Did you pay long term healthcare insurance premiums or receive benefits during the year? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>25. Are you a school teacher who paid for classroom materials without reimbursement? Please provide a recap of expenses for potential deduction. Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>26. If you would like your refund deposited directly into your bank account, please attached a voided check or deposit slip. (up to 3 accounts) Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>27. Did you purchase any energy efficient equipment (hybrid car, AC, furnace, etc.)? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>28. Did you or your spouse have qualified military combat pay? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>29. Do you own bonds that qualify for the Gulf, Renewable Energy or Build America bond credits? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>30. Did you purchase a new home this year? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>31. If over age 70½, did you make a direct contribution to a charity from an IRA? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>32. Did you make any major purchases during the year requiring payment of sales tax (including any new vehicles)? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>33. Do all your family members have health insurance? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>34. Did you receive any premium health insurance credits during the year? Yes <input type="checkbox"/> No <input type="checkbox"/></p>
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INCOME

WAGES/SALARIES/W-2 FORMS

T/S	Name of Employer	Taxable Wages	Withheld Fed. Tax	Other Taxes Withheld			
				Soc. Sec.	Medicare	State	Local

T/S/J Code: T — Taxpayer S — Spouse J — Joint Use these codes if married filing jointly

MISCELLANEOUS INCOME

(Show Losses in Brackets)

T/S/J	Source of Income	Amount
	Alimony (Not Child Support) (If you pay Alimony - list in misc. deductions)	
	Jury Duty (Or Other Public Service)	
	Tips/Gratuities (Not Reported on W-2)	
	Contest/Awards/Gambling Winnings (Attach 1099-MISC, W2G or Explain)	
	Commissions/Bonuses (Not Reported on W-2)	
	Pensions/Annuities (Furnish 1099-R Forms)	
	IRA/Keogh (Attach Form 1099-R)	
	Profit Sharing Distributions (Attach Form 1099-R)	
	Unemployment Compensation (Attach 1099-G Form)	
	Partnerships/Estates/Trusts (Furnish K-1 Forms)	*
	Small Business Corporations/Sub Chapter S (Furnish K-1 Forms)	*
	Business/Self-Employed (Furnish Schedule or Details)	*
	Farm (Furnish Schedule or Details)	*
	Rental (Furnish Schedule or Details)	*
	Forgiven Debt (Attach Form 1099-A or C)	
	Other (Explain):	

* if you did not actively or materially participate in earning the income (or loss) listed

SALE OF PERSONAL RESIDENCE

Date Old Residence Acquired	Cost or Basis
Improvements (Additions, Landscaping, Driveway, New Roof, etc.)	
Fixing-Up Expenses (Painting, Repairs, etc., To Prepare for Sale)	
Date Old Residence Sold	Selling Price
Expenses of Sale (Commissions, Legal Fees, Points, Stamps, etc.)	
1. Was any part of residence rented or used for business?	Yes <input type="checkbox"/> No <input type="checkbox"/>
2. Did you own and use the home as your principal residence for at least 2 of the last five years?	You: Yes <input type="checkbox"/> No <input type="checkbox"/> Spouse: Yes <input type="checkbox"/> No <input type="checkbox"/>
3. Have you rolled over a gain from the sale of a prior residence into the home sold? If so, please provide Form 2119 from tax return for year prior home sold.	Yes <input type="checkbox"/> No <input type="checkbox"/>
4. Was sale required due to job transfer, medical or unforeseen circumstance?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Date New Residence Acquired (Or Construction Began)	
Date Of Occupancy	Cost of New Residence
If married, do you and your spouse have the same proportionate interest in the new residence as in the old?	
Yes <input type="checkbox"/> No <input type="checkbox"/>	

Attach Copy of Real Estate Closing Papers for both the sale and purchase.

INTEREST INCOME (always use payer name listed on 1099)

CODE

T/S/J	Name of Payer	Interest Amount	Exempt	

Penalty for early withdrawal of savings ()

Use Codes below if from indicated sources:
 MB MUNICIPAL BONDS
 IN INSTALLMENT SALES
 US U.S. BONDS
 TE TAX EXEMPT (explain)
 MF MORTGAGE FINANCED BY SELLER (list name, address & SSN)

LIST CODE HERE

DIVIDEND INCOME (please attach all 1099 DIV forms)

T/S/J	Name of Payer	Total Ordinary Dividends	Qualified Dividends	Capital Gains*	Non Taxable	

* List Gross Dividends above as reported on 1099 DIV forms received. * Related to mutual funds.
 * Attach all 1099 DIV forms. if this 1099 DIV has information not listed above please check here.

CAPITAL GAINS AND LOSSES

Stocks, Bonds and Mutual Funds (Attach Form 1099-B) Sale of Property and Real Estate (Attach Form 1099-S)

T/S/J	Description (# shares, name or stock symbol)	Date Acquired mm/dd/yy	Date Sold mm/dd/yy	Sale Price	Cost or Basis*	
	1.					
	2.					
	3.					
	4.					

NOTE: Record ALL fund transactions including mutual funds. Use These Codes below if from indicated sources:
 A 1099-B Received; Box 3 basis (cost)
 B 1099-B Received; No Box 3 basis (cost)
 C No 1099-B Received; basis is my cost

LIST CODE HERE

- List line # if items sold on installment basis.*
 • Note interest above.
 • Principal Received: this year \$ _____ prior year \$ _____
- If anything above was inherited and sold, list line number(s). # _____
- If 1099-B stated basis (cost) is wrong, mark next to the incorrect value with the codes above and provide the correct cost on an attached sheet.

* For new installment sale, also report selling expenses, mortgage assumed and if used in business, accumulated depreciation and include copy of settlement papers.

NON-TAXABLE INCOME (Important to list even if not taxable)

Child Support/Payments/Assistance (Not Alimony)	
Veterans Benefits/Disability Income	
Workmen's Compensation/Loss of Time Payments	
Other (Explain):	

SOCIAL SECURITY

	Benefits (from box 5)	Federal tax withheld
IMPORTANT: provide SSA-1099	Taxpayer	
	Spouse	

INCOME TAXES PAID OR REFUNDED

If someone else prepared your taxes last year, please provide a copy.	ESTIMATED TAX PAID			Federal	State	Local
	Federal	State	Local			
Balance paid on last year's return (or prior years)						
Refunds received from last year's return (or prior years)						

DEDUCTIONS

List only amounts that have actually been paid during the year. Save all canceled checks and receipts for a period of at least 3 years. You may round off to the nearest dollar. Please circle any deduction that is a disproportionate amount for only you or only your spouse (It may be to your advantage to file separately).

MEDICAL	Only the amount of un-reimbursed medical expenses that exceeds 7.5% of Adjusted Gross Income is allowed.	
Description of Medical Expenses	Amount	
Doctors, Dentists, Clinics, Hospitals, Nurses, Etc.		
Prescriptions & Drugs (doctor prescribed only)		
Insulin (general drugs not allowed)		
Eye Glasses / Contact Lenses		
Hearing Aids, Supplies, & Other Medical Aids		
X-Ray / Lab Fees		
Ambulance, Paramedic		
Nurses (board & room)		
Equipment (prescribed & rented)		
Nursing Home Medical Care		
Medicare Part B Service Payments		
Smoking Cessation Program		
Other:		
Other:		
Other:		
Medical Insurance	Code: Pre-Tax = P After-Tax = A Unsur = U	
Important: Provide proof of health insurance (Form 1095 or equiv.)		
Insurance -- paid by you		
Group Health Plans (deduct from salary)		
Medicare Premiums		
Other Insurance (long term health care, MSA, other)		
Summary Total (Optional)		
Lodging (while away from home)		
Transportation (total miles driven for medical reasons or actual cost)		

CONTRIBUTIONS	Receipts/canceled checks are now required for all cash donations.	
Description of Contributions	Amount	
Cash Contributions (must have receipts of back records for all donations)		
Church/Temple (name)		
Cancer / Heart / Easter / Christmas Seals, etc. (attach list if more than one)		
Red Cross / United Way / YMCA / YWCA (attach list if more than one)		
Public TV / Radio		
Veteran's Org. (name)		
Schools (name and describe)		
Other:		
Summary Total Optional -- A summary total for cash/check contributions may be used. Political contributions are not deductible. Deduct value of gift received for any contributions.		
Non-Cash Contributions -- Property, Clothing, Furniture, Food, etc. Attach explanation listing name & address of donee organization, items donated, date of donation, and fair market value. If total value of a single donation exceeds \$500 explain method used to arrive at value (Items over \$5,000 require an appraisal). If you donated a vehicle, please attach your charity's form 1098-C.		
Volunteer Work -- Mileage & Parking Attach explanation listing date, name & address of donee organization, activity performed, miles driven, and parking fees.		

TAXES	Description of Taxes Paid	State	Amount
Real Estate Taxes, Home (include if you itemize or not)			
Real Estate Taxes, Other (not included on Rental Schedule)			
Property Tax Rebates (if any)			
Personal Property Taxes (if any)			
Property Taxes (if any)			
Auto Licenses (not a deduction in all states)			
State of Local Income Taxes (if not listed elsewhere)			
Sales Tax / Other			
<small>If you paid any special assessments or substantial sales tax, please attach supporting documents.</small>			

INTEREST	Amounts, names, and Social Security numbers must match Form 1098 issued by financial institutions	
Mortgage Interest	Paid to Financial Institution (Form 1098)	
	Paid to Individual (List name, address, Soc. Sec. no. below)	
Principal Residence	Name	Address Soc. Sec. No.
	Paid to Financial Institution (Form 1098)	
Mortgage Interest	Paid to Individual (List name, address, Soc. Sec. no. below)	
	Name	Address Soc. Sec. No.
Did you acquire a new mortgage or borrow on an existing mortgage during the year? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what is your combined mortgage debt? \$		
Points paid to acquire new mortgage (if not included above)		
Home Equity Loan Interest (used to buy, build, or substantially improve a qualified resident)		
Student Loan Interest (attach Form 1098-E + details: who for, loan date, loan purpose)		
Other:		
Other:		
Deductible Investment Interest		
<small>Note: Personal interest from credit cards, department stores, autos, bank loans, etc., is not deductible.</small>		

CASUALTY/THEFT LOSSES	Only the TOTAL NET RESULT that exceeds 10% of Adjusted Gross Income is allowed.	
Fire, Storm, Theft, and Auto Damage -- If more than one, provide similar detail for each.		
Date Acquired	Date Acquired	Cost or Basis
		Insurance Paid
Describe How or What Happened	Date of Loss	Mkt. Value Before
		Mkt. Value After

CHILD AND DEPENDENT CARE	<input type="checkbox"/> If you have employer provided dependent care benefits.	
If required to be gainfully employed (or a full-time student) <input type="checkbox"/> If service performed in your home (Nanny)		
Name/Address of Provider	Soc. Sec. or ID Number	Paid
Federal ID No. if required to file IRS wages reports	Total Paid During the Year	\$
	No. Children Under Age 13	#
<small>Use Form W-10 for provider details. Allocate expenses by dependent. Attach details if more space is needed.</small>		

RETIREMENT CONTRIBUTIONS

<input checked="" type="checkbox"/> if covered by a retirement plan at work	Date	Traditional IRA	SEP/SIMPLE	Roth IRA	If you want the maximum allowable deduction, write MAX in the money column(s). You will be informed of amount to deposit.	List total value of ALL IRAs on 12/31	
Single or Taxpayer	/ /					Single or Taxpayer	
Spouse	/ /				Spouse		

HIGHER EDUCATION EXPENSES

Note: Many of your higher education expenses qualify for special tax credits and deductions. Others may qualify as exclusions from income for tax-free and/or penalty-free withdrawals from your tax deferred savings accounts. Please provide information individually for each student enrolled in a qualified institution.				Other Expenses (Enter amounts as these expenses may qualify for tax/penalty-free IRA withdrawals, student loan interest deduction, or U.S. Savings Bond Interest Income Exclusion)		
Note: <input checked="" type="checkbox"/> If student is attending less than 1/2 time	1st Student	2nd Student	3rd Student	1st Student	2nd Student	3rd Student
Code (T=Taxpayer, S=Spouse, D1=Dependent 1, D2=Dependent 2)						
	Amount	Amount	Amount			
Tuition						
Fees, Books Supplies						
Other:						
Other:						

JOB RELATED EDUCATION			
(May only be available at the state level.)			
Miles Driven		Taxpayer	Spouse
Room and Board			
Amount of any Grants, Scholarships			

Address Service Requested

IMPORTANT

Tax Questionnaire

Enclosed

BUSINESS EXPENSES

How to use: Use this area to summarize your Schedule C sole proprietor business expenses. Provide financials if available. **Business Owner:** Taxpayer Spouse Both

Type of Business	Total Revenue		
Business Expense (if more lines needed, continue on separate page)			
Advertising	EE Benefits	Repair & Maint.	Other:
Car/Truck Expenses	Insurance	Supplies	Other:
Commission Fees	Legal/Prof. Services	Taxes/License	Other
Contract Labor	Office	Meals	Did you purchase any business equipment during the year? Yes <input type="checkbox"/> No <input type="checkbox"/> (If yes, attach details)
Depletion	Pension/Profit Shar.	Utilities	
Depreciation	Rent or Lease	Wages	Total Business Expense \$

Vehicle Expense (If both taxpayer and spouse have deductions, use vehicle 1 for taxpayer, 2 for spouse)

	Vehicle 1	Vehicle 2		Vehicle 1	Vehicle 2		Vehicle 1	Vehicle 2
Gas & Oil			Licenses			Washing/Lube		
Insurance			Repair/Maint.			Other		
Lease Payments			Tires/Accessories			Other		

	Date Placed in Service	Make	Year	Model	Cost of Basis	X if New This Year
Vehicle 1	/ /					Furnish details on newly acquired vehicles and trade-in or disposition of old vehicle.
Vehicle 2	/ /					

Travel Expenses — Away from home (days gone overnight _____) Taxpayer Spouse

Transportation	Auto Rental
Lodging	Cabs, Bus, etc.

Vehicle Mileage Detail

X if another vehicle is available for personal use.

A. End of Year	+			
B. Beginning of Year	-			
1. Total Miles Driven	=			
2. Business Miles				
3. Personal Miles				
% Business Use (Line 2 ÷ Line 1) =			%	%

No. round-trip miles from home to work _____
 Number of days worked last year _____

I have adequate records and sufficient written evidence to support use of vehicles and deductions listed above.
 (Please Sign) _____

HOME OFFICE

Type of Business	Justified business use for: Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Both <input type="checkbox"/>	
Date Acquired Home	Cost of Land	Taxes
Sq. Footage of Living Area ⁽¹⁾	Cost of Home	Insurance
Sq. Footage of Office Area ⁽²⁾ (incl. inventory & sample storage)	Cost of Improvements	Rubbish & Maintenance
% Office Area ((2) ÷ (1))	Utilities	Daycare Provider # of Hours
	Interest (mortgage, home equity loan)	Other