

TAX ORGANIZER 2009 – You will need the following items:

- Copies of ALL W-2, 1099 forms, and proof of other income received by you and your spouse
- The Social Security numbers and dates of birth for you, your spouse, and all of your dependents
- NEW CLIENTS ONLY: A copy of last year's tax return

SECTION 1: Personal Information

TAX PAYER INFORMATION (Please print clearly)

Last Name _____ First Name _____ M.I. _____ SS# _____
 Date of Birth _____ Occupation _____
 Home Phone _____ Work Phone _____ Cell Phone _____
 Taxpayer Email Address _____ Spouse Email Address _____
 Address _____
 City _____ State _____ Zip _____

SPOUSE INFORMATION

Last Name _____ First Name _____ M.I. _____ SS# _____
 Date of Birth _____ Occupation _____
 Home Phone _____ Work Phone _____ Cell Phone _____

FAMILY DEPENDENTS

Please list all persons who lived in your home and anyone living outside of your home that you supported during the year.

Name	Birth Date	Social Security No.	Relationship	Months person lived with you during the year	Did you provide more than 50% support for person?

SECTION 2: Questions that could lead to helpful deductions

- YES NO NEW CLIENTS: Did you bring a copy of last year's tax return?
 YES NO Are either you or your spouse legally blind?
 YES NO Were you legally married as of December 31st?
 YES NO If yes, were you living with your spouse as of December 31st?
 YES NO Did your spouse die within the last 2 years? If yes, date of death:
 YES NO Did you receive an income tax refund from the state of Arizona (or the state you live in) last year?
 YES NO Did you contribute any money to an IRA last year?
 YES NO Can someone else claim you or your spouse as a dependent on their tax return?
 YES NO Were any children born or adopted last year?
 YES NO Are any of your dependent children who are not full time students, 19 years of age or older?
 YES NO Do you have any children with investment income greater than \$1,900?
 YES NO Do you or your spouse receive payments from a pension or profit sharing plan?
 YES NO Did you or your spouse receive Social Security or disability payments during the tax year?
 YES NO Did you or your spouse receive unemployment payments during the tax year?
 YES NO Did you or your spouse receive tip income not reported to your employer?
 YES NO Did you or your spouse pay alimony or collect alimony during the tax year?
 YES NO Did you pay for child care during the tax year that allowed you to work?

If yes, provider's name, address, & tax ID:

- YES NO Did you or anyone in your family attend college or vocational school during the tax year?
 YES NO Did you or anyone in your family pay student loan interest?
 YES NO Did you buy or sell any stocks or bonds during the tax year?
 YES NO Did you incur any casualty or theft losses during the tax year?
 YES NO Did you incur any moving expenses during the tax year? If yes, attach details
 YES NO Did you own your own home during the tax year?
 YES NO Did you buy, sell, or refinance a principal residence or other real property during the tax year?
 YES NO Did you start a business, purchase rental property, or acquire interests in partnerships or S corps?
 YES NO Did you receive an Earned Income Tax Credit last year?
 YES NO Do you want to have your tax return filed electronically?
 YES NO Do you wish to Direct Deposit any federal or state refunds? (If yes, need routing & account number, below)

Direct deposit to Checking Savings Routing # _____

Account # _____

FILING STATUS (check one)

- Single
- Married Filing Jointly
- Married Filing Separately
- Head of Household
- Qualified Widower / Surviving Spouse
(with dependent child)

INCOME

- Taxpayer-Wages from your job \$ _____
- Spouse-Wages from your job \$ _____
- Interest Income \$ _____
- Taxpayer-Social Security received \$ _____
- Spouse-Social Security received \$ _____
- Lottery / Prizes \$ _____
- Alimony received \$ _____
- Federal income tax refund (last year) \$ _____
- State income tax refund (last year) \$ _____

OTHER INCOME

- Unemployment \$ _____
- Interest Received \$ _____
- Sales of Assets \$ _____
- Gambling Winnings \$ _____
- Gambling Losses \$ _____
- Self Employment \$ _____
- Jury Duty Pay \$ _____
- Pensions or Annuities \$ _____
- Day Care Provider \$ _____
- Tips \$ _____
- Other (Name) \$ _____
- Other (Name) \$ _____

TAXES PAID

- Real estate taxes paid on your home \$ _____
- State taxes paid \$ _____
- Other taxes paid \$ _____

MEDICAL EXPENSES

- Doctors \$ _____
- Dentist \$ _____
- Hospital \$ _____
- Prescriptions \$ _____
- Medical Insurance Premiums \$ _____
- Glasses & Eye Exams \$ _____
- Hearing Aids & Batteries \$ _____
- Long Term Care Insurance \$ _____
- Laboratory / X-Rays \$ _____
- Travel necessary to get to medical care \$ _____
- Hearing Aids & Batteries \$ _____
- Prosthetic Appliances \$ _____
- Therapy \$ _____
- Insurance Reimbursements listed above .. \$ _____
- Other (Name) \$ _____
- Other (Name) \$ _____
- Miles driven for medical \$ _____

CHARITABLE CONTRIBUTIONS

CASH CONTRIBUTIONS

- Church \$ _____
- Payroll deductions \$ _____
- Other (Name) \$ _____
- Other (Name) \$ _____
- Other (Name) \$ _____
- Contributions, non-receipted \$ _____

NON CASH CONTRIBUTIONS

- Salvation Army / Goodwill Industries \$ _____
- Other (Name) \$ _____
- Other (Name) \$ _____
- Other (Name) \$ _____
- Miles driven for charity \$ _____

INTEREST PAID

- Mortgage interest paid on home \$ _____
- HELOC Interest paid on home \$ _____
- Student loan interest \$ _____
- Other interest paid \$ _____

OTHER DEDUCTIONS /CREDITS

- Union Dues \$ _____
- Dues-Professional organizations \$ _____
- Employment Agencies \$ _____
- Safety deposit box \$ _____
- Job tools and job supplies \$ _____
- Uniforms \$ _____
- Other (Name) \$ _____

MISCELLANEOUS

- Auto Expenses (Job use only) \$ _____
- Business Meals and Entertainment \$ _____
- Dues & Subscriptions (Trade Journals) \$ _____
- Educator Expenses \$ _____
- Employment Agency Fees \$ _____
- Income Tax Preparation \$ _____
- IRA or Keogh Plan Fees \$ _____
- Job Hunting Expenses \$ _____
- Mutual Fund Fees \$ _____
- Safe Deposit Box Fees \$ _____
- Safety Equipment \$ _____
- Small Tools (Estimated life 1 year or less) \$ _____
- Telephone (Job use only) \$ _____
- Travel (Excluding Meals & Entertainment) \$ _____
- Uniforms (Not General Wear) \$ _____
- Uniforms, Laundry & Cleaning \$ _____
- Union Dues & Professional Dues \$ _____
- Vocational Supplies \$ _____
- Other (Name) \$ _____

ADJUSTMENTS TO INCOME

- Alimony (Paid to) \$ _____
- Social Security Number \$ _____
- IRA Contributions / Penalty-early withdrawal \$ _____
- Child Care Expense (No. of Children _____) \$ _____
- Medical Savings Account \$ _____