

PERSONAL INCOME TAX ORGANIZER

NAME: _____ Soc. Sec # : _____ Birth Date: _____ Occupation: _____
 Spouse: _____ Soc. Sec # : _____ Birth Date: _____ Occupation: _____
 Address: _____ Phone#: _____

DEPENDENTS

Name	Relationship	Birth date	Social Security Number

INTEREST AND DIVIDENDS

Interest	Amount

Dividends	Amount

OTHER INCOME

Other Income	Husband	Wife
Social Security Benefits		
Pension Plans		
Retirement Plans		
Unemployment Benefits		
Gambling Winnings		
Rents - Land		
- Other		
Oil Royalties		
Mineral Leases		
Scholarships or Grants		

ESTIMATED TAX PAYMENTS

Quarter	Date	Federal	State
1st			
2nd			
3rd			
4th			

**WE MUST HAVE ALL:
K-1, W-2, 1099,
INFORMATIVE
STATEMENTS !!!!!**

TAX CREDITS

CHILD & DEPENDENT CARE

Provider	ID Number	Address	Amount Paid

EDUCATION CREDITS

Student Name	Year in School	Tuition & Fees	Books Paid	Paid To Where

For those expecting refunds, Please bring bank routing and account # verification.

PERSONAL ITEMIZED DEDUCTIONS

MEDICAL

Expenses	Amount
Health Ins.	
Nursing Home Ins.	
Prescriptions	
Hospital	
Clinic	
Doctor	
Chiropractor	
Optometrist	
Dentist	
TRANSPORTATION (Medical Related):	
Mileage	
Lodging Only	

TAXES

Real Estate Tax	
State Income Tax	

INTEREST PAID

Home Mortgage	
Mortgage Points or Fees	
Other Interest	

CONTRIBUTIONS (Must Have Receipts)

Charitable Work Auto Miles	
Donated Property(Clothes,etc.)	

MISCELLANEOUS

Union & Professional Dues	
Safe Deposit Box	
Tax Return Prep.	
Bus. Pub. & Journals	
Educators Out of Pocket Expense (Must Have Receipts)	

EMPLOYEE BUSINESS EXPENSE

Automobile Expenses	Amount
Business Miles	
Personal Miles	
Total Miles	
Actual Expenses	
Fuel	
Repairs	
Parking	
Insurance	
License	
Interest	
Other	
Vehicle - Description	
- Date acquired	
- Cost or basis	

OTHER EMPLOYEE BUSINESS EXPENSES

Lodging - actual cost	
- days away from home	
Meals	
Dues & Membership	
Laundry	
Taxi & Parking	
Client Promotion	
Client Entertainment	
Commercial Transportation	

MOVING EXPENSES (New job location)

(Must be 50 miles or more)

Transportation of Goods	
Short Term Storage Cost	
Total Miles Moved	
Lodging During Move	
Utility Hookup Fees	
Reimbursements(not on W-2)	

SELF EMPLOYMENT

Name of Proprietor		Business Activity	
Business Name		Product or Service	
Business Address		Federal ID Number	

INCOME

INCOME	Amount	COST OF GOODS SOLD	Amount
Gross Receipts		Beginning of year Inventory	
Sales		End of Year Inventory	
Return & Allowances		Purchases	
Income Reported on 1099's		Withdrawn for Personal Use	
Commissions		Cost of Labor	
Other		Material/Supplies	
		Other	

EXPENSES

EXPENSES	Amount		Amount
Advertising		Auto & Truck Exp	
Bad Debts		Auto & Truck Repairs	
Entertainment/Promo		Depreciation	
Laundry		Insurance	
Bank Charges		Legal & Professional	
Rent		Commissions	
Repairs, Blg		Repairs, Equip.	
Supplies/Small Tools		Taxes & License	
Taxes/Payroll		Travel	
Replacements		Wages	
Dues & Subscriptions		Postage	
Interest		Utilities	
Services & Equipment		Long Distance Phone	
Rentals			

Is all income and expenses documented? (Will need if audited)
 Do you have a list of your fixed assets (equipment, autos, buildings, etc.)?
 Were there any purchases, sales or trades of business property and equipment?
 (Please list details and provide documentation.)

MISCELLANEOUS:

Retirement Information:

	Date	Amount			
Payment: - IRA	_____	_____	Child Support	_____	
- Other	_____	_____	Savings Penalty	_____	
Rollovers - IRA	_____	_____	Alimony - Name	_____	
- Other	_____	_____	- SS #	_____	

Good records are a great asset in any financial undertaking. Not only do they make it easier to prepare a complete and accurate tax return, but if FOR ANY REASON you should be audited by the IRS, they will be essential to prove that your deductions are accurately reported. Keep all pertinent receipts, note the purpose of the expense on the back or an attached statement, organize them according to type and, most essential of all, keep business income and expenses separate from your personal expenses. A separate business checking account would be ideal, but certainly not mandatory.

QUESTIONS

For yes answers, supply details:

	Yes	No
1 Are you an educator eligible for special deductions?	_____	_____
2 Did you receive any source of income that is not listed in this booklet?	_____	_____
3 Were you notified by the IRS or STATE of any change to any prior year tax return?	_____	_____
4 Are you involved in any employee benefit programs at work; such as 401K Plan, Cafeteria Plan, or Deferred Compensation Plan?	_____	_____
5 Did you make any gifts of over \$13,000 to any individual (no tax advantage to you)?	_____	_____
6 Do you have any worthless stocks or uncollectible Bad Debts?	_____	_____
7 Did you become disabled during the year?	_____	_____
8 At any time during 2010, did you have an interest in or a signature or other authority over a financial account in a foreign country, such as a bank account, securities account, or other financial account?	_____	_____
9 During 2010, did you receive a distribution from, or were you the grantor of, or transfer to, a foreign trust?	_____	_____
10 Did you have living expenses in a foreign country as a result of income earned abroad?	_____	_____
11 Did you receive Lump Sum Distribution from an IRA, Profit Sharing, or Pension Plan?	_____	_____
12 Have you used bartering to exchange any goods or services?	_____	_____
13 Did you receive any insurance or other reimbursement from a prior year casualty, theft loss or medical deduction?	_____	_____
14 Did you start a new business during the year or do you expect to start one this coming year?	_____	_____
15 Do you expect any significant changes in income, withholding taxes or your tax liability for the coming year?	_____	_____
16 Do you have children 18 or under with investment income?	_____	_____
17 Do you have any changes in your marital status?	_____	_____
18 Do you have any changes in dependants?	_____	_____
19 Did you buy a new car/truck/motorcycle in 2010?	_____	_____
20 Did you make any energy improvements to your home?	_____	_____