

2010 INCOME TAX ORGANIZER

(New Clients please bring a copy of your prior year return)

YOUR PERSONAL INFORMATION											
<p>Name and Address:</p> <div style="border: 1px solid black; height: 60px; width: 100%;"></div>	<p>Filing Status:</p> <table style="width: 100%; border-collapse: collapse;"> <tr><td style="border: 1px solid black; width: 20px; height: 15px;"></td><td>Single</td></tr> <tr><td style="border: 1px solid black; width: 20px; height: 15px;"></td><td>Married, Filing Jointly</td></tr> <tr><td style="border: 1px solid black; width: 20px; height: 15px;"></td><td>Married, Filing Separately</td></tr> <tr><td style="border: 1px solid black; width: 20px; height: 15px;"></td><td>Head of Household</td></tr> <tr><td style="border: 1px solid black; width: 20px; height: 15px;"></td><td>Widow(er)</td></tr> </table>		Single		Married, Filing Jointly		Married, Filing Separately		Head of Household		Widow(er)
	Single										
	Married, Filing Jointly										
	Married, Filing Separately										
	Head of Household										
	Widow(er)										

Taxpayer:	Birth Date	<input style="width: 90%;" type="text"/>	SS#	<input style="width: 90%;" type="text"/>	Home Phone #	<input style="width: 95%;" type="text"/>
Spouse:	Birth Date	<input style="width: 90%;" type="text"/>	SS#	<input style="width: 90%;" type="text"/>	Cellular or Work #	<input style="width: 95%;" type="text"/>

DEPENDENTS – Please list names of all dependents, regardless of age, who received more than half of their support from you. Do not list spouse.

Name of Dependents	Date of Birth	Social Security #	Months in your home in 2010	Full Time Student? (5 months or more)

CHILD & DEPENDENT CARE

Qualifying Person's Name	Provider's Name & Address	Provider's ID#	Amount

WAGES INCOME - Please enclose all W-2 Forms provided by your employer(s).

INTEREST INCOME - Please include any 1099 Forms you received

Name of Payor	Gross Amount Received

DIVIDEND INCOME – Please include any 1099 Forms you received

Name of Payor	Gross Amount Received

DEDUCTIONS – MEDICAL AND DENTAL EXPENSESUn-Reimbursed
Amount**List All Expenses**

Prescription Drugs and Insulin	
Doctors and Dentists	
Hospitals	
Insurance Premiums you Paid for Medical and Dental Care	
Transportation Expense or Vehicle Miles for Medical Purposes	
Other (List below - including hearing aids, dentures, eyeglasses, braces, wheelchairs, etc.)	

DEDUCTIONS – TAXES

Amount

Real Estate Tax	
Personal Property Tax	
Automobile Tags	
Sales or Excise Tax on a New Vehicle	
Other	

Did you purchase a low speed vehicle in 2010? Yes or No**DEDUCTIONS – INTEREST**

Amount

1 st Home Mortgage Interest paid to Financial Institutions (Form 1098)	
2 nd Home Mortgage Interest paid or Line of Credit	
Home Mortgage Interest paid to Individuals (show name and address)	
Home Mortgage Insurance Premiums paid (For policy issued after 1-1-07)	

Home Buyers Credit – Did you purchase a new personal residence in 2009 or 2008? Yes or No**DEDUCTIONS – CONTRIBUTIONS**

Amount

Cash Contributions -	
Non-Cash Contributions -	

DEDUCTIONS - MISCELLANEOUS

Amount

Alimony Paid (list recipient's name and SSN)	
Forfeited Interest Penalty for Premature Withdrawal	
Employment Firm Fees	
Teachers – Classroom Supplies and Expenses	
Employee Expenses: Tools, Clothing, Uniforms, Union & Professional Dues	
Subscriptions to Professional Journals	
Other	
Tax Return Preparation Fees or Legal Fees (if for income protection)	
Investment Expenses	
Safe Deposit Box	

BUSINESS OR FARM INCOME AND EXPENSES

INCOME	Amount
Type of Income	

Main Product or Principal Activity

EXPENSES

Amount		Amount	
Advertising		Veterinary Fees, Medicine	
Bad Debts		Legal and Professional Services	
Car and Truck Expenses		Office Expenses	
Commissions		Pension / Profit Sharing Plans	
Depletion		Interest:	
Depreciation (discuss with tax consultant)		Bank Loans	
Employee Benefit Program		Credit Cards	
Insurance		Vehicle Loans	
Chemicals		Other	
Conservation Expenses		Other	
Custom Hire		Rent or Lease:	
Feed Purchased		Machinery & Equipment	
Fertilizers and Lime		Other (Land, Animals, etc.)	
Freight, Trucking		Other Business Property	
Gasoline, Fuel, Oil		Other	
Supplies		Cost of Goods Sold:	
Travel		Inventory (Beginning of Year)	
Entertainment & Meals		Purchases of Goods	
Utilities & Telephone		Inventory (End of Year)	
Wages		Other Expenses:	
Jobs Credit			
Repairs, Maintenance			
Seed, Plants Purchased			
Storage, Warehousing			

COLLEGE TUITION (enclose a copy of form 1098-T and all additional costs)

Name of Student	Name of School	Classification (Circle)
		Fr-So-Jr-Sr-Other
		Fr-So-Jr-Sr-Other
		Fr-So-Jr-Sr-Other

Estimated Taxes Paid

Federal		State	
Date Paid	Amount	Date Paid	Amount

IRA/SEP Contributions

Date	Paid	Roth or Traditional	Taxpayer Amount	Spouse Amount

Other Comments (Home Energy Credits, etc.)
