

INCOME TAX ORGANIZER

TAX YEAR _____

MY APPOINTMENT IS:	
DAY:	_____
DATE:	_____
TIME: (_____ am) (_____ pm)	
WITH	_____

GENERAL INFORMATION

THIS ORGANIZER IS PROVIDED ESPECIALLY FOR **YOUR** USE. IT IS DESIGNED TO AID YOU IN ORGANIZING YOUR DATA SIMPLY AND EASILY. FEEL FREE TO JOT NOTES AND QUESTIONS IN IT.

CURRENT ADDRESS	TAXPAYER'S NAME	AKA		Home #	
	SPOUSE'S NAME	AKA		Taxpyr's Work	
	STREET ADDRESS			Spouse's Work	
	CITY/STATE/ZIP			Taxpyr's Cell	
				Spouse's Cell	
				Fax	

TAXPAYER	Social Security No. _____	Occupation _____	Date of Birth _____	Blind <input type="checkbox"/>
SPOUSE	Social Security No. _____	Occupation _____	Date of Birth _____	Blind <input type="checkbox"/>
	E-Mail Address _____			

CHECK ONE: SINGLE MARRIED FILING JOINTLY MARRIED FILING SEPARATELY HEAD OF HOUSEHOLD

Do you wish to donate \$3 of your taxes to the Presidential election campaign fund? **Taxpayer:** Yes No **Spouse:** Yes No

If your tax return was examined by either the Federal Government or state taxing agency this year, check here **and bring your copy of the Government's report with the related tax return.**

DEPENDENT CHILDREN AND OTHER DEPENDENTS						
First & Last Name	Date of Birth	Social Security Number	Relationship	Months lived in home this year	Income	Daycare Exp. Per Child

CHILD CARE EXPENSES	Did you pay \$1000 or more to an individual who performed services in your home? _____			
	Did you file required employment forms? _____			
	TO WHOM (Name)	ADDRESS	SOCIAL SECURITY # OR FEDERAL I.D. #	AMOUNT PAID
				IN YOUR HOME OUTSIDE YOUR HOME

Estimated Tax Payments	Federal	Provide Cancelled Checks	State
Credit from Prior Year		Credit from Prior Year	
	Date Paid Amount		Date Paid Amount
1st QTR (Apr)	/ /	1st QTR (Apr)	/ /
2nd QTR (Jun)	/ /	2nd QTR (Jun)	/ /
3rd QTR (Sep)	/ /	3rd QTR (Sep)	/ /
4th QTR (Jan)	/ /	4th QTR (Jan)	/ /
	Total		Total
Misc.: Long-Term Health Care Insurance Premiums		T	\$ _____
		S	\$ _____

QUESTIONS OR OTHER INFORMATION REGARDING YOUR TAXES

Please verify your bank account info for Electronic Filing. Please notify us of any changes.

Bank Name: _____

Account #: _____

Routing Trans #: _____

INCOME

**W-2
INCOME**

EMPLOYER'S NAME	T	S	WAGES	FED WH	SOC. SEC.	MEDICARE	STATE WH	LOCAL
TOTALS								

If more space is required, please list on separate sheet and attach to organizer.

Unemployment

STATE	T	S	AMOUNT	FED WH	STATE WH
TOTALS					

If more space is required, please list on separate sheet and attach to organizer.

**1099-R
PENSION/IRA
INCOME
(Including
Rollovers)**

PAYER	T	S	GROSS DIST	TAXABLE	ROLLOVER	FED WH	ST WH	IRA	Code
TOTALS									

If more space is required, please list on separate sheet and attach to organizer.

**GAMBLING
AND LOTTERY
WINNINGS**

PAYER	T	S	AMOUNT	FED WH	STATE WH
TOTALS					

If more space is required, please list on separate sheet and attach to organizer.

**INTEREST
INCOME**

INSTITUTION NAME	T	S	TOTAL AMOUNT	STATE EXEMPT AMT.	FEDERALLY EXEMPT AMT.	WITH-HOLDING	OTHER
TOTALS							

Please provide Social Security # and address of any person paying you on a Real Estate Mortgage.

ADJUSTMENTS TO INCOME

DESCRIPTION	T	S	YES	NO	AMOUNT
Did you make payment to an Individual Retirement Account?					
Type: <input type="checkbox"/> Regular <input type="checkbox"/> Roth <input type="checkbox"/> Educational Date of Payment:					
Did you make payment to an Individual Retirement Account?					
Type: <input type="checkbox"/> Regular <input type="checkbox"/> Roth <input type="checkbox"/> Educational Date of Payment:					
Student Loan Interest					
Student's Name					Paid To
Were you penalized for early withdrawal of savings?					
Did you pay Alimony? To whom: _____ S.S. # _____					
KEOGH Contribution: _____ SEP Contribution: _____ MONEY PURCHASE: _____ SIMPLE: _____					
Health Savings Account: _____ Medical Savings Account: _____					

EDUCATIONAL CREDITS

HOPE AND LIFETIME LEARNING CREDITS

Name of educational institutions or activity	Address
Has the student ever been convicted of a felony drug offense?	Y <input type="checkbox"/> N <input type="checkbox"/>
Was the student pursuing the course of study on at least a half-time basis – date of enrollment?	Y <input type="checkbox"/> N <input type="checkbox"/>
How many previous years has the credit been claimed for each student?	
Student's Name _____	Years _____ \$ _____
Student's Name _____	Years _____ \$ _____
Student's Name _____	Years _____ \$ _____
Please bring school year-end documents indicating amounts of tuitions and fees paid and Form #1098-T furnished by the school.	

Please complete the following checklist and sign the completed tax organizer.

- 1. Your completed tax organizer.
- 2. All W-2 forms received, all 1099 forms, indicating dividend and interest income, stock sales, retirement plan distributions, including rollovers, and the government form detailing Social Security received.
- 3. **IF YOU DON'T HAVE THE FOLLOWING SCHEDULES, PLEASE WRITE OR CALL US AND WE'LL BE HAPPY TO SEND THEM TO YOU.**
 - A. Profit or Loss from Business or Profession
 - B. Rental Property, Income and Expenses
 - C. Farm Income and Expense
 - D. Auto Expense
 - E. Office in Home
 - F. Moving Expense
- 4. Buy, sell or **refinanced** – statements to cover real estate transactions and installment sales.
- 5. If you have purchased a new personal residence and/or sold your old home we *must* have the following in order to complete your return.
 - A. Closing statement on the residence you bought.
 - B. Buy and sell closing statements on the residence sold.
 - C. An itemized statement of capital improvements on the residence sold (i.e. driveways, room additions, etc.)
- 6. IRA documentation regarding year-end balances.
- 7. If you are a new client, please provide copies of your last three years tax returns. In Colorado
 FROM _____ TO _____
- 8. Were you a full year Colorado resident? Yes No If no, please provide dates: _____
- 9. Please check if you do not wish to allow your preparer to discuss your return with the IRS.

All information contained in this organizer and attachments was furnished by the taxpayer, and the taxpayer acknowledges that he has supplied preparer with any and all information necessary to complete a proper return to the best of the taxpayer's ability and knowledge. If any deductions are being claimed on this return for Travel, Entertainment, Automobile Expenses or any other listed property, (i.e. cellular phones, computers, etc.), taxpayer(s) acknowledge(s) that proper records are being maintained to substantiate these deductions.

X _____

(TAXPAYER'S SIGNATURE)

X _____

(SPOUSE'S SIGNATURE)

THIS FORM WILL BE RETAINED BY OUR OFFICE.

ITEMIZED DEDUCTIONS

MEDICAL EXPENSES

Note:
Do not include pre-taxed medical deductions

Doctors, Dentists, Nurses, etc.	\$	Eyeglasses	\$
Therapy & X-Rays		Contact lenses & supplies	
Hospitals		Ambulance fees	
Medical Insurance Premiums:		Artificial limbs & teeth	
Premiums paid or withheld		Hearing aids & batteries	
Others:		Rental of medical equipment	
Long-Term Care Insurance T		Special Schooling:	
Long-Term Care Insurance S		Mentally or Physically Handicapped	
Medicines & Drugs (Prescribed)		Other	
Miles traveled for medical care _____ Mi.		Total	
Other Travel Expenses			

TAXES

Real Estate:		Ownership Fees:	
Tax on your home	\$	Vehicles	
Trailer/Mobile Home		Trailer	
Other Real Estate taxes (do not include rental)		Motorcycles	
Additional State Income Taxes paid last year		Head Tax	
		General Sales Taxes	
		Sales Tax – Vehicles	
		Other	
		Other	

INTEREST PAID

Refinanced:
Please provide closing documents for review of any possible deductions

HOME MORTGAGE INTEREST PAID <small>Not for a Rental - Enter Rental Interest on Separate Form. A qualifying second home may be a motor home, boat, camp trailer, etc.</small>	1st MORTGAGE	2ND MORTGAGE	POINTS ON PURCHASE OF HOME	OTHER MORTGAGES
Primary Home*				
Mortgage Insurance Premium (2007)				
Second Home*				
Refinance Points Paid on Home				
If mortgage paid to an individual, please provide the following:	INVESTMENT INTEREST PAID			
Individual's Name: _____	Interest paid for investments, such as land, stocks, etc.			
Address: _____	Paid To		Amount	
Social Security #: _____				
*Amounts should agree with Form 1098. If the amounts shown DO NOT coincide with Form 1098 issued by the mortgage holder, check here <input type="checkbox"/>. If Form 1098 was issued in another's SS #, enter that person's name and SS#:				

NOTES:

AMOUNT	Expenses for Production of Income:	AMOUNT	Gambling/Lottery Losses (Only if you had winnings)
	Legal and accounting fees		Employee Expenses:
	Collection expenses		Dues to Professional Association
	Fees paid to an IRA Custodian/KEOGH, etc.		Malpractice insurance premiums
	Use of auto for employer (need organizer)		Job hunting expenses (include agency fee)
	Other Expenses		Cost of preparing resume
	Fees paid for investment counsel		Professional journals & magazines
	Tax preparation		Uniforms/Safety Equipment
	Cost of tax periodicals, manuals, etc.		Union dues and fees
	Rent of safe deposit box (storing non-tax-exempt Securities)		Tools required

MISCELLANEOUS DEDUCTIONS

RECEIVED CASH CONTRIBUTIONS		OTHER THAN CASH CONTRIBUTIONS	
Church	\$	Goodwill	
United Way Contributions		Salvation Army	
Other		ARC	
Other		Other	
Other		Other	
Mileage for charitable work	Mi.		

CONTRIBUTIONS

Each contribution of \$250 or more **MUST** have a receipt Cancelled checks are no longer sufficient.