

## INDIVIDUAL TAX ORGANIZER (1040)

**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<br>Home (____) _____ | Telephone Number (Taxpayer)<br>Office (____) _____ | Telephone Number (Spouse)<br>Office (____) _____ |
| Email(T) _____                        | Fax (____) _____                                   | Fax (____) _____                                 |
| Email(S) _____                        | Cell (____) _____                                  | Cell (____) _____                                |
|                                       | Email _____  | Email _____                                      |

Taxpayer: Date of Birth \_\_\_\_\_ Blind? - Yes \_\_\_\_ No \_\_\_\_

Spouse: Date of Birth \_\_\_\_\_ Blind? - Yes \_\_\_\_ No \_\_\_\_

Dependent Children Who Lived With You:

| Full Name | Social Security Number | Relationship | Birth Date |
|-----------|------------------------|--------------|------------|
| 1.)       |                        |              |            |
| 2.)       |                        |              |            |
| 3.)       |                        |              |            |
| 4.)       |                        |              |            |
| 5.)       |                        |              |            |
| 6.)       |                        |              |            |
| 7.)       |                        |              |            |

Other Dependents:

| Full Name | Social Security Number | Relationship | Birth Date | Number Months Resided in Your Home | % Support Furnished By You |
|-----------|------------------------|--------------|------------|------------------------------------|----------------------------|
| 8.)       |                        |              |            |                                    |                            |
| 9.)       |                        |              |            |                                    |                            |
| 10.)      |                        |              |            |                                    |                            |

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**Please answer the following questions and submit details for any question answered "Yes":**

- |  | <u>YES</u> | <u>NO</u> |
|--|------------|-----------|
| 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 \$950 or more? (\$400 if self-employed)   | _____      | _____     |
| 6. Did any of your children under age 19, age 24 if they are a full time student, have investment income over \$1,900?<br>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 less than 5 months during the year?  | _____      | _____     |
| 9. Did you receive income from any legal proceedings, cancellation of student loans or other indebtedness during the year? If yes, provide details.  | _____      | _____     |
| 10. Did you make any gifts during the year directly or in trust exceeding \$13,000 per person?   | _____      | _____     |
| 11. Did you have any interest in, or signature, or other authority over a bank, securities, or other financial account in a foreign country?   | _____      | _____     |
| 12. Were you the grantor, transferor or beneficiary of a foreign trust?  | _____      | _____     |
| 13. Were you a resident of, or did you have income in, more than one state during the year?  | _____      | _____     |
| 14. Do you wish to have \$3 (or \$6 on joint return) of your taxes applied to the Presidential Campaign Fund?  | _____      | _____     |
| 15. Do you wish to contribute to any state fund(s)? If yes, indicate amount(s) and which fund(s):<br>_____<br>_____  | _____      | _____     |
| 16. Do you want any overpayment of taxes applied to next year's estimated taxes?   | _____      | _____     |
| 17. Do you want any federal refund deposited directly into your bank account? If yes, enclose a voided check.  | _____      | _____     |
| .1) Do you want any balance due directly withdrawn from this same bank account on the  |            |           |

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- due date? \_\_\_\_\_
- .2) Do you want next year’s estimated taxes withdrawn from this same bank account on the due dates? \_\_\_\_\_
18. Do either you or your spouse have any outstanding child or spousal support payments or federal debt? \_\_\_\_\_
19. If you owe federal tax upon completion of your return, are you able to pay the balance due? \_\_\_\_\_
20. Do you expect a large fluctuation in your income, deductions or withholding next year? If yes, provide details. \_\_\_\_\_
21. 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) \_\_\_\_\_
22. If you received an IRA distribution, which you did not roll over, provide details. (Form 1099R) \_\_\_\_\_
23. Did you “convert” IRA funds into a Roth IRA? If yes, provide details. (Form 1099R) \_\_\_\_\_
24. Did you receive any disability payments this year? \_\_\_\_\_
25. Did you receive tip income not reported to your employer? \_\_\_\_\_
26. Did you sell and/or purchase a principal residence or other real estate? If yes, provide settlement sheet (HUD-1) and Form 1099-S. \_\_\_\_\_
27. Did you collect on any installment contract during the year? Provide details. \_\_\_\_\_
28. Did you receive tax-exempt interest or dividends not reported on Forms 1099-INT or 1099-DIV? \_\_\_\_\_
29. During this year, do you have any securities that became worthless or loans that became uncollectible? \_\_\_\_\_
30. Did you receive unemployment compensation? If yes, provide Form 1099-G. \_\_\_\_\_
31. Did you have any casualty or theft losses during the year? If yes, provide details. \_\_\_\_\_
32. Did you have foreign income, pay any foreign taxes, or file any foreign information reporting or tax return forms? Provide details. \_\_\_\_\_
33. If there were dues paid to an association, was any portion not deductible due to political lobbying by the association or benefits received? \_\_\_\_\_
34. 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/correspondence received. \_\_\_\_\_

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- 35. Are you aware of any changes to your income, deductions and credits reported on any prior years' returns? \_\_\_\_\_
- 36. Did you purchase gasoline, oil, or special fuels for non-highway vehicles? \_\_\_\_\_
- 37. Did you purchase an energy-efficient or other ne vehicle? If yes, provide purchase invoice. \_\_\_\_\_
- 38. If you, or your spouse, have self-employment income, did you pay any health insurance premiums or long-term care premiums? \_\_\_\_\_
- 39. Were either you or your spouse eligible to participate in an employer's health insurance or long-term care plan? \_\_\_\_\_
- 40. If you, or your spouse, have self-employment income, do you want to make a retirement plan contribution? \_\_\_\_\_
- 41. Did you acquire any "qualified small business stock"? \_\_\_\_\_
- 42. Were you granted or did you exercise any stock options? If yes, provide details. \_\_\_\_\_
- 43. Were you granted any restricted stock? If yes, provide details. \_\_\_\_\_
- 44. Did you pay any household employee over age 18 wages of \$1,700 or more? \_\_\_\_\_  
If yes, provide copy of Form W-2 issued to each household employee.  
If yes, did you pay total wages of \$1,000 or more in any calendar quarter to all household employees? \_\_\_\_\_
- 45. Did you surrender any U.S. savings bonds? \_\_\_\_\_
- 46. Did you use the proceeds from Series EE U.S. savings bonds purchased after 1989 to pay for higher education expenses? \_\_\_\_\_
- 47. Did you realize a gain on property, which was taken from you by destruction, theft, seizure or condemnation? \_\_\_\_\_
- 48. Did you start a business? \_\_\_\_\_
- 49. Did you purchase rental property? \_\_\_\_\_
- 50. Did you acquire any interests in partnerships, LLCs, S corporations, estates or trusts this year? \_\_\_\_\_
- 51. 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). \_\_\_\_\_
- 52. Has your will or trust been updated within the last three years? \_\_\_\_\_

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53. Did you incur expenses as an elementary or secondary educator? If so, how much? \_\_\_\_\_
54. Did you make any energy-efficient improvements (remodel or new construction) to your home? \_\_\_\_\_
55. Can the Internal Revenue Service discuss questions about this return with the preparer? \_\_\_\_\_
56. Did you make any large purchases or home improvements? \_\_\_\_\_
57. Did you pay real estate taxes on your principal residence? If so, how much? \_\_\_\_\_

**ESTIMATED TAX PAYMENTS MADE**

|                                | FEDERAL   |             | STATE (NAME): |             |
|--------------------------------|-----------|-------------|---------------|-------------|
|                                | Date Paid | Amount Paid | Date Paid     | Amount Paid |
| Prior year overpayment applied |           |             |               |             |
| 1st Quarter                    |           |             |               |             |
| 2nd Quarter                    |           |             |               |             |
| 3rd Quarter                    |           |             |               |             |
| 4th Quarter                    |           |             |               |             |

**WAGES, SALARIES, AND OTHER EMPLOYEE COMPENSATION**

Enclose all Forms W-2.

**PENSION, IRA, AND ANNUITY INCOME**

Enclose all Forms 1099-R.

- |   |          | <u>YES</u> | <u>NO</u> |
|---|----------|------------|-----------|
| 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? |          |            |           |
|   | Taxpayer | _____      | _____     |
|   | Spouse   | _____      | _____     |

## INDIVIDUAL TAX ORGANIZER (1040)

### SOCIAL SECURITY BENEFITS RECEIVED

Enclose all 1099 SSA Forms.

**INTEREST INCOME** - Enclose all Forms 1099-INT and statements of tax-exempt interest earned. **If not available, complete the following:**

| TSJ* | Name of Payor              | Banks,<br>S&L, Etc. | U.S. Bonds,<br>T-Bills | Tax-Exempt |              |
|------|----------------------------|---------------------|------------------------|------------|--------------|
|      |                            |                     |                        | In-State   | Out-of-State |
|      |                            |                     |                        |            |              |
|      |                            |                     |                        |            |              |
|      |                            |                     |                        |            |              |
|      |                            |                     |                        |            |              |
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|      |                            |                     |                        |            |              |
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|      |                            |                     |                        |            |              |
|      |                            |                     |                        |            |              |
|      |                            |                     |                        |            |              |
|      |                            |                     |                        |            |              |
|      |                            |                     |                        |            |              |
|      |                            |                     |                        |            |              |
|      |                            |                     |                        |            |              |
|      |                            |                     |                        |            |              |
|      |                            |                     |                        |            |              |
|      |                            |                     |                        |            |              |
|      |                            |                     |                        |            |              |
|      |                            |                     |                        |            |              |
|      |                            |                     |                        |            |              |
|      |                            |                     |                        |            |              |
|      | Early Withdrawal Penalties |                     |                        |            |              |

\*T = Taxpayer      S = Spouse      J = Joint

### **INTEREST INCOME (Seller-Financed Mortgage)**

| Name of Payor | Social Security Number | Address | Interest Recorded |
|---------------|------------------------|---------|-------------------|
|               |                        |         |                   |
|               |                        |         |                   |

## INDIVIDUAL TAX ORGANIZER (1040)

**DIVIDEND INCOME** - Enclose all Forms 1099-DIV and statements of tax-exempt dividends earned. **If not available, complete the following:**

| TSJ* | Name of Payor | Ordinary Dividends | Qualified Dividend | Capital Gain | Non Taxable | Federal Tax Withheld | Foreign Tax Withheld |
|------|---------------|--------------------|--------------------|--------------|-------------|----------------------|----------------------|
|      |               |                    |                    |              |             |                      |                      |
|      |               |                    |                    |              |             |                      |                      |
|      |               |                    |                    |              |             |                      |                      |
|      |               |                    |                    |              |             |                      |                      |
|      |               |                    |                    |              |             |                      |                      |
|      |               |                    |                    |              |             |                      |                      |
|      |               |                    |                    |              |             |                      |                      |
|      |               |                    |                    |              |             |                      |                      |
|      |               |                    |                    |              |             |                      |                      |
|      |               |                    |                    |              |             |                      |                      |
|      |               |                    |                    |              |             |                      |                      |
|      |               |                    |                    |              |             |                      |                      |
|      |               |                    |                    |              |             |                      |                      |
|      |               |                    |                    |              |             |                      |                      |
|      |               |                    |                    |              |             |                      |                      |
|      |               |                    |                    |              |             |                      |                      |
|      |               |                    |                    |              |             |                      |                      |
|      |               |                    |                    |              |             |                      |                      |
|      |               |                    |                    |              |             |                      |                      |

\*T = Taxpayer    S = Spouse    J = Joint

**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           |        |
|                                      |        |
|                                      |        |
|                                      |        |

## INDIVIDUAL TAX ORGANIZER (1040)

### 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) \_\_\_\_\_

|   | <u>YES</u> | <u>NO</u> |
|---|------------|-----------|
| 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. Was all of your investment in this activity at risk?   | _____      | _____     |
| 5. 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.               | _____      | _____     |
| 6. 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. | _____      | _____     |
| 7. Was this business still in operation at the end of the year?   | _____      | _____     |
| 8. List the states in which business was conducted and provide income and expense by state.   | _____      | _____     |
| 9. Provide copies of certification for employees of target groups and associated wages qualifying for Work Opportunities Tax Credit.  | _____      | _____     |

Attach a schedule of income and expenses of the business or complete the following worksheet. Complete a separate schedule for each business.



## INDIVIDUAL TAX ORGANIZER (1040)

### INCOME AND EXPENSES (Schedule C)

| Description   | Amount |
|---|--------|
| <b>Part I – Income</b>  |        |
| Gross receipts or sales   |        |
| Returns and allowances  |        |
| Other income (List type and amount.)  |        |
|   |        |
| <b>Part II - Cost of Goods Sold</b>   |        |
| 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  |        |
| <b>Part III – Expenses</b>  |        |
| Advertising   |        |
| Bad debts from sales or services  |        |
| Car and truck expenses (Complete Auto Expense Schedule on Page 21)                |        |
| Commissions and fees  |        |
| Depletion   |        |
| Depreciation and Section 179 expense deduction (provide depreciation schedules)   |        |
| Employee health insurance and other benefit programs (excluding retirement plans) |        |
| Employee retirement contribution (other than owner)                               |        |
| Self employed owner:  |        |
| a. Health insurance premiums  |        |
| b. Retirement contribution  |        |
| c. State income tax   |        |
| Insurance (other than health)   |        |
| Interest:   |        |
| a. Mortgage (paid to banks, etc.)   |        |
| b. Other  |        |

**INDIVIDUAL TAX ORGANIZER (1040)**

| Description  | Amount |
|--|--------|
| Legal and professional services  |        |
| Office expense   |        |
| Rent or lease:   |        |
| a. Vehicles, machinery, and equipment  |        |
| b. Real Estate or Other business property  |        |
| Repairs and maintenance  |        |
|  |        |
|  |        |
| 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.)   |        |
| Lobbying expenses  |        |
| Club dues:   |        |
| a. Civic club dues   |        |
| b. Social or entertainment club dues   |        |
| Other expenses (List type and amount.)   |        |
|  |        |
|  |        |
|  |        |

COMMENTS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## INDIVIDUAL TAX ORGANIZER (1040)

### OFFICE IN HOME

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.

| Business or activity for which you have an office | Total area of the house<br>(square feet) | Area of business<br>portion (square feet) | Business<br>Percentage |
|---|--|---|------------------------|
|   |  |   |                        |

### I. DEPRECIATION

|                                   | Date Placed in<br>Service | Cost/Basis | Method | Life | Prior<br>Depreciation |
|-----------------------------------|---------------------------|------------|--------|------|-----------------------|
| House                             |                           |            |        |      |                       |
| Land                              |                           |            |        |      |                       |
| Total Purchase Price              |                           |            |        |      |                       |
| Improvements<br>(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 | _____ |
|                          | _____ |
|                          | _____ |

## INDIVIDUAL TAX ORGANIZER (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.

Unamortized points on residence refinancing

| Date of Refinance | Loan Term | Total Points |
|-------------------|-----------|--------------|
|                   |           |              |
|                   |           |              |

**INDIVIDUAL TAX ORGANIZER (1040)**

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 (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.

