

INCOME TAX GUIDE AND ORGANIZER

This booklet is provided to assist you in compiling the necessary information to prepare your tax return accurately. Given the substantial changes in tax laws this year, please include as much requested information as possible. This will help maximize your deductions in the event late tax law changes are adopted.

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) _____

IMPORTANT
Tax Questionnaire
Enclosed

Address Service Requested

PERSONAL DATA

TAXPAYER AND SPOUSE				DEPENDENTS				
TAXPAYER (OR SINGLE)		SPOUSE		Name		(p.o.B.)	X if post-secondary student	# of mos. lived in your home
Last Name		Last Name		(First, Initial and Last)		↓	↓	↓
First Name & Initial		First Name & Initial		Social Security No.				Relationship
Occupation		Occupation						
Phone (Home)		Phone (Home)						
(Work)		(Work)						
Soc. Sec. Number		Soc. Sec. Number						
Date of Birth		Date of Birth						
Mailing Address <input type="checkbox"/> Check if address is new			County					
City, State & Zip			E-Mail Address					
<p>Social Security Numbers are required for all dependents.</p> <p>If filing Head of Household and qualifying person is your child but not your dependent above, enter child's name here _____</p> <p>QUESTIONS: (Yes answers, include explanations)</p> <p>1. Did your name, address or marital status change during the year? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2. Are you being claimed as a dependent on another tax return? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>3. Are you (or your spouse) blind or permanently disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>4. If you claim children above that don't live with you, are they allowed as a result of pre-1985 agreement? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>5. Did you carry forward or incur any adoption expenses during the year? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>								

DEDUCTIONS

List only amounts that have actually been paid during the year. Save all cancelled 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 10% of Adjusted Gross Income is allowed (7.5% if age 65 or older).
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, Paramedics	
Nurses (Board & Room)	
Equipment (Prescribed & Rented)	
Nursing Home Medical Care	
Medicare Part B Service Pmts	
Smoking Cessation Program	
Other:	
Medical Insurance Code: Pre-Tax = P After Tax = A Unsure = U	
Important: Provide proof of Health Insurance (Form 1095 or Equiv.)	
Insurance -- Paid by You	▼
Group Health Plans (Deducted from Salary)	
Medicare Premiums (From Soc. Sec. Benefits & Supplemental Ins.)	
Other Insurance (Long Term Healthcare, MSA, Other)	
Summary Total (Optional)	
Lodging: While away from home	
Transportation: Total miles driven for medical reasons or actual cost.	

TAXES		
Description of Tax	State	Amount
Real Estate Taxes (Home) (Include if you plan to itemize or not)		
Real Estate Taxes (Other) (Not if included on Rental Schedule)		
Property Tax Rebates (If Any)		()
Personal Property Tax (If Any)		
Auto Licenses (Not a Deduction in All States)		
State or 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>		

CONTRIBUTIONS	Receipts/canceled checks are now required for all cash donations.
Cash Contribution Must have receipts or bank records for all donations.	Amount
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 & Describe)	

Contributions: Please keep your receipts do not enclose with tax organizer.

Total of all contributions: _____

Misc Notes / Changes:

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 checked="" 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 Year \$	
		No. of Children Under Age 13 #	
Use Form W-10 for provider details. Allocate expenses by dependent. Attach details if more space is needed.			

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 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 (1=Taxpayer, 2=Spouse, 3=Dependent 1, 4=Dependent 2)		Amount	Amount	Amount			
Tuition							
Fees, Books, Supplies							
JOB RELATED EDUCATION				(Enter amounts only if job/career-related and only for you and your spouse)			
Miles Driven		Taxpayer		Spouse			
Room and Board							
Books and Supplies							
Seminar Fees							

