

Tax Deduction Locator & IRS Trouble Minimizer

Provided By:

SAVE TIME – READ THIS FIRST

This organizer is designed to assist and remind you of information that is needed to prepare your tax return. The goal is not to overlook anything so you can maximize your legal deductions, comply with government reporting requirements, and avoid problems with the IRS after the return is filed.

Taxes are complicated and the rules change constantly. This organizer was designed specifically for the 2010 tax year and certain items may not apply to other years. Although care has been taken to accommodate most taxpayers' needs, please note questions that are related to issues not included here under "Questions You May Have" in Section D5.

Section Categories – To help you collect your information quickly, this organizer is organized into four general areas. Information required from:

- everyone – Sections A1 – A13 (Pages 2 & 3)
- those who have relocated, sold their home, made home energy improvements or educational expenses – Sections D1 – D4 (Page 4)

The instructions provided in the header of each section will help you determine if you are required to complete the information in that section. Before proceeding, please take a moment to review the purpose of the SPECIAL MARKERS used throughout this organizer.



Your tax information from the prior year is automatically transferred to this year's tax return. Therefore, not all taxpayer data and contact info needs to be recorded. The marker signifies that returning clients need only enter data in that section if it has changed since the prior year or if there is new information.



This marker notes areas where the IRS can match the entry on their computer and incomplete or incorrect information can trigger government correspondence or, worse yet, an office audit. Pay particular attention to sections or individual entries with this symbol.



This flag symbol denotes areas where a deduction or item of income is to be treated differently when computing the alternative minimum tax (AMT). The AMT is another way of computing your tax liability, which applies more restrictive limits on certain deductions and preference income. If higher than the regular tax, the AMT applies.

YOUR TAX APPOINTMENT

Please complete and sign this organizer prior to your appointment.

- Please call to schedule your appointment. Try to call early before the calendar is booked up.
- Please mail the completed organizer to this office prior to your appointment.
- Please mail the completed organizer along with required documentation, W2s, 1099s, 1098s, K-1s, etc., to this office so your return can be prepared by correspondence.

- Your tax appointment is scheduled for:

Day: _____

Date: _____

Time: _____

Please notify this office promptly if you are unable to keep this appointment.

If you are a new client, be sure to provide a copy of last year's tax return.

Referrals are Always Appreciated.

If you know someone who would like a tax appointment, please have them call this office. Do not be concerned that your business, personal or financial matters will be discussed with clients whom you refer. All client information is treated in the utmost confidence.

TAXPAYER INFORMATION

The information on this page is required for every taxpayer. Please review each section on this page and report items that are applicable to you, your spouse or dependents.

A1 - TAXPAYER INFORMATION

Returning clients can skip this section except for changes.



Filer Name (Must Match SS Admin)	
Social Security No.	Birth Date / /
Occupation	<input type="radio"/> If Legally Blind
Contact Phone	<input type="radio"/> Day <input type="radio"/> Evening
E-Mail Address	
Spouse Name (Must Match SS Admin)	
Social Security No.	Birth Date / /
Occupation	<input type="radio"/> If Legally Blind
Contact Phone	<input type="radio"/> Day <input type="radio"/> Evening
E-Mail Address	

A2 - ADDRESS

Returning clients can skip this section except for changes.



Street	Apt/Unit No	
City	State	Zip
Home Phone Number		

A3 - STATUS CHANGES FOR 2010

Check any that apply and enter the effective date.

<input type="radio"/> Married /	<input type="radio"/> Moved /
<input type="radio"/> Separated /	<input type="radio"/> Home Sold /
<input type="radio"/> Divorced /	<input type="radio"/> Spouse Deceased /
<input type="radio"/> Retired /	<input type="radio"/> Dependent Deceased /

A4 - ESTIMATED TAXES PAID

This office cannot assume that all estimated taxes were paid as originally scheduled or on time. Therefore, please enter the amounts and dates of payment or provide proof of payments. Incorrect amounts will result in IRS correspondence after the return is filed.



Payment & Due Date	Date Paid	Federal	State
Applied from Last Year's Refund			
First Quarter April 15, 2010			
Second Quarter June 15, 2010			
Third Quarter Sept. 15, 2010			
Fourth Quarter Jan. 18, 2011			

A5 - REFUND DIRECT DEPOSIT

Complete this section to have your refund automatically deposited into your bank account. Doing so will speed up the refund and eliminate the danger of a check being lost or stolen. Direct deposit can be allocated to up to 3 separate accounts. Entries for only one account are provided below. If you wish to make multiple deposits, please provide the additional account information and how you wish to allocate the refund.

Bank Routing Number (Exactly 9 Digits)	<input type="text"/>
Account Number (include hyphens - omit spaces & special characters - 17 digits max)	<input type="text"/>
<input type="checkbox"/> Account Type: <input type="radio"/> Checking <input type="radio"/> Savings	Allocation:

A6 - INCOME & ADJUSTMENTS



	You	Spouse
W-2 Wages - Please provide W-2 forms (retain copy "C" for your records)		
Partnership, Trust or S-Corporation K-1s (provide complete K-1 copies)		
Were you the beneficiary of an inheritance? <i>If so, please verify with executor or trustee if you will be receiving a K-1.</i>	<input type="radio"/> Yes	<input type="radio"/> Yes
State Tax Refund (provide 1099-G)		
Social Security or RR (provide SSA-1099 or RRB-1099)		
Pension Income (provide all 1099-Rs)		
Alimony Received (IRS matches with alimony paid)		
Alimony Paid (provide name and SSN below)		SS#:
Tips (not included in W-2)		
Unemployment Compensation (provide 1099-G)		
Gambling Winnings (provide W-2Gs)		

A7 - IRA & SE PLANS



	You	Spouse
Retirement Plan with your Employer?	<input type="radio"/> Yes	<input type="radio"/> Yes
Did you or your spouse convert a traditional into a Roth IRA during 2010?	<input type="radio"/> Yes	<input type="radio"/> Yes
Traditional IRA, Keogh & SEP Plans		
Contributions		
Withdrawals (1099-R) ⁽¹⁾		
Rollovers ^{(2) (3)}		
Roth IRA		
Contributions		
Withdrawals (1099-R) ⁽¹⁾		
Rollovers ^{(2) (3)}		

(1) Show reason if under age 59½ (2) Must be reported even if not taxable unless "transferred"
(3) Rollovers from Traditional to a Roth IRA may be taxable.

A8 - SPECIAL QUESTIONS & INFORMATION

Coverdell Education Account Contribution	
Coverdell Education Account Distribution (provide 1099-Q)	
Qualified Tuition Plan (Sec. 529) Distribution (provide 1099-Q)	
Student Loan Interest paid (provide 1098-E)	
Adoption Expenses <input type="radio"/> If "special needs child"	
CAUTION - Review the following questions carefully. There are severe penalties associated with failing to report an interest or signature authority over a foreign bank account. Please call our attention to any dealings related to foreign accounts and inheritances.	
<input checked="" type="checkbox"/> If you or your spouse have signature authority or are named as a co-owner on a bank account in a foreign country even if the funds are not yours.	<input type="radio"/>
<input checked="" type="checkbox"/> If you received an inheritance from a foreign country.	<input type="radio"/>
<input checked="" type="checkbox"/> If you or spouse have a foreign bank account (over \$10,000)	<input type="radio"/>
<input checked="" type="checkbox"/> If you or your spouse received a distribution from, or were the grantor, or transferor to, a foreign trust	<input type="radio"/>
<input checked="" type="checkbox"/> If you have been denied Earned Income Credit by the IRS	<input type="radio"/>
<input checked="" type="checkbox"/> If you have been re-certified for the Earned Income Credit	<input type="radio"/>
<input checked="" type="checkbox"/> If you bought, sold, or gifted real estate in 2010. <i>If you have, please call in advance to discuss what documents are needed.</i>	<input type="radio"/>
<input checked="" type="checkbox"/> If you made a gift of money or property to any individual in excess of \$13,000 (\$26,000 for joint gifts by a married couple)	<input type="radio"/>
<input checked="" type="checkbox"/> If you employ household workers	<input type="radio"/>
<input checked="" type="checkbox"/> If you wish to contribute to the Presidential campaign fund:	<input type="radio"/> You <input type="radio"/> Spouse

ADDITIONAL INFORMATION

The information on this page is required for every taxpayer. Please review each section on this page and report items that are applicable to you, your spouse or dependents.



A9 - DEPENDENTS

Returning clients can skip this section except for changes.



First Name	Last Name (If Different)	Social Security # (Mandatory)	Enter C for Child, R for Relative, O for Other		Birth Date	If over the age of 18	
			Months in Home (Your Home)	✓ if you are NOT the child's custodial parent		Income	✓ if Student
				<input type="radio"/>	/ /		<input type="radio"/>
				<input type="radio"/>	/ /		<input type="radio"/>
				<input type="radio"/>	/ /		<input type="radio"/>

A10 - INTEREST INCOME

IRS matches payer and amount. Always use the payer name listed on 1099 even if not the original source.



Caution: All interest must be reported even if tax-free!

Name of Payer (Please provide all forms 1099INT and 1099OID)	Banks, Credit Union, Corp Bonds, etc.	Seller Financed Mortgages	Direct U.S. Obligations Savings Bonds, T-Bills, etc. (State Tax-Free)	Home State Municipal Bonds (Generally Tax-Free)	Other State (Federal Tax-Free)
		Note: Seller financed mortgages require the name, SS# and address of the payer. See the special line below.			
Payer Name:	SS#:		Address:		
Forfeited Interest			Federal Tax Withholding on Interest & Dividends		

A11 - DIVIDEND INCOME

IRS matches payer and amount. Always use payer name listed on 1099 even if not the original source. Some institutions use substitute 1099s and caution must be used in separating the various types of dividends. Please bring broker statements.



Name of Payer (Please provide all forms 1099DIV)	Foreign Taxes Paid	Ordinary	Qualified Dividends ⁽¹⁾	Capital Gains	Source U.S. Obligations ⁽²⁾	Taxable to State Only	Non-Taxable State & Federal

(1) Qualified dividends receive special tax treatment and are included in the "Ordinary Dividends" total. (2) Includes income from savings bonds, T-Bills, etc., which are state tax-free.

A12 - INVESTMENT SALES

IRS matches gross proceeds from sales using the 1099-B. All transactions must be reported even if there is no profit. If broker provides a summary of transactions, bring it and skip this section. For home sales, see Section D1.



Description (Please provide all forms 1099B)	✓ If Inherited	Date Acquired	Date Sold	Selling Price	Cost or Other Basis ⁽¹⁾	Profit (Memo Only)
	<input type="radio"/>	/ /	/ /			
	<input type="radio"/>	/ /	/ /			
	<input type="radio"/>	/ /	/ /			
	<input type="radio"/>	/ /	/ /			
	<input type="radio"/>	/ /	/ /			

(1) The basis from which gain is determined may not be the original cost and must account for stock splits, reverse splits, mergers, reinvested dividends, wash sales, etc.

A13 - CHILD OR DEPENDENT CARE EXPENSES

Care must enable you to work (or search for work) or attend school FULL-TIME. Care must be for a child under age 13 or an individual who is physically or mentally incapable of self care. If you are a student, also see section C4. IRS matches employer provided care benefits and income reporting of care provider.



<input type="radio"/> ✓ If you have employer provided dependent care benefits		Provider's SSN or Employer ID#	Payments MUST Be Allocated By Child/Dependent		
Paid To	Address & Phone Number	MANDATORY unless it is an exempt organization. Check circle if exempt.	Child/Depnd.'s Name	Child/Depnd.'s Name	Child/Depnd.'s Name
					<input type="radio"/>



RELOCATION, HOME SALE, DEBT RELIEF, ENERGY CREDITS

D1 – HOME SALE

If you sold your home, abandoned it, or lost it to foreclosure, the disposition may need to be reported. If you received a 1099-S, it is very important that you provide it. If you abandoned the home or lost it to foreclosure, see Section D4.

Address of Home Sold	
Date Purchased	/ /
Purchase Price (including purchase escrow costs)	
Gain Deferred from a Home Sale made prior to 5/7/1997 This generally does not apply to individuals who have previously sold a home after 5/6/1997. If it applies, bring the Form 2119 for the year of the last home sale prior to 5/7/97.	
Improvements to Home Sold (not maintenance)	
Date of Sale	/ /
Sales Price (Please bring closing escrow statement. This document will have the information needed for these entries.)	
Sales Expenses	
<input checked="" type="checkbox"/> If you owned and used the home as your primary residence for two of the prior five years (counting back from the sale date)	<input type="checkbox"/>
<input checked="" type="checkbox"/> If your spouse (if married) owned and used the home as his/her primary residence for two of the prior five years	<input type="checkbox"/>
If owned and used less than two years, give reason:	
<input checked="" type="checkbox"/> If the home was ever used for business (such as a rental, home office or day care center)	<input type="checkbox"/>
<input checked="" type="checkbox"/> If any of the business use in the prior question was before 5/7/97	<input type="checkbox"/>
<input checked="" type="checkbox"/> If the home was acquired by tax-deferred (Sec 1031) exchange after 10/22/04	<input type="checkbox"/>
<input checked="" type="checkbox"/> If you (and spouse if married) have excluded gain from the sale of a prior residence within two years of the date of sale of this residence	<input type="checkbox"/>
<input checked="" type="checkbox"/> If the home was inherited (including from a deceased spouse)	<input type="checkbox"/>
<input checked="" type="checkbox"/> If the home was not used as your primary residence for any period after 2008	<input type="checkbox"/>

D2 – HOME ENERGY CREDITS

Enter only items certified by the manufacturer to meet Government energy standards.

Energy-Efficient Improvements – QUALIFIED insulation, roofing, windows, skylights, exterior doors, heating and air conditioning systems for the PRIMARY RESIDENCE OF THE TAXPAYER LOCATED WITHIN THE U.S.

Description of Improvement	Cost
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Energy-Efficient Property – QUALIFIED solar electric generation, solar water heating systems, fuel cell property, wind energy property, and geothermal heat pumps for a RESIDENCE OF THE TAXPAYER LOCATED WITHIN THE U.S. If primary residence

Description of Property	Cost
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D3 – MOVING DEDUCTIONS

To qualify for a moving expenses deduction, the distance to the new job from the old home must be at least 50 miles farther than to the old job from the old home.

If employer reimbursed any amount of moving expense or home sale assistance and provide the reimbursement statement from the employer (Form 3903 or a substitute statement)

A - Miles from Old Residence to New Job	miles
B - Miles from Old Residence to Old Job	miles
A minus B – if less than 50 miles, stop: no deduction allowed	miles
Commercial Mover Costs	
Truck and/or Trailer Rental	
Highway Tolls	
Lodging (no meals) en route	
Auto Travel	miles
Other:	

D4 - EDUCATION EXPENSES

CAUTION: These expenses may qualify for tax credits and 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. Please provide forms 1098-T and/or 1099-Q if applicable.

STUDENT #1 Name:	<input type="radio"/> Taxpayer <input type="radio"/> Spouse <input type="radio"/> Dependent
STUDENT #2 Name:	<input type="radio"/> Taxpayer <input type="radio"/> Spouse <input type="radio"/> Dependent
STUDENT #3 Name:	<input type="radio"/> Taxpayer <input type="radio"/> Spouse <input type="radio"/> Dependent

FOR TUITION CREDIT	STUDENT #1	STUDENT #2	STUDENT #3
<input checked="" type="checkbox"/> If a Full-Time Student	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Post-Secondary Tuition – First Four Years			
Post-Secondary Tuition – After Four Years			
Enrollment Fees & Course Materials			

FOR CONTINUING EDUCATION

Tuition & Fees			
Seminar Fees, Etc.			
Books & Supplies			
Travel Expenses	List in Sections C1 and/or C2		

FOR EDUCATION PLANS – Certain expenses, although not deductible, must be reported to justify tax-free distributions from Coverdell Accounts, Qualified Tuition (Sec. 529) Plans and Savings Bond Exclusions. If you did not have distributions from one of those, you can skip the entries below.

Tuition K – 12th Grade (Coverdell Only)			
Tuition – Post Secondary			
Books & Supplies			
Room & Board			

D5 – QUESTIONS YOU MAY HAVE

D6 - SIGNATURE

To the best of my knowledge, all the information contained within this document is true, correct and complete.

_____/_____/_____ Filer's Signature	_____/_____/_____ Date	_____/_____/_____ Spouse's Signature	_____/_____/_____ Date
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