Tax Deduction Locator & IRS Trouble Minimizer

SAVE TIME - READ THIS FIRST

Filing Status

Election Campaign

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.

1040

Label

Taxes are complicated and the rules change constantly. This organizer was designed specifically for the 2011 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 itemize their deductions Sections B1 B10 (Pages 4 & 5)
- those with business or rental income Sections C1 C7 (Pages 6 & 7)
- those who have relocated, sold their home, made home energy improvements or have debt relief income - Sections D1 - D4 (Page 8)

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.

Department of the Treasury

U.S. Individual Income Tax Return

-Internal Revenue Service

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.



This marker indicates payments that may require the issuance of a 1099 if the annual amount paid to an individual is \$600 or more. Failure to file 1099s can lead to a loss of the tax deduction for that expense and failure to timely file the forms with the IRS and furnish copies to payees can result in substantial penalties.

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.

O 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		A6 - INCOME & ADJUSTMENTS		
Filer Name (Must Match SS Admin)		W-2 Wages – Please provide W-2 forms (retain copy "C" for your re Partnership, Trust or S-Corporation K-1s (provide complete K-1 cop	,	Spouse
Social Security No. 💀	Birth Date / / ♀ ✓ If Legally Blind	 Were you the beneficiary of an inheritance? If so, please verity with executor or trustee if you will be receiving a K-1. 	O Yes	O Yes
Contact Phone	O Day O Evening	State Tax Refund (provide 1099-G) Social Security or RR (provide SSA-1099 or RRB-1099)		
E-Mail Address Spouse Name		Pension Income (provide all 1099-Rs) Alimony Received (IRS matches with alimony paid)		
(Must Match SS Admin) 🚺 Social Security No. 💀	Birth Date / /	Alimony Paid (provide name and SSN below) Paid to:	SS#:	
Occupation	\odot \checkmark If Legally Blind	Tips (not included in W-2)		
Contact Phone E-Mail Address	O Day O Evening	Unemployment Compensation (provide 1099-G) Gambling Winnings (provide W-2Gs)		
			1	

A2 - ADDRE Returning clients	SS can skip this section except for changes.	
Street		Apt/Unit No
City	State	Zip
Home Phone Numb	er	

	CHANGES <u>F</u> oply and enter the e		
O Married	/	O Moved	/
O Separated	/	O Home Sold	/
O Divorced	/	O Spouse Deceased	/
O Retired	/	O 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	e Date	Date Paid	Federal	State
Applied from Las	st Year's Refund			
First Quarter	April 18, 2011			
Second Quarter	June 15, 2011			
Third Quarter	Sept. 15, 2011			
Fourth Quarter	Jan. 17. 2012			

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)
Account Number (include hyphens - omit spaces & special characters - 17 digits max)
✓ Account Type: ○ Checking ○ Savings Allocation:

A7 - IRA & SE PLANS					
	You	Spouse			
Retirement Plan with your Employer?	• Yes	• Yes			
Did you or your spouse convert a traditional into a Roth IRA during 2011?	• Yes	O Yes			
Did you or your spouse convert a traditional IRA into a Roth IRA in 2010 and delay paying the tax until 2011 and 2012?	• Yes	O Yes			
Traditional IRA, Keogh & SEP Plans					
Contributions					
Withdrawals (1099-R) ⁽¹⁾					
Rollovers (2) (3)					
Roth IRA					
Contributions					
Withdrawals (1099-R) (1)					
Rollovers (2) (3)					
 Show reason if under age 59¹/₂ Must be reported even if not taxable unless "transferred" 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 O ✓ If "special needs child"	
_	CAUTION – Review the following questions carefully. There are severe penalties with failing to report an interest or signature authority over a foreign bank ac Please call our attention to any dealings related to foreign accounts and inheri	count.
	✓ 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.	0
	\checkmark If you received an inheritance from a foreign country.	Ο
	✓ If you or spouse have a foreign bank account (over \$10,000)	Ο
	✓ If you or your spouse received a distribution from, or were the grantor, or transferor to, a foreign trust	О
	\checkmark If at any time during the year you or your spouse held an interest in a foreign financial asset	О
	\checkmark If you have been denied Earned Income Credit by the IRS	О
	\checkmark If you have been re-certified for the Earned Income Credit	Ο
	✓ If you bought, sold, or gifted real estate in 2011. If you have, please call in advance to discuss what documents are needed.	O
_	✓ 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)	О
	✓ If you employ household workers	0
	✓ If you sold jewelry, gold, coins, or other precious metals during the year?	0
	✓ If you wish to contribute to the Presidential campaign fund: ○ You	O 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 Retu since the other info is on file. Ente			Ent		Son, D for Daugh			
First Name	(If Different)	Social Security # (Mandatory)			f you are NOT the Months in Home (Your Home)		stodiai pa 1 Date	e age of 18 √ if Student
				0		/	/	Ο
				0		/	/	0
				0		/	/	0

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!

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Name of Payer Please provide all forms 1099/NT and 10990/D (Entries are not needed when 1099s are provided)	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 Withhol	ding on Interest & Dividends	

A11 - DIVIDEND INCOME

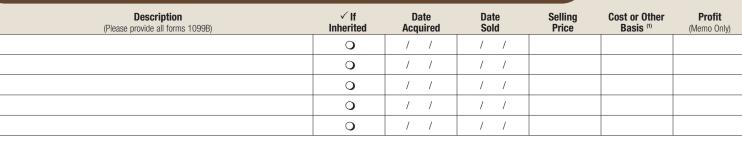
IRS matches payer and amount. Always use payer name listed on 1099 even if not the original source. Some institutions use substitute 1099s and caution must be used in separating the various types of dividends. Please bring broker statements.

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.



(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. It you are a student, also see section C4. IRS matches employer provided care benefits and income reporting of care provider.



${ m O}\sqrt{ m If}$ you have employer provided dependent care benefits 🚺		Provider's SSN or Employer ID#	Payments MUST Be Allocated By Child/Dependent				
		MANDATORY unless it is an exempt	Child/Depnd.'s Name	Child/Depnd.'s Name	Child/Depnd.'s Name		
Paid To	Address & Phone Number	organization. Check circle if exempt.					
		0					
		0					
		0					

ITEMIZED DEDUCTIONS

 $O \checkmark$ If filing married separate and your spouse is itemizing deductions.

Taxpayers may choose between itemized or standard deductions. This page and the adjoining page are for recording your expenses, which are needed when itemizing your deductions. If you are certain that you cannot itemize your deductions, you can skip this page and the next one. CAUTION: If you are married and filing separately and either you or your spouse itemize your deductions, then the other spouse must also itemize their deductions. The law does not allow one to itemize and the other to take the standard deduction.

B1 - MEDICAL EXPENSES Although for Federal purposes medical expenses are only deduc to the extent they exceed 71/2% of your adjusted gross income		B3 - TAXES PAID Do not list any taxes associat Taxes are not deductible for A		or rental ac	tivity.	
for the year (10% of AGI if taxed by the alternative minimum tax) some states, such as Arizona, do not have that limitation. If your s		Real Estate – Primary Residence				
has a lower or no limitation be sure to list your medical expenses		Real Estate – 2nd Home		 Do not inclu interest 8 		
Do not list expenses reimbursed by insurance or expenses and premiums paid with pre-tax funds.		Real Estate – Investment Property	(Land etc.)	penalties		
premiums paid with pre-tax folios.		CAUTION – Some tax bills include non-		es. CA taxpayers	s please incl	lude parcel
INSURANCE PREMIUMS for Medical, Dental, Vision & Hospital		numbers of 1st and 2nd Homes on the	· · · · ·	e copies of the t	ax bills.	
Medicare Insurance Premiums (Not payroll tax)		Vehicle License Fees (Tax portion on	,, ()	(2)	(3)	
Long-Term Care Insurance Filer		Personal Property Tax (Boat, plane, e	/			
Spouse		Sales Tax – Receipted (Leave bl				
Doctors, Dentists (1) (No discretionary cosmetic surgery)		Sales Tax – Cars, Boats, Home				
Acupuncture & Chiropractic Care		Income Taxes Paid to Another Sta		tate:		
		City, County, Local Taxes (not listed	In another category)			
Hospital ²⁰		Other:	Paid During 2011 (plea	an provide prog	f of novmon	+)
Prescription Drugs (Not over-the-counter drugs)			thheld; they are automatic			·
Nursing Care O ✓ If in-home care		Balance Due	Other Year			
Eye Exam, Glasses, Contact Lenses, Contact Lens Solution		2010 Return	Or Adjustm			
Hearing Aids & Batteries		Extension Payment 2010 Return	Paid Jan. 2	Qtr. Estimate 2011		
Ambulance & Paramedics						
Auto Travel (To and from medical treatment) Between 7/1 and 6/30 Between 7/1 and 12/31	miles miles	B4 - HOME MORTG				
Parking (For medical treatment)		Enter only interest on loans s and designated second resid				
Taxi, Shuttle, Air Fare, Etc. (To reach medical treatment)		interest paid on \$1 million of	home acquisition d	ebt and		
Lodging (For medical treatment) No. of days		\$100,000 of home equity de second residence. Equity de				
Telephone (Medical-related toll charges only)		purposes. IRS matches the ir				Amount
Therapy & Special Schooling ^(a)		CAUTION – if paid to an individua and enter the PAYEE's address and	d Social Security	✓ If 2nd	✓ If Equity	Please provide
Supplies & Equipment		number in Box A below to avoid If Paid to:	RS correspondence.	Home	Loan	Form 1098
Handicapped Placard			(0 0	0	
Handicapped Home Modifications		Paid to:	())	0	
Rentals (crutches, wheelchair, walker, oxygen equipment, etc.)		Paid to:				
Other:			())	0	
Other:		Paid to:	(oo	0	
 Includes Christian Science practitioner and psychological counseling. Includes nursing homes for individuals medically incapable of self care. Also include nursing home meals. 			m 1098 was issued us al's name & SSN to avo			
(3) Includes physical therapy and psychotherapy; special schooling for physically or me	entally handicapped.	Box Name:				
B2 – INVESTMENT INTEREST		SSN: If your home or 2nd home is a qua	alified motor home			
Interest paid on loans to acquire investments. This interest is onl						
allowable to the extent of net investment income.	y	boat, etc., list the name of the pay	/ee nere:			
allowable to the extent of net investment income.	y	boat, etc., list the name of the pay PLEASE ✓ ANY OF THE FOLLO				
allowable to the extent of net investment income. Brokerage Margin Accounts	y		OWING THAT APPLY:			
allowable to the extent of net investment income.	y	PLEASE ✓ ANY OF THE FOLLO	DWING THAT APPLY: er been refinanced? e loans this year? (If so,	provide escrow (closing state	ements)