

Client Organizer

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TAX INFORMATION ORGANIZER

Client # _____

Tax Year _____

BASIC INFORMATION

TAXPAYER

SPOUSE

First name, middle initial _____

Last name _____

(if different)

Social Security # _____ - _____ - _____

_____ - _____ - _____

Primary occupation _____

Date of birth _____ / _____ / _____

_____ / _____ / _____

Date of death _____ / _____ / _____
(if applicable)

_____ / _____ / _____

Citizenship, if not US _____

Check if dependent of another taxpayer

Name of taxpayer _____

Relationship _____

Check if legally blind

ADDRESS

Mailing address

Address _____

Address _____

City _____ State _____ Zipcode _____

Primary residence

If different from mailing address:

Address _____

Address _____

City _____ State _____ Zipcode _____

Other address

Address _____

Address _____

City _____ State _____ Zipcode _____

Comments:

COMMUNICATIONS

TAXPAYER

SPOUSE

Home Phone # () _____

() _____

Work Phone # () _____ Ext _____

() _____ Ext _____

Fax Phone # () _____

() _____

Email address: _____

Mobile Phone # () _____

() _____

Pager/beeper # () _____

() _____

If you will be out of town during the period February 15th through April 15th, please provide mailing and phone instructions:

Period away from: _____
to: _____

Mailing address

Address _____

Address _____

City _____ State _____ Zipcode _____

Phone # () _____

QUESTIONNAIRE
Part I

If submitting data for the first time, have you provided us with copies of the previous year's returns? YES NO

If submitting data for the first time, or if you are placing previously depreciated items back into service, have you enclosed copies of the previous depreciation schedules? YES NO
If you do not have the schedules, a contact who can provide them. _____

Did you enclose all copies of federal and state notices you received? YES NO

Would you like to be advised if your return qualifies for electronic filing? YES NO

Have you made any gifts in excess of \$10,000 per donee? YES NO

Do you have a Keogh plan? YES NO
If so, did total assets exceed \$100,000 at year end? YES NO

If you claim dependents under age 65:
Did they have total income of \$650 or more? YES NO
Did they have any unearned income? YES NO

If you claim dependents 65 years of age or over:
Did they have earned income? YES NO
If yes, how much? _____

Did they have unearned income? YES NO
If yes, how much? _____

TAXPAYER SPOUSE

When was your will or estate plan last revised? _____ / _____ / _____ _____ / _____ / _____

**QUESTIONNAIRE
Part II**

For purposes of tax planning and estimated tax preparation, what changes do you expect next year for the following:

	TAXPAYER	SPOUSE
Gross income	_____	_____
Municipal income	_____	_____
Self-employment income	_____	_____
Self-employment expenses	_____	_____
Other income	_____	_____
Itemized deductions	_____	_____
Other adjustments	_____	_____
Exemptions/dependents	_____	_____
Filing status	_____	_____
State(s) of residency	_____	_____
Tax withholding	_____	_____
Other:		
<u>Description</u>		
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

FILING STATUS

Marital status as of the last day of the year

- Single
- Married, both agree to file jointly
- Married filing separately
 - Your spouse itemizes deductions
 - You lived apart from your spouse for the entire year
- Head of household, "married"
 - Your house was the main residence (i.e., more than half the year) of your child, stepchild, or foster child
 - You paid more than half the cost of keeping up the main home or rest home for a parent
 - Your spouse did not live in your home during the last six months of the year
 - You paid more than half the cost for upkeep of your home
- Head of household "unmarried"
 - Your house was the main residence (i.e., more than half the year) of your child, stepchild, or foster child
 - You paid more than the half the cost of keeping up the main home or rest home for a parent
 - You paid more than half the cost for upkeep of your home
- Qualifying widow(er) with dependent child
Please provide dependent information (Code K)

DEPENDENTS

	<u>Last name, first name, middle initial</u>	<u>Date of birth</u>	<u>Social Security #</u>
1.	_____	___ / ___ / ___	_____ - ____ - _____
2.	_____	___ / ___ / ___	_____ - ____ - _____
3.	_____	___ / ___ / ___	_____ - ____ - _____
4.	_____	___ / ___ / ___	_____ - ____ - _____
5.	_____	___ / ___ / ___	_____ - ____ - _____
6.	_____	___ / ___ / ___	_____ - ____ - _____

	<u>Relationship</u>	<u>Months lived in your home</u>	<u>Gross income</u>	<u>% of total support provided if less than 100%</u>	<u>Code(s)</u>
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____
6.	_____	_____	_____	_____	_____

NOTE: Temporary absences (e.g., illness, education, business, vacation, military service) are considered time living in your home.

CODES

- A Dependent was not a US citizen or resident, or a resident of Canada or Mexico for any part of the year.
- B Dependent filed a joint return for the year (please supply details).
- C You provided more than half the person's total support for the year.
- D Child did not live with you due to divorce or separation.

Date of agreement ____ / ____ / ____

- E Copy of Form 8332, Release of Claim to Exemption for Child of Divorced or Separated Parents, or similar statement.

Form enclosed

Needs to be prepared

Other parent:

Name _____

Address _____

SS# _____ - ____ - _____

- F Form 2120, Multiple Support Declaration, or data to prepare same, since no one provided more than half of the individual's support.
- G Death of dependent. Date of death ____ / ____ / ____
- H Taxpayer is not custodial parent.
- I No Social Security number. Provide Form SS-5 to apply for one.
- J Non-dependent - Earned Income Credit only.
- K Child of qualifying widower.

PROFESSIONAL CONTACTS

Please provide us with the following information about professionals who provide services to you and whom we may need to contact.

Bank

Name of bank/credit union _____

Contact _____

Address _____

City _____ State _____ Zipcode _____

Phone _____ Fax _____

Discuss referral with me.

Stockbroker

Name _____

Address _____

City _____ State _____ Zipcode _____

Phone _____ Fax _____

Discuss referral with me.

Attorney

Name _____

Address _____

City _____ State _____ Zipcode _____

Phone _____ Fax _____

Discuss referral with me.

Insurance agent, life

Name _____

Address _____

City _____ State _____ Zipcode _____

Phone _____ Fax _____

Discuss referral with me.

Insurance agent, casualty

Name _____

Address _____

City _____ State _____ Zipcode _____

Phone _____ Fax _____

Discuss referral with me.

Financial planner or consultant

Name _____

Address _____

City _____ State _____ Zipcode _____

Phone _____ Fax _____

Discuss referral with me.

IRA, Keogh, SEP or other retirement plan consultant

Name _____

Address _____

City _____ State _____ Zipcode _____

Phone _____ Fax _____

Discuss referral with me.

**ESTIMATED
TAX PAYMENTS**

Federal

Fill in only if separate
allocations are required

	<u>Date paid</u>	<u>Joint</u>	<u>Taxpayer</u>	<u>Spouse</u>
Overpayment applied from prior year's return	___ / ___ / ___	_____	_____	_____
1st quarter	___ / ___ / ___	_____	_____	_____
2nd quarter	___ / ___ / ___	_____	_____	_____
3rd quarter	___ / ___ / ___	_____	_____	_____
4th quarter	___ / ___ / ___	_____	_____	_____

State #1 Name of state _____

	<u>Date paid</u>	<u>Joint</u>	<u>Taxpayer</u>	<u>Spouse</u>
Overpayment applied from prior year's return	___ / ___ / ___	_____	_____	_____
1st quarter	___ / ___ / ___	_____	_____	_____
2nd quarter	___ / ___ / ___	_____	_____	_____
3rd quarter	___ / ___ / ___	_____	_____	_____
4th quarter	___ / ___ / ___	_____	_____	_____

State #2 Name of state _____

	<u>Date paid</u>	<u>Joint</u>	<u>Taxpayer</u>	<u>Spouse</u>
Overpayment applied from prior year's return	___ / ___ / ___	_____	_____	_____
1st quarter	___ / ___ / ___	_____	_____	_____
2nd quarter	___ / ___ / ___	_____	_____	_____
3rd quarter	___ / ___ / ___	_____	_____	_____
4th quarter	___ / ___ / ___	_____	_____	_____

ESTIMATED TAX PAYMENTS

Local #1 Name of locality _____

	<u>Date paid</u>	<u>Joint</u>	<u>Taxpayer</u>	<u>Spouse</u>
Overpayment applied from prior year's return	___ / ___ / ___	_____	_____	_____
1st quarter	___ / ___ / ___	_____	_____	_____
2nd quarter	___ / ___ / ___	_____	_____	_____
3rd quarter	___ / ___ / ___	_____	_____	_____
4th quarter	___ / ___ / ___	_____	_____	_____

Local #2 Name of locality _____

	<u>Date paid</u>	<u>Joint</u>	<u>Taxpayer</u>	<u>Spouse</u>
Overpayment applied from prior year's return	___ / ___ / ___	_____	_____	_____
1st quarter	___ / ___ / ___	_____	_____	_____
2nd quarter	___ / ___ / ___	_____	_____	_____
3rd quarter	___ / ___ / ___	_____	_____	_____
4th quarter	___ / ___ / ___	_____	_____	_____

WAGES

TAXPAYER

SPOUSE

Number of W-2s enclosed _____

Comments:

How many exemptions are you claiming on your W-4?

Federal _____

State

Name of state(s)

Are you making any additional withholding adjustments?

Federal _____

State _____

WAGES

The following is for situations where you have lost or otherwise cannot provide a Form W-2.

TAXPAYER

SPOUSE

Employer name		
Employer address		
Employer ID#		
Wages (Box 1)		
Federal tax withheld (Box 2)		
Social Security wages, if different (Box 3)		
Social Security tax withheld (Box 4)		
Medicare wages, if different (Box 5)		
Medicare tax withheld (Box 6)		
Social Security tips (Box 7)		
Allocated tips (Box 8)		
Advance EIC payment (Box 9)		
Dependent care benefits (Box 10)		
Box 13, enter description and amount . .		
Box 14, enter description and amount . .		
State wages, if different (Box 17)		
State tax withheld (Box 18)		
Local wages, if different (Box 20)		
Local tax withheld		

Indicate which, if any, of the following are checked on your W-2:

Taxpayer

Statutory employee	Pension plan	942 emp	Deferred comp
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Spouse

Statutory employee	Pension plan	942 emp	Deferred comp
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

**PENSIONS AND
IRA DISTRIBUTIONS**

TAXPAYER

SPOUSE

Payer		
Payer address		
Payer city, state, zipcode		
Payer identification number		
Gross distribution (Box 1)		
Taxable amount (Box 2)		
Check if payer did not compute	<input type="checkbox"/>	<input type="checkbox"/>
Check if IRA or SEP	<input type="checkbox"/>	<input type="checkbox"/>
Distribution code (Box 7)		
Federal tax withheld (Box 4)		
State tax withheld (Box 10)		
Local tax withheld (Box 13)		
Amount rolled over within sixty days of distribution		
Name of financial institution		

**INTEREST INCOME
1099-INT
FINANCIAL
INSTITUTIONS**

Payer	Taxpayer (T) Spouse (S) Joint (J)	Form 1099 ✓	Bank or credit union Box 1	US Bonds T Bills Box 3	Federal tax withheld Box 4	Foreign taxes paid Box 5	Country	Early withdrawal penalty Box 2	Accrued interest included
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									

✓ Please check if attaching Form 1099. Fill out only "Payer".

Were proceeds from redemption of Series EE Savings Bonds used to pay higher education costs for yourself, your spouse, or a dependent?

If so, what amount? _____

Did you receive any interest from a foreign bank account? _____

**INTEREST INCOME
1099-INT
SELLER-FINANCED
MORTGAGES**

	Payer	Social Security #	Address	Taxpayer (T) Spouse (S) Joint (J)	Form 1099 <input type="checkbox"/>	Property description	Accrued interest included
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

Please check if attaching Form 1099. Fill out only "Payer".

**TAX-EXEMPT INTEREST
AND DIVIDENDS**

	Payer of tax-exempt interest	Taxpayer (T) Spouse (S) Joint (J)	Statement ✔	% in residency state	Total	In-state bonds	Out-of- state bonds	Private activity bond interest
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								

✔ Please check if enclosing statement and prospectus, if a fund. Fill out only "Payer".

Include percentage fund breakdown, if provided by mutual fund company.

**DIVIDEND INCOME
1099-DIV**

Payer	Taxpayer (T) Spouse (S) Joint (J)	Form 1099 ✔	Gross dividends (Box 1a)	Capital gains distribution (Box 1c)	Nontaxable distribution (Box 1d)	Federal tax withheld (Box 2)	Foreign tax paid (Box 3)	Foreign country or US possession (Box 4)
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								

✔ Please check if attaching Form 1099. Fill out only "Payer".

OTHER INCOME

TAXPAYER

SPOUSE

Gambling winnings (Form W-2G)		
Income tax withheld		
State tax refund (1099-G)		
Name of state		
Local tax refund		
Name of locality		
Unemployment received		
Unemployment repaid		
Alimony received		
Social Security benefits (SSA-1099, box 5)		
Tier I Railroad Retirement Benefits (RRB-1099, Box 5)		
Taxable scholarships and fellowships		
Income subject to self-employment tax with no offsetting expenses		

Payer

Amount

Amount

Other income

Description

OTHER ADJUSTMENTS

TAXPAYER

SPOUSE

Self-employed health insurance		
Alimony paid		
Recipient's name		
Recipient's Social Security #		
Moving expenses, Form 3903		
Miles from old home to new workplace . .		
Miles from old home to old workplace . . .		
Travel and lodging (meals are non-deductible)		
Transportation and storage of goods		
Reimbursement not included on Form W-2		

**IRA, KEOGH, AND SEP
CONTRIBUTIONS**

TAXPAYER

SPOUSE

IRA

Are you covered by an employer retirement plan? _____

Do you want to maximize your deductible IRA? _____

If no deduction is available, would you consider a non-deductible IRA? _____

Have you previously made non-deductible IRA contributions? _____

If yes, what is your basis in your non-deductible IRA contributions? _____

Contributions for current year deduction:

<u>Date</u>	<u>Amount</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Keogh and SEP

Type of plan(s)
(Profit sharing, money purchase,
(SEP, or defined benefit) _____

Would you like to maximize your contribution? _____

Contribution range you are considering _____

Contributions for current year deduction:

<u>Date</u>	<u>Amount</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Would you consider extending your tax return in order to increase your deductible contribution? YES

NO

Copy of plan document is enclosed YES

NO

Plan document was previously provided YES

NO

Copies of any current year amendments enclosed YES

NO

DEPENDENT CARE

Provider 1:

Name _____
Address _____
SS# or EIN _____
Amount paid this year .. _____

Provider 2:

Name _____
Address _____
SS# or EIN _____
Amount paid this year .. _____

Provider 3:

Name _____
Address _____
SS# or EIN _____
Amount paid this year .. _____

Number of children under the age of thirteen
as of the end of the tax year _____

If one spouse has no earned income, answer the following:

Spouse is a full-time student five months out of the year YES NO
Spouse was physically or mentally incapable of self care YES NO

Did you incur dependent care expenses for dependents,
other than children who are physically or
mentally incapable of self care? YES NO

**HOUSEHOLD EMPLOYEES
(NANNY TAX)**

Did you pay a household employee at least \$1,000 this year? YES NO
 (e.g., housekeepers, nannies, nurses, yard workers,
 health aides, babysitters)

If yes, provide the following information for each:

Name _____
 Social Security number _____
 Wages paid _____
 Federal income tax withheld _____
 FICA withheld _____
 Medicare withheld _____
 State income tax withheld _____

Name _____
 Social Security number _____
 Wages paid _____
 Federal income tax withheld _____
 FICA withheld _____
 Medicare withheld _____
 State income tax withheld _____

Do you have an Employer Identification Number
 (you can no longer use your Social Security
 number for household employees)? YES NO

Has a W-2 been filed? YES NO
 Please prepare them. YES NO

Have the necessary state employment returns been filed? YES NO
 Please prepare them. YES NO

Was the household employee under eighteen years of
 age and a student? YES NO

**BUSINESS INCOME
AND EXPENSE
(SOLE PROPRIETORSHIP)**

Principal business or profession _____

Principal business code _____

Business name, if different _____

Business address if different
from mailing address _____

City _____ State _____ Zipcode _____

Business employer identification number, if different _____

Taxpayer

Spouse

Accounting method: Cash Accrual Other _____

Inventory method: Cost Lower of cost or market
Other N/A

Did you materially participate in business? Yes No

See vehicle expenses and/or office use of home, if applicable.

Any asset additions should be noted on Asset Acquisition Form.

Check if this is the first year of the business.

Income

- 1. Gross receipts or sales 1. _____
- 2. Returns and allowances 2. _____

Other income _____

Cost of goods sold

- 1. Beginning of year inventory 1. _____
- 2. Purchases 2. _____
- 3. Cost of items used personally 3. _____
- 4. Cost of labor 4. _____
- 5. Materials and supplies 5. _____
- 6. Other costs 6. _____
- 7. End of year inventory 7. _____

**BUSINESS INCOME
AND EXPENSE
(SOLE PROPRIETORSHIP)**

continued

Expenses

1. Advertising	1.	_____
2. Bad debts (N/A cash basis)	2.	_____
3. Commissions and fees	3.	_____
4. Employee benefits	4.	_____
5. Employee health insurance	5.	_____
6. Other insurance	6.	_____
7. Mortgage interest reported on Form 1098	7.	_____
8. Other interest	8.	_____
9. Legal and accounting fees	9.	_____
10. Allocation of tax preparation fees	10.	_____
11. Office expense	11.	_____
12. Pension and profit sharing plans	12.	_____
13. Rent, vehicles	13.	_____
14. Rent, equipment	14.	_____
15. Rent, building	15.	_____
16. Repairs and maintenance, building	16.	_____
17. Repairs and maintenance, equipment	17.	_____
18. Repairs and maintenance, vehicles	18.	_____
19. Supplies	19.	_____
20. Payroll taxes	20.	_____
21. Other taxes:		
<u>Description</u>		
21a. _____	21a.	_____
21b. _____	21b.	_____
21c. _____	21c.	_____
21d. _____	21d.	_____
22. Licenses	22.	_____
23. Travel	23.	_____
24. Meals and entertainment (in full)	24.	_____
25. Utilities	25.	_____
26. Wages	26.	_____
27. Management fees	27.	_____
28. Consulting expenses	28.	_____
29. Payroll service	29.	_____
30. Employee vehicle expenses	30.	_____
31. Employee mileage reimbursements	31.	_____
32. Client gifts limited to \$25 each	32.	_____
33. Education and seminars	33.	_____
34. Other:		
<u>Description</u>		
34a. _____	34a.	_____
34b. _____	34b.	_____
34c. _____	34c.	_____
34d. _____	34d.	_____
34e. _____	34e.	_____
34f. _____	34f.	_____

**RENTAL AND ROYALTY
INCOME AND EXPENSE**

Residential Commercial

Location _____

If vacation home:

Number of days rented _____
 Number of days used personally _____

Taxpayer (T); Spouse (S); or Joint (J) _____

Percentage ownership if not 100% _____

Please indicate if income and expenses below
 are listed at 100% or your percentage _____

Did you live in part of the rental? _____

If so, what percentage did you occupy as a tenant? _____

Check if rented to related party. Explain.

Income

1. Rental income 1. _____
 2. Royalties received 2. _____

Expenses

1. Advertising 1. _____
 2. Association dues 2. _____
 3. Auto miles driven 3. _____
 See vehicle expense.
 4. Travel 4. _____
 5. Cleaning and maintenance 5. _____
 6. Commissions 6. _____
 7. Insurance 7. _____
 8. Legal and professional fees 8. _____
 9. Allocated tax preparation fees 9. _____
 10. Licenses and permits 10. _____
 11. Management fees 11. _____
 12. Mortgage interest reported on Form 1098 12. _____
 13. Other interest 13. _____
 14. Repairs 14. _____
 15. Supplies 15. _____
 16. Property taxes 16. _____
 17. Utilities 17. _____

18. Other:

Description

18a. _____ 18a. _____
 18b. _____ 18b. _____
 18c. _____ 18c. _____
 18d. _____ 18d. _____
 18e. _____ 18e. _____

Asset additions and/or property improvements should be reported on Asset
 Acquisition Form.

**FARM INCOME
AND EXPENSE**

Principal product _____ Product code _____

Employer ID #, if any _____

Accounting method: Cash Accrual

Check if you materially participated

Taxpayer Spouse

Income

- 1. Sales of livestock and other resale items 1. _____
- 2. Cost of above 2. _____
- 3. Sales of livestock, produce, etc. you raised 3. _____
- 4. Cooperative distributions (1099-PATR) 4. _____
- 5. Cooperative distributions, taxable portion 5. _____
- 6. Agricultural program payments 6. _____
- 7. Agricultural program payments, taxable portion 7. _____
- 8. Commodity Credit Corporation loans 8. _____
- 9. Crop insurance proceeds 9. _____
- 10. Custom hire 10. _____
- 11. Other _____ 11. _____

Expenses

- 1. Car and truck expenses 1. _____
- 2. Chemicals 2. _____
- 3. Conservation expense 3. _____
- 4. Custom hire (machine work) 4. _____
- 5. Employee benefit programs 5. _____
- 6. Employee health insurance 6. _____
- 7. Feed purchased 7. _____
- 8. Fertilizers and lime 8. _____
- 9. Freight and trucking 9. _____
- 10. Gasoline, fuel, and oil 10. _____
- 11. Other insurance 11. _____
- 12. Mortgage interest reported on 1098 12. _____
- 13. Other interest 13. _____
- 14. Labor hired 14. _____
- 15. Legal and professional fees 15. _____
- 16. Allocated tax preparation fees 16. _____
- 17. Pension and profit sharing plans 17. _____
- 18. Vehicle rental 18. _____
- 19. Machinery and equipment rental 19. _____
- 20. Land rental 20. _____
- 21. Other _____ 21. _____
- 22. Repairs and maintenance 22. _____
- 23. Seeds and plants purchased 23. _____
- 24. Storage and warehousing 24. _____
- 25. Supplies purchased 25. _____
- 26. Payroll taxes 26. _____
- 27. Other taxes 27. _____
- 28. Utilities 28. _____
- 29. Veterinary, breeding, and medicine 29. _____

30. Other:

Description

- 30a. _____ 30a. _____
- 30b. _____ 30b. _____
- 30c. _____ 30c. _____

**PARTNERSHIPS,
S CORPORATIONS,
ESTATES, AND TRUSTS**

Entity #1 name _____

Type of entity _____

Taxpayer Spouse

K-1 is attached YES NO

If K-1 is not attached,
estimated date it
will be available ____ / ____ / ____

Firm preparing K-1 _____

Contact person _____

Firm phone # _____

Please answer the following for K-1s from business or real estate activities:

Is activity rental real estate? YES NO

If yes, do you make significant management
decisions (e.g., approving tenants, rental terms
and expenditures)? YES NO

Does someone else manage day to day activities? YES NO

Number of days average period of rental _____

Are any significant personal services involved with
the rental (e.g., housekeeping)? YES NO

For activities other than rental real estate:

How many hours do you participate? _____

For the tax year, was your participation substantially
all the participation in the activity for all
individuals (including non-owners)? YES NO

For the tax year, did you participate in the activity as
much as any other individual (including non-owners)? YES NO

Were you considered a material participant for any
five of the previous ten years? YES NO

If the activity is a personal service activity
(e.g., health, law, engineering, etc.), did you
materially participate in any three years? YES NO

Did you participate in the activity on a regular,
continuous, and substantial basis? YES NO

Did you dispose of this activity during the tax year? YES NO

**PARTNERSHIPS,
S CORPORATIONS,
ESTATES, AND TRUSTS**

Entity #2 name _____

Type of entity _____

Taxpayer Spouse

K-1 is attached YES NO

If K-1 is not attached,
estimated date it
will be available ____ / ____ / ____

Firm preparing K-1 _____

Contact person _____

Firm phone # _____

Please answer the following for K-1s from business or real estate activities:

Is activity rental real estate? YES NO

If yes, do you make significant management
decisions (e.g., approving tenants, rental terms
and expenditures)? YES NO

Does someone else manage day to day activities? YES NO

Number of days average period of rental _____

Are any significant personal services involved with
the rental (e.g., housekeeping)? YES NO

For activities other than rental real estate:

How many hours do you participate? _____

For the tax year, was your participation substantially
all the participation in the activity for all
individuals (including non-owners)? YES NO

For the tax year, did you participate in the activity as
much as any other individual (including non-owners)? YES NO

Were you considered a material participant for any
five of the previous ten years? YES NO

If the activity is a personal service activity
(e.g., health, law, engineering, etc.), did you
materially participate in any three years? YES NO

Did you participate in the activity on a regular,
continuous, and substantial basis? YES NO

Did you dispose of this activity during the tax year? YES NO

**PARTNERSHIPS,
S CORPORATIONS,
ESTATES, AND TRUSTS**

Entity #3 name _____

Type of entity _____

Taxpayer Spouse

K-1 is attached YES NO

If K-1 is not attached,
estimated date it
will be available ____ / ____ / ____

Firm preparing K-1 _____

Contact person _____

Firm phone # _____

Please answer the following for K-1s from business or real estate activities:

Is activity rental real estate? YES NO

If yes, do you make significant management
decisions (e.g., approving tenants, rental terms
and expenditures)? YES NO

Does someone else manage day to day activities? YES NO

Number of days average period of rental _____

Are any significant personal services involved with
the rental (e.g., housekeeping)? YES NO

For activities other than rental real estate:

How many hours do you participate? _____

For the tax year, was your participation substantially
all the participation in the activity for all
individuals (including non-owners)? YES NO

For the tax year, did you participate in the activity as
much as any other individual (including non-owners)? YES NO

Were you considered a material participant for any
five of the previous ten years? YES NO

If the activity is a personal service activity
(e.g., health, law, engineering, etc.), did you
materially participate in any three years? YES NO

Did you participate in the activity on a regular,
continuous, and substantial basis? YES NO

Did you dispose of this activity during the tax year? YES NO

**BUSINESS USE
OF HOME**

Do you use any part of your home regularly and exclusively for business? YES NO

Estimated percentage of time spent in home office compared to total time spent in this business activity (e.g., 10%, 20%) _____

Description of work done in home office _____

Description of work done outside of home office _____

Total area of home _____

Total area of home used regularly for business _____

	Direct costs (benefit only business portion of home)	Indirect (other)
--	---	---------------------

Home insurance	_____	_____
Repairs and maintenance	_____	_____
Utilities	_____	_____
Rent	_____	_____
Other _____	_____	_____

If daycare facility:
 Days as daycare facility _____
 Hours per day used as daycare facility _____

Prior year carryover of unallowed losses _____

Cost of home and improvements and prior depreciation _____

Cost of home, improvements, furniture, and equipment should be included on Asset Acquisition Form.

**CAPITAL GAINS
AND LOSSES**

<u>Investment</u>	<u>Gross proceeds</u>	<u>Date acquired</u>	<u>Date sold</u>	<u>Cost/ basis</u>	<u>Net sales proceeds</u>
_____	_____	___/___/___	___/___/___	_____	_____
_____	_____	___/___/___	___/___/___	_____	_____
_____	_____	___/___/___	___/___/___	_____	_____
_____	_____	___/___/___	___/___/___	_____	_____
_____	_____	___/___/___	___/___/___	_____	_____
_____	_____	___/___/___	___/___/___	_____	_____
_____	_____	___/___/___	___/___/___	_____	_____
_____	_____	___/___/___	___/___/___	_____	_____
_____	_____	___/___/___	___/___/___	_____	_____
_____	_____	___/___/___	___/___/___	_____	_____
_____	_____	___/___/___	___/___/___	_____	_____
_____	_____	___/___/___	___/___/___	_____	_____
_____	_____	___/___/___	___/___/___	_____	_____
_____	_____	___/___/___	___/___/___	_____	_____
_____	_____	___/___/___	___/___/___	_____	_____
_____	_____	___/___/___	___/___/___	_____	_____
_____	_____	___/___/___	___/___/___	_____	_____
_____	_____	___/___/___	___/___/___	_____	_____
_____	_____	___/___/___	___/___/___	_____	_____
_____	_____	___/___/___	___/___/___	_____	_____
_____	_____	___/___/___	___/___/___	_____	_____
_____	_____	___/___/___	___/___/___	_____	_____

Number of 1099-Bs enclosed to tie out gross proceeds. _____

Have you considered reinvested dividends in your basis calculation? YES NO

Any previous year capital loss carryforward? YES NO
If yes, amount? _____

INSTALLMENT SALES

If first year, include closing documents and basis information

Sale #1
 Description _____
 Payments received this year _____
 Interest _____
 Principal _____
 Total _____

Gross profit % from prior year sale _____

Sale #2
 Description _____
 Payments received this year _____
 Interest _____
 Principal _____
 Total _____

Gross profit % from prior year sale _____

**ASSET
ACQUISITION LIST**

	Description	Activity	Date acquired	Cost	Business use %
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					

**ASSET
DISPOSITION LIST**

	Description	Activity	Date sold	Proceeds	Selling expense	Date purchased	Purchase price	Prior §179	Prior depreciation	Prior business use %
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										
16										
17										
18										
19										
20										
21										

CASUALTY AND THEFT LOSS

Check one:

- Business Personal
 Taxpayer Spouse Joint

	Property A	Property B	Property C	Property D
Description	_____	_____	_____	_____
Date of casualty or theft	_____	_____	_____	_____
Cost or basis	_____	_____	_____	_____
Insurance reimbursement	_____	_____	_____	_____
Fair market value before casualty or theft	_____	_____	_____	_____
Fair market value after casualty or theft	_____	_____	_____	_____
Check if supporting documentation is enclosed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CONTRIBUTIONS

Cash, check, or charge

<u>Donee</u>	<u>Gross amount</u>	<u>FMV services or merchandise received in return</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Note: you may include any credit card charges made in December even if they are not paid until January.

Individual contributions equal to or greater than \$250 must be substantiated in writing by donee.

Contribution carryover from prior years
Please provide support and details.

Charitable mileage and expenses _____

Non-cash contributions

<u>Donee</u>	<u>Address of donee</u>	<u>Description of gift</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____

	<u>Date of purchase</u>	<u>Date of contribution</u>	<u>Original cost</u>	<u>FMV of gift</u>	<u>How property was acquired (see Table A)</u>	<u>Method used to determine FMV (see Table B)</u>
1.	___/___/___	___/___/___	_____	_____	_____	_____
2.	___/___/___	___/___/___	_____	_____	_____	_____
3.	___/___/___	___/___/___	_____	_____	_____	_____
4.	___/___/___	___/___/___	_____	_____	_____	_____
5.	___/___/___	___/___/___	_____	_____	_____	_____
6.	___/___/___	___/___/___	_____	_____	_____	_____

Acquisition of property
Table A
1 = Gift
2 = Purchase
3 = Exchange
4 = Inheritance

Determination of FMV
Table B
1 = Comparable sales
2 = Thrift shop value
3 = Appraisal
4 = Catalog

Any gifts over \$5,000?

**NON-CASH
CONTRIBUTION
WORKSHEET**

	<u>Quantity</u>	<u>FMV</u>	<u>Total</u>		<u>Quantity</u>	<u>FMV</u>	<u>Total</u>
LADIES' CLOTHING				DRY GOODS			
Blouses	_____	_____	_____	Blankets	_____	_____	_____
Bathrobes	_____	_____	_____	Bedspreads	_____	_____	_____
Boots	_____	_____	_____	Curtains	_____	_____	_____
Bathing suits	_____	_____	_____	Drapes	_____	_____	_____
Coats	_____	_____	_____	Pillows	_____	_____	_____
Dresses	_____	_____	_____	Sheets	_____	_____	_____
Evening dresses	_____	_____	_____	Throw rugs	_____	_____	_____
Fur coats	_____	_____	_____	Towels	_____	_____	_____
Handbags	_____	_____	_____				
Jackets	_____	_____	_____	FURNITURE			
Suits	_____	_____	_____	Rugs	_____	_____	_____
Shoes	_____	_____	_____	Radios	_____	_____	_____
Skirts	_____	_____	_____	Portable TVs	_____	_____	_____
Sweaters	_____	_____	_____	(B&W)	_____	_____	_____
Slacks	_____	_____	_____	Portable TVs	_____	_____	_____
				(color)	_____	_____	_____
MEN'S CLOTHING				Typewriters	_____	_____	_____
Jackets	_____	_____	_____	Vacuum	_____	_____	_____
Coats	_____	_____	_____	cleaners	_____	_____	_____
Pants/shorts	_____	_____	_____	Baby	_____	_____	_____
Slacks	_____	_____	_____	furniture	_____	_____	_____
Shirts	_____	_____	_____				
Sweaters	_____	_____	_____	HOUSEHOLD ITEMS			
Shoes	_____	_____	_____	Bric-a-brac	_____	_____	_____
				Small appliances	_____	_____	_____
CHILDREN'S CLOTHING				Toaster	_____	_____	_____
Blouses	_____	_____	_____	Coffee	_____	_____	_____
Boots	_____	_____	_____	maker	_____	_____	_____
Coats	_____	_____	_____	Electric	_____	_____	_____
Dresses	_____	_____	_____	frypan	_____	_____	_____
Jackets	_____	_____	_____	Pots/pans	_____	_____	_____
Jeans	_____	_____	_____	Utensils	_____	_____	_____
Pants	_____	_____	_____	Dishes	_____	_____	_____
Snowsuits	_____	_____	_____	Glassware	_____	_____	_____
Shoes	_____	_____	_____	Lamps	_____	_____	_____
Skirts	_____	_____	_____	Rugs	_____	_____	_____
Sweaters	_____	_____	_____	Luggage	_____	_____	_____
Slacks	_____	_____	_____	Sewing	_____	_____	_____
Shirts	_____	_____	_____	machines	_____	_____	_____
				Mirrors	_____	_____	_____
OTHER				Clocks	_____	_____	_____
_____	_____	_____	_____	Chairs	_____	_____	_____
_____	_____	_____	_____	Tables	_____	_____	_____
_____	_____	_____	_____				
_____	_____	_____	_____	TOTAL			<u>0.00</u>
_____	_____	_____	_____				

Date of gift _____ Receipt enclosed
 Donee _____
 Donee's address _____
 City _____ State _____ Zipcode _____

**MISCELLANEOUS
DEDUCTIONS**

TAXPAYER

SPOUSE

1. Job-hunting expenses		
1a. Travel/airfare/lodging	1a. _____	_____
1b. Food	1b. _____	_____
1c. Agency fees	1c. _____	_____
1d. Resumes	1d. _____	_____
Other:		
<u>Description</u>		
1e. _____ .	1e. _____	_____
1f. _____ .	1f. _____	_____
1g. _____ .	1g. _____	_____
1h. _____ .	1h. _____	_____
1i. _____ .	1i. _____	_____
1j. _____ .	1j. _____	_____
2. Union dues and expenses	2. _____	_____
3. Professional society dues	3. _____	_____
4. Board of trade/real estate	4. _____	_____
5. Trade associations	5. _____	_____
6. Professional journals	6. _____	_____
7. Tools	7. _____	_____
8. Uniforms	8. _____	_____
9. Maintenance and cleaning of uniforms	9. _____	_____
10. Protective clothing	10. _____	_____
11. Tax preparation fees	11. _____	_____
12. Estate planning fees, tax portion . . .	12. _____	_____
13. Legal fees related to tax advice . . .	13. _____	_____
14. Legal fees related to producing or collecting taxable income	14. _____	_____
15. IRA trustee fees billed and paid separately	15. _____	_____
16. Excess deduction of estate or trust .	16. _____	_____
17. Service charges on dividend reinvestment plans	17. _____	_____
18. Investment fees and expenses	18. _____	_____
19. Investment journals and publications	19. _____	_____
20. Malpractice insurance	20. _____	_____
21. Safe deposit box	21. _____	_____
22. Other:		
<u>Description</u>		
22a. _____	22a. _____	_____
22b. _____	22b. _____	_____
22c. _____	22c. _____	_____
22d. _____	22d. _____	_____
22e. _____	22e. _____	_____
22f. _____	22f. _____	_____
22g. _____	22g. _____	_____

MEDICAL EXPENSES

TAXPAYER

SPOUSE

1. Medicare B premiums	1.	_____	_____
2. Other insurance premiums	2.	_____	_____
3. Doctors and dentists	3.	_____	_____
4. Hospitals and nursing homes	4.	_____	_____
5. Transportation and lodging	5.	_____	_____
6. Miles driven for medical treatment	6.	_____	_____
7. Parking for medical treatment	7.	_____	_____
8. Eyeglasses	8.	_____	_____
9. Equipment and supplies	9.	_____	_____
10. Prescriptions and drugs	10.	_____	_____
11. Laboratory exams	11.	_____	_____
12. Insurance reimbursement on above amounts	12.	_____	_____

TAXES PAID

	<u>Name</u>	<u>Amount</u>
Prior year 4th quarter state estimate paid this year	_____	_____
Prior year 4th quarter other state estimate paid this year	_____	_____
Prior year 4th quarter local estimate paid this year	_____	_____
Prior year state extension payment	_____	_____
Prior year other state extension payment	_____	_____
Prior year local extension payment	_____	_____
Paid with prior year state return	_____	_____
Paid with prior year other state return	_____	_____
Paid with prior year local return	_____	_____
State taxes paid in current year for prior year	_____	_____
Local taxes paid in current year for prior year	_____	_____
Real estate taxes, principal residence *	_____	_____
Real estate taxes, second residence *	_____	_____
Real estate taxes, investment property *	_____	_____
Personal property taxes	_____	_____
Auto license fees, if based on value	_____	_____
Foreign income taxes paid (if not withheld on interest or dividends)	_____	_____

* Include closing statement for any properties bought or sold

INTEREST EXPENSE

Home mortgage

Payee	Principal home (P) Second home/vacation residence (S) Home equity (HE)	Reported on Form 1098 Yes/No	Amount	
			Taxpayer	Spouse

Points paid on refinancing, current year _____

Points paid previously and being amortized _____

Prior points paid _____

Date paid ____ / ____ / ____

Life of loan financed _____

If previously refinanced, what was balance
of debt owed prior to refinancing? _____

If second home is a boat, motor home, etc:

Has kitchen YES NO

Has sleeping quarters YES NO

Has toilet facilities YES NO

If home equity loan(s), what was (were) the
outstanding balance(s) as of the end
of the year? _____

Investment interest

Payee

Related investment

**EMPLOYEE BUSINESS
EXPENSE
(OTHER THAN VEHICLE)**

Taxpayer Spouse

Activity/Employer _____

Expenses

- | | | |
|--|----|-------|
| 1. Lodging | 1. | _____ |
| 2. Meals and entertainment (in full) | 2. | _____ |
| 3. Airfare | 3. | _____ |
| 4. Car rental | 4. | _____ |
| 5. Local transportation | 5. | _____ |
| 6. Education | 6. | _____ |
| 7. Office supplies | 7. | _____ |
| 8. Printing | 8. | _____ |
| 9. Postage | 9. | _____ |

10. Other:

Description

- | | | |
|------------|-------|------------|
| 10a. _____ | | 10a. _____ |
| 10b. _____ | | 10b. _____ |
| 10c. _____ | | 10c. _____ |
| 10d. _____ | | 10d. _____ |
| 10e. _____ | | 10e. _____ |
| 10f. _____ | | 10f. _____ |
| 10g. _____ | | 10g. _____ |

Reimbursements not on W-2

- | | | |
|----------------------------------|----|-------|
| 1. Meals and entertainment | 1. | _____ |
| 2. Other reimbursements | 2. | _____ |

VEHICLE EXPENSE

Taxpayer Spouse

Activity(s) _____

Was another vehicle available for personal use? YES NO

If employer provided vehicle, is personal use during off-duty hours permitted? YES NO

Do you have evidence to support deduction? YES NO
 If yes, is evidence written? YES NO

Vehicle 1

Vehicle 2

Is vehicle owned or leased?	_____	_____
Vehicle description	_____	_____
Date placed in service	_____	_____
Original cost	_____	_____
Prior depreciation	_____	_____

Mileage

A For employer and temporary job sites	A	_____
B For self-employment	B	_____
C For rental activity	C	_____
D From job to school	D	_____
E Between 1st and 2nd jobs	E	_____
F Commuting to and from work	F	_____
G Investment/tax preparation	G	_____
H Charitable	H	_____
I Other personal miles	I	_____
J Total miles	J	0.00

Average daily commuting miles _____

Note: the sum of items "A" through "I" should equal item "J", the total miles the vehicle was driven during the year.

VEHICLE EXPENSE

continued

		<u>Vehicle 1</u>	<u>Vehicle 2</u>
<u>Expenses</u>			
1. Gas	1.	_____	_____
2. Parking and tolls	2.	_____	_____
3. Lease payments	3.	_____	_____
4. Initial value of vehicle being leased	4.	_____	_____
5. Repairs and maintenance	5.	_____	_____
6. Maintenance supplies	6.	_____	_____
7. Car washes and waxes	7.	_____	_____
8. Tires	8.	_____	_____
9. Insurance	9.	_____	_____
10. Interest (sole proprietor only)	10.	_____	_____
11. Auto license	11.	_____	_____
12. Auto registration	12.	_____	_____
13. Value of employer provided vehicle on W-2	13.	_____	_____
14. Other:			
<u>Description</u>			
14a _____	14a	_____	_____
14b _____	14b	_____	_____
14c _____	14c	_____	_____
14d _____	14d	_____	_____
14e _____	14e	_____	_____
14f _____	14f	_____	_____
14g _____	14g	_____	_____

SALE OF YOUR HOME

Date former main home was sold _____

- Was any part of the home used for business? YES NO
- Was any part of the home rented out? YES NO
- Have you bought a new home? YES NO
- If no, do you intend to? YES NO

Anticipated date you will be living
in new residence _____

Anticipated cost of replacement
home _____

- | | <u>Taxpayer</u> | <u>Spouse</u> | <u>Joint</u> |
|---|--------------------------|--------------------------|--------------------------|
| Who owned the home that was sold? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Who owns or will own new residence? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

If you are over 55, was the home your
main residence and owned and
lived in for at least three of
the five years preceding the
sale? YES NO

Have you had any previous principle
residence sales? YES NO

Have you ever elected to use the once in a
lifetime exclusion of gain on sale of
a personal residence? YES NO

Selling price of home _____

Broker's commissions _____

Attorney's fees _____

Other closing costs _____

Other expenses of sale _____

Decorating or repair costs _____

Was the sale an installment sale? YES NO

Cost of main home _____

Closing costs of purchase _____

Improvements (e.g., new roof, additions, landscaping, etc.):

<u>Description</u>	<u>Amount</u>
_____	_____
_____	_____
_____	_____
_____	_____

Please provide copies of closing documents for our files.

CREDITS

Did you purchase a qualified electric vehicle? YES NO

Did you purchase a diesel-powered car
or truck for your business? YES NO

Have you paid federal tax on fuel purchased for
off-highway use?

Type of fuel _____

Gallons _____

	TAXPAYER	SPOUSE
1. Current year investment credit (Form 3468) 1.	_____	_____
2. Current year jobs credit (Form 5884) 2.	_____	_____
3. Current year credit for alcohol used as fuel (Form 6478) 3.	_____	_____
4. Current year credit for increasing research activities (Form 6765) 4.	_____	_____
5. Current year low-income housing credit (Form 8586) 5.	_____	_____
6. Current year enhanced oil recovery credit (Form 8830, Part I) 6.	_____	_____
7. Current year disabled access credit (Form 8826) 7.	_____	_____
8. Current year renewable electricity production credit (Form 8835, Part I) 8.	_____	_____
9. Current year Indian employment credit (Form 8845) 9.	_____	_____
10. Current year credit for employer Social Security and Medicare taxes paid on certain employee tips (Form 8846) 10.	_____	_____
11. Current year credit for contributions to selected community development corporations (Form 8847) 11.	_____	_____
12. Carryforward of general business credits (attach schedule) 12.	_____	_____

