

CONFIDENTIAL TAX ORGANIZER

(If you are a new client, please send a complete photocopy of last years tax return)

FOR TAX YEAR 2010

Your Name	S.S. # - -	Birthdate / /
Spouses Name	S.S. # - -	Birthdate / /
Mailing Address	Home Phone Number () -	Work or Cell Phone Number () -
	Personal E-mail Address	

DEPENDENTS

NAME	S.S. #	D.O.B.	RELATIONSHIP

CHILD OR DEPENDENT CARE

NAME OF SITTER	S.S. #	ADDRESS	AMT. PD.
			\$
			\$

INCOME

Wages, Salaries, Tips, Etc. (Attach W-2s)

Interest income from Seller-Financed Mortgages & Individuals:

Interests from Banks & Financial Institutions (Attach 1099 Int)

Include all that have your Social Security number on them.

NAME	AMOUNT	NAME	AMOUNT
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____

Did you sell or turn in any U.S. Savings Bonds? YES NO

If yes, Please list information: _____

Nontaxable Interest: (Attach Information)

Did you have any foreign bank accounts? YES NO

If yes, please explain _____

Did you have any penalties on Early Withdrawal of Savings Certificates? YES NO

If yes, list or attach information _____

Dividends: (Attach 1099Div's) **Capital Gain Distributions:** (Attach 1099B's) **Education Distributions:** (Attach 1099Q's)

Nontaxable Distributions: (Attach 1099s) **Pensions:** (Attach 1099Rs)

Exclusions of Reinvested Dividends from Public Utility: Attach Information. Did you serve in a **Combat Zone?** _____

Did you **Contribute** to your pension plan? _____ If yes, have you already recovered your contribution? _____

Did you have any **Rollovers?** _____ If yes, Attach 1099 Distribution & Rollover papers **Alimony:** How much did you receive? \$ _____

OTHER INCOME

Estate & Trusts	\$ _____	(Attach K-1s)	Jury Duty	\$ _____
S-Corporations	\$ _____	(Attach K-1s)	Other	\$ _____
Partnerships	\$ _____	(Attach K-1s)	Other	\$ _____

Did you have any tips that you did not report to your employer? If not reported, how much did you receive? \$ _____

Prizes & Awards \$ _____ State Tax Refund \$ _____ Unemployment Compensation \$ _____

Lump Sum Distributions \$ _____ (Attach 1099R's) Gambling Winnings (Attach W-2 G's) \$ _____

Gains & Losses from Sale of Property, Stock, Etc. (Attach 1099 B's)

Description	Date Bought	Date Sold	Sale Price	Cost & Expense	Gain or Loss
_____	____/____/____	____/____/____	\$ _____	\$ _____	\$ _____
_____	____/____/____	____/____/____	\$ _____	\$ _____	\$ _____
_____	____/____/____	____/____/____	\$ _____	\$ _____	\$ _____

SALE OF RESIDENCE - Please send or bring escrows of purchase & sale of new house. Also list improvements on old house.

DID YOU HAVE ANY OTHER INCOME FROM ANY OTHER SOURCE?

Source _____	Amount \$ _____
Source _____	Amount \$ _____
Source _____	Amount \$ _____

SOCIAL SECURITY

How much did you receive? \$ _____ How much did your spouse receive? \$ _____ (Attach SSA 1099s)

BUSINESS INCOME / BUSINESS EXPENSES (FOR SELF EMPLOYED)

What is the main business activity? _____

Business Name _____

Business Address _____

HOW MUCH IS YOUR GROSS BUSINESS INCOME ? \$ _____ (Attach 1099 Miscs)

HOW MANY MILES DID YOU DRIVE FOR BUSINESS PURPOSES? _____

Merchandise	\$ _____	Real Estate Taxes	\$ _____
Costs of Goods	\$ _____	Other Taxes & Licenses	\$ _____
Materials & Supplies	\$ _____	Travel (no meals)	\$ _____
Advertising	\$ _____	Meals & Entertainment	\$ _____
Bad Debts	\$ _____	Utilities & Telephone	\$ _____
Car & Truck Expense	\$ _____	Wages & Salaries	\$ _____
Commissions	\$ _____	Bank Service Charges	\$ _____
Insurance (other than health)	\$ _____	Tools	\$ _____
Mortgage Interest	\$ _____	Uniforms	\$ _____
Other Interest Paid	\$ _____	Safety Items	\$ _____
Legal & Professional Fees	\$ _____	Freight & Shipping	\$ _____
Office Expenses	\$ _____	Dues & Publications	\$ _____
Rent on Business Property	\$ _____	Laundry & Cleaning	\$ _____
Equipment Rentals	\$ _____	(other)	\$ _____
Repairs	\$ _____	(other)	\$ _____
Supplies	\$ _____	(other)	\$ _____

INCOME FROM PROPERTY RENTAL

	RENTAL 1	RENTAL 2	RENTAL 3
Rents Received (Attach all 1099s)	\$ _____	\$ _____	\$ _____
Advertising Costs	\$ _____	\$ _____	\$ _____
Association Dues	\$ _____	\$ _____	\$ _____
Auto & Travel	\$ _____	\$ _____	\$ _____
Cleaning & Maintenance	\$ _____	\$ _____	\$ _____
Commissions	\$ _____	\$ _____	\$ _____
Gardening	\$ _____	\$ _____	\$ _____
Insurance	\$ _____	\$ _____	\$ _____
Legal & Professional Fees	\$ _____	\$ _____	\$ _____
Licenses & Permits	\$ _____	\$ _____	\$ _____
Management Fees	\$ _____	\$ _____	\$ _____
Miscellaneous	\$ _____	\$ _____	\$ _____
Mortgage Interest	\$ _____	\$ _____	\$ _____
Other Interest Paid	\$ _____	\$ _____	\$ _____
Painting & Decorating	\$ _____	\$ _____	\$ _____
Painting Equipment (brushes, ladders, etc.)	\$ _____	\$ _____	\$ _____
Pest Control	\$ _____	\$ _____	\$ _____
Plumbing & Electrical	\$ _____	\$ _____	\$ _____
Repairs	\$ _____	\$ _____	\$ _____
Supplies	\$ _____	\$ _____	\$ _____

Cleaning Supplies	\$ _____	\$ _____	\$ _____
Tools	\$ _____	\$ _____	\$ _____
Taxes	\$ _____	\$ _____	\$ _____
Telephone	\$ _____	\$ _____	\$ _____
Utilities	\$ _____	\$ _____	\$ _____
Wages & Salaries	\$ _____	\$ _____	\$ _____
Other (list)	\$ _____	\$ _____	\$ _____
Other (list)	\$ _____	\$ _____	\$ _____
Other (list)	\$ _____	\$ _____	\$ _____

What type of property is the rental? (i.e. four bedroom house, warehouse, trailer park, etc.)
 RENTAL 1 _____ RENTAL 2 _____ RENTAL 3 _____
 When did you purchase your rental property? (Mm/Yy)
 RENTAL 1 / RENTAL 2 / RENTAL 3 /
 How much did the rental property cost you?
 RENTAL 1 \$ _____ RENTAL 2 \$ _____ RENTAL 3 \$ _____

DEDUCTIONS

MEDICAL

Medicines	\$ _____
NAME	Amount Paid After Insurance Reimbursement
Doctors: _____	\$ _____
Dentists: _____	\$ _____
Orthodontists: _____	\$ _____
Practitioners: _____	\$ _____
Transportation & Lodging_	\$ _____
Prenatal Care	\$ _____
Eyeglasses	\$ _____
X-Rays	\$ _____
Medical Lodging	\$ _____
Therapy Equipment	\$ _____
Medical Supplies & Appliances	\$ _____
Prosthesis Expense	\$ _____
Required Air Conditioning Expense	\$ _____
Repairs & Filters	\$ _____

Drugs	\$ _____
NAME	Amount Paid After Insurance Reimbursements
Specialists: _____	\$ _____
Chiropractors: _____	\$ _____
Clinics: _____	\$ _____
Hospitals: _____	\$ _____
Insurance Premiums (include Medicare)	\$ _____
Postnatal	\$ _____
Hearing Aids	\$ _____
Lab Fees	\$ _____
Bandages	\$ _____
Crutches	\$ _____
Diabetic Expense	\$ _____
Therapy Pool	\$ _____
Electrical Expense	\$ _____
Stop Smoking Expense	\$ _____

TAXES

Did you pay State Taxes last year? ____ How much? \$ _____ Did you pay State Taxes last year for prior years? ____ How much? \$ _____
 Did you pay Sales Taxes on Major Purchases last Year? ____ How much? \$ _____

Auto License Fees	\$ _____	Auto Sales Tax	\$ _____
Real Estate Taxes	\$ _____	Property Taxes	\$ _____
Irrigation Taxes	\$ _____	Personal Property Taxes	\$ _____
Boat Taxes	\$ _____	Other Taxes	\$ _____

Did you buy any cars, boats, motorcycles, R.V.s, trailers, mobile homes, airplanes, etc.? _____ (Attach Information.)

INTEREST: (Attach all 1098s)

1ST HOME	NAME	AMOUNT	2ND HOME	NAME	AMOUNT
Mortgages.....	_____	\$ _____	Mortgages.....	_____	\$ _____
2nd Home Mortgage..	_____	\$ _____	2nd Home Mortgage...	_____	\$ _____
Late Charges.....	_____	\$ _____	F.H.A. Charges	_____	\$ _____
Mortgage Insurance...	_____	\$ _____	Real Estate Loan Fees	_____	\$ _____
College Loan Interest	_____	\$ _____	Points	_____	\$ _____
College Loan Interest	_____	\$ _____	College Loan Interest	_____	\$ _____

CONTRIBUTIONS

Churches	\$ _____		\$ _____
	\$ _____		\$ _____

MISCELLANEOUS

Union Dues \$ _____
 Tax Preparer Fee \$ _____
 Extension Fees \$ _____
 Books & Publications \$ _____
 Fire Retardant Clothing \$ _____
 Protective Eye Wear \$ _____
 Gloves \$ _____
 Tools \$ _____
 Batteries \$ _____
 Uniforms \$ _____
 Cleaning \$ _____
 Investment Expense \$ _____
 Adoption Expense \$ _____
 Record Keeping Costs \$ _____
 Other (list) \$ _____

Spouse Dues \$ _____
 Audit Fees \$ _____
 Business Dues \$ _____
 Safety Items \$ _____
 Safety Boots \$ _____
 Mosquito Spray \$ _____
 Work Watch \$ _____
 Flashlights \$ _____
 Water Jugs \$ _____
 Telephone for Business \$ _____
 Protective Headgear \$ _____
 Sales & Promo Costume \$ _____
 Safety Deposit Box \$ _____
 Safety Glasses \$ _____
 Other (list) \$ _____

CONTINUED EDUCATION & 1ST TWO YEARS COLLEGE STUDENT CREDIT

Name of Student _____
 Name of Institution _____
 Education Purpose _____
 Dates Attended _____

Travel Expense \$ _____
 Tuition Expense \$ _____
 Supplies Expense \$ _____

Name of Student _____
 Name of Institution _____
 Education Purpose _____
 Dates Attended _____

Travel Expense \$ _____
 Tuition Expense \$ _____
 Supplies Expense \$ _____

EMPLOYEE BUSINESS EXPENSE

Did you use your personal vehicle to run errands, chase parts, carry job tools, etc. for your employer? Include Job Hunting.
 Please explain : _____

How many miles did you drive for the year ? _____ How many miles did you drive for business ? _____
 Description of vehicle: Make _____ Model _____ Year _____

Did you purchase an automobile last year ? _____ Please enclose purchase papers.

Auto License Fee \$ _____
 Auto Interest \$ _____

Auto Sales Tax \$ _____
 Parking & Tolls \$ _____

OPTIONAL

Oil & Lubrication \$ _____
 Washing & Polishing \$ _____
 Repairs \$ _____
 Fuel \$ _____

Auto Club \$ _____
 Tires, Batteries, Etc. \$ _____
 Insurance \$ _____
 Other (list) \$ _____

TRAVEL & EXPENSES OTHER THAN AUTO

Plane & Rail Fares \$ _____
 Taxi & Public Transit \$ _____
 Lodging \$ _____
 Telephone, Fax, Postage \$ _____
 Laundry & Cleaning \$ _____

Bus Fares \$ _____
 Car Rentals \$ _____
 Meals \$ _____
 Tips & Baggage Charge \$ _____
 Other (list) \$ _____

SALES EXPENSE

Lunches, Dinners, Etc. \$ _____
 Organization Dues \$ _____
 Stationary & Postage \$ _____

Show & Event Tickets \$ _____
 Gifts \$ _____
 Basic Phone \$ _____

Long Distance Phone \$ _____

Other (list) \$ _____

Did you make any modifications to your home for the handicapped ? Please Describe : _____

Cost of modifications \$ _____

Did you move last year? _____ How many miles did you move? _____ Date Moved ____/____/____

Transportation Cost \$ _____ Storage Cost \$ _____ Travel & Lodging \$ _____

How much were you reimbursed that was not included in your wages? \$ _____

Did you or your spouse contribute to a REGULAR IRA, ROTH IRA, SIMPLE or KEOGH ? \$ _____

Do you or your spouse have a retirement plan at work ? _____

Did you pay alimony ? _____ How much ? _____

Recipients Name & S. S. # _____

BANK INFORMATION FOR DIRECT DEPOSIT OF REFUNDS, IF ANY.

Bank Routing Number _____ Bank Account Number _____

FEES:

Comprehensive Tax Preparation (Federal & State), Review , E-File Transmission & Direct Deposit Refund - \$ 130.00

OTHER INFORMATION NEEDED TO BE DECLARED FOR PURPOSES TAX RETURN FILING

DECLARATION :

We / I have provided the information on this form to the best of my knowledge and hereby declare it is complete and ready for the preparation of my/our income tax returns. Where there are deductions shown, We / I acknowledge having spent these amounts and have kept a log or diary of such activities, pursuant to section 274(a) and can fully substantiate such deductions. Furthermore, We / I give permission and consent to use our information for purposes of E-file Transmission of our Federal & State Tax Returns and Claim of Refunds by Direct Deposit or by Bank Products.

PRINTED NAME & SIGNATURE - TAXPAYER

DATE

PRINTED NAME & SIGNATURE – SPOUSE

DATE