

INCOME TAX GUIDE AND ORGANIZER

This booklet will assist you in collecting the necessary information to prepare your tax return accurately. Given the nature of tax laws this year, please include as much of the requested information as possible. This will help optimize your potential tax savings opportunities.

Please include your last year's return (only if you are a new client), all W-2 and 1099 forms, and name & address labels provided by the government, if available.

Upon completing this Tax Organizer, please read and sign below

I have gathered and submitted the information contained in this questionnaire and to the best of my knowledge it is true, correct, and complete.

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PERSONAL DATA

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TA	XPAYER	AND SPOUS	E	DEPENDENTS							
TAXPAYER (OR SI	NGLE)	SPOUSE	GC CAL DOMESTIC	Last Name		Xifp	post-secondary student # of r	nos. lived in	your home		
		Last Name		(First, Initial & Last)	D.O.B.	Social Security no.		Relationshi	p		
First Name & Initial		First Name & Initial									
Occupation		Occupation									
Phone (Home)	(Work)	Phone (Home)	(Work)	Social Security numbers are requ				dependen	t above,		
Soc. Sec. # (Last 4 digits)) Date of Birth	Soc. Sec. # (Last 4 digits)	Date of Birth	enter child's name here If filing Head of Household and of							
Mailing Address			County	 Did your name, address, or marital status change during the year? Are you being claimed as a dependent on another tax return? 							
City, State, & Zip		Email Address		Are you (or your spouse) blind Did you claim children above Did you carry forward or incur	that don't	live w	vith you?		□No □No		

GENERAL QUESTIONNAIRE

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1.	Were you notified by the IRS or STATE of a change to any prior year tax return?	Yes 🗆	No 🗆	18	. Did you receive any source of income that is not listed in this booklet?	Yes 🗆	No 🗆
	Are any of your claimed dependents not residents or citizens of the U.S.?	Yes 🗆	No 🗆	19	Do you wish to designate \$3.00 of your taxes to the Presidential Spouse Spouse	Yes □ Yes □	No □ No □
3.	Did you make any gifts of over \$15,000 to any individual?	Yes	No 🗆		Campaign Fand (no cook to you).	Yes 🗆	No 🗆
4.	Do you have any foreign income or foreign bank accounts?	Yes	No 🗆	1 1	. Do you have a Medical or Health Savings Account (MSA or HSA)?	Software (No 🗆
	Did you have living expenses in a foreign country as a result of income earned abroad?	Yes 🗆	No 🗆	1 1 2	. Are you a same-sex couple considered legally married? . If you reached the age of 701/4, have you begun your mandatory retirement saving withdrawals?	Yes □	No 🗆
	Do you have any worthless stocks, uncollectible bad debts, or were a victim of a ponzi scheme?	Yes 🗆	No 🗆	23	Did you receive employer provided educational assistance or transportation benefits?	Yes	No 🗆
	Did you become disabled during the year? Are you a handicapped employee?	Yes □	No 🗆	24	. Did you pay long term healthcare insurance premiums or receive benefits during the year?	Yes	No 🗆
9.	Did you receive any distribution from an IRA, profit sharing or pension plan?	Yes	No 🗆	25	Are you a school teacher who paid for classroom materials without		
10.	Have you used bartering to exchange any goods or services?	Yes 🗆	No 🗆	"	reimbursement? Please provide a recap of expenses for potential deduction.	Yes	No 🗆
11.	Have you or your dependents taken a distribution from a Qualified Tuition Program (QTP) or 529 program during the year?	Yes 🗆	No 🗆	26	. If you would like your refund deposited directly into your bank account, please attached a voided check or deposit slip. (up to 3 accounts)	Yes	No 🗆
12.	Did you receive any insurance or other reimbursement from a prior year			27	. Did you purchase any energy efficient equipment (hybrid car, AC, fumace, etc.)?	Yes	No 🗆
	casualty, theft loss or medical deduction?	Yes	No 🗆	28	. Did you or your spouse have qualified military combat pay?	Yes	No 🗆
13.	Did you start a new business during the year or do you expect to start one this coming year?	Yes 🗆	No 🗆	29	. Do you own bonds that qualify for the Gulf, Renewable Energy or Build America bond credits?	Yes	No 🗆
14.	Did you pay anyone (over 18) \$2,100 or more to work at your home during the calendar year?	Yes	No 🗆	30		Yes 🗆	No 🗆
15.	Did you donate a partial interest in any goods to charitable organizations?	Yes	No 🗆	31	. If over age 7014, did you make a direct contribution to a charity from an IRA?	Yes	No 🗆
	Do you have children under age 19 with investment income (age 24 if dependent student)?	Yes 🗆	No 🗆	32	Did you make any major purchases during the year requiring payment of sales tax (including any new vehicles)?	Yes	No 🗆
17.	Do you expect any significant changes in income, withholding taxes or your			33	,	Yes	No 🗆
	tax liability for the coming year?	Yes 🗆	No 🗆	34	. Did you receive any premium health insurance credits during the year?	Yes	No 🗆

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Other (Explain): * If you did not actively or materially participate in earning the income (or loss) listed **Note: Record ALL fund transactions including mutallar funds.* **A Type B Received: State States (cost) Cost or Basis **Improvements: (Additions, Landscaping, Driveway, New Roof, etc.) **Principal Received: The spears, etc., To Prepare for Sale) **Date Old Residence Sold Selling Price **Expenses of Sale (Commissions, Logal Fees, Points, Stamps, etc.) **Date Old Residence Principal Residence for Spouse: Yes No 2. Did you own and use the home as your principal residence for Spouse: Yes No 3. Have you rolled over a gain from the sale of a prior residence into the home 3. Have you rolled over a gain from the sale of a prior residence into the home 3. Have you rolled over a gain from the sale of a prior residence into the home 3. Have you rolled over a gain from the sale of a prior residence into the home 3. Have you rolled over a gain from the sale of a prior residence into the home 3. Have you rolled over a gain from the sale of a prior residence into the home 3. Have you rolled over a gain from the sale of a prior residence into the home 4. Was sale required due to job transfer, medical or unforeseen circumstance? Yes No 4. Was sale required due to job transfer, medical or unforeseen circumstance? Yes No 4. Was sale required due to job transfer, medical or unforeseen circumstance? Yes No 4. Mas sale required due of you and your spouse have the same proportionate retriest in the new residence as in the old? **Cost of New Residence** **Important:**			***************************************						-									+
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Child Support/Payments/Assistance (Not Alimony)	-												OME					
At least 2 of the last five years? Spouse: Yes No 3. Have you rolled over a gain from the sale of a prior residence into the home sold? If so, please provide Form 2119 from tax return for year prior home sold. 4. Was sale required due to job transfer, medical or unforeseen circumstance? Yes No Date New Residence Acquired (Or Construction Began) Date Of Occupancy Cost of New Residence for a prior residence as in the old? Attach Copy of Real Estate Closing Papers for both the sale and purchase. INCOME TAXES PAID OR REFUNDED If someone else prepared your taxes last year, please provide a copy. Balance paid on last year's return (or year prior home sold. Yes No Taxpayer please provide a copy. Befunds received from last year's return (or prior years) Refunds received from last year's return Refunds received from last year's return Attach Copy of Real Estate Closing Papers for both the sale and purchase. Veterans Benefits/Disability Income Workmen's Compensation/Loss of Time Payments Other (Explain): SOCIAL SECURITY Benefits (from box 5) Federal tax withheld Important: provide SSA-1099 Spouse Spouse Federal State Local If not paid by due dates, list actual dates paid and Qurr. 6/15 Six actual dates paid and Qurr. 6/15 Six actual dates paid and Qurr. 9/15						Varia			F.						е	even if no	t taxable	2)
S. Have you rolled over a gain from the sale of a prior residence into the home sold? If so, please provide Form 2119 from tax return for year prior home sold. Yes No Other (Explain): Workmen's Compensation/Loss of Time Payments	at l	east 2 of the last five years?				Spouse:	Yes			The same reason	***************************************	Salara Salar	TOT AIIITIO	19)				_
A. Was sale required due to job transfer, medical or unforeseen circumstance? Yes \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	3. Ha	ve you rolled over a gain from the d? If so, please provide Form 2119	ne sale of a promote transfer to the sale of a promote transfer	prior resid	lence into	the home		No 🗔					Paymer	nts				
Date Of Occupancy Important: Interest in the new residence as in the old? Interest in the new residence as in th										Other (E	xplain):							
Cost of New Residence If married, do you and your spouse have the same proportionate Interest in the new residence as in the old? Attach Copy of Real Estate Closing Papers for both the sale and purchase. IMPORTANT: provide SSA-1099 Spouse IMPORTANT: provide SSA-1099 Spouse IMPORTANT: provide SSA-1099 Spouse IMPORTANT: provide SSA-1099 Spouse If someone else prepared your taxes last year, please provide a copy. Balance paid on last year's return (or prior years) Refunds received from last year's return Refunds received from last year's return Federal State Local If not paid by due dates, list actual dates paid 3rd Qtr. 9/15	Date	New Residence Acquired (Or Co	onstruction B	Began)						SOCI	AL SECU	RITY	Benefi	its (from box 5	i) Fe	ederal ta	x withhe	ld
INCOME TAXES PAID OR REFUNDED If someone else prepared your taxes last year, please provide a copy. Balance paid on last year's return (or prior years) Refunds received from last year's return	100000000000000000000000000000000000000												Donon	no (nom box o		dorar tar	Willing	Id
INCOME TAXES PAID OR REFUNDED If someone else prepared your taxes last year, please provide a copy. Balance paid on last year's return (or prior years) Refunds received from last year's return Federal State Local If not paid by due dates, list actual dates paid (attes paid (at	f mar	ried, do you and your spouse ha	ave the same old?	ne proport	tionate		Voc 🗆	No		HER STREET, ST		Taxpayer						
Federal State Local ESTIMATED TAX PAID Federal State Local ESTIMATED TAX PAID Federal State Local If not paid by due dates, list actual dates paid on last year's return State Local If not paid by due dates, list actual dates paid State Local State Local				apers for bot	h the sale a	nd purchase		INO		orovide SS	SA-1099	Spouse						
Federal State Local ESTIMATED TAX PAID Federal State Local ESTIMATED TAX PAID Federal State Local If not paid by due dates, list actual dates paid on last year's return State Local If not paid by due dates, list actual dates paid State Local State Local	_																	
please provide a copy. Federal State Local Balance paid on last year's return (or prior years) Refunds received from last year's return Are please provide a copy. Federal State Local If not paid by due dates, list actual dates paid (dates paid dates paid paid paid paid paid paid paid paid				INC	OMI	ETA	XE	SPA		OR	REFUN	DED						1
Balance paid on last year's return (or prior years) Refunds received from last year's return If not paid by due dates, 2nd Qtr. 6/15 Ist actual dates paid on last year's return If not paid by due dates, 2nd Qtr. 6/15 3rd Qtr. 9/15				Federal	9	tate	Lor	cal	E	STIMATED	TAX PAID	Federa	al	State	9	L	ocal	
Refunds received from last year's return		nce paid on last year's return					250											
	Refu	nds received from last year's ret	turn						lis	t actual	3rd Qtr. 9/15							

4th Qtr.

1/15

Refunds received from last year's return (or prior years)

DEDUCTIONS

List only amounts that have actually been paid during the year. Save all canceled checks and receipts for a period of at least 3 years. You may round off to the nearest dollar. Please circle any deduction that is a disproportionate amount for only you or only your spouse (It may be to your advantage to file separately).

	e amount of un-re sted Gross Incon		lical expenses tha	t exceeds 10%	CONT	RIBUT	IONS	all cash donations.	is are now requi	red for
Description of Med				Amount	Cash Contribu	tions (must have	e receipts of back	records for all donations)		Amount
Doctors, Dentists, Clinics, Hospitals, Nu	irses, Etc.		CITE I		Church/Temple	(name)				
Prescriptions & Drugs (doctor prescribed on			Cancer / Heart	Easter / Chris	tmas Seals, et	C. (attach list if more than one))			
nsulin (general drugs not allowed)			Red Cross / Uni	ited Way / YMC	CA / YWCA (atta	ich list if more than one)	120			
Eye Glasses / Contact Lenses	1007111		Public TV / Rad	io						
Hearing Aids, Supplies, & Other Medica	1(2)		Veteran's Org. (name)						
X-Ray / Lab Fees			Schools (name	and describe)						
Ambulance, Paramedic		From St.			Other:					
Nurses (board & room)			1331		Summary Tota	Optional - As	summary total for ca	ash/check contributions may be u	used.	
Equipment (prescribed & rented)			7.00		Political contributions	are not deductible.	Deduct value of gif	t received for any contributions.	1001	- 1,000 m
Nursing Home Medical Care								ning, Furniture, Food, etc.	1-1-	
Medicare Part B Service Payments								rganization, items donated, or single donation exceeds \$50		
Smoking Cessation Program					explain method us	ed to arrive at va	lue (Items over \$	5,000 require an appraisal).		
Other:					If you donated a ve					
Other:					& address of done	rK – Mileage & organization activi	Parking Attach ity performed mile	explanation listing date, name is driven, and parking fees.		
Other:								nes, and Social Security nur	mbers must mate	ch Form 1098
Medical Insurance Code: Pre-Tax :	= P After Tax =	A Unsure	= U		INTER	ESI		ncial institutions		
Important: Provide proof of health	insurance (For	m 1095 or equiv.)			Mortgage	Paid to Fina	ncial Institution	1 (Form 1098)		
Insurance – paid by you			•		Interest	Paid to Indi	vidual (List nam	e, address, Soc. Sec. no. belo	w)	
Group Health Plans (deduct from sala	ry)				Principal Residence	Name`		Address==		Soc. Sec. N
Medicare Premiums						Doid to Fine	noial Institution	2 /Farm 1000)		
Other Insurance (long term healthcare,	MSA, other)				Mortgage Interest		ncial Institution	n (Form 1098) e, address, Soc. Sec. no. belo		Commission of
Summary Total (Optional)					Principal	Name'	viduai (List nam	Address, Soc. Sec. no. belo	W)	Soc. Sec. N
Lodging (while away from home)				=	Residence	Maine		Addition		000.000.11
Transportation (total miles driven for medical	reasons or actual	cost)			Did you acquire	a new mortgag	ge or borrow or	n an existing mortgage d	uring the year?	
TAXES					Yes□ No□	If yes, what is	s your combine	d mortgage debt?	\$	
	- P-1-1		01-1-		Points paid to ac	cquire new mor	rtgage (if not incl	uded above)		
Description of Taxe			State /	Amount	Home Equity Lo					
Real Estate Taxes, Home (include if you iter					(used to buy, build, o					
Real Estate Taxes, Other (not included on R	Rental Schedule)					terest (attach For	rm 1096-E + detail	s: who for, loan date, loan purp	iose)	
Property Tax Rebates (if any)					Other:					
Personal Property Taxes (if any)					Other:	tore at latereset		Auto-Office West-Office		
Property Taxes (if any)					Deductible Inves			partment stores, autos, bank lo	ans etc is not de	ductible
Auto Licenses (not a deduction in all states)					NAME OF TAXABLE PARTY.		CHARLES OF REAL PROPERTY.	THE RESERVE OF THE PARTY OF THE	CONTRACT OF THE PARTY OF THE PA	have employer pr
State of Local Income Taxes (if not listed el	sewnere)		_		CHILD	ANUL	PEPEN	DENT CAR		ndent care benefit
Sales Tax / Other fyou paid any special assessments or substantial sales tax	, please attach suppor	ting documents.			If required to be	gainfully emplo	yed (or a full-ti	me student) 🗸 if service po	erformed in your	home (Nanny)
CASUALTY/THEF	TIOS	CEC	□ ✓ loss m	ust be in a Federally	Name	Address of P	rovider	Soc. Sec. or ID Nur	nber	Paid
			declared disa	aster area.						
Only the TOTAL NET RESULT that exceed										
Fire, Storm, Theft, and Auto Damage – In Date Acquired	f more than one	, provide simil	ar detail for each.							
Date Acquired	Zale Acquired	N								
		Insurance Pa			Federal ID No. if requir	0.000	Tota	Paid During the Year	\$	
Describe How or What Happened	Date of Loss	Mkt. Value B			to file IRS wages repor	ts	No. 0	Children Under Age 13	#	
		Mkt. Value A	fter		Use Form W	-10 for provider de	tails. Allocate exp	enses by dependent. Attach de	tails if more space	is needed.
		BE.	TIREM	ENT C	ONTRIE	RUTIC	NS			
		MARKS STATE OF	San Street Street						PARTY OF THE PARTY	
if covered by a retirement plan at w		Tradition	al IRA SEP/SIN	IPLE Roth IR.	,			List total value of ALI	_ IRAs on 12/3	1
Single or Taxpayer	1 1				tion, write MAX You will be infor		1.7	Single or Taxpayer		
Spouse					Tou will be iffici	med of amoun	it to deposit.	Spouse		$\overline{}$
ALL DESCRIPTIONS	1000	HIG	HER E	DUCA	TION EX	(DEN	SES			No.
	TO SHOW I						CONTRACTOR OF THE PARTY.		A DO NOT	TO THE REAL PROPERTY.
Note: Many of your higher education expenses qualions from income for tax-free and/or penalty-free information individually for each student and include	withdrawals from y	our tax deferred			Other Expenses (Endeduction, or U.S. Sa			qualify for tax/penalty-free IRA on) 1st Student	A withdrawals, stud	lent loan interest 3rd Studer
					Room and Board					ļ
Note: ">" If student is attending less than 1/2	2 time	1st Student	2nd Student	3rd Student	Amount of any G					
Code (T=Taxpayer, S=Spouse, D1= Dependent 1,	D2=Dependent 2)	Amount	Amount	Amount		JOB		'ED EDUCAT evailable at the state level.)	ION	
uition					Miles Driven		•	Taxpaye	er	Spouse
Fees, Books Supplies			İ		Room and Board					

Books and Supplies

Seminar Fees

Other:

Other:

IMPORTANT

Tax Questionnaire Enclosed

			В	USIN	IESS I	EXPEN	ISES					
How to use: Use the	is area to summar	ize your Schedule	C sole propri	etor busines	s expenses. Pi	rovide financials	if available.	Business Owner:	Taxpayer [Spo	use 🗆 Be	oth 🗌
Type of Business					-	Total Revenue						
Business Expense	(if more lines ne	eeded, continue	on separate	page)								142 1/1
Advertising		EE Benefits			Repair & Ma	int.		Other:				ALL COLORS
Car/Truck Expenses		Insurance			Supplies			Other:				
Commission Fees		Legal/Prof. Ser	vices		Taxes/Licens	se		Other	Datin Ba			
Contract Labor		Office			Meals			Did you purchase an	y business eq	uipmen	during the y	/ear?
Depletion		Pension/Profit	Shar.		Utilities			Yes No (If y				
Depreciation		Rent or Lease			Wages	First Co		Total Business Exp	ense	\$		
Vehicle Expense (If both taxpayer	and spouse have	deductions	, use vehicl	e 1 for taxpay	er, 2 for spou	se)					
	Vehicle 1	Vehicle 2			Vehicle 1	Vehicle 2			Ve	ehicle 1	Veh	nicle 2
Gas & Oil			Licenses				Washing	g/Lube				
Insurance			Repair/Mai	nt.			Other					
Lease Payments			Tires/Acce	ssories			Other					
			Date Placed in Service	Make	Year	Model		Cost of Basis		_	X if New T	his Year
Vehicle 1			/ /								Furnish details acquired vehicle	on newly es and
Vehicle 2			/ /								trade-in or disposof old vehicle.	
Travel Expenses -	- Away from hor	me (days gone o	vernight) Ta	axpayer	Spouse	S Indiana					
Transportation						Auto Renta	al			111000		
Lodging		A STATE OF THE STA				Cabs, Bus, etc.						
Vehicle Mileage De	tail							Vehic	Vehicle 1			2
X if another vehicle is	available for personal us	se.			End of Year		+					
Subtract B from A for (1 List Business Mile (2), f					Beginning o		_					
Subtract 2 from 1 to get	personal miles (3).				Total Miles I		=					
Divide line 2 by line 1 fo		s use.			Business M							
No. round-trip miles from ho Number of days worked las				3.	Personal Mi	Use (Line 2 ÷	Line 1) -		%			%
Thomas Table 1 and 1									70		AII - A	/0
I have adequate red	cords and sufficie	ent written eviden	ce to support	use of veni	icles and dedl	ictions listed a	bove.					
(Please Sign)												=
				HC	OME O	FFICE						
Type of Business												
Justified busi	iness use for: T	axpayer	Spouse	Bot	th 🗆							
Date Acquired Hor	me			Cost of Lar	nd			Taxes				
Sq. Footage of Living Area ⁽¹⁾ Cost o					me			Insurance				
Sq. Footage of Office		y & (ge)		Cost of Imp	provements			Rubbish & N	Maintenance			
% Office Area ((2)	Victoria de la compansión de la compansi	V (X)		Utilities				Daycare Prov				
				Interest (mo	rtgage, home eq	uity loan)		Other				