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.

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Euclosed Tax Questionnaire

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Address Service Requested

PERSONAL DATA

E)	SPOUSE Last Name					
	Last Name					
		Last Name				
First Name & Initial		First Name & Initial				
Occupation		Occupation				
k)	Phone (Home)		(Work)			
Date of Birth	Soc. Sec. Nu	imber	Date of Birth			
dress is new	1		County			
		E-Mail Addres	is			
	X) Date of Birth dress is new	Occupation Phone (Hom Date of Birth Soc. Sec. No. dress is new	Occupation Phone (Home) Date of Birth Soc. Sec. Number			

DEPENDENTS

Name	(D.O.B.)	X if post-secondary student		# of mos. lived in your home		
(First, Initial and Last)		Į.	Social Security No.	Relationship		
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Social Security Numbers are req	uired for	all d	ependents.			

If filing Head of Household and qualifying person is your child but not your dependent above. enter child's name here

QUESTIONS: (Yes answers, include explanations)

- 1. Did your name, address or marital status change during the year?
- 2. Are you being claimed as a dependent on another tax return?
- 3. Are you (or your spouse) blind or permanently disabled?
- 4. If you claim children above that don't live with you, are they
- allowed as a result of pre-1985 agreement? 5. Did you carry forward or incur any adoption expenses during the year?
- ☐ Yes ☐ No ☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No ☐ Yes ☐ No

DEDUCTIONS

CONTRIBUTIONS

Receipts/canceled checks are now required for all cash donations.

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 pearest dollar.

Please circle any deduction that is a disproportionate amount for only your or only your spouse (It may be to your advantage to file separately).

Tultion

Fees, Books, Supplies

Only the amount of un-reimbursed medica			ses that exceeds 10% of	CONTRIBUTIONS Receipts/canceled checks are now required for all cash donations.			v required for
MEDICAL	Adjusted Gross Income is allowed (7	7.5% if age 65	or older).	Cash Contribution Must have	va receipts or ba	nk records for all donations.	Amount
Description of Medical Expenses			Amount	Church/Temple (Name)		ing graphy in the co	1
Doctors, Dentists, Clinics, Hospitals, Nurses, Etc.				Cancer/Heart/Easter/Christr	4 7 7 7 7 7		
Prescriptions & Drugs (Doctor Prescribed Only)				Red Cross/United Way/YMC	AYWCA (atta	ch list if more than one)	
insulin (General Drugs Not Alk	owed)			Public TV/Radio			
Eye Glasses/Contact Lense:	s			Veteran's Org. (Name)			<u> </u>
Hearing Aids, Supplies, & O	ther Medical Aids			Schools (Name & Describe)		and the second]
X-Ray/Lab Fees				Contributions: Ple	ase keep	your receipts do	not enclose
Ambulance, Paramedics	4			with tax organizer	·.		
Nurses (Board & Room)							
Equipment (Prescribed & R	ented)			Total of al	l contribu	rtions:	
Nursing Home Medical Car							
Medicare Part B Service Pr	mts			Misc Notes / Chan	ges:		
Smoking Cessation Progra	im	-31-31-31	-		•		
Other:							
Medical Insurance Code:	Pre-Tax = P After Tax = A Unsure =	Ü					
Important: Provide pro	of of Health Insurance (Form 1095 o	or Equiv.)					
Insurance - Paid by Yo	u						
Group Health Plans (D	Deducted from Salary)						
Medicare Premiums (F	rom Soc. Sec. Benefits & Supplemental	Ins.)					
Other Insurance (Long	Term Healthcare, MSA, Other)						
Summary Total (Optional)	<u> </u>						
Lodging: While-away from ho	me .	-					
Transportation: Total miles of	triven for medical reasons or actual cos	st.					
TAXES			2005				/ if you have employer to
Descrip	tion of Tax	State	Amount	CHILD AND D	EPEND	ENT CARE	ed dependent care benefit
Real Estate Taxes (Home) (Include if you plan to itemize or not)	 		If required to be gainfully employed	oyed (or a full tir	ne student) / if service perform Soc. Sec. or ID Number	ed in your home (Nann) Paid
Real Estate Taxes (Other) (Not if included on Rental Schedule)	 		Name/Address of Pro	ovider	Soc. Sec. of 1D Number	raiu
Property Tax Rebates (If An	ıy)						
Personal Property Tax (If Ar	<u>(Vt</u>	ļ					+
Auto Licenses (Not a Deduction	on in All States)			Federal ID No. if		Total Paid During Year	3
	(If Not Listed Elsewhere)		, may 212 102 102 102	required to file IRS wages reports.	No. o	Children Under Age 13	+
Sales Tax/Utner: I you paid any special assessments of subst	antial sales tax, please attach supporting documents.			Use Form W-10 for provider details.	Allocate expens	es by dependent. Attach details	if more space is neede
State or Local Income Taxes Sales Tax/Other: If you paid any special assessments or subst	armal sales tex, please attach supporting documents.			required to file IRS wages reports. Use Form W-10 for provider details.	Allocate expens	Children Under Age 13	†
			EMENTO	ONTRIBUTIO	NS		
√ if covered by a feture in	ent plan at work Date Tradition	onal IRA SE	P/SIMPLE Roth IRA	If you want the maximum allowab	le deduction	List total value of ALL IRA	4s on 12/31
Single or Taxpayer.	1 1			- write MAX in money column(s). informed of amount to deposit.	You will be	Single or Taxpayer	
Spouse				informed of amount to deposit.		Spouse	
Note: Many of your higher educate	ion expenses quality for special tax credits an	nd deductions. C	Others may qualify as	TION EXPENS Other Expenses (Enter amounts a deduction, or U.S. Savings Bond Inter	is these expenses r	nay qualify for tax/penalty-free IPA wit	thdrawals, student loan in
exclusions from income for tex-fre	se and/or penalty-free withdrawals from your to reach student enrolled in a qualified institution	ax deferred sav	ings accounts. Please	deduction, or U.S. Savings sono inter	ear mount Cardon	1st Student 2nd	Student . 3rd Stud
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	o come erequire en ou la trace.	- 14 K (C)	Sal English	Room and Board	11 (A) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1		
Note: ✓ If student is attend	7-0-17 m = 1 (4) = 2 (1) -2 (4)	ent 2nd.S	anders Sid Street	Amount of any Grants, Sch			
Code (T=Taxpeyer, S=Spouse, D)	= Dependent 1, D2=Dependent 2)			_J0	B RELAT	ED EDUCATION	

Miles Oriven

Room and Board

Books and Supplies Seminar Fees

Spouse

Taxpayer

INTEREST INCOME (always use payer name listed on 1099) **WAGES/SALARIES/W-2 FORMS** Other Taxes Withheld Interest D F/S/I Name of Paver Withheld Amount State Soc. Sec. | Medicare Name of Employer Wages Fed. Tax T/S/J Code: T - Taxpayer S - Spouse J - Joint Use these codes if married filing jointly Penalty for early withdrawal of savings (Show Losses MISCELLANEOUS INCOME List interest income reported on all 1099-INT and 1099in Brackets) Use Codes below it from indicated sources: MR MUNICIPAL BONDS Amount Source of Income TISIJ IN INSTALLMENT SALES CODE Attach all 1099 forms reporting Tax Withheld. US U.S. BONDS Do not list IRA or Retirement Plan reported loterest unless withdrawn and not redeposited in another Retirement Plan within 60 days. TE TAX EXEMPT (explain) Alimony (Not Child Support) (If you pay Alimony - list in misc. deductions) MF MORTGAGE FINANCED BY SELLER (list name Jury Duty (Or Other Public Service) DIVIDEND INCOME (please attach all 1099 DIV forms) Qualified Capital Tips/Gratuities (Not Reported on W-2) Total Ordinary Name of Payer Dividends Gains' Dividends Contest/Awards/Gambling Winnings (Attach 1099-MISC, W2G or Explain) Commissions/Bonuses (Not Reported on W-2) Pensions/Annuities (Furnish 1099-R Forms or Detail) IRA/Keogh (Attach Form 1099-R) Profit Sharing Distributions (Attach Form 1099-R) Related to mutual funds. List Gross Dividends above as reported on 1099 DIV forms received. ✓ if this 1099 DIV has information not listed above please check here. Unemployment Compensation (Attach 1099-G Form) CAPITAL GAINS AND LOSSES Partnerships/Estates/Trusts (Furnish K-1 Forms or Defails) Stocks, Bonds and Mutual Funds (Attach Form 1099-B) Sale of Property and Real Estate (Attach Form 1099-S) Date Acquired Small Business Corporations/Sub Chapter S (Furnish K-1 Forms) Cost or Basis* Description Business/Self-Employed (Furnish Schedule or Details) mm/dd/yy 1. Farm (Furnish Schedule or Details) Rental (Furnish Schedule or Details) 2. Forgiven Debt 3. Other (Explain): * / if you did not actively or materially participate in earning the income (or loss) listed 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 Receivad; basis is my cost NOTE: Record ALL fund transactions LIST CODE HERE including mutual funds. SALE OF PERSONAL RESIDENCE 1. List line # If items sold on installment basis.* Cost or Basis Date Old Residence Acquired · Note interest above. · Principal Received: this year \$ prior year \$_ Improvements (Additions, Landscaping, Driveway, New Roof, etc.) 2. If anything above was inherited and sold, list line number(s). 3. If 1099-B stated basis (cost) is wrong, mark next to the incorrect value with the codes Fixing-Up Expenses (Painting, Repairs, etc., To Prepare for Sale) 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. Selling Price Date Old Residence Sold Expenses of Sale (Commissions, Legal Fees, Points, Stamps, etc.) (Important to list NON-TAXABLE INCOME even if not taxable) Yes No No 1. Was any part of residence rented or used for business? Child Support/Payments/Assistance (Not Alimony) You: Yes I No I 2. Did you own and use the home as your principal residence for Spouse: Yes No No at least 2 of the last five years? Veterans Benefits/Disability Income 3. Have you rolled over a gain from the sale of a prior residence into the home Workmen's Compensation/Loss of Time Payments Yes \ No \ sold? If so, please provide Form 2119 from tax return for year prior home sold. Was sale required due to job transfer, medical or unforeseen circumstance? Yes ☐ No ☐ Other (Explain): Date New Residence Acquired (Or Construction Began) SOCIAL SECURITY (Form SSA-1099) Benefits (from box 5) Date Of Occupancy Cost of New Residence Taxpaver IMPORTANT: provide all SSA-1099 statements If married, do you and your spouse have the same proportionate Spouse interest in the new residence as in the old? Yes No Note any Federal tax withheld Attach Copy of Real Estate Closing Papers for both the sale and purchase. INCOME TAXES PAID OR REFUNDED li someone else prepared your taxes last year, Federal State Local **ESTIMATED TAX PAID** please provide a copy. Federal State Local 1st Qtr. 4/15 Balance paid on last year's return If not paid by due dates. 2nd Qtr. 6/15 (or prior years)

list actual

dates paid.

3rd Qtr.

4th Qtr.

9/15

1/15

INCOME

Refunds received from last year's return

(or prior years)