

INDIVIDUAL TAX ORGANIZER (FORM 1040)

Enclosed is an income tax data organizer that _____ provide to tax clients to assist them in gathering the information necessary to prepare their individual income tax returns.

The Internal Revenue Service (IRS) matches information returns/forms with amounts reported on tax returns. A negligence penalty may be assessed when income is underreported or when deductions are overstated. Accordingly, all information returns reflecting amounts reported to the IRS also are mailed or delivered to the taxpayers in an envelope clearly marked "IMPORTANT TAX DOCUMENTS ENCLOSED" and should be submitted with this organizer. Forms such as:

W-2 (Wages)	Schedules K-1
1099-R (Retirement)	(Forms 1065, 1120S, 1041)
1099-INT (Interest)	
1099-DIV (Dividends)	Annual Brokerage Statements
1099-B (Brokerage Sales)	1098 — Mortgage Interest
1099-MISC (Rents, etc.)	Other tax information statements
1099 (any other)	8886, Reportable transactions
1098-T (Education)	Form HUD-1 for Real Estate Sales/Purchases

Also enclosed is an engagement letter which explains the services _____ will provide to you. Please sign a copy of the engagement letter and return the signed copy in the enclosed envelope. Keep the other copy for your records.

The filing deadline for your income tax return is _____. In order to meet this filing deadline your completed tax organizer needs to be received no later than _____. Any information received after that date may require that an extension of time be filed for this return.

If an extension of time is required, any tax due must be paid with that extension. Any taxes not paid by the filing deadline may be subject to late payment penalties and interest.

_____ look forward to providing services to you. Should you have questions regarding any items, please do not hesitate to contact _____.

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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 _____ SSN _____ Occupation _____

Spouse's name _____ SSN _____ Occupation _____

Home address _____

City, town or post office _____ County _____ State _____ ZIP code _____ School district _____

Telephone number (Taxpayer)

Telephone number (Spouse)

Office _____

Office _____

Home _____

Home _____

Fax _____

Fax _____

Cell _____

Cell _____

Email _____

Email _____

Date of Birth _____

Date of Birth _____

Blind? Yes ___ No ___

Blind? Yes ___ No ___

► **Dependent Children Who Lived With You:**

FULL NAME	SSN	RELATIONSHIP	BIRTH DATE

► **Other Dependents:**

FULL NAME	SSN	RELATIONSHIP	BIRTH DATE	NUMBER MONTHS RESIDED IN YOUR HOME	% SUPPORT FURNISHED BY YOU

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Please answer the following questions and submit details for any question answered "Yes": YES NO

▶ 1) Did any births, adoptions, marriages, divorces, or deaths occur in your family last year?
If yes, provide details.

▶ 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 \$1,000 or more (\$400 if self-employed)?

▶ 6) Did any of your children under age 19, or under age 24 if they are a full-time student, have investment
income over \$2,000?
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 19–23 years of age attend school full-time for less than five months
during the year?

▶ 9) Did you receive any income from any legal proceedings, cancellation of student loans, unemployment,
or other indebtedness during the year? If yes, provide details.

▶ 10) Did you make any gifts during the year directly or in trust exceeding \$14,000 per person?

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	YES	NO
▶ 11) Did you have any interest in, or signature, or other authority over a bank, securities, or other financial account in a foreign country?	<input type="checkbox"/>	<input type="checkbox"/>
▶ 12) Were you the grantor, transferor, or beneficiary, of a foreign trust?	<input type="checkbox"/>	<input type="checkbox"/>
▶ 13) Were you a resident of, or did you have income from, more than one state during the year? If yes, provide details.	<input type="checkbox"/>	<input type="checkbox"/>
▶ 14) Do you wish to have \$3 (or \$6 on joint return) of your taxes applied to the Presidential Campaign Fund?	<input type="checkbox"/>	<input type="checkbox"/>
▶ 15) Do you wish to contribute to any state fund(s)? If yes, indicate amount(s) and which fund(s): _____ _____ _____	<input type="checkbox"/>	<input type="checkbox"/>
▶ 16) Do you want any overpayment of taxes applied to next year's estimated taxes?	<input type="checkbox"/>	<input type="checkbox"/>
▶ 17) Did you and all members of your household maintain minimum essential health coverage for all months of 2015?	<input type="checkbox"/>	<input type="checkbox"/>
1) If yes, enclose documentation such as Form 1095-A, <i>Health Insurance Marketplace Statement</i> , statement of coverage from your employer, or a medical bill showing payment by an insurance company, insurance card, Medicare card.	<input type="checkbox"/>	<input type="checkbox"/>
2) If no, but you and all members of your household were covered for a part of 2015, provide documentation showing the months covered.	<input type="checkbox"/>	<input type="checkbox"/>

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	YES	NO
<hr style="border-top: 1px dotted #000;"/>		
▶ 18) If you or your household did not maintain minimum essential health coverage:		
1) Were you offered coverage through your or your spouse that you declined?	<input type="checkbox"/>	<input type="checkbox"/>
2) If yes, did the coverage offer minimum value and was it affordable?	<input type="checkbox"/>	<input type="checkbox"/>
3) Were you or any member of your household eligible for Medicare or Medicaid but did not enroll?	<input type="checkbox"/>	<input type="checkbox"/>
<hr style="border-top: 1px dotted #000;"/>		
▶ 19) Did you and your family receive any advance premium tax credits?	<input type="checkbox"/>	<input type="checkbox"/>
1) If yes, enclose Form 1095-A, <i>Health Insurance Marketplace Statement</i> .		
<hr style="border-top: 1px dotted #000;"/>		
▶ 20) Are more than one tax household sharing the premium tax credit? Examples include adult nondependent children, situations of divorce or new marriage.	<input type="checkbox"/>	<input type="checkbox"/>
<hr style="border-top: 1px dotted #000;"/>		
▶ 21) Do you want any federal or state refund deposited directly into your bank account? If yes, enclose a voided check.		
a. Do you want any balance due directly withdrawn from this same bank account on the due date?	<input type="checkbox"/>	<input type="checkbox"/>
b. Do you want next year's estimated taxes withdrawn from this same bank account on the due dates?	<input type="checkbox"/>	<input type="checkbox"/>
<hr style="border-top: 1px dotted #000;"/>		
▶ 22) Do either you or your spouse have any outstanding child or spousal support payments or federal debt?	<input type="checkbox"/>	<input type="checkbox"/>
<hr style="border-top: 1px dotted #000;"/>		
▶ 23) If you owe federal or state tax upon completion of your return, are you able to pay the balance due?	<input type="checkbox"/>	<input type="checkbox"/>
<hr style="border-top: 1px dotted #000;"/>		
▶ 24) Do you expect a large fluctuation in your income, deductions or withholding next year? If yes, provide details.	<input type="checkbox"/>	<input type="checkbox"/>
<hr style="border-top: 1px dotted #000;"/>		
▶ 25) Did you receive any 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 (Form 1099R)?	<input type="checkbox"/>	<input type="checkbox"/>
<hr style="border-top: 1px dotted #000;"/>		
▶ 26) If you received an IRA distribution, which you did not roll over, provide details (Form 1099R).	<input type="checkbox"/>	<input type="checkbox"/>
<hr style="border-top: 1px dotted #000;"/>		
▶ 27) Did you "convert" IRA funds into a Roth IRA? If yes, provide details (Form 1099R).	<input type="checkbox"/>	<input type="checkbox"/>

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	YES	NO
▶ 28) Did you receive any disability payments this year? Do you have taxable distributions from an ABLE account?	<input type="checkbox"/>	<input type="checkbox"/>
▶ 29) Did you receive tip income not reported to your employer?	<input type="checkbox"/>	<input type="checkbox"/>
▶ 30) Did you sell or purchase a principal residence or other real estate? If yes, provide settlement sheet (HUD-1) and Form 1099-S.	<input type="checkbox"/>	<input type="checkbox"/>
▶ 31) Did you collect on any installment contract during the year? Provide details.	<input type="checkbox"/>	<input type="checkbox"/>
▶ 32) Did you receive tax-exempt interest or dividends not reported on Forms 1099-INT or 1099-DIV?	<input type="checkbox"/>	<input type="checkbox"/>
▶ 33) During this year, do you have any securities that became worthless or loans that became uncollectible?	<input type="checkbox"/>	<input type="checkbox"/>
▶ 34) Did you receive unemployment compensation? If yes, provide Form 1099-G.	<input type="checkbox"/>	<input type="checkbox"/>
▶ 35) Did you receive, or pay, any Alimony during the year? If yes, provide details.	<input type="checkbox"/>	<input type="checkbox"/>
▶ 36) Did you have any casualty or theft losses during the year? If yes, provide details.	<input type="checkbox"/>	<input type="checkbox"/>
▶ 37) Did you have foreign income, pay any foreign taxes, or file any foreign information reporting or tax return forms? Provide details.	<input type="checkbox"/>	<input type="checkbox"/>
▶ 38) Did you, or do you plan to contribute before April 18, 2015, to a health savings account (HSA) for last calendar year? If yes, provide details. (Note that some states may have different due dates such as ME or MA).	<input type="checkbox"/>	<input type="checkbox"/>
▶ 39) Did you, or do you plan to contribute before April 18, 2016, to a health savings account (HSA) for last calendar year? If yes, provide details.	<input type="checkbox"/>	<input type="checkbox"/>

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	YES	NO
▶ 40) Did you receive any distributions from a HSA? If so, provide details.	<input type="checkbox"/>	<input type="checkbox"/>
▶ 41) 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 or correspondence received.	<input type="checkbox"/>	<input type="checkbox"/>
▶ 42) Are you aware of any changes to your income, deductions and credits reported on any prior years' returns?	<input type="checkbox"/>	<input type="checkbox"/>
▶ 43) Did you purchase gasoline, oil, or special fuels for non-highway use vehicles? or dividends not reported on Forms 1099-INT or 1099-DIV?	<input type="checkbox"/>	<input type="checkbox"/>
▶ 44) Did you purchase an energy-efficient or other new vehicle? If yes, provide purchase invoice.	<input type="checkbox"/>	<input type="checkbox"/>
▶ 45) If you, or your spouse, have self-employment income, did you pay any health insurance premiums or long-term care premiums?	<input type="checkbox"/>	<input type="checkbox"/>
▶ 46) If you, or your spouse, have self-employment income, do you want to make a retirement plan contribution?	<input type="checkbox"/>	<input type="checkbox"/>
▶ 47) Did you acquire any "qualified small business stock"?	<input type="checkbox"/>	<input type="checkbox"/>
▶ 48) Were you granted or did you exercise any stock options? If yes, provide details.	<input type="checkbox"/>	<input type="checkbox"/>
▶ 49) Were you granted any restricted stock? If yes, provide details.	<input type="checkbox"/>	<input type="checkbox"/>
▶ 50) Did you pay any household employee over age 18 wages of \$1,800 or more?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, provide copy of Form W-2 issued to each household employee.	<input type="checkbox"/>	<input type="checkbox"/>
If yes, did you pay total wages of \$1,000 or more in any calendar quarter to all household employees?	<input type="checkbox"/>	<input type="checkbox"/>

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	YES	NO
▶ 51) Did you surrender any U.S. savings bonds?	<input type="checkbox"/>	<input type="checkbox"/>
▶ 52) Did you use the proceeds from Series EE U.S. savings bonds purchased after 1989 to pay for higher education expenses?	<input type="checkbox"/>	<input type="checkbox"/>
▶ 53) Did you realize a gain on property which was taken from you by destruction, theft, seizure, or condemnation?	<input type="checkbox"/>	<input type="checkbox"/>
▶ 54) Did you start a business?	<input type="checkbox"/>	<input type="checkbox"/>
▶ 55) Did you purchase rental property? If yes, provide settlement sheet (HUD-1).	<input type="checkbox"/>	<input type="checkbox"/>
▶ 56) Did you acquire or dispose of any interests in partnerships, LLCs, S corporations, estates or trusts this year? If yes, provide Schedule K-1 that the Organization has issued to you.	<input type="checkbox"/>	<input type="checkbox"/>
▶ 57) Do you have records to support travel, entertainment, or gift expenses? The law requires that adequate records be maintained for travel, entertainment, and gift expenses. The documentation should include amount, time and place, date, business purpose, description of gift(s) (if any), and business relationship of recipient(s).	<input type="checkbox"/>	<input type="checkbox"/>
▶ 58) Has your will or trust been updated within the last three years? If yes provide copies.	<input type="checkbox"/>	<input type="checkbox"/>
▶ 59) Did you incur expenses as an elementary or secondary educator? If so, how much?	<input type="checkbox"/>	<input type="checkbox"/>
▶ 60) Did you make any energy-efficient improvements (remodel or new construction) to your home?	<input type="checkbox"/>	<input type="checkbox"/>
▶ 61) Can the IRS and state tax authority discuss questions about this return with the preparer?	<input type="checkbox"/>	<input type="checkbox"/>
▶ 62) Did you make any large purchases or home improvements?	<input type="checkbox"/>	<input type="checkbox"/>
▶ 63) Did you pay real estate taxes on your principal residence? If so, how much? _____	<input type="checkbox"/>	<input type="checkbox"/>
▶ 64) Have you been a victim of identity theft in prior years? If you have a federal IP PIN, please contact us.	<input type="checkbox"/>	<input type="checkbox"/>

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ESTIMATED TAX PAYMENTS MADE

PRIOR YEAR OVERPAYMENT APPLIED	FEDERAL		STATE (NAME):	
	DATE PAID	AMOUNT PAID	DATE PAID	AMOUNT PAID
1ST QUARTER				
2ND QUARTER				
3RD QUARTER				
4TH QUARTER				

WAGES, SALARIES AND OTHER EMPLOYEE COMPENSATION

▶ Enclose all Forms W-2.

PENSION, IRA AND ANNUITY INCOME

YES NO

▶ Enclose all Forms 1099-R.

▶ 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?

SOCIAL SECURITY BENEFITS RECEIVED

▶ 1) Enclose all 1099 SSA Forms.

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INTEREST INCOME — Enclose all Forms 1099-INT and statements of tax-exempt interest earned.

If not available, complete the following:

TSJ*	NAME OF PAYER	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 RECEIVED

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DIVIDEND INCOME — Enclose all Forms 1099-DIV and statements of tax-exempt dividends earned.

If not available, complete the following:

TSJ*	NAME OF PAYER	ORDINARY DIVIDENDS	QUALIFIED DIVIDENDS	CAPITAL GAIN DISTRIBUTIONS	NON TAXABLE	FEDERAL TAX WITHHELD	FOREIGN TAX WITHHELD

*T = Taxpayer S = Spouse J = Joint

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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 WINNINGS (W2-G)	
OTHER MISCELLANEOUS INCOME	
TRUSTEE FEES	

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) _____

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INCOME FROM BUSINESS OR PROFESSION — SCHEDULE C

YES NO

▶ 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 provided in this organizer.

▶ 3) Did you materially participate in the operation of the business during the year?

▶ 4) Did you pay any health insurance premiums or long-term care premiums?

▶ 5) Was all of your investment in this activity at risk?

▶ 6) 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, and original cost.

▶ 7) 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.

▶ 8) Was this business still in operation at the end of the year?

▶ 9) List the states in which business was conducted and provide income and expense by state.

▶ 10) Provide copies of certification for employees of target groups and associated wages qualifying for Work Opportunity Tax Credit.

▶ 11) Did you make any payments during the year that would require you to file Form(s) 1099?

If yes, did you file Form(s) 1099?

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INCOME FROM BUSINESS OR PROFESSION — SCHEDULE C

YES NO

▶ 12) Did you have employees? If yes:

1. Provide copies of all Federal and State payroll reports including Forms W-2/W-3, 940 & 941.

2. Do you have a Health Reimbursement Arrangement or otherwise reimburse your employees for medical expenses or health insurance premiums?

3. Do you have less than 50 full-time equivalent employees?

4. Do you pay an average wage of less than \$50,000?

5. Do you pay at least half of the employee's health insurance premiums?

6. Provide a copy of Form 1094-C, if applicable.

INCOME AND EXPENSES (SCHEDULE C) — Attach a schedule of income and expenses of the business or complete the following worksheet. Complete a separate schedule for each business.

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	

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INCOME AND EXPENSES (SCHEDULE C) — Attach a schedule of income and expenses of the business or complete the following worksheet. Complete a separate schedule for each business.

DESCRIPTION	AMOUNT
PART III — EXPENSES	
Advertising	
Bad debts from sales or services	
Car and truck expenses (Complete Auto Expense Schedule on Page 29)	
Commissions and fees	
Depletion	
Depreciation and Section 179 expense deduction (provide depreciation schedules)	
Employee health insurance and other benefit programs (excluding retirement plans and amounts for owner)	
Employee retirement contribution (other than owner)	
Self-employed owner:	
a. Health insurance premiums	
b. Retirement contributions	
c. State income tax	
Insurance (other than health)	
Interest:	
a. Mortgage (paid to banks, etc.)	
b. Other	
Legal and professional fees	
Office expense	
Rent or lease:	
a. Vehicles, machinery and equipment	
b. Real Estate or Other business property	
Repairs and maintenance	

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INCOME AND EXPENSES (SCHEDULE C) — Attach a schedule of income and expenses of the business or complete the following worksheet. **Complete a separate schedule for each business.**

DESCRIPTION	AMOUNT
PART III — EXPENSES	
Supplies	
Taxes and licenses (Enclose copies of payroll tax returns) (Do not include state income tax)	
Travel, meals, and entertainment:	
a. Travel	
b. Meals and entertainment	
Utilities	
Wages (Enclose copies of forms W-3/W-2)	
Club dues:	
a. Civic club dues	
b. Social or entertainment club dues	
Other expenses (List type and amount)	

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INCOME FROM BUSINESS OR PROFESSION — SCHEDULE C

- ▶ 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.

NAME OF PAYOR	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 (with supplemental year end brokerage statements) and 1099-S (with HUD-1 closing statements). Complete the following schedule if no statements are available and provide all transaction slips for sales and purchases.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	SALES PROCEEDS	COST OR BASIS	GAIN (LOSS)*

**If you have any questions regarding gain or loss, please contact our office.*

▶ Enter any sales NOT reported on Forms 1099-B and 1099-S:

DESCRIPTION	DATE ACQUIRED	DATE SOLD	SALES PROCEEDS	COST OR BASIS	GAIN (LOSS)*

**If you have any questions regarding gain or loss, please contact our office.*

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SALE/PURCHASE OF PERSONAL RESIDENCE

YES NO

▶ Provide closing statements (HUD-1) on purchase and sale of old residence and purchase of new residence.

DESCRIPTION	AMOUNT

▶ For sale of personal residence, did you own and live in it for two of the five years prior to sale?

MOVING EXPENSES

YES NO

▶ Did you change your residence during this year due to a change in employment, transfer, or self-employment?

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?

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

\$ _____

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RESIDENCE CHANGE

► If you changed residences during the year, provide period of residence in each location.

Residence #1 _____ From ___/___/___ To ___/___/___

Own ____ Rent ____

Residence #2 _____ From ___/___/___ To ___/___/___

Own ____ Rent ____

RENTAL AND ROYALTY INCOME — Complete a separate schedule for each property.

YES NO

► 1) Description and location of property: _____

► 2) Type of property:

Personal use?	<input type="checkbox"/>	<input type="checkbox"/>
Residential rental	<input type="checkbox"/>	<input type="checkbox"/>
Commercial rental	<input type="checkbox"/>	<input type="checkbox"/>
Royalty	<input type="checkbox"/>	<input type="checkbox"/>
Self-rental	<input type="checkbox"/>	<input type="checkbox"/>
Other — Describe	<input type="checkbox"/>	<input type="checkbox"/>

If personal use yes:

a) Number of days the property was occupied by you, a member of your family, or any individual not paying rent at the fair market value. _____

b) Number of days the property was not occupied. _____

If not occupied, was it available for rent during this time?

c) Number of days the property was not occupied. _____

► 3) Did you actively participate in the operation of the rental property during the year?

a) Were more than half of personal services that you or your spouse performed during the year performed in real property trades?

b) Did you or your spouse perform more than 750 hours of services during the year in real property trades or businesses?

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RESIDENCE CHANGE YES NO

▶ 4) Did you make any payments during the year that would require you to file Form(s) 1099?

If yes, did you file the Form(s) 1099?

INCOME:	AMOUNT	EXPENSES:	AMOUNT
RENTS RECEIVED		ROYALTIES RECEIVED	
EXPENSES:			
MORTGAGE INTEREST		LEGAL AND OTHER PROFESSIONAL FEES	
OTHER INTEREST		CLEANING AND MAINTENANCE	
INSURANCE		COMMISSIONS	
REPAIRS		UTILITIES	
AUTO AND TRAVEL		MANAGEMENT FEES	
ADVERTISING		SUPPLIES	
TAXES		OTHER (ITEMIZE)	

▶ 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 Schedules K-1 received to date. Also list below all Schedules K-1 not yet received:

NAME	SOURCE CODE*	FEDERAL ID #

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

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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 IRA 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		

ALIMONY PAID

- ▶ Name of recipient(s) _____

- ▶ Social Security number(s) of recipient(s) _____

- ▶ Amount(s) paid \$ _____

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ALIMONY 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 10% OF ADJUSTED GROSS INCOME TO BE DEDUCTIBLE.) HEALTH INSURANCE PREMIUMS AND MEDICAL EXPENSES PAID WITH PRE-TAX DOLLARS (CAFETERIA PLANS, HEALTH SAVINGS ACCOUNTS, ETC.) ARE NOT 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	
EYEGASSES/CORRECTIVE SURGERY	
AMBULANCE	
MEDICAL SUPPLIES/EQUIPMENT	
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)	
OTHER	
INSURANCE REIMBURSEMENTS RECEIVED	

ALIMONY PAID

YES NO

► Were any of the above expenses related to cosmetic surgery?

INDIVIDUAL TAX ORGANIZER (FORM 1040)

DEDUCTIBLE TAXES

DESCRIPTION	AMOUNT
STATE AND LOCAL INCOME TAX PAYMENTS MADE THIS YEAR FOR PRIOR YEAR(S).	
REAL ESTATE TAXES: PRIMARY RESIDENCE	
SECONDARY RESIDENCE	
OTHER	
PERSONAL PROPERTY OR AD VALOREM TAXES	
SALES TAX ON MAJOR ITEMS (AUTO, BOAT, HOME IMPROVEMENTS, ETC.)	
OTHER 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. If any mortgage or equity loan was not used to buy, build, or improve your principal or second residence, please describe how the proceeds were used.

INDIVIDUAL TAX ORGANIZER (FORM 1040)

INTEREST EXPENSE

▶ Unamortized points on residence refinancing

DATE OF REFINANCE	LOAN TERM	TOTAL POINTS

▶ Student loan interest

PAYEE	AMOUNT

▶ Investment interest not reported on Schedules A, C or E

PAYEE	INVESTMENT PURPOSE(STOCKS, LAND , ETC)	AMOUNT

▶ Business interest not reported on Schedules C or E

PAYEE	BUSINESS PURPOSE	AMOUNT

INDIVIDUAL TAX ORGANIZER (FORM 1040)

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

- ▶ 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			

- ▶ For contributions over \$5,000, include copy of appraisal and confirmation from charity.

INDIVIDUAL TAX ORGANIZER (FORM 1040)

CASUALTY OR THEFT LOSSES

► 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			
WAS PROPERTY INSURED? (Y/N)			
WAS INSURANCE CLAIM MADE? (Y/N)			
INSURANCE PROCEEDS			
FAIR MARKET VALUE BEFORE LOSS			
FAIR MARKET VALUE AFTER LOSS			

CASUALTY OR THEFT LOSSES

YES NO

► Is the property in a presidentially declared disaster area?

INDIVIDUAL TAX ORGANIZER

(FORM 1040)

MISCELLANEOUS DEDUCTIONS

DESCRIPTION	AMOUNT
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)	
EMPLOYMENT AGENCY FEES	
INVESTMENT EXPENSES	
TRUSTEE FEES	
OTHER MISCELLANEOUS DEDUCTIONS — ITEMIZE	
DOCUMENTED GAMBLING LOSSES	

INDIVIDUAL TAX ORGANIZER (FORM 1040)

EMPLOYEE/SELF EMPLOYED BUSINESS EXPENSES — FORM 2106

► 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			
BUSINESS USE OF HOME (SEE SCHEDULE)			
OTHER EMPLOYEE BUSINESS EXPENSES — ITEMIZE			
UNION DUES			
SMALL TOOLS			
UNIFORMS WHICH ARE NOT SUITABLE FOR WEAR OUTSIDE WORK			
SAFETY EQUIPMENT AND CLOTHING			
PROFESSIONAL DUES			
BUSINESS PUBLICATIONS			
UNREIMBURSED COST OF BUSINESS SUPPLIES			

INDIVIDUAL TAX ORGANIZER (FORM 1040)

EMPLOYEE/SELF EMPLOYED BUSINESS EXPENSES — FORM 2106

YES NO

▶ 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 (*Omit if using mileage method)

Average daily round trip commuting distance

Gas, oil* _____	Taxes and tags _____
Repairs* _____	Interest _____
Tires, supplies* _____	Parking _____
Insurance* _____	Tolls _____
Lease payments* _____	Other _____

▶ Did you acquire, lease or dispose of a vehicle used for business during this year?
If yes, enclose purchase and sales contract or lease agreement. YES NO

▶ Did you use the above vehicle in this business less than 12 months?
If yes, enter the number of months _____. YES NO

▶ 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

INDIVIDUAL TAX ORGANIZER (FORM 1040)

CHILD CARE EXPENSES/HOME CARE EXPENSES

YES NO

▶ Did you pay an individual or an organization to perform services for the care of a dependent under 13 years old in order to enable you to work or attend school on a full-time basis?

▶ Did you pay an individual to perform in-home health care services for yourself, your spouse, or dependents?

▶ If the response to either of the questions above is yes, complete the following information:

Names(s) of dependent(s) 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 \$1,800 or more during the tax year were made to an individual, were the services performed in your home?

INDIVIDUAL TAX ORGANIZER (FORM 1040)

EDUCATIONAL EXPENSES

YES NO

▶ Did you or any other member of your family pay any post-secondary educational expenses this year?

▶ If yes complete the following and provide Form 1098-T 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 or 529 Plan?
If yes, how much? \$ _____ Submit 1099-Q.

COMMENTS OR EXPLANATIONS

