



## TAX ORGANIZER

In order for us to prepare your 2012 tax return more efficiently, please complete the organizer below and use it as a guideline to help gather your tax information. You should submit all of the forms that are applicable to your return and any other information you consider necessary.

	Tax Payer	Spouse
Name		
Social Security Number		
Date of Birth		
Street Address		
City		
State / Zip		
Occupation		
Home Phone		
Work Phone		
Cell Phone		
E-Mail Address		
Do you wish \$3 to go to the Presidential Election Campaign? <small>(Does not affect tax amount)</small>	<input type="checkbox"/> Yes  <input type="checkbox"/> No	<input type="checkbox"/> Yes  <input type="checkbox"/> No

Filing Status:  Single  Married  Head of Household  Qualifying Widow

### DEPENDENTS

Name (First, Initial, Last)	Income > \$1900	Date of Birth	Social Security Number	Relationship	Months Lived in Home

## General

1. **If we have not previously prepared your return - please provide a copy of your 2009, 2010, and 2011 tax returns.**

2. **Did you settle any notices or examinations concerning prior year returns during 2012?**

Yes  No If yes, please provide a copy of notices, settlement reports, etc.

3. **Did anyone in your family receive a scholarship of any kind during 2012?**

Yes  No If yes, please provide details (see page 15).

4. **Did you receive any payments from a pension or profit sharing plan?**

Yes  No If yes, please provide statements from the plan.

5. **Did you sell your primary residence during 2012?**

Yes  No If yes, please provide the following:

- Copy of closing statement at time of home purchase.
- Copy of closing statement at time of home sale.
- Details of any capital improvements you made on the home.
- Expense of home sale incurred by you.
- If you have purchased a replacement property include:  
date acquired \_\_\_\_\_  
cost of property \_\_\_\_\_
- If you have previously sold a personal residence in the past 5 years please provide form 2119 from your tax return for the year of the sale.

6. **For 2012 - Provide Details for any Yes Responses:**

- Did your principle (and/or secondary if applicable) residence loans exceed the fair market value of the residence?
- Do you have a balance borrowed against a home equity line of credit in excess of \$100,000 or total mortgage indebtedness in excess of \$1,000,000?
- Did you exercise any stock options?
- Did you purchase, sell or own any bonds that you paid more or less than the face amount?
- Did you sustain any non-business bad debts?
- Did you or your spouse make any gifts in excess of \$13,000 to any one person?
- Were you the recipient of any interest free or below market interest rate loans?
- Do you have a child under the age of 18, as of December 31, 2012, who has earned investment income (interest, dividends, etc.) of more than \$950.
- Did you lease a car which you used for business purposes?

*If yes provide (1) fair market value on the first day of rental agreement, (2) term of the lease, (3) number of payments made, (4) number of days the car was leased in 2012, (5) percentage of business use, (6) business or work the car was used in, (7) amount of expense reported by you to your employer on Form W-2.*

**Did Your State Residence Change in 2012?**

Previous address		
Date of move		
Distance	miles	
Cost of move (list):		Amount

**If you would like your tax refund deposited directly into your bank account please provide the following:**

Account Type	<input type="checkbox"/> Checking	<input type="checkbox"/> Saving
Account Number		
Bank Routing Number		

**If you have added or disposed of any fixed assets used in trade, business, rental, or farm activities, please provide the following:**

	Addition	Disposition *
Description		
Date acquired / disposed		
Amount		

*\* For dispositions, if we did not prepare your 2011 return, please provide:  
Date Acquired / Cost / Depreciation Method Used / Accumulated Depreciation*

**Adjustments to Income**

	Maximize	Amount
Your IRA deduction	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Spouses IRA deduction	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Keogh SEP deduction	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Penalty for early withdrawal of savings		
Alimony paid / list name and Social Security Number		
Self-employment health insurance premiums		

**INCOME**

**Wages and Salaries (Attach W-2s)**

Name of Payer	Gross Wages

**Interest Income (Attach 1099s)**

Name of Payer	Amount	Taxable Yes / No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No

**Seller Financed Mortgage Interest**

Name of Payer	Street Address City, State, Zip	Social Security Number	Amount
	_____		
	_____		
	_____		
	_____		

**Dividend Income (Attach 1099s)**

Name of Payer	Amount

Name of Payer	Amount

**Capital Gains / Losses**

Investment	Date Acquired	Cost or Other Basis	Date Sold	Net Sale Proceeds

**Other Gains / Losses** *(Include disposition of any business / rental / farm assets)*

Investment	Date Acquired	Cost or Other Basis	Date Sold	Net Sale Proceeds

**Pensions / IRA Distributions / Annuities / Rollovers (Attach 1099s / Other Papers)**

Name of Payer	Total Received	Taxable Amount

**Rents / Royalties / Partnerships / S Corporations / Estates / Trusts (Attach K-1s)**

*Attach separate schedule found on Page 11 for each rental property*

Name of Entity / Property

**Unemployment Compensation Received** ..... \_\_\_\_\_

**Social Security Benefits (Attach Annual Statement)** ..... \_\_\_\_\_

**State / Local Tax Refund(s)** ..... \_\_\_\_\_

**Other Income**

Description	Amount

**CREDITS / PAYMENTS**

**Expenses Incurred in Connection with Adoption**

"Special Needs" child?  Yes  No

Amount of Expense \_\_\_\_\_

**Child and Dependent Care** (Number of qualifying individuals under 19 years of age or under 24 if a full time student) \_\_\_\_\_

Provider Name	Identification Number	Address	City, State Zip	Amount Paid

For payments to an individual, were the services performed in your home? Yes No

If yes, have payroll reports been filed? Yes No

**Tuition & Fees Paid for Higher Education**

Freshman  Sophomore  Junior  Senior  Graduate

Amount of Paid \_\_\_\_\_

**Foreign Tax Credits Adoption (Attach Documentation)**

Foreign Tax Type	Country	Withheld / Paid Direct	
		<input type="checkbox"/> Withheld	<input type="checkbox"/> Paid Direct
		<input type="checkbox"/> Withheld	<input type="checkbox"/> Paid Direct

**Estimated Tax Payments**

QTR	Federal Date Paid	Federal Amount Paid	State Date Paid	State Amount Paid
1				
2				
3				
4				

**Other Payments (Enter Advanced Child Credit Payments Here)**

Date	Amount

Date	Amount

## **ITEMIZED DEDUCTIONS**

### **Out of Pocket Medical & Dental Expense**

*Expense reduced by any insurance reimbursements.*

<b>Type</b>	<b>Amount</b>
1. Costs for prescription medicines, drugs, insulin.	
2. Doctors, dentists, nurses, etc	
3. Medical, dental, vision insurance premiums (Include Medicare B)	
4. Transportation and lodging incurred to obtain medical care.	
5. Personal vehicle mileage incurred to obtain medical care.	
6. Other - hearing aids, eyeglasses, medical devices, etc.	

### **Taxes Paid in 2012**

<b>Type</b>	<b>Amount</b>
1. State and local income taxes, not listed elsewhere.	
2. Real estate taxes, not listed elsewhere.	
3. Personal property taxes (include tax on auto registration).	

### **Interest Paid in 2012 (Include 1098s & Other Documentation)**

<b>Type</b>	<b>Amount</b>
1. Home mortgage interest paid to financial institutions.	
2. Home mortgage interest paid to individuals.	
Name -	
Address -	
3. Points paid on [    ] purchase, [    ] refinance (include details).	
4. Investments interest.	
5. Student loan interest.	



**Contributions**

*Written documentation is required for all gifts of \$250 or more (canceled checks are not sufficient documentation).*

Type	Amount
1. Cash - less than \$3,000 paid to any one organization.	
2. Cash - \$3,000 or more paid to an organization (list organizations).	
a.	
b.	
c.	
d.	
3. Non-cash, attach details.	

**Casualty & Theft Losses**

Attach details (page 15) \_\_\_\_\_

**Miscellaneous Deductions**

Type	Amount
<b>Employee business expense - attach details</b>	
Reimbursed	
Not reimbursed	
Job hunting expense (list and provide detail).	
<b>Other Expense</b>	
Tax preparation	
Professional dues / fees and union dues	
Business publications	
Safety deposit box rental	
Small tools used in trade or business	
Business telephone	
Uniforms and cleaning	
Investment expense / IRA custodial fees	
Education expense (attach details).	
Business entertainment.	
Other miscellaneous deductions.	

**Auto Use in 2012**

	<b>Car 1</b>	<b>Car 2</b>	<b>Car 3</b>	<b>Car 4</b>
Make				
Model				
Year				
Date of Purchase				
Date of Purchase				
Business Mileage				
Commuting Mileage *				
Moving Mileage				
Charitable Mileage				
<b>Total Mileage</b>				

\* *Commuting mileage must not be added to business mileage.*

**HOUSEHOLD EMPLOYEES (NANNY TAX)**

Did you pay a household employee \$1,700 or more this year? Yes No  
*(e.g. housekeepers, yard workers, nurses, health aids, nannies, babysitters, etc.)*

If yes please provide the following information for each household employee:

<b>Name</b>	<b>Social Security Number</b>	<b>Wages Paid</b>	<b>Federal Income Tax W/H</b>	<b>Social Security Tax W/H</b>	<b>Medicare Tax W/H</b>	<b>State Income Tax W/H</b>

Your Employer Identification Number (Not Social Security Number) \_\_\_\_\_

Has W-2 been filed? Yes No

→ If no, do you want us to prepare them for you? Yes No

Have the necessary state employment returns been filed? Yes No

→ If no, do you want us to prepare them for you? Yes No

Was the household employee under 18 years of age and a student? Yes No

**RENTAL & ROYALTY INCOME / EXPENSE** Complete a separate sheet for each property.

Property Type:  Residential  Commercial

Street Address	City	State	Zip

If a Vacation Home:

Number of days rented \_\_\_\_\_

Number of days used personally \_\_\_\_\_

Property is owned by:  Taxpayer  Spouse  Joint

Percentage of ownership if not 100%? \_\_\_\_\_

Did you live in part of the rental property?  Yes  No

→ If yes, what percentage did you occupy as a tenant? \_\_\_\_\_%

Is the property rented to a related party?  Yes  No

→ If yes, what is the relationship? \_\_\_\_\_

Income	Amount
Rental Income	
Royalties Received	
<b>Expense</b>	
Advertising	
Association Dues	
Auto Miles Driven	
Travel	
Cleaning & Maintenance	
Commission	
Insurance	
Legal & Professional Fees	
Tax Fee Allocation	
Licenses & Permits	

Expense (continued)	Amount
Management Fees	
Mortgage Interest (1098)	
Other Interest	
Repairs	
Supplies	
Property Tax	
Utilities	
Other (list):	
1.	
2.	
3.	
4.	
5.	
6.	

**Depreciation**

Property	Date Acquired	Cost or Other Basis	Depreciation Method	Prior Depreciation

**BUSINESS INCOME / EXPENSE (Sole Proprietorship)**

Complete a separate sheet for each property.

Business name: \_\_\_\_\_

Principal business or profession: \_\_\_\_\_

Year business started: \_\_\_\_\_ Employer ID number: \_\_\_\_\_

Business address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Owned by:  Taxpayer  Spouse Accounting Method:  Cash  Accrual

Did you materially participate in the business?  Yes  No

Inventory Method:  Cost  Lower of Cost or Market  Other \_\_\_\_\_  N/A

Income	Amount
Gross receipts or sales	
Returns and allowances	
Other income, list:	
1.	
2.	
3.	
4.	

Cost of Goods Sold	Amount
Inventory, beginning of year	
Purchases	
Cost of items used personally	
Cost of labor	
Materials and supplies	
Other costs	
Inventory, end of year	

Expense	Amount
Advertising	
Bad debts	
Commission and fees	
Salaries and wages	
Payroll tax	
Employee benefits	
Mortgage interest	
Other interest	
Legal / professional fees	
Insurance	
Office expense	
Pension / profit sharing	
Rent, building	
Utilities	

Expense (cont)	Amount
Repair and maintenance	
Leases	
Supplies	
Tax & licenses	
Meals and entertainment	
Travel	
Auto expense	
Mileage	
Education and seminars	
Other, list:	
1.	
2.	
3.	
4.	

**Depreciation**

Property	Date Acquired	Cost or Other Basis	Depreciation Method	Prior Depreciation

**FARM INCOME & EXPENSE**

Complete a separate sheet for each property.

Principle product: \_\_\_\_\_

Year business started: \_\_\_\_\_ Employer ID number: \_\_\_\_\_

Business address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Owned by:  Taxpayer  Spouse Accounting Method:  Cash  Accrual

Did you materially participate in the business?  Yes  No

Income	Amount	Taxable Portion
Sale of livestock and other resale items		Not Applicable
Cost of above		Not Applicable
Sale of livestock , produce, etc. you raised		Not Applicable
Cooperative distributions (1099-PATR)		
Agricultural program payments		
Commodity Credit Corporation loans		Not Applicable
Crop insurance loans		Not Applicable
Custom hire		Not Applicable
Other :		Not Applicable

Expense	Amount
Auto expense	
Gasoline, fuel, and oil	
Hired labor	
Salaries and wages	
Payroll tax	
Employee benefits	
Mortgage interest	
Other interest	
Legal / professional fees	
Insurance	
Office expense	
Utilities	
Pension / profit sharing	
Other tax	

Expense (cont)	Amount
Land rental	
Seeds and plants purchased	
Feed purchased	
Supplies purchased	
Storage and Warehousing	
Veterinary, breeding, medicine	
Machinery / equipment rental	
Repairs and maintenance	
Freight and trucking	
Other, list:	
1.	
2.	
3.	
4.	

**Depreciation**

Property	Date Acquired	Cost or Other Basis	Depreciation Method	Prior Depreciation

**BUSINESS USE OF HOME**

Do you use any part of your home exclusively for business?  Yes  No

Estimate the following:

Hours spent during the year working in the business \_\_\_\_\_

Hours spent during the year working in the home office \_\_\_\_\_

Description of work done in the home office \_\_\_\_\_

Description of work done outside of home office \_\_\_\_\_

Total Area of home \_\_\_\_\_

Total area of home used regularly for business \_\_\_\_\_

<b>Description</b>	<b>Direct Costs</b> (benefit only home office)	<b>Indirect Cost</b> (benefit entire home)
Home insurance		
Repairs and maintenance		
Utilities		
Rent		
Other, list:		
1.		
2.		
3.		
4.		

**Depreciation**

*Home, improvements, furniture and equipment*

<b>Property</b>	<b>Date Acquired</b>	<b>Cost or Other Basis</b>	<b>Depreciation Method</b>	<b>Prior Depreciation</b>
Home				
Improvements				

**If Daycare Facility:**

Days used as a daycare facility \_\_\_\_\_

Prior year carryover of un-allowed losses \$ \_\_\_\_\_

