

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 _____ SS# _____ Occupation _____

Spouse's Name _____ SS# _____ Occupation _____

Home Address _____

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

Telephone Number Home () _____ Telephone Number (T)* Office () _____ Telephone Number (S)* Office () _____
 Email _____ Fax () _____ Fax () _____

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

Other Dependents:

Full Name	Social Security Number	Relationship	Birth Date	Number Months Resided in Your Home	% Support Furnished By You

*T= Taxpayer *S=Spouse

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

	<u>YES</u>	<u>NO</u>
1. Has your marital status changed since your last return?	_____	_____
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.	_____	_____
3. Were there any changes in dependents from the prior year? If yes, provide details.	_____	_____
4. Are you entitled to a dependency exemption due to a divorce decree?	_____	_____
5. Did any of your dependents have income of \$800 or more? (\$400 if self-employed)	_____	_____
6. Did any of your children under age 14 have investment income over \$1,600? If yes, do you want to include your child’s income on your return?	_____	_____
7. Are any dependent children married and filing a joint return with their spouse?	_____	_____
8. Did any dependent child over 19 years of age attend school less than 5 months during the year?	_____	_____
9. Did you receive income from any legal proceedings, cancellation of student loans or other indebtedness during the year? If yes, furnish details.	_____	_____
10. Did you make any gifts during the year directly or in trust exceeding \$11,000 per person?	_____	_____
11. Did you have any interest in, or signature, or other authority over a bank, securities, or other financial account in a foreign country?	_____	_____
12. Were you a resident of, or did you earn income in, more than one state during the year?	_____	_____
13. Do you wish to have \$3 (or \$6 on joint return) of your taxes applied to the Presidential Campaign Fund?	_____	_____
14. Do you wish to contribute to any state fund(s)? If yes, indicate amount(s) and which fund(s): _____	_____	_____
15. Do you want any overpayment of taxes applied to next year’s estimated taxes?	_____	_____
16. Do you want any remaining federal refund deposited directly to your bank account? If yes, enclose a voided check.	_____	_____
17. Do either you or your spouse have any outstanding child or spousal support payments or federal debt?	_____	_____
18. If you owe federal tax upon completion of your return, are you able to pay the balance due?	_____	_____

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	<u>YES</u>	<u>NO</u>
19. Do you expect a large fluctuation in your income, deductions or withholding next year? If yes, provide details.	_____	_____
20. Did you receive a total 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?	_____	_____
21. If you received an IRA distribution, which you did not rollover, provide details. (1099R)		
22. Did you “convert” IRA funds into a Roth IRA? If yes, provide details.	_____	_____
23. Did you receive any disability payments this year?	_____	_____
24. Did you receive tip income not reported to your employer?	_____	_____
25. Did you sell and/or purchase a principal residence or other real estate? If yes, provide settlement sheet (HUD 1) and Form 1099-S.	_____	_____
26. Did you have any installment sale amounts due from relatives?	_____	_____
27. Did you receive income from tax-exempt securities?	_____	_____
28. Do you have any worthless securities or any loans that became uncollectible this year?	_____	_____
29. Did you receive unemployment compensation? If yes, provide Form 1099-G.	_____	_____
30. Did you have any casualty or theft losses during the year? If yes, provide details.	_____	_____
31. Did you have foreign income or pay any foreign taxes?	_____	_____
32. If there were dues paid to an association, was any portion not deductible due to political lobbying by the association or benefits received?	_____	_____
33. 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.	_____	_____
34. Are you aware of any changes to your income, deductions and credits reported on a prior year’s returns?	_____	_____
35. Did you purchase gasoline, oil, or special fuels for non-highway vehicles?	_____	_____
36. If you or your spouse have self-employment income, did you pay any health insurance premiums or long term care premiums? If yes, were either you or your spouse eligible to participate in an employee’s health insurance or long term care plan?	_____	_____
37. If you or your spouse have self-employment income, do you want to make a retirement plan contribution?	_____	_____
38. Did you acquire any “qualified small business stock?”	_____	_____

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	<u>YES</u>	<u>NO</u>
39. Were you granted or did you exercise any stock options? If yes, provide details.	_____	_____
40. Were you granted any restricted stock? If yes, provide details.	_____	_____
41. Did you pay any household employee over 18 years old wages of \$1,400 or more? If yes, provide copy of Form W-2 issued to household employees. If yes, did you pay total wages of \$1,400 or more in any calendar quarter to household employees?	_____	_____
42. Did you surrender any U.S. savings bonds?	_____	_____
43. Did you use the proceeds from Series EE U.S. savings bonds purchased after 1989 to pay for higher education expenses?	_____	_____
44. Did you realize a gain on property, which was taken from you by destruction, theft, seizure or condemnation?	_____	_____
45. Did you start a business?	_____	_____
46. Did you purchase rental property?	_____	_____
47. Did you acquire any interests in partnerships, LLCs or S corporations this year?	_____	_____
48. Do you have records to support travel and entertainment expenses? The law requires that adequate records be maintained for travel and entertainment expenses. The documentation should include amount, time and place, date, business purpose, description of gift(s) (if any), and business relationship of recipient(s).	_____	_____
49. Were you the grantor, transferor or beneficiary of a foreign trust?	_____	_____
50. Do you have a will or trust that has been updated within the last three years?	_____	_____
51. Can the Internal Revenue Service discuss questions about this return with the preparer?	_____	_____
52. Did you incur expense as a elementary and secondary educator? If so, how much?	_____	_____

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ESTIMATED TAX PAYMENTS MADE

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

WAGES, SALARIES, AND OTHER EMPLOYEE COMPENSATION - List and enclose all Forms W-2.

TS*	Employer	Gross Wages	Fed W/H	FICA W/H	Medicare W/H	State W/H	Local W/H

PENSION, IRA, AND ANNUITY INCOME - List and enclose all Forms 1099R.

TS*	Name of Payor	Total Received	Taxable Amount	Federal Tax Withheld	State Tax Withheld

*T = Taxpayer S = Spouse

- | | <u>YES</u> | <u>NO</u> |
|---|------------|-----------|
| 1. Did you receive a lump sum distribution from your employer? | _____ | _____ |
| 2. Did you “convert” a lump sum distribution into another plan or IRA account? | _____ | _____ |
| 3. Did you transfer IRA funds to a Roth IRA this year? | _____ | _____ |
| 4. Have you elected a lump sum treatment for any retirement distributions after 1986? | | |
| Taxpayer | _____ | _____ |
| Spouse | _____ | _____ |

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SOCIAL SECURITY BENEFITS RECEIVED - List and enclose all 1099 SSA Forms.

	Gross	Medicare Premiums Deducted	Net Received
Taxpayer	\$	\$	\$
Spouse	\$	\$	\$

INTEREST INCOME - List and enclose all Forms 1099-INT and statements of tax-exempt interest earned.

TSJ*	Name of Payor per Form 1099 or statement	Banks, S&L, Etc.	U.S. Bonds, T-Bills	Tax-Exempt	
				In-State	Out-of-State
	Early Withdrawal Penalties				

*T = Taxpayer S = Spouse J = Joint

INTEREST INCOME (Seller Financed Mortgage)

Name of Payor	Social Security Number	Address	Interest Recorded

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DIVIDEND INCOME - List and enclose all Forms 1099-DIV and statements of tax-exempt dividends earned.

TSJ*	Name of Payor per 1099 or statement	Ordinary Dividends	Qualified Dividend	Capital Gain	Non Taxable	Federal Tax Withheld	Foreign Tax Withheld

*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	
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.	_____	_____
2. Did you deduct expenses for the business use of your home? If yes, complete office in home schedule	_____	_____
3. Did you materially participate in the operation of the business during the year?	_____	_____
4. Was all of your investment in this activity at risk?	_____	_____
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, basis and gain or loss.	_____	_____
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.	_____	_____
7. Was this business still in operation at the end of the year?	_____	_____
8. List the states in which business was conducted. _____ _____		
9. Provide copies of certification for members of target groups and associated wages qualifying for Work Opportunities Credit. .	_____	_____
10. Provide information for welfare-to -work credit.	_____	_____

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

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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 20)	
Commissions and fees	
Depletion	
Depreciation and section 179 expense deduction (provide depreciation schedules)	
Employee benefit programs (other than Pension and Profit Sharing plans shown below)	
Insurance (other than health)	
Interest:	
a. Mortgage (paid to banks, etc.)	
b. Other	
Legal and professional services	
Office expense	
Pension and profit-sharing plans (employee's portion only)	

CONTINUED

INDIVIDUAL TAX ORGANIZER (1040)

INCOME AND EXPENSES (Schedule C) – CONTINUED

Rent or lease:	
a. Vehicles, machinery, and equipment	
b. Other business property	
Repairs and maintenance	
Supplies	
Taxes and licenses (Enclose copies of payroll tax returns) State Taxes	
Travel, meals, and entertainment:	
a. Travel	
b. Meals and entertainment	
Utilities	
Wages (enclose copies of W-3/W-2 forms).	
Lobbying expenses	
Club dues:	
a. Civic club dues	
b. Social or entertainment club dues	
Other expenses (list type and amount)	

COMMENTS: _____

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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	_____

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CAPITAL GAINS AND LOSSES - Enclose all Forms 1099-B and 1099-S. If you wish us to complete the following schedule furnish all your brokerage account statements and transaction slips for sales and purchases.

Enter sales reported to you on Forms 1099-B and 1099-S:

Description	Date Acquired	Date Sold	Sales Proceeds	Cost or Basis	Gain (Loss)

Enter the 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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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 ____ / ____ / ____

Residence #2 From ____ / ____ / ____ To ____ / ____ / ____

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RENTAL INCOME - Complete a separate schedule for each property.

1. Description and location of property: _____

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

If personal use yes:

Number of days the property was occupied by you, a member of the 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:			
Rents received		Other income	
Expenses:			
Mortgage interest		Legal	
Other interest		Cleaning	
Insurance		Assessments	
Repairs and maintenance		Utilities	
Travel		Other (itemize)	
Advertising			
Taxes			

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)

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

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

Name	Source Code*	Federal ID #

*Source Code: P = Partnership E = Estate/Trust S = S Corporation

CONTRIBUTIONS TO RETIREMENT PLANS

	TAXPAYER	SPOUSE
Are you covered by a qualified retirement plan? (Y/N)		
Do you want to make the maximum deductible IRA contribution? (Y/N)		
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? (Y/N) If yes, provide copy of latest Form 8606 filed.		
Have you made or do you want to make a Roth contribution? (Y/N) If yes, provide Roth IRA payments made for this return.	\$	\$
Do you want to make the maximum allowable Keogh/SEP/SIMPLE IRA contribution? (Y/N)		
Keogh/SEP/SIMPLE IRA payments made for this return.	\$	\$
Date Keogh/SIMPLE IRA Plan established.		

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ALIMONY PAID

Name of Recipient(s) _____

Social Security Number 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)

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	
Other:	
Eyeglasses	
Ambulance	
Medical supplies	
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)	
Insurance reimbursements received	

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

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DEDUCTIBLE TAXES

Description	Amount
State and local income taxes payments made this year for prior year(s).	
Real estate taxes: Primary residence	
Secondary residence	
Other	
Personal property tax	
Ad valorem taxes on automobiles, trucks, or trailers:	
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	Purpose	Amount

Investment/Passive Interest

Payee	Investment Purpose	Amount

Business Interest

Payee	Business Purpose	Amount

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

INDIVIDUAL TAX ORGANIZER (1040)

Cash contributions for which no receipts are available

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			

CASUALTY OR THEFT LOSSES (Must Exceed 10% of Adjusted Gross Income)

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			

Is the property on a Presidentially declared disaster area?

Yes _____ No _____

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	Property 1	Property 2	Property 3
Was property insured? (Y/N)			
Was insurance claim made? (Y/N)			
Insurance proceeds			
Fair market value before loss			
Fair market value after loss			

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	
Necessary expenses connected with producing or collecting income or for managing or protecting property held for producing income not reported on Form 2106 - Employee unreimbursed business expense	
Business use of home - (use "office in home" schedule provided in this organizer)	
Other miscellaneous deductions – itemize	

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EMPLOYEE BUSINESS EXPENSES

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			
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 _____
Actual expenses	Average daily round trip commuting distance _____
Gas, oil _____	Taxes _____
Repairs _____	Tags & licenses _____
Tires, supplies _____	Interest _____
Insurance _____	Lease payments _____
Parking _____	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 _____

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CHILD CARE EXPENSES/HOME CARE EXPENSES

Did you pay an individual or an organization to perform services in 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 yes, complete the following information:

Name and relationship of the dependents 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 \$1,400 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 1098T 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? Yes _____ No _____

If yes, how much? \$ _____