

INDIVIDUAL TAX ORGANIZER LETTER
FORM 1040

Enclosed is an organizer that I provide to tax clients to assist in gathering the information necessary to prepare your individual income tax returns.

The Internal Revenue Service matches information returns/forms with amounts reported on tax returns. A negligence penalty may be assessed when income is underreported or when deductions are overstated. Accordingly, all information returns reflecting amounts reported to the Internal Revenue Service are also mailed/delivered to the taxpayers in an envelope clearly marked "IMPORTANT TAX DOCUMENTS ENCLOSED" and should be submitted with this organizer. Forms such as:

W-2 (Wages)	Schedules K-1
1099-R (Retirement)	(Forms 1065, 1120S, 1041)
1099-INT (Interest)	
1099-DIV (Dividends)	Annual Brokerage Statements
1099-B (Brokerage Sales)	1098- Mortgage Interest
1099-MISC (Rents, etc.)	Other tax information statements
1099 (any other)	8886, Reportable transactions
1098-T (Education)	Form HUD-1 for Real Estate Sales/Purchases

For your convenience, there is an engagement letter enclosed which explains the services I will provide to you. Please sign a copy of the engagement letter and return the signed copy in the enclosed envelope. Keep the other copy for your records.

To continue providing quality services on a timely basis, I urge you to collect your information as soon as possible. If information from "pass through" entities such as partnerships, trusts and S corporations is the only data you are missing, please send the data you have assembled and forward the missing information as soon as it is available.

The filing deadline for your income tax return is April 15. In order to meet this filing deadline, your completed tax organizer needs to be received no later than March 15. Any information received after that date may require that an extension of time be filed for this return.

If an extension of time is required, any tax due must be paid with that extension. Any taxes not paid by the filing deadline may be subject to late payment penalties and interest.

I look forward to providing services to you. Should you have questions regarding any items, please do not hesitate to contact me.

INDIVIDUAL TAX ORGANIZER (1040)

If we did not prepare your prior year returns, provide a copy of federal and state returns for the three previous years. Complete pages 1 through 4 and all applicable sections.

Taxpayers Name _____ SSN _____ Occupation _____

Spouse's Name _____ SSN _____ Occupation _____

Home Address _____

 City, Town, or Post Office County State Zip code School District

Telephone Number	Telephone Number (Taxpayer)	Telephone Number (Spouse)
Home (____) _____	Office (____) _____	Office (____) _____
Email (T) _____	Fax (____) _____	Fax (____) _____
Email (S) _____	Cell (____) _____	Cell (____) _____
	Email _____	Email _____

Taxpayer:	Date of Birth _____	Blind? – Yes ___ No ___
Spouse:	Date of Birth _____	Blind? – Yes ___ No ___

Dependent Children Who Lived With You:

Full Name	Social Security Number	Relationship	Birth Date
1.)			
2.)			
3.)			
4.)			
5.)			
6.)			
7.)			

Other Dependents:

Full Name	Social Security Number	Relationship	Birth Date	Number Months Resided in Your Home	% Support Furnished By You
8.)					
9.)					
10.)					

INDIVIDUAL TAX ORGANIZER (1040)

Please answer all of the following questions and submit details for any questions answered "Yes":

- | | YES | NO |
|---|-------|-------|
| 1. Were all members of the household covered by health insurance for the entire year? | _____ | _____ |
| 2. Did you receive advance tax credit to offset health insurance cost?
If yes, provide documentation as to amount received. | _____ | _____ |
| 3. Did any births, adoptions, marriages, divorces, or deaths occur in your family last year? If yes, provide details. | _____ | _____ |
| 4. Will the address on your current returns be different from that shown on your prior year returns? If yes, provide the new address and date moved. | _____ | _____ |
| 5. Were there any changes in dependents from the prior year? If yes, provide details. | _____ | _____ |
| 6. Are you entitled to a dependency exemption due to divorce decree? | _____ | _____ |
| 7. Did any of your dependents have income of \$1,000 or more? (\$600 if self-employed) | _____ | _____ |
| 8. Did any of your children under age 19 have investment income over \$2,100?
If yes, do you want to include your child's income on your return? | _____ | _____ |
| 9. Are any dependent children married and filing joint return with their spouse? | _____ | _____ |
| 10. Did any dependent children 19-23 years of age attend school less than 5 months during the year? | _____ | _____ |
| 11. Did you receive income from any legal proceedings, cancellation of student loans or other indebtedness during the year? If yes, provide details. | _____ | _____ |
| 12. Did you make any gifts during the year directly or in trust exceeding \$13,000 per person? | _____ | _____ |
| 13. Did you have any interest in, or signature, or other authority over a bank, securities, or other financial account in a foreign country? | _____ | _____ |
| 14. Were you the grantor, transferor or beneficiary of a foreign trust? | _____ | _____ |
| 15. Were you a resident of, or did you have income in, more than one state during the year? | _____ | _____ |
| 16. Do you wish to have \$3 (or \$6 on a joint return) of your taxes applied to the Presidential Campaign Fund? | _____ | _____ |
| 17. Do you wish to contribute to any North Carolina campaign funds? If so do you wish for this to be designated to a particular party? If so which party? _____ | _____ | _____ |
| 18. Do you want any overpayment of taxes applied to next year's estimated taxes? | _____ | _____ |
| 19. Do you want any federal refund deposited into your bank account? If yes, enclose a void check. | _____ | _____ |
| 1) Do you want any balance due directly withdrawn from this same bank account on the due date? | _____ | _____ |
| 2) Do you want next year's estimated taxes withdrawn from this same bank account on the due dates? | _____ | _____ |
| 20. Do either you or your spouse have any outstanding child or spousal support Payments or federal debt? | _____ | _____ |

21. If you owe federal tax upon completion of your return, are you able to pay the balance due? _____
22. Do you expect a large fluctuation in your income, deductions or withholding next year? If yes, provide details. _____
23. Did you receive any distribution from an IRA or other qualified plan that was partially or totally rolled over into another IRA or qualified plan within 60 days of the distribution? (Form 1099R) _____
24. If you received an IRA distribution, which you did not roll over, provide details. (Form 1099R) _____
25. Did you "convert" IRA funds into a Roth IRA? If yes, provide details. (Form 1099R) _____
26. Did you receive any disability payments this year? _____
27. Did you receive tip income not reported to your employer? _____
28. Did you sell and/or purchase a principal residence or other real estate? If yes, Provide settlement sheet (HUD-1) and Form 1099-S. _____
29. Did you collect on any installment contract during the year? Provide details. _____
30. Did you receive tax-exempt interest or dividends not reported on Forms 1099-INT or 1099-DIV? _____
31. During this year, do you have any securities that become worthless or loans that became uncollectible? _____
32. Did you receive unemployment compensation? If yes, provide Form 1099-G. _____
33. Did you have any casualty or theft losses during the year? If yes, provide Details. Attach separate spreadsheet if necessary. _____
34. Did you have foreign income, pay any foreign taxes, or file any foreign information reporting or tax return forms? Provide details. _____
35. If there were dues paid to an association, was any portion not deductible due to political lobbying by the association or benefits received? _____
36. Has the IRS, or any state or local taxing agency, notified you of charges to a prior year's tax return? If yes, provide copies of all notices/correspondence received. _____
37. Are you aware of any changes to your income, deductions and credits reported on any prior years' returns? _____
38. Did you purchase gasoline, oil, or special fuels for non-highway vehicles? _____
39. If you or your spouse has self-employment income, did you pay any health insurance premiums or long-term care premiums? _____
40. Were either you or your spouse eligible to participate in an employer's health insurance or long-term care plan? _____
41. Were you granted or did you exercise any stock options? If yes, provide details. _____
42. Were you granted any restricted stock? If yes, provide details. _____
43. Did you pay a household employee over age 18 wages of \$2,000 or more? _____
 If yes, provide a copy of Form W-2 issued to each household employee. _____
 If yes, did you pay total wages of \$1,000 or more in any calendar quarter to all household employees? _____

44. Did you realize a gain on property, which was taken from you by destruction, theft, seizure or condemnation? _____
45. Did you start a business? _____
46. Did you purchase rental property? _____
47. Did you acquire any interest in partnerships, LLCs, S corporations, estates or trusts this year? _____
48. Do you have records to support travel, entertainment, or gift expenses? The law requires that adequate records be maintained for travel, entertainment, and gift expenses. The documentation should include amount, time and place, date, business purpose, description of gift(s) (if any), and business relationship or recipient(s). _____
49. Can the Internal Revenue Service discuss questions about this return with the preparer? _____

ESTIMATED TAX PAYMENTS MADE

	FEDERAL		STATE (NAME):	
	Date Paid	Amount Paid	Date Paid	Amount Paid
Prior year overpayment applied				
1st quarter				
2nd quarter				
3rd quarter				
4th quarter				

WAGES, SALARIES, AND OTHER EMPLOYEE COMPENSATION

Enclose all Forms W-2.

PENSION, IRA, AND ANNUITY INCOME

Enclose all Forms 1099-R.

MISCELLANEOUS INCOME – List and enclose related Forms 1099 or other forms.

Description	Amount
State and local income tax refund(s)	
Alimony received	
Jury fees	
Finder's fees	
Director's fees	
Prizes	
Gambling winnings (W2-G)	
Other miscellaneous income	

INDIVIDUAL TAX ORGANIZER (1040)

INCOME FROM BUSINESS OR PROFESSION – SCHEDULE C

Who owns this business? Taxpayer Spouse Joint

Principal business or profession _____

Business name _____

Business taxpayer identification number _____

Business address _____

Method(s) used to value closing inventory:

Cost Lower of cost or market Other (describe) _____ N/A

Account method:

Cost Accrual Other (describe) _____

1. Was there any change in determining quantities, costs or valuations between the opening and closing inventory? If yes, attach explanation.
2. Did you deduct expenses for the business use of your home? If yes, complete in home schedule provided in this organizer.
3. Did you materially participate in the operation of the business during the year?
4. Was all of your investment in this activity at risk?
5. Were any assets sold, retired, or converted to personal use during the year? If yes, list assets sold including date acquired, date sold, sales price, and original cost.
6. Were any assets purchased during the year? If yes, list assets acquired, including date placed in service and purchase price, including trade-in. include copies of purchase invoices.
7. Was this business still in operation at the end of the year?
8. List the states in which business was conducted and provide income and expense by state.

Attach a schedule of income and expenses of the business. Complete a separate schedule for each business.

Provide profit and loss, balance sheet, 1099's, and backup copy of QuickBooks file.

INDIVIDUAL TAX ORGANIZER (1040)

OFFICE IN HOME

To qualify for an office in home deduction, the area must be used exclusively for business purposes on a regular basis in connection with your employer's business and for your employer's convenience. If you are self-employed, it must be your principal place of business or you must be able to show that income is actually produced there. If business use of home relates to daycare, provide total hours of business operation for the year.

Business or activity for which you have an office	Total are of the house (square feet)	Area of business portion (square feet)	Business Percentage

I. DEPRECIATION

	Date Placed in Service	Cost/Basis	Method	Life	Prior Depreciation
House					
Land					
Total Purchase Price					
Improvements (Provide details)					

II. EXPENSES TO BE PRORATED

Mortgage interest _____
 Real estate taxes _____
 Utilities _____
 Property insurance _____
 Other expenses – itemize _____

III. EXPENSES THAT APPLY DIRECTLY TO HOME OFFICE:

Telephone _____
 Maintenance _____
 Other expenses – itemize _____

SALE/PURCHASE OF PERSONAL RESIDENCE

Provide closing statements (HUD-1) on purchase and sale of old residence and purchase of new residence.

Description	Amount

INDIVIDUAL TAX ORGANIZER (1040)

MOVING EXPENSES

Did you change your residence during this year incident to change in employment, transfer, or self-employment? Yes _____ No _____

If yes, furnish the following information:

Number of miles from your former residence to your new business location _____ miles
Number of miles from your former residence to your former business location _____ miles

Did your employer reimburse or pay directly any of your moving expenses? Yes _____ No _____

If yes, enclose the employer provided itemization form and note the amount of reimbursement received. \$ _____

Itemize below the total moving cost you paid without reduction or reimbursement by your employer.

Expenses of moving from old to new home:
Transportation expenses in moving household goods and family \$ _____
Cost of storing and insuring household goods \$ _____

RESIDENCE CHANGE

If you changed residence during the year, provide period of residence in each location.

Residence #1 _____ From ____/____/____ To ____/____/____
Own ____ Rent ____
Residence #2 _____ From ____/____/____ To ____/____/____
Own ____ Rent ____

RENTAL AND ROYALTY INCOME – Complete a separate schedule for each property.

1. Description and location of property: _____

2. Residential rental property? Yes _____ No _____ Personal use? Yes _____ No _____
If personal use yes:
Number of days the property was occupied by you, a member of your family, or any individual not paying rent at the fair market value. _____
Number of days the property was not occupied. _____
3. Did you actively participate in the operation of the rental property during the year? Yes _____ No _____
4.
 - a. Were more than half of personal services that you or your spouse performed during the year performed in real property trades? Yes _____ No _____
 - b. Did you or your spouse perform more than 750 hours of services during the year in real property trades or businesses? Yes _____ No _____

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ALIMONY PAID

Name of Recipient(s) _____

Social Security Number(s) of Recipient(s) _____

Amount(s) paid _____

If a divorce occurred this year, enclose a copy of the divorce decree and property settlement.

MEDICAL AND DENTAL EXPENSES (PLEASE NOTE THAT MEDICAL EXPENSES MUST EXCEED 7.5% OF ADJUSTED GROSS INCOME TO BE DEDUCTIBLE.) HEALTH INSURANCE PREMIUMS AND MEDICAL EXPENSES PAID WITH PRE-TAX DOLLARS (CAFETERIA PLANS, HEALTH SAVINGS ACCOUNTS, ETC.) ARE NOT DEDUCTIBLE.

Description	Amount
Premiums for health and accident insurance including Medicare	
Long-term care premiums: Taxpayer \$ Spouse \$	
Medicine and drugs (prescription only)	
Doctors, dentists, nurses	
Hospitals, clinics, laboratories	
Eyeglasses / corrective surgery	
Ambulance	
Medical supplies / equipment	
Hearing aids	
Lodging and meals	
Travel	
Mileage (number of miles)	
Long – term care expenses	
Payments for in-home care (complete later section on home care expenses)	
Other	
Insurance reimbursements received	

Were any of the above expenses related to cosmetic surgery? Yes _____ No _____

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CHILD CARE EXPENSES/ HOME CARE EXPENSES

Did you pay an individual or an organization to perform services for the care of a dependent under 13 years old in order to enable you to work or attend school on a full-time basis? Yes ____ No ____

Did you pay an individual to perform in-home health care services for yourself, your spouse, or dependents? Yes ____ No ____

If the response to either of the questions above is yes, complete the following information:

Name(s) of dependent(s) for whom services were rendered.

List individuals or organizations to whom expenses were paid during the year. (Services of a relative may be deductible only if that relative is not a dependent and if the relative's services are considered employment for social security purposes.)

Name and Address	ID#	Amount	If Under 18

If payments of \$1,700 or more during the tax year were made to an individual, were the services performed in your home? Yes ____ No ____

EDUCATIONAL EXPENSES

Did you or any other member of your family pay any educational expenses this year? Yes ____ No ____

If yes, was any tuition paid for either of the first two years of post-secondary education? Yes ____ No ____

If yes, complete the following and provide Form 1098-T from school:

Student Name	Institution	Grade/Level	Amount Paid	Date Paid

Was any of the preceding tuition paid with funds withdrawn from an educational IRA or 529 Plan? Yes ____ No ____

If yes, how much? \$ _____