## **READ THIS FIRST**

This tax organizer is designed to help you maximize your deductions and minimize problems in preparing and filing your tax return. Please keep in mind that taxes can be very complicated and even though this organizer will accommodate most taxpayers' needs, if you have a special situation not covered, please list it under "QUESTIONS YOU MAY HAVE."

The "ALERT FLAGS" designate certain special conditions as follows:



Indicates areas that MUST be completed by new clients and only need to be filled in by existing clients when the information has changed.



1 2 The most important flag of all, denotes areas where the IRS has concentrated their computer matching programs. If the information provided is incorrect, it may trigger a service center audit. Pay particular attention to any special instructions in areas with this flag.

TAXPA	YER INFORMATION	ON		
	Name	Social Security No	Birth Date	
You				
Spouse				
CHANGE ONLY	Occupation	Home Phone		Work Phone Cell Phone
You				
Spouse				

ADD	RESS 8	STATUS				CHA O/	WGE
Street Addr	ess						
City			State		ZIP		
Email			presents.				
	Statu	s Changes This '	Year - 1	Enter	Dates		
Married		Spouse Deceased		Sol	d Home		
Separated		Dependent Dec'd.		Sold Property			
Divorced		Moved		Lega	ally Blind	You	Spouse

Name			Mo. In Home	Birth	If over age of 18		
(Include last name if different)	Soc. Sec. #	**	During Year	Date	Income	✓ If Studen	

## PLEASE PROVIDE THE FOLLOWING

- ✓ LAST YEAR'S TAX RETURN (only if you are a new client)
- ✓ ALL WAGE AND INCOME STATEMENTS (W-2s and 1099s\*) \*If available. They are not required but speed processing of your returns.

		IRS		
SPECIAL INF	ORMATIO	MA7CH	You	Spouse
Employer Pension Pla	in?		☐ Yes	☐ Yes
Traditional IRA, Keo	gh & SEP Plan	8:		
Contributions				
Withdrawals (1099-	R) (1)			
Rollovers (2) or Cor	nversions (3)			
Roth IRA:				
Contributions				
Withdrawals (1099-	R) (1)			
Rollovers (2) or Cor	nversions (3)			
(1) If under age 59½ show n (2) Must be reported even if (3) Conversions (rollovers) f	not taxable unless	"transferred" A or other Qualified	Plan to a Roth IRA	is generally taxable.
State Tax Refund (109				T
Social Security or RR	(SSA-1099/RRB-	1099)		
Alimony Received - m	atched with payer			
Tips Received				
Unemployment Recei	ved (1099-G)			
Other:				
Alimony paid (provide in	nformation below)			
Paid to:			SS#:	
Salaries, Pensions, & Partnership & Trust Inc				2s and 1099s de K-1s
Gambling Winnings	\$	Student Loan	Interest	ls
Coverdell Contribution	\$	Sec. 529 Plan	Contribution	s
☐ ✓ If you have been If so, have you b☐ ✓ If you bought, so If so, please call	een re-certified	P	L	Aug Alegan and
☐ ✓ If you incurred an	y adoption exper	nses this year. If s	o, enter amount	
ESTIMATED T	AXES PAII	Please provid	e canceled check	ks if available.
	Date Due	Date Paid	Federal	State
Applied From Prior Yea	ar's Refund	/ Sec. 1975		
First Quarter	April			
Second Quarter	June			
Third Quarter	Sept.			
Fourth Quarter	THIS Jan.			

	Name of Payer (Please provide all forms 1099-INT & 1099-OID)	Banks, Credit Unions, Bonds, etc.	Home State Municipal Bonds (Generally tax free)	Other State Municipal Bonds (Federal tax free)	Obligations Savings Bonds, T-Bills, et (State tax free)
1					
2					
3					
1					
5	Seller Financed Mortgage (Payer name, address & SS# req'd.)		Name, Address & SS#:		
6	FORFEITED INTEREST (early withdrawals)	DING ON INT & DIV:			
7	Do you have an ownership interest in or signature aut	hority over a foreign fina	ncial, bank or securitie	s account?	Yes No
	DIVIDEND INCOME IRS computer payer name list	matches payer and a sted on the 1099 ever	mount. Always use if not the original se	ource.	
THE STATE OF	Name of Payer	Foreign Ordinary exes Paid Dividends	Qualified Capital Cap	Sains Source U.S. Obligations	Taxable To State and State Only Federal

The amount in the "Ordinary" column will include the "Qualified" dividends shown in the "Qualified Portion" column. The portion of ordinary dividends that are qualified receive special tax treatment.

	E	3an	k R	outi	ng N	lum	ber:		
		Α	ссо	unt	Nur	nbe	r:		
					JC				
		Che	ckin	g o	r [	Sav	rings		
Note: Inccount he abor pecify	ts (inc	cludi form	ng IR ation	A ac	count	ts), pl	ease p	ount	s an

QUESTIONS YOU MAY HAVE

MEDICAL EXPENSES PAID  To be deductible, medical expenses must exceed 7½% of your adjusted gross income, and then, only to the extent the amount that exceeds the 7½% floor is deductible. Example: Your				CHARITABLE CONTRIBUTIONS						
then, only to the extent the amount that exceed income is \$40,000 for the year - your medical	eds the 7 <sup>1</sup> / <sub>2</sub> % floor is must exceed \$3.00	ajusted gros s deductible. 0. Do not inc	Example: Your		ns must be documented with					
expenses that were reimbursed by insurance	or paid for by flex s	ending or S	ec. 125 plans.	House of Worship			CV. 15. A S. C			
Hospital, Medical, Dental, Medicare* & Ins	urance Premiums			Payroll Deduction	Red Cros	S				
Doctors, Dentists, Psychotherapy & Psych	ological Counselin	g								
Hospitals, Nursing Home, Nursing Care, L	odging, etc.			Cancer	Other: _	No. of Street, Street, St.				
Prescription Drugs (no "over-the-counter" drug	ıs)			NON-CASH - Household and cloth required for donations of \$250 or m	ng items must be in good of ore, and a detailed list shou	r better condition. A ld be included with	your return if the			
Glasses, Hearing Aids, Batteries, etc.	Auto Tr	avel	mi	total exceeds \$500.  Fair Market Value of Clothing 8	Hausahald Harra Cont	elle a el				
Lab & X-Ray	Parking	Fees	3	Automobile Travel for Charitab	and the second second second second	nouted				
Supplies, Rentals, etc.:	Phone	(toll charges)				CONTRACTOR	mi			
Other:				Expenses in connection with a Explain:	Chamable organization					
Insurance Reimbursement (only for amounts	listed above)		{ }			W 443				
*Amounts withheld from Social Security	y Benefits only.			Vehicle Donation (provide 1098-						
		G No. 15 (6)		MISCELLANEOUS I	DEDUCTIONS					
TAXES PAID				List all travel expenses including for business mileage, and away	g auto, out of town meals, -from-home expenses (ne:	hotel, air fare, etc xt page).	., in sections			
Real Estate - Home & 2nd Home ONLY (n	ot rental)			Do not enter expenses you h	Mark Committee of the Committee of	You	Spouse			
Real Estate - Investment Property (land, etc.	c.) (not rental)			Attorney Fees (to protect taxable			Species			
Vehicle License Fees: (1) (2	) (3)		(4)	Business Gifts (see business ex on next page)	CONTRACTOR OF THE PROPERTY OF					
Personal Property Tax (boat, plane, etc.)	t , a second and at	9		Dues: Union & Professional						
State Income Tax Paid (p		checks)		Employment & Resume Fees						
Balance Due or Last Year's Return	Prior Year's Tax or adjustment			Entertainment & Meals (see but on nex	siness expense instructions					
Extension Payment	Last Year's 4th Qu			Gambling Losses (limited to taxa						
Last Year's Return	paid Jan. of this y	ear		Insurance - Business (E & O, ma		8				
HOME MODECAGE INTERES	CT DAID		IRS	TL.						
HOME MORTGAGE INTERES Provide 1098s	Primary		MA7CH Second	Investment Publications & Jo	umais	14				
Enter Rental Interest in Rental section.	Home		Home	IRA or SE Plan Fees Paid by Y	Oll (not deducted from also)					
1st Paid to a Bank, S & L, etc.*	107			Licenses, Fees, Credentials, et						
TD Paid to an Individual address & SSN below	v**)									
2nd Paid to a Bank, S & L, etc.*				Publications, Books, etc., used Safe Deposit Box	in business					
TD Paid to an Individual address & SSN below	v-•)									
Home Equity Loan	A)01	483	50000000000000000000000000000000000000	Tax Preparation & Consulting F	ees					
Individual's Name:	SS#			Telephone (business calls only)	vide list of items with a					
Address:				Tools, Supplies, Equipment (pro- use) Uniforms - Purchase	ul life of over one year)					
*Amounts must agree with Form 1098 issued by t			ALL DESCRIPTION OF THE PARTY OF							
If Form 1098 was issued in another's social secu Social Security number here.	urity number, enter th	at person's n	ame and	Uniforms - Cleaning						
Name:	SS#			Other:						
If the second home is a qualified motor home,		I		<b>EDUCATION EXPEN</b>	ISES		AVE PRINCIPAL A			
boat, etc., list the name of the payee here:				CAUTION: These expenses quali certain exclusions and tax or pen	fy for tax credits, deduction	ns, and are used	to justify			
Did you refinance during the year? If so, pr	ovide final escrow	etatoment	YES NO	by student. Use a different colum	n for each student in the f	ienses must be se amily.	gregated			
Does your home equity loan exceed \$100,0	00?			STUDENT:	THIS	COLUMN IS DES	IGNATED FOR:			
Does the sum of all home mortgages exceed	ea \$1,000,000?		· U · Q	Taxpayer						
INVESTMENT INTEREST PAI	Interest paid for		ts,	Spouse						
	such as land, serage Margin Acc	THE RESERVE OF THE PERSONS IN COLUMN TWO IS NOT THE PERSON IN THE PERSON I		Dependent:						
Other:	3,,,,,,			Dependent:						
				FOR TUITION CREDIT ONLY -	Qualified Educational Instru	ection				
CHILD OR DEPENDENT CAR			IRS MATCH	Check if at least half-time stude	ent 🗆					
Care must enable you to work (or look for work) or a child under 13 or individual who is physically or	r attend school FULL	TIME. Care m	ust be for	Post-Secondary - First 2 years						
employer benefits SS# and EID#.		can care, ins	materies	After First 2 years						
☐ ✓ If employer provides dependent care benefit				Fees - Enrollment/Attendance						
PROVIDER INFORMATION Payee SS# or EID# MANDATORY	Payments Child:	must be allo	cated by Child	Other Expenses – DO NOT CO Account distributions, Savings Bo	MPLETE Unless qualifying	for tax or penalty	-free Coverdell			
unless exempt organizations.	<b>为</b> 事情			Similar expenses for continuing e	ducation should be entere	d in different sect	ion below.			
Name	Amount	Amount	Amount	Tuition K - 12 (for coverdell distrib	utions only)		- P			
Address				Books/Supplies						
Phone				Room/Board						
SS or EID Number				CONTINUING EDUCATION EXPENSES	- Education for the taxpayer & s	spouse only & ONLY If	job related			
Name	Amount	Amount	Amount	Tuition & Fees						
Address				Seminar Fees, etc.						
Phone				Books/Supplies, etc.	1004					
SS or EID Number				Travel	(list in	n appropriate area d	opposite page)			

BUSINESS VEHICLE INSTRUCTIONS			IRS matches gross proceeds use substitute forms. All trans	ROP from sa	ERTY SO le using the 109	LD 9-B. Many brokera	ige houses	MATCH
Miles Driven section MUST be completed for every vehicle are NOT required if you are using the government's "standard	d mileage rate." However	, they are generally	ins computer matches sales	s price.				
required if you are using the actual expense method, or if yo vehicle was placed in service. If this is the first year of busines			Description /	t Inner.	Date Acquire	d Date Sold	Selling Pric	e Original
purchase or lease contract.								1
DO NOT complete this section or the Business Vehicle Expense section if your vehicle is used only for commuting	Vehicle 1	Vehicle 2						
to and from work and for personal travel.	☐ Spouse	☐ Spouse	RENTAL INCOM	NF &	EXPENS	ES	W HOW	J. Klay S.
Check if Vehicle Provided (owned) by Employer	0		If the property was purchas with statement and county	sed or co	inverted to rent	al use this year r	rovide purch	ase settleme
Enter Reimbursement Provided by Employer			Business Mileage, Rental	, this pa	ge.	renicie expenses	and travel e	xpenses in
Check if the Reimbursement Included in W-2			Property			ddress		
Description of Vehicle (make/model)			1					
Date Originally Acquired			2					
Parking – Business only (do not include parking at place of employment)			3					
Total Miles Auto Driven,	mi	mi	Property	Wa	1	The Basis		3
Personal & Business (required) For Employer	mi	mi	Income		31			
To Professional Mastings/From Joh to Octob	mi	mi	Advertising					
Between 1st & 2nd Job  Jobseeking/Temporary Job Sites	mi	mi	Cleaning & Maintenance					
S Jobseeking/Temporary Job Sites	mi	mi	Commissions					
Investment/Tax Preparation	mi	mi	Insurance					
Rental Self-employed Business	mi	mi	Legal & Professional Fee					
Self-employed Business	mi	mi	Mortgage Interest Paid to	Banks				
Other:	mi	mi	Other Interest					
Average Round Trip Distance to Work (required)	mi	mi	Repairs: Carpentry, Hardy					
Total Commuting for the Year (required)	mi	mi	Electrical, Plumb					
	Complete only if vehic		Paint & Decoration	ng				
DOSMITESS VEHICLE EXPENSES	or business.	le useu	Supplies					
Gasoline, Oil, Lubrication			Taxes			-		
Repairs & Maintenance			Utilities	84 54				
Tires, Batteries, etc.			Wages & Salaries					
Insurance (DO NOT DUPLICATE ELSEWHERE)	10		Condo or Management Fe	es				
License & Taxes (DO NOT DUPLICATE ELSEWHERE)			Telephone (toll calls only)					
Interest (DO NOT DUPLICATE ELSEWHERE)			Improvements & Replaceme	ents		See Instruct	ions Below	
Wash & Wax			Other:	922 9541	_			
Lease Payments			Number of Days Used Per	1900 190000000				
Other:			Improvements and Replacements Provide a list with DESCRIPTION, D	include fu ATE OF PI	rniture, appliance URCHASE OR COM	es, carpet, drapes, i PLETION, and COST f	najor repairs, or each item.	or improvement
AWAY-FROM-HOME EXPENSES	You	Spouse	SELF-EMPLOYED					SE
Airfare			List business vehicle exper	nses and	d travel expens	ses in other colur	nn, this page	e.
Auto Rental, Taxi, etc.						You		Spouse
Meals & Tips (enter 100% of expense)			Gross Income					
Lodging & Tips (do not include meals)			Returns & Refunds	7 7	<		> <	
Laundry			Cost of Inventory at Begin	nning o	f Year			
Other:			Cost of Merchandise Pure	chased				
BUSINESS EVDENSE INSTRUCTION	NG		Cost of Items for Persona	I Use				
BUSINESS EXPENSE INSTRUCTIO Business expense deductions must be based on a log and/or			Cost of Inventory at End	of Year				
combination of records should document: the business nurnose	date and time place a	nd amount	Expense	<b>fou</b>	Spouse	Expense	You	Spous
For business meals and entertainment, you must also do during the meal, or (2) you had a substantial bona fide busines	ss discussion or activity	hefore or after the	Advertising			Rent (other)		
relationship of each person entertained. Gifts are limited to \$25	I must also record the n	ama and business	Bank Charges			Repairs		
these expenses unless documented.			Commissions			Seminars	1.11	
"OFFICE-IN-HOME" EXPENSES		4 40 46	Dues & Pubs.			Supplies		
To qualify, an "office in the home" must be used exclusively and on a r business, or (b) by patients, clients, or customers in meeting and deal	regular basis (a) as your pr	ncipal place of	Entertainment (100%)			Taxes-Payroll		
A home office will qualify as your principal place of business If: 1) Y	ou use it exclusively and	regularly for the	Freight			Taxes-Sales		
administrative or management activities of your trade or business, a where you conduct substantial administrative or management activit	ties of your trade or busin	xed location ess, if you are an	Gifts (see business expense instructions)			Taxes-Property		
employee, the home office use must also be for the convenience of t	the employer.		Insurance			Telephone		
Total Sq. Feet of: Home Office	Storage	2001	Interest (mortgage)		1	Utilities		
Expenses: Rent* Utilities	Insuran	СӨ	Interest (other)		1	Nages (W-2)		
Condo or Management Fees Other:			Legal/Profess.		(	Other:	_	
"If you own your home, provide purchase settlement statement and	me in General**	office	Office Expense		(	Other:	_	
**Roof, outside painting OK; not lawn care.	or or improvements to	Silice.	Rent (equip.)		E	Equipment:	Provide list i	including description

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