

TAX ORGANIZER

Basic Taxpayer Information

| | First Name | Initial | Last Name | Suffix | Social Security No. |
|----------|------------|---------|-----------|--------|---------------------|
| Taxpayer | | | | | |
| Spouse | | | | | |

| | Occupation | Date of Birth | Check if | | | |
|----------|------------|---------------|----------|-------|----------------------|--------------------------------|
| | | | Disabled | Blind | Dependent of Another | Presidential Election Contrib. |
| Taxpayer | | | | | | |
| Spouse | | | | | | |

| | | | |
|-------------------|--|-------------|--|
| Street Address | | Phone Res: | |
| City, State & Zip | | Phone Work: | |
| E-mail Address | | Cell Phone: | |

School District _____

Filing Status 1 - Single; 2 - Married filing joint; 3 - Married filing separate; 4 - Head of Household; 5 - Qualifying Widower

Dependent Information

| | First Name | Last Name | Social Sec. No. | Relationship | Months in home | Date of Birth | Disabled or full time student |
|---|------------|-----------|-----------------|--------------|----------------|---------------|-------------------------------|
| 1 | | | | | | | |
| 2 | | | | | | | |
| 3 | | | | | | | |
| 4 | | | | | | | |
| 5 | | | | | | | |
| 6 | | | | | | | |

Wages and Salaries

| | Employer Name | Wages | Federal Tax Withheld | FICA Withheld | Medicare Withheld | State Tax Withheld | Local Tax Withheld |
|---|---------------|-------|----------------------|---------------|-------------------|--------------------|--------------------|
| 1 | | | | | | | |
| 2 | | | | | | | |
| 3 | | | | | | | |
| 4 | | | | | | | |
| 5 | | | | | | | |
| 6 | | | | | | | |

Pensions and IRAs

| | Payer's Name | Gross Distribution | Taxable Distribution | Federal Tax Withheld | IRA |
|---|--------------|--------------------|----------------------|----------------------|-----|
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |

Attestation and Signature:

To the best of my knowledge the enclosed information is correct and includes all income, deductions, and other information necessary for the preparation of this year's income tax returns for which I have adequate records.

Sign _____ Date _____

here _____ Date _____

General Questions

Please check if "Yes" and provide documentation, if possible.

- | | |
|--------------------------|--|
| <input type="checkbox"/> | 1. Has your marital status changed? |
| <input type="checkbox"/> | 2. Have you been notified by the IRS of changes to a prior year's return, or received any other tax correspondence? |
| <input type="checkbox"/> | 3. Are you being claimed as a dependent by another person? |
| <input type="checkbox"/> | 4. Are there any changes in the dependent information from the prior year? |
| <input type="checkbox"/> | 5. Did you have any children under the age of 19 (or 24 if a full time student) who received more than \$950 in investment income? |
| <input type="checkbox"/> | 6. Do you have dependents who are neither U.S. citizens nor U.S. residents? |
| <input type="checkbox"/> | 7. Did you provide over half of the support for another person (or persons) during the year? |
| <input type="checkbox"/> | 8. Did you purchase or sell a principal residence? |
| <input type="checkbox"/> | 9. Did you receive payments from a pension or profit sharing plan? |
| <input type="checkbox"/> | 10. Did you receive any distributions from an IRA or other qualified plan? |
| <input type="checkbox"/> | 11. Did you receive any disability income? |
| <input type="checkbox"/> | 12. Did you receive any foreign income or pay any foreign taxes? |
| <input type="checkbox"/> | 13. Did you receive interest from a bank account or other financial account based in a foreign country? |
| <input type="checkbox"/> | 14. Were you the grantor of or transferor to a foreign trust? |
| <input type="checkbox"/> | 15. Were either you or your spouse enlisted in the military or National Guard? |
| <input type="checkbox"/> | 16. If you or your spouse are self-employed, are either of you covered under an employer's health plan at another job? |
| <input type="checkbox"/> | 17. Did you claim a First-time Homebuyer Credit for a home purchased in 2008? |
| <input type="checkbox"/> | 18. Did you receive proceeds from an installment sale? |
| <input type="checkbox"/> | 19. Did you make a loan at an interest rate below market rate? |
| <input type="checkbox"/> | 20. Did you make gifts of over \$13,000 to an individual? |
| <input type="checkbox"/> | 21. Were there any changes to a prior year's income, deductions, or credits? |
| <input type="checkbox"/> | 22. Did your employer pay premiums on life insurance in excess of \$50,000? |
| <input type="checkbox"/> | 23. Were any payments made on student loans? |
| <input type="checkbox"/> | 24. Did you pay any educational tuition or fees for you or a dependent? |
| <input type="checkbox"/> | 25. Did you purchase a 'clean fuel' or electric hybrid vehicle in 2010? |
| <input type="checkbox"/> | 26. Did you refinance a mortgage or take out a home equity loan? |
| <input type="checkbox"/> | 27. Were any contributions made to a traditional or Roth IRA for 2010? |
| <input type="checkbox"/> | 28. Did you make any contributions to HSA (Health Savings Account) in 2010? |
| <input type="checkbox"/> | 29. Did you purchase a new motor vehicle after Feb 16, 2009 and before Jan 1, 2010 and pay sales/excise tax on it in 2010? |

Business and Investment Questions

- | | |
|--------------------------|--|
| <input type="checkbox"/> | 1. Did you receive stock from a stock bonus plan with your employer? |
| <input type="checkbox"/> | 2. Did you buy or sell any bonds? |
| <input type="checkbox"/> | 3. Did you surrender any U.S. savings bonds? |
| <input type="checkbox"/> | 4. Did you suffer a casualty, theft or condemnation? |
| <input type="checkbox"/> | 5. Did you start a business, purchase a rental property or farm, or acquire interests in partnerships or S-corporations? |
| <input type="checkbox"/> | 6. Did you own any investments for which you were not personally "at-risk?" |
| <input type="checkbox"/> | 7. Did you own any interest in a Real Estate Mortgage Investment Conduit (REMIC)? |
| <input type="checkbox"/> | 8. Did you sell any property or equipment on installments? |
| <input type="checkbox"/> | 9. Did you incur any business-related educational expenses? |
| <input type="checkbox"/> | 10. Did you incur any travel and entertainment expenses? |
| <input type="checkbox"/> | 11. Did you purchase any special fuels for non-highway use? |
| <input type="checkbox"/> | 12. Did you make any contributions to a Keogh or a self-employed SEP, SIMPLE or Qualified plan? |

Interest Income

Please provide copies of all Form 1099-INT or other statements reporting interest income.

* F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint.

| *F/S/J | Payer |
|--------|-------|
| 1 | |
| 2 | |
| 3 | |
| 4 | |
| 5 | |
| 6 | |
| 7 | |
| 8 | |
| 9 | |
| 10 | |
| 11 | |
| 12 | |

| Taxable Interest Income | | Tax Exempt Interest | | Specified Priv Act Interest | |
|-------------------------|---------------------|---------------------|---------------------|-----------------------------|---------------------|
| Prior Year Amount | Current Year Amount | Prior Year Amount | Current Year Amount | Prior Year Amount | Current Year Amount |
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Dividend Income

Please provide copies of all Form 1099-DIV or other statements reporting dividend income.

* F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint.

| *F/S/J | Payer |
|--------|-------|
| 1 | |
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| 5 | |
| 6 | |
| 7 | |
| 8 | |
| 9 | |
| 10 | |
| 11 | |
| 12 | |

| Ordinary Dividends | | Qualified Dividends | | Capital Gains | |
|--------------------|---------------------|---------------------|---------------------|-------------------|---------------------|
| Prior Year Amount | Current Year Amount | Prior Year Amount | Current Year Amount | Prior Year Amount | Current Year Amount |
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Income or Loss from Partnerships, S Corporations, and Trusts

| Name | Income | Loss | Other Expenses | Passive (Yes / No) | *P/S/T |
|------|--------|------|----------------|--------------------|--------|
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
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| 6 | | | | | |
| 7 | | | | | |
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| 10 | | | | | |
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| 13 | | | | | |
| 14 | | | | | |
| 15 | | | | | |
| 16 | | | | | |
| 17 | | | | | |
| 18 | | | | | |
| 19 | | | | | |
| 20 | | | | | |

*P/S/T - enter entity type (P)artnership, (S) Corporation, (T)rust

Gains or Losses from Sales of Stocks, Securities or Other Assets

| | Kind of Property and Description | Date acquired | Date sold | Sales Price | Cost or other basis |
|----|----------------------------------|---------------|-----------|-------------|---------------------|
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |
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| 12 | | | | | |
| 13 | | | | | |
| 14 | | | | | |
| 15 | | | | | |
| 16 | | | | | |
| 17 | | | | | |
| 18 | | | | | |
| 19 | | | | | |
| 20 | | | | | |

Other Income

| | | Prior Year Amount | Current Year Taxpayer | Current Year Spouse |
|----|---|-------------------|-----------------------|---------------------|
| 1 | Taxable refunds of state and local income taxes | | | |
| 2 | Alimony received | | | |
| 3 | Business income or (loss) - Schedule C | | | |
| 4 | Other gains or (losses) - Form 4797 | | | |
| 5 | Rents and royalties - Schedule E pg 1 | | | |
| 6 | Farm income or (loss) - Schedule F | | | |
| 7 | Unemployment compensation | | | |
| 8 | Total social security benefits | | | |
| 9 | Tips | | | |
| 10 | Child care taxable benefits | | | |
| 11 | Prizes and awards | | | |
| 12 | Scholarships and fellowships | | | |
| 13 | Other income not provided for in this organizer | | | |
| 14 | | | | |
| 15 | | | | |
| 16 | | | | |

Adjustments to Income

| | | Prior Year Amount | Current Year Taxpayer | Current Year Spouse |
|----|---|-------------------|-----------------------|---------------------|
| 1 | Educator expenses | | | |
| 2 | Business expenses of reservists, performing artists and fee-based gov officials | | | |
| 3 | Health savings account deduction | | | |
| 4 | Moving expenses | | | |
| 5 | Self-employed SEP, SIMPLE, and qualified plans | | | |
| 6 | Penalty on early withdrawal of savings | | | |
| 7 | Alimony paid | | | |
| 8 | Your IRA contribution | | | |
| 9 | Spouse's IRA contribution | | | |
| 10 | Student loan interest | | | |
| 11 | Tuition and fees deduction | | | |

Itemized Deductions

| | | Prior Year Amount | Current Year Amount |
|----|---|-------------------|---------------------|
| 1a | Medical and dental expenses (other than long-term care premiums) | | |
| 1b | Long-term care premiums Taxpayer Spouse | | |
| 2 | Other state and local taxes paid not reported elsewhere in this Organizer | | |
| 3 | State and local income taxes paid | | |
| 4 | Real estate taxes | | |
| 5 | Personal property taxes | | |
| 6 | Other taxes | | |
| 7 | Home mortgage interest and points reported on Form 1098 | | |
| 8 | Home mortgage interest not reported on Form 1098 Name: Address: SSN: | | |
| 9 | Home mortgage points not reported on Form 1098 | | |
| 10 | Qualified mortgage insurance premiums | | |
| 11 | Investment interest paid | | |
| 12 | Gifts to charity by cash or check | | |
| 13 | Gifts to charity other than by cash or check | | |
| 14 | Mileage driven to charitable activities | | |
| 15 | Casualty and theft losses - Form 4684 | | |
| 16 | Unreimbursed employee expenses | | |
| | Travel expenses (exclude meals) | | |
| | Meals and entertainment | | |
| | Parking and tolls (enter other vehicle information on Page 7) | | |
| | Telephone used for employer's business (allocate cost) | | |
| | Professional organization or union dues | | |
| | Educational expenses required to maintain your job | | |
| | Office in home required by employer | | |
| | Tools and equipment | | |
| | Uniform and protective clothing | | |
| | Professional journals subscriptions | | |
| | Job seeking costs | | |
| | Other | | |
| 17 | Tax preparation fees | | |
| 18 | Other expenses | | |
| | Investment expenses | | |
| | Safe deposit box rental | | |
| | Other | | |
| 19 | Other miscellaneous deductions | | |

Education Expenses

| | Student's Name | Type of Expense | Year of School | Amount |
|---|----------------|-----------------|----------------|--------|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |
| 6 | | | | |

Child or Dependent Care Expenses

| | Persons or Organizations Who Provided the Care | | Social Security or ID Number | Amount Paid |
|---|--|---------|------------------------------|-------------|
| | Name | Address | | |
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |

Vehicle Information and Expenses

| | | Vehicle One | Vehicle Two |
|----|---|-------------|-------------|
| 1 | Description of vehicle | | |
| 2 | Is the vehicle used in a business or by an employee? | | |
| 3 | Cost (including sales tax) | | |
| 4 | Date placed in service | | |
| 5 | Business miles: | | |
| 6 | Commuting miles (daily commuting miles times the number of trips to work) | | |
| 7 | Other personal use miles | | |
| 8 | Total miles driven | | |
| 9 | Gas and oil expenses | | |
| 10 | Repairs and maintenance | | |
| 11 | Auto insurance | | |
| 12 | Registration, licenses, and fees | | |
| 13 | Other auto expenses (identify) | | |
| 14 | Auto rentals | | |

Auto Mileage Documentation

| | Yes | No |
|--|-----|----|
| 1 Is another car available for personal use? | | |
| 2 Do you have evidence to support your mileage information reported above? | | |
| 3 If "Yes," is the evidence written in a log or other place? | | |

Business Use of Home

| | Yes | No |
|--|-----|----|
| Do you use any part of your home regularly and exclusively for business? | | |
| Total area of home (in square feet) | | |
| Total area used for business | | |
| House Insurance | | |
| Repairs and Maintenance | | |
| Utilities | | |
| Rent | | |
| Property Taxes | | |
| Mortgage Interest | | |
| Home Equity Loan Interest | | |
| Internet | | |
| Phone | | |
| | | |
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