



CLIENT ORGANIZER and TAX QUESTIONNAIRE

FOR TAX YEAR

Beginning: _____, _____

Ending: _____, _____

*Please complete this information prior to your appointment.
Enter whole numbers only – no cents.*

A PERSONAL DATA

Last Name: _____ First Name & Initial: Filer _____ Spouse _____
 Address: _____ City: _____ State: _____
 Home Phone: _____ Work Phone: Filer _____ Spouse _____
 Filer E-mail: _____ Spouse E-mail: _____

	Social Security Number	Occupation	Birth Date	Age	Legally Blind	Disabled Handicapped	Deceased Date
Filer					Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Spouse					Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	

APPLICABLE BOX IF OCCURRED DURING THE YEAR...

Married on _____ mo/dd/yr Legally Separated on _____ mo/dd/yr
 Divorced on _____ mo/dd/yr Provide Divorce Decree if final this year
 Lived apart from my spouse from _____ mo/dd/yr to _____ mo/dd/yr
 In immediate family there were Births Adoptions Deaths
 Paid alimony to Name _____ (Soc. Sec.#) _____ (Amount) \$ _____

B DEPENDENT CHILDREN & OTHER DEPENDENTS

First Name	Last Name (If Different)	Social Security# (Mandatory)	**	Months in Home (1-12)	Birth Date	Income		<input checked="" type="checkbox"/> If over age of 18 & Full Time Student
						W-2	Other	
								<input type="checkbox"/>
								<input type="checkbox"/>
								<input type="checkbox"/>
								<input type="checkbox"/>

** S=Son, D=Daughter, R=Relative, O=Other

YES/NO CHECK LIST – PLEASE COMPLETE BEFORE PROCEEDING

- Did you help support anyone? Be sure to list in section B.
- Do you wish to designate a portion of your taxes to the Presidential Campaign Fund? (This will not increase or decrease your tax.)
- Did you use your car for business purposes other than commuting to and from work? Did you travel between a first and second job? See Sections U, V and W.
- Were you provided a company car for business and/or personal use? If so, provide documentation to show how the car was treated by your employer for tax purposes. If any use other than your personal use of the company vehicle was included in your W-2, see the instructions in Section Y.
- Were you reimbursed by your employer for car, travel or entertainment expenses? If so, list amount \$ _____
Was this amount included in your W-2? Yes No. If yes, see Sections P, U, V, W, X & Y.
- Did you move because of a job change? If so, have employer's statement available and list expenses in Section R.
- Do you or your spouse have any kind of retirement plan, such as pension, profit sharing, 401K or stock-purchase plan, or an IRA or Keogh account, or a tax-sheltered annuity? If so, circle the applicable plans. Also see Section EE.
- Have you contributed to your IRA or self-employed retirement plan for this year? If so, complete section EE. If not, would you like to? Yes No
- Were you or your spouse at least 70½ years of age on December 31?
- Did you receive a distribution from a pension plan, profit sharing plan, tax-sheltered annuity, deferred compensation plan, IRA or Keogh? If so, provide Form 1099-R and all other information provided by your plan administrator or your employer and complete Section G.
- Did you withdraw IRA or Keogh funds from one financial institution and re-deposit the funds at another institution during the year? If so, indicate the amount of funds: Withdrawn \$ _____ and Re-deposited \$ _____
- Do you have a foreign bank account or foreign income?
- Do you have business or rental property? If so, complete Section Z or Section AA.
- Did you contribute to a Coverdell Education Savings Account? If so, how much? \$ _____
- Did you sell or gift any Stock, Land, Securities, Partnership interests, or Other property, or Have any become worthless? If so, complete Section D.
- Did you sell or gift any real estate last year? If so, provide the final settlement statements for the purchase and sale, and complete Section D. If you sold your own home, provide a list of all improvements; if you bought another home, provide the settlement statement for the purchase.
- Does anyone owe you money for which you have exhausted all reasonable efforts to collect? (Bad debts with relatives usually are not deductible.)
- Did you have any income or a loss from a Partnership, S Corporation, Estate or Trust? If so, complete Section BB.
- Did you have a casualty or theft loss? (Generally, the loss must exceed 10% of your income.) If so, complete Section Q.
- Do you own a mobile home, motor home or boat that could be considered your vacation home or "second" home?
- Did you travel away from home as a volunteer for a charitable organization? If so, complete Section O.
- In order to work or attend school full time, did you have expenses for the care of your child or another dependent? If so, complete Section CC.
- Did you pay estimated tax? If so, complete Section K.
- Did you pay additional federal or state tax last year as a result of a government audit or notice, or because you filed a late return? If so, provide all government notices and your canceled checks. List all of your state payments in Section J.
- Did you incur any adoption expenses this year?
- Are you or your spouse permanently and totally disabled and under age 65?
- Do you anticipate any substantial change in your income, deductions or tax withholding for next year? Explain in Section FF.
- Did you have any debt forgiven or a property repossessed or foreclosed upon? If so please provide details. Bring any 1099-C and 1099-A received.

INCOME

C WAGES (PLEASE PROVIDE ALL W-2 FORMS)

Employer	Earnings	
	Filer	Spouse

D SALES OF STOCKS & PROPERTY

All sales of securities and property MUST be reported even if there is no profit or loss. For each sale provide statements for both the original purchase and sale. Also, provide form 1099-B and/or 1099-S from broker or agent.

Description	✓ if inher.	Date Acquired	Date Sold	Selling Price	Original Cost

E INSTALLMENT SALES

Description	Principal	+	Interest	= Total Payment

G OTHER INCOME

# Of Forms Provided	Amount	
	Filer	Spouse
Alimony Received		
Commission, Bonus (not included in W-2) <input type="checkbox"/>		
Gambling or Prize Winnings, Awards (W-2G) <input type="checkbox"/>		
State Lottery Winnings <input type="checkbox"/>		
IRA, Keogh, 401-K, TSA Withdrawals (See Section EE)		
Farm or Farm Rental (provide expense details)		
Disability income <input type="checkbox"/>		
Royalties (1099-MISC) <input type="checkbox"/>		
Hobby		
Pensions, Annuities, Retirement (1099-R) <input type="checkbox"/>		
Railroad Retirement (RRB-1099) <input type="checkbox"/>		
Scholarships, Fellowships, Grants <input type="checkbox"/>		
Social Security (SSA-1099) <input type="checkbox"/>		
State Income Tax Refunds (1099-G) <input type="checkbox"/>		
Tips Received		
Unemployment Compensation (1099-G) <input type="checkbox"/>		
The following are generally non-taxable, but may be required to justify deductions, etc.		
Gifts and Inheritances		
Insurance or Court Settlements		
Child Support		
Veteran's Benefits		
Loans or _____		

F INTEREST INCOME

Source (Name of Bank, Savings & Loan, etc.)	Banks, Credit Unions, Corporate Bonds	Seller Financed Mortgages	Direct U.S. Obligations Saving Bonds, T-Bills, Etc.	Home State Municipal Bonds	Other State Municipal Bonds
Name: _____ SSN: _____			Payer Address: _____		
Name: _____ SSN: _____			Payer Address: _____		
Forfeited Interest (Early withdrawals)			Federal Withholding on INT & DIV		

H DIVIDENDS

Name of Payer (Please provide all forms 1099-DIV)	Foreign Taxes Paid	TOTAL Ordinary Dividends	Qualified Dividends*	Total Capital Gains Dividends	Direct U.S. Obligations Savings Bonds, T-Bills, etc. (State tax-free)	Taxable to State Only	Non-taxable State and Federal	Return of Capital

*The amount in the "Ordinary" column will include the "Qualified" dividends shown in the "Qualified Dividends" column. The portion of ordinary dividends that are qualified receive special tax treatment.

ITEMIZED DEDUCTIONS & ESTIMATED TAXES

I MEDICAL EXPENSES PAID

GENERALLY MUST EXCEED 7.5% OF INCOME

Hospital, Medical and Dental Insurance Premiums	
Long Term Care Insurance for the Filer	
Long-Term Care Insurance for the Spouse	
Group Health Insurance Deducted from Pay	
Medicare Insurance Premiums	
Prescription Drugs (no "over-the-counter" drugs)	
Doctors	
Dentists	
Psychotherapy, Psychological Counseling	
Hospital	
Nursing Home, Nursing Care	
Glasses, Hearing Aids, Batteries	
Lab & X-Ray	
Medical Equipment & Supplies	
Physical Therapy	
Ambulance, Paramedics	
Telephone Toll Calls	
Parking Fees, Taxi, Bus, Air and Other Travel	
Lodging for Away-From-Home Medical Treatment	
Auto Travel (miles)	
Other: _____	
Other: _____	

J TAXES PAID

Real Estate - Home	
- Other	
Vehicle License Fees	
Number of Vehicles _____	
Personal Property Tax (Boat, Plane, Etc.)	
State Income Tax Paid (Provide cancelled checks):	
Balance Due on Last Year's State Return	
Extension Payment on Last Year's State Return	
Payment On a Prior Year's State Return	
Last Year's 4th Qtr. Est. Pd. to State Jan. of this Year	
Other: _____	
Other: _____	
Other: _____	

K ESTIMATED TAXES

Please provide cancelled checks if available.

	Date Due	Date Paid	Federal	State
Applied From Prior Year's Refund			\$	\$
First Quarter	APRIL	/ /	\$	\$
Second Quarter	JUNE	/ /	\$	\$
Third Quarter	SEPT.	/ /	\$	\$
Fourth Quarter	THIS JAN.	/ /	\$	\$

L HOME MORTGAGE INTEREST PAID

		Not for a Rental Enter Rental Interest in Sec. AA	Primary Residence	Second Home
1ST TD	Paid to a bank, S & L, etc.*			
	Paid to an Individual (Must list below)			
		Payee Name: _____	SS# _____	
		Address: _____		
2ND TD	Paid to a bank, S & L, etc.*			
	Paid to an Individual (Must list below)			
		Payee Name: _____	SS# _____	
		Address: _____		
		Home Equity Loan		

*Amounts must agree with Form 1098 issued by the financial institution. If no, check here .

If Form 1098 was issued in another social security number enter that person's name and SS# here:
Name: _____ SS# _____

If the second home is a qualified motor home, boat, etc., list the name of the payee here:

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Did you refinance during the year?
<input type="checkbox"/>	<input type="checkbox"/>	Does your home equity loan exceed \$100,000?
<input type="checkbox"/>	<input type="checkbox"/>	Does the sum of all first & second home mortgages exceed \$1,000,000?

M INVESTMENT INTEREST PAID

Interest paid for investments, such as land, margin interest, etc.		
Paid To:	Reason For Loan	Interest Paid

N EDUCATION EXPENSES

CAUTION: These expenses qualify for tax credits, deductions, and are used to justify certain exclusions and tax or penalty free distributions. Expenses must be segregated by student. Use a different column for each student in the family.

STUDENT:	THIS COLUMN IS DESIGNATED FOR:		
Taxpayer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spouse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependent: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependent: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FOR TUITION CREDIT ONLY - Qualified Educational Institution			
Check if at least half-time student	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Post Secondary - First 2 years			
After First 2 years			
Fees - Enrollment/Attendance Only			
Other Expenses - DO NOT COMPLETE Unless qualifying for tax or penalty-free IRA distributions, Savings Bond Interest Exclusion, or student loan interest deductions. Similar expenses for continuing education should be entered in different section below.			
Books/Supplies			
Room/Board			
CONTINUING EDUCATION EXPENSES -Education for the taxpayer & spouse only and ONLY if job related			
Tuition and Fees			
Seminar Fees, etc.			
Books/Supplies, etc.			
Travel			(list in appropriate area opposite page)

ITEMIZED DEDUCTIONS (Continued)

O CHARITABLE CONTRIBUTIONS

CASH CONTRIBUTIONS - All cash charitable contributions MUST be documented with either a bank record or written verification from the charity.

Do not include political or legislative action contributions, raffle or lottery tickets, or amounts paid for bingo or similar games.

CHARITY	AMOUNT	CHARITY	AMOUNT
House of Worship		Scouts	
Gov't Organizations		United Way	
Payroll Deductions			
Red Cross, Cancer			

NON-CASH - Household and clothing items must be in good or better condition. A written receipt is required for donations of \$250 or more, and a detailed list should be included with your return if the total exceeds \$500.

Household & Clothing (provide detailed list if required)	
Vehicle Donation (provide copy of 1098-C)	

EXPENSES AS A VOLUNTEER

Expense	mi	Expense	mi
Auto Travel		Travel Meals	
Parking, Tolls		Lodging	
Phone		Public Transportation	
Supplies		Other: _____	
Uniforms		Other: _____	

Value of Clothing, Furniture, etc., donated is usually the fair market value at the time of the gift. Provide detailed list of items if total amount is more than \$500. The list must include, for each item, cost, fair market value, date acquired, date contributed, and name and address of organization donated to. Please call this office in advance if the contribution exceeds \$5,000.

P MISCELLANEOUS BUSINESS EXPENSES

Do not enter expenses you have listed elsewhere.	Filer	Spouse
Attorney Fees (To protect taxable income)		
Business Gifts (See Section Y)		
Dues: Union and Professional		
Employment Related Education & Seminars		
Tuition & Fees		
Books & Supplies		
Travel (See Sections U, V, W, X & Y)		
Entertainment & Meals (See Section Y)		
Gambling Losses-(Limited to Winnings)		
Insurance-Business (E&O, Malpractice, Etc.)		
Jobseeking Expenses in Same Field		
Employment & Resume Fees		
Other: _____		
Travel (See Sections U, V, W, X & Y)		
Licenses, Fees, Credentials, Etc.		
Publications, Books, Etc., Used in Business		
Telephone (business calls only)		
Tools, Supplies, Equipment		
Uniforms - Purchase		
Cleaning		
Other: _____		
Other: _____		
Other: _____		

Q CASUALTY OR THEFT LOSS

Generally Must Exceed 10% of Income.

Type of Loss _____	
Date of Loss _____	
Fair Market Value Before Loss	
Fair Market Value After Loss	
Was Loss Covered by Insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Amount Reimbursed by Insurance	

R MOVE FOR BUSINESS PURPOSES

New job location must be 50 miles further from old home than old job location.

Date hired for new job: ____ / ____ / ____	
Date Moved From Old Residence	
Date Arrived At New Residence	
Miles From Old Residence to New Job (A)	mi.
Miles From Old Residence to Old Job (B)	mi.
Difference in (A) and (B) (Must Be 50 Miles or More)	
Cost of Commercial Movers	
Truck, Trailer Rental	
Road Tolls	
Lodging En Route (Do Not Include Meals)	
Automobile Travel	mi.
Other: _____	
Other: _____	

S INVESTMENT & OTHER EXPENSES

IRA & Keogh Fees Paid By You	
Investment Counsel Fees	
Publications & Journals (For Investment Use)	
Safe Deposit Box	
Tax Preparation & Consultation Fees	
Travel (Investment Seminars and Conventions Not Allowed)	See Sections U, V, W, X & Y
Telephone, Office Supplies (For Investment Use)	
Other: _____	
Other: _____	

T "OFFICE IN HOME" EXPENSE

To qualify, an "office in the home" must be used exclusively and on a regular basis (a) as your principal place of business, or (b) by patients, clients, or customers in meeting or dealing with you in the normal course of business. A home office will qualify as your principal place of business if: 1) You use it exclusively and regularly for the administrative or management activities of your trade or business, and 2) You have no other fixed location where you conduct substantial administrative or management activities of your trade or business.

Total Square Feet of Home _____	
Sq. Feet of Office _____ Sq. Feet of Storage _____	
Rent*	
Utilities	
Management, Condo Fees	
Insurance	
General Home Maintenance & Repairs**	
Maintenance & Repairs For Office	
Other: _____	

*If you own your home, provide purchase settlement statement and list of improvements to office. **Roof, outside painting OK; not lawn care.

U BUSINESS AUTOMOBILE INSTRUCTIONS

See Section Y for other instructions and recordkeeping rules

Section V **MUST** be completed for every vehicle that is used for business. Section W is **NOT** required if you are using the government's "standard mileage rate". However, Section W must be completed if you are using the actual expense method or if you ever depreciated your vehicle under the ACRS/MACRS method. If this is the first year of business use for vehicle, provide a copy of the purchase or lease contract. If you drive a company auto, provide information from employer, complete Section V, and list only the expenses you actually paid for in Section W. **AMOUNTS INCLUDED IN SECTIONS V & W SHOULD NOT BE INCLUDED ANYWHERE ELSE ON THIS FORM.**

V BUSINESS MILEAGE

DO NOT complete this section or section W if your personal automobile is used only for commuting to and from work and for personal travel.	VEHICLE #1		VEHICLE #2		VEHICLE #3		VEHICLE #4	
	<input type="checkbox"/> Filer	<input type="checkbox"/> Spouse						
VEHICLE DESCRIPTION: <i>(Make & Model)</i>								
Date Originally Purchased	/	/	/	/	/	/	/	/
Cost of Vehicle <i>(Year Purchased Only)</i>								
Parking [†]								
TOTAL Miles Driven THIS YEAR for All Purposes, Including Personal		mi		mi		mi		mi
BUSINESS MILES DRIVEN:								
For Your Employer		mi		mi		mi		mi
To Professional Meetings		mi		mi		mi		mi
Between 1st and 2nd Job		mi		mi		mi		mi
From Job to School		mi		mi		mi		mi
Jobseeking		mi		mi		mi		mi
For Investment and Tax Preparation		mi		mi		mi		mi
Rental Activities		mi		mi		mi		mi
Self Employed Business		mi		mi		mi		mi
Temporary Job Site, or _____		mi		mi		mi		mi
Average Distance Round Trip To Work <i>(Required)</i>		mi		mi		mi		mi
NUMBER OF DAYS Vehicle Driven To Work This Year <i>(Required)</i>		days		days		days		days

W BUSINESS AUTOMOBILE EXPENSES

	VEHICLE #1	VEHICLE #2	VEHICLE #3	VEHICLE #4
Gasoline, Oil, Lubrication	\$	\$	\$	\$
Repairs & Maintenance	\$	\$	\$	\$
Tires, Batteries, Etc.	\$	\$	\$	\$
Insurance <i>(DON'T DUPLICATE IN SEC. Z OR AA)</i>	\$	\$	\$	\$
License & Taxes <i>(DON'T DUPLICATE IN SEC. J, P, Z, OR AA)</i>	\$	\$	\$	\$
Interest <i>(DON'T DUPLICATE IN SEC. Z OR AA)</i>	\$	\$	\$	\$
Wash & Wax	\$	\$	\$	\$
Lease Payments	\$	\$	\$	\$
Other: _____	\$	\$	\$	\$

X AWAY FROM HOME EXPENSES

SEE SECTION Y FOR OTHER INSTRUCTIONS AND RECORDKEEPING RULES.	FILER Expenses Related To:		Rental Property			SPOUSE Expenses Related To:	
	Employment	SELF-EMP. BUSINESS	#1	#2	#3	Employment	SELF-EMP. BUSINESS
Airfare, Train, Bus							
Auto Rental, Taxi, Etc.							
Meals & Tips							
Lodging							
Laundry							
Tips							
Other: _____							
Other: _____							
Other: _____							

Y BUSINESS EXPENSE INSTRUCTIONS

Business expense deductions must be based on a log and/or other receipts and records. The combination of records should document: the business purpose, date and time, place, and amount.

For business meals and entertainment, you must also document that (1) you discussed business during the meal, or (2) you had a substantial and bona fide business discussion or activity before or after the meal/entertainment, or (3) you ate alone while out of town. You must record the name and business relationship of each person entertained. Gifts are limited to \$25 per person per year. You may not deduct these expenses unless they are documented!

If your employer reimbursed you for any business expense and included the reimbursement in your W-2 income, include the expense in Section P, R, W, or X, and put an asterisk (*) by the amount.

Z SELF EMPLOYED BUSINESS INCOME & EXPENSES

Must keep different businesses separated and the business of each spouse separate	<input type="checkbox"/> Filer <input type="checkbox"/> Spouse	<input type="checkbox"/> Filer <input type="checkbox"/> Spouse
Income: Gross Receipts or Sales		
Returns and Refunds		
Other: _____		
Other: _____		
Cost of Inventory at Beginning of Year		
Cost of Merchandise Purchased		
Cost of Items for Personal Use		
Cost of Inventory at End of Year		
Advertising		
Bank Charges		
Car Expenses	See Sections U, V, W, X & Y	
Commissions		
Dues and Publications		
Freight		
Health Insurance		
Insurance (Not Life)		
Interest: Mortgage Paid to Banks		
Other: _____		
Legal and Professional Services		
Office Expenses		
Rent or Lease: Machinery/Equipment		
Rent or Lease: Other Business Property		
Repairs		

Supplies		
Taxes: Payroll (Provide All Payroll Reports)		
Sales		
Property		
Other: _____		
Travel	See Sections X & Y	
Business Meals & Entertainment		
Gifts (Generally limited to \$25 per person per year)		
Telephone		
Utilities		
Wages		
Education & Seminars		
Equipment, Furniture, Improvements	List in area below	
Other: _____		
Other: _____		
Check if Forms 1099 Filed	<input type="checkbox"/>	<input type="checkbox"/>
Check if Home Office (See Section T)	<input type="checkbox"/>	<input type="checkbox"/>
Check if Keogh or HR-10 Retirement Plan	<input type="checkbox"/>	<input type="checkbox"/>
EQUIPMENT, FURNITURE, IMPROVEMENTS		
Description	Date Acquired	Cost

AA RENTAL INCOME & EXPENSES

If the property was purchased or converted to rental this year, provide PURCHASE SETTLEMENT STATEMENT and COUNTY TAX BILL.			
Property	Address	OWNERSHIP IF LESS THAN 100%	
1		%	
2		%	
3		%	
Property	1	2	3
Income: Rents Received			
Rental Deposits			
Advertising			
Auto & Travel	See Section U-Y		
Cleaning & Maintenance			
Commissions			
Insurance			
Legal & Professional Fees			
Mortgage Interest Paid to Banks, Etc.			
Other Interest _____			
Repairs: Carpentry, Hardware			
Electrical			
Painting & Decorating			
Plumbing			
Miscellaneous			
Supplies			
Taxes			
Utilities			

Wages and Salaries			
Other: Replacement & Improvements:	List in area below		
Bank Charges			
Gardening & Landscaping			
Homeowner Assoc. Dues/Fees			
Licenses & Permits			
Management Fees			
Office Expenses			
Pest Control			
Telephone			

Check if Forms 1099 Filed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Number of Days Used Personally			
REPLACEMENTS, FURNITURE, IMPROVEMENTS			
Description (Furniture, Carpets, Fence, Pool, Appliances, Roof, Etc.)	Date Purchased or Completed	Cost	✓ Property 1 2 3

