

2009 TAX ORGANIZER

Please complete this tax organizer and return with your tax documents to your tax preparer.

Information needed to prepare your tax return:

Personal Information

- All W2's including W2-G's (Gambling)
- All 1099's (MISC, DIV, R, INT, SSA, G) – we need the forms, not just a prepared list
- Verify your dependent information (name, SS#, date of birth)
- All income information (unemployment, alimony, social security, state refund, miscellaneous income)
- Home mortgage interest & real estate taxes (if you do NOT have an escrow account, we need a copy of your real estate tax bill)
- Charitable contributions (donee, amount and description)
- Medical expenses (if you believe the total medical expenses will exceed 7.5% of income)
- Unreimbursed business expenses
- Student Loan interest
- Tuition payments (and year in school of student)
- IRA contributions (and type of IRA)
- If you sold stock, bonds or mutual funds during the year, provide all forms 1099-B. For sale of real estate provide: a description of the property, date of purchase, date of sale, purchase price, selling price, expenses of sale, improvements or other cost/basis additions, and closing statements (HUD settlement statements) for purchase and sale.
- If you refinanced your home, include a copy of the closing statement (HUD settlement statement)
- Alimony paid (or received)
- Did you buy your first home in 2009? Include a copy of the closing statement (HUD settlement statement)
- Any debt forgiven? Include 1099-C and details of the transaction
- Child care expenses (provider name & address, SS# or EIN#, and amount paid per child)
- Estimated taxes (need amounts and dates of payment)
- Copies of returns (schedule K-1) for partnerships, joint ventures, S-corporations, estates or trusts
- If you are new client, we will need a copy of last year's tax return
- Any other items relevant to your situation

Important Dates to Remember

January 15, 2010 → 4th quarter 2009 ES vouchers due

January 31, 2010 → W2's/1099's to employees must be mailed

March 15, 2010 → Corporate returns are due

April 15, 2010 → Personal returns are due

April 15, 2010 → 1st quarter ES vouchers due

Privacy Policy

We collect nonpublic information about you from the following sources:

- 1) Information we receive from you on applications, worksheets and other forms,
- 2) Information about your transactions with us, our affiliates or others, and
- 3) Information we receive from a consumer reporting agency.

We do not disclose any nonpublic personal information about our customers or former customers to anyone, except as required by law. We restrict access to nonpublic personal information about you to those members of our firms who need to know that information in order to provide services to you. We maintain physical, electronic and procedural safeguards that comply with federal regulations to guard your nonpublic personal information.

Sign Here

The enclosed information is furnished for use in my income or estimated tax and for that purpose only, and shall be treated as confidential. This information is correct to the best of my knowledge and belief.

Your signature

Date

▶ _____

Spouse's signature

▶ _____

Personal Data

Taxpayer Name		SSN	
Spouse's Name		SSN	
Address		Apt no.	
Foreign Address			
City	State	ZIP	
County	School District		
Taxpayer phone Daytime:	Ext:	Evening:	Cell:
Spouse phone Daytime:	Ext:	Evening:	Cell:
Taxpayer email		Spouse email	
Taxpayer occupation		Spouse occupation	
Taxpayer Date of Birth	<input type="checkbox"/> Blind	<input type="checkbox"/> Active military	Do you want \$3 to go to the Presidential Election Campaign Fund? <input type="checkbox"/>
Spouse's Date of Birth	<input type="checkbox"/> Blind	<input type="checkbox"/> Active military	Does your spouse want \$3 to go to the Presidential Election Campaign Fund? <input type="checkbox"/>
Date and time of this year's appointment		Economic Recovery Payment Amount	

Income Taxes Paid

Federal		2009 estimate date due	2009 est amount	Amount paid	Date paid	Check no.
2008 Refund		April 15, 2009				
2008 Refund applied to 2009		June 15, 2009				
2008 Balance Due		Sept. 15, 2009				
		Jan. 15, 2010				
	Amount paid	Date paid	Check no.	Amount paid	Date paid	Check no.
Additional payments made						

Resident State		2009 estimate date due	2009 est amount	Amount paid	Date paid	Check no.
2008 Refund		April 15, 2009				
2008 Refund applied to 2009		June 15, 2009				
2008 Balance Due		Sept. 15, 2009				
		Jan. 15, 2010				
	Amount paid	Date paid	Check no.	Amount paid	Date paid	Check no.
Additional payments made						

Local		2009 estimate date due	2009 est amount	Amount paid	Date paid	Check no.
2008 Refund		April 15, 2009				
2008 Refund applied to 2009		June 15, 2009				
2008 Balance Due		Sept. 15, 2009				
		Jan. 15, 2010				
	Amount paid	Date paid	Check no.	Amount paid	Date paid	Check no.
Additional payments made						

Dependents

Name:					SSN:				
First name			Last name			Suffix			
SSN/ITIN		Relationship			Number of months lived with you				
Age/DOB		Is this dependent a minor child with income over \$950? <input type="checkbox"/>			2009		2008		
Qualifying child care expense incurred and paid in 2009									
Portion of qualifying expenses provided by employer									
American Opportunity qualified expenses paid									
Lifetime Learning Credit qualified expenses paid									
Hope Credit qualified expenses paid									
Tuition and fees deduction									
First name			Last name			Suffix			
SSN/ITIN		Relationship			Number of months lived with you				
Age/DOB		Is this dependent a minor child with income over \$950? <input type="checkbox"/>			2009		2008		
Qualifying child care expense incurred and paid in 2009									
Portion of qualifying expenses provided by employer									
American Opportunity qualified expenses paid									
Lifetime Learning Credit qualified expenses paid									
Hope Credit qualified expenses paid									
Tuition and fees deduction									
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Hope Credit qualified expenses paid									
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Portion of qualifying expenses provided by employer									
American Opportunity qualified expenses paid									
Lifetime Learning Credit qualified expenses paid									
Hope Credit qualified expenses paid									
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Qualifying child care expense incurred and paid in 2009									
Portion of qualifying expenses provided by employer									
American Opportunity qualified expenses paid									
Lifetime Learning Credit qualified expenses paid									
Hope Credit qualified expenses paid									
Tuition and fees deduction									

Miscellaneous Information

Name:

SSN:

Yes No

General Information

- | Yes | No | Question |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Were there any changes to your filing status or number of dependents during 2009? |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Can you or your spouse be claimed as a dependent by someone else? |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Did you incur any childcare expenses? |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Did you have a change in residence or job location during the year? |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Did you move during 2009? From where? _____ Date of move _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Did you reside in more than one state during 2009? If yes, which states? _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Did you receive any notices from the IRS or the state taxing agency? If yes, please attach. |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. Would you like a copy of your tax return sent to you via email? |
| <input type="checkbox"/> | <input type="checkbox"/> | 9. Did you receive an Economic Recovery Payment in 2009 from social security benefits, supplemental security income, or pension benefits? |

Yes No

Income Information

- | Yes | No | Question |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Have you received all W-2s from all employers? How many W-2s are attached? _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Did you use your vehicle on the job other than for commuting to work? |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Did you have an employer-provided vehicle which you drove home or used personally? If so, enter the lease value. \$ _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Did you work out of town at any time during the year? |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Did you earn income from a state other than the state in which you live? If yes, what state and how much? _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Did you or your spouse receive any tips not reported to your (or your spouse's) employer? |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Did you receive any disability income during the year? \$ _____. Attach 1099-R. |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. Did you have an interest in or signature over a bank or brokerage account in a foreign country? Were you a grantor of or transferor to a foreign trust? |
| <input type="checkbox"/> | <input type="checkbox"/> | 9. Did you earn interest from, or are you an authorized signature holder on, a foreign bank account? |
| <input type="checkbox"/> | <input type="checkbox"/> | 10. Did you have any income from, or pay taxes to, a foreign country? |
| <input type="checkbox"/> | <input type="checkbox"/> | 11. Did you engage in any bartering transactions during 2009? |
| <input type="checkbox"/> | <input type="checkbox"/> | 12. Did you surrender any U.S. Savings Bonds during 2009? |
| <input type="checkbox"/> | <input type="checkbox"/> | 13. Did you receive any state or local income tax refunds from prior years? |
| <input type="checkbox"/> | <input type="checkbox"/> | 14. Do you or your spouse have any IRA accounts? |
| <input type="checkbox"/> | <input type="checkbox"/> | 15. Did you recharacterize any IRAs this year? |
| <input type="checkbox"/> | <input type="checkbox"/> | 16. Did you or your spouse "roll over" a profit-sharing or retirement plan distribution into another plan? |
| <input type="checkbox"/> | <input type="checkbox"/> | 17. Did you receive a Schedule K-1 from a partnership, S corporation, or trust? If so, please attach. |
| <input type="checkbox"/> | <input type="checkbox"/> | 18. Did you or your spouse receive any social security benefits during the year? Attach Form(s) SSA-1099. |
| <input type="checkbox"/> | <input type="checkbox"/> | 19. Did you receive any type of prize, award, or gambling winnings during 2009? |
| <input type="checkbox"/> | <input type="checkbox"/> | 20. Did you receive any of the following: Unemployment Income, Combat Pay, Jury Duty and/or Alimony, or Maintenance Received? If so, what and how much? _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 21. Did you receive any income not shown in this organizer? If so, please list. _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 22. Does anyone owe you money that has become uncollectible? |

Comments: _____

Miscellaneous Information

Name: _____

SSN: _____

Yes	No	Business Information
<input type="checkbox"/>	<input type="checkbox"/>	1. Did you start a new business or purchase any rental property during 2009?
<input type="checkbox"/>	<input type="checkbox"/>	2. Have you purchased any business assets (furniture, equipment, etc.) or converted any assets to business use? If yes, please list on an attached sheet the date placed in service, cost or basis of asset, business use percentage, etc.
<input type="checkbox"/>	<input type="checkbox"/>	3. Did you dispose of any business assets (including real estate)? If yes, please list on an attached sheet the date removed from service, selling price and expense of sale.
<input type="checkbox"/>	<input type="checkbox"/>	4. Did you own rental property? What percentage of time did you spend managing your rentals? _____
<input type="checkbox"/>	<input type="checkbox"/>	5. Did you purchase any gasoline, diesel, or special fuels for non-highway business use?

Yes	No	Other Information
<input type="checkbox"/>	<input type="checkbox"/>	1. Were any tuition costs paid during 2009 (even if classes were attended in another year)?
<input type="checkbox"/>	<input type="checkbox"/>	2. Did anyone in your household attend higher education classes in 2009?
<input type="checkbox"/>	<input type="checkbox"/>	3. Did you incur a loss due to damaged or stolen property?
<input type="checkbox"/>	<input type="checkbox"/>	4. Did you purchase, sell, or refinance your principal home or your second home or make a home equity loan during the year? If yes, please provide all escrow, closing, and other pertinent documentation and information.
<input type="checkbox"/>	<input type="checkbox"/>	5. If yes to question 4, was the First-Time Homebuyer Credit taken on the home?
<input type="checkbox"/>	<input type="checkbox"/>	6. Did you purchase a home, for the first time, as a principal residence between April 8, 2008 and April 30, 2010? If yes, please provide closing documentation.
<input type="checkbox"/>	<input type="checkbox"/>	7. Did you purchase a new vehicle between February 18, 2009 and January 1, 2010?
<input type="checkbox"/>	<input type="checkbox"/>	8. Did you make any gifts to any one person in 2009 in excess of \$13,000? If so, are you splitting this gift with your spouse?
<input type="checkbox"/>	<input type="checkbox"/>	9. Did you pay wages to any household employees (babysitter, housekeeper, nanny, etc.)?

To itemize deductions, bring receipts and documentation for these types of expenses:

<input type="checkbox"/>	Prescriptions, first-aid
<input type="checkbox"/>	State/local income taxes
<input type="checkbox"/>	Mortgage interest
<input type="checkbox"/>	Tax preparation fees
<input type="checkbox"/>	Gambling losses (up to amount of winnings)
<input type="checkbox"/>	Cash donations to charity (provide all receipts)
<input type="checkbox"/>	Medical/Dental/Vision expenses and insurance premiums, mileage and lodging for seeking medical care (but not meals)
<input type="checkbox"/>	Real estate and personal property taxes paid in 2009
<input type="checkbox"/>	Unreimbursed employee/work-related expenses (if self-employed, do not include items reported on Schedule C)
<input type="checkbox"/>	Fair market value of property donated to charity
<input type="checkbox"/>	Purchase price of new goods donated or used in volunteer work

Comments: _____

Miscellaneous Information

Name:

SSN:

Information to bring to your appointment:

Driver's license & social security card (for identity verification)

Copy of your 2008 income tax return (for comparison and review for all includible information)

Preprinted IRS label received

Original W-2s and other statements of income received from employers

1099s and other statements reporting interest/dividend/miscellaneous income

Records of other income received (tips, self-employment, SSI, combined bank reporting statements)

Cancelled checking/savings slip (for direct deposit/direct debit information)

Concerns to discuss with preparer: _____

Preparer Notes

Miscellaneous Notes (These will update to next year.)

Itemized Deductions, Estimated Taxes Paid, Other Income, Tuition & Daycare

INTEREST	
Mortgage - 1st Home	
Mortgage - 2nd Home	
Home Equity	
Refinance Points (date _____)	

TAXES	
1st Home	
2nd Home	
Prior Year State/Local tax due	

MEDICAL EXPENSES	
Doctors, Dentist, Insur, etc.	
Prescriptions	
Long Term Insurance Prem.	
Medical travel (in miles)	miles

CASH CONTRIBUTIONS (receipts required)	
Church	
Other	
Travel for charity (in miles)	miles

OTHER INCOME	
State Tax Refund	
Alimony Received	
Unemployment Comp.	
Fed W/H	
Soc. Security (Box 5)	
Miscellaneous Inc.	

ESTIMATED TAX PAYMENTS		
Q	Federal Date & Amount	State Date & Amount
1		
2		
3		
4		
T	\$	\$

NON-CASH CONTRIBUTIONS (receipts required)	
Given to:	
Address:	
City/State/Zip	
Value of Goods	\$
(attach list if more than one)	

MISCELLANEOUS	
Union Dues	
Tax Preparation Fee	
Safe Deposit Box	
IRA Custodial Fees	
Investment Periodicals	
Job Search Expense	
Inv Advisory Fees	

UNREIMBURSED BUSINESS EXPENSES	
Meals	
Travel/Hotels	
Supplies	
Business Miles	miles
Telephone/Internet	

COLLEGE ILLINOIS/BRIGHT START 529 PLAN	

DAY CARE EXPENSE (FORM 2441)	
PROVIDER 1:	
ADDRESS:	
AMT PD:	EIN/SS#:
PROVIDER 2:	
ADDRESS:	
AMT PD:	EIN/SS#:
CHILDREN CARED FOR:	

PRIVATE SCHOOL (K-12) INFORMATION:				
SCHOOL NAME	CITY	GRADE	CHILD NAME	TUITION AMOUNT

