

MEDICAL

Medical or Health Savings Account contributions

Drugs and medicine

	Total mileage all trips	Amount paid by you
Prescriptions (doctor prescribed only, general drugs not allowed)		
Insulin		
Medical insurance		
Insurance premiums paid by you (Include Medicare)		
Group health plans (deducted from taxable salary)		
Doctors, dentists, clinics, hospitals, etc.		
Physicians, dentists, etc.		
Clinics, hospitals, etc.		
Other		

Other medical expenses

	Amount paid by you		Amount paid by you
Acupuncture services		Special schooling and transportation for physically or mentally handicapped	
Ambulance		Support or corrective devices	
Artificial limbs and teeth		Therapy and X-ray	
Glasses and eye examinations		Transportation (fares for medical care)	
Hearing aids and batteries		Total mileage for medical (Items in this section)	
Lab tests		Other	
Medical care in home for aged			
Nurses (expense and board)			
Rental or purchase of medical, healing or convalescent equipment			

TAXES

Description of Tax	State Located	Amount of Tax
Real estate taxes (home - do not include special assessments)		
Real estate taxes (other)		
Property tax rebates (if any)		
Personal property tax (if any)		
State or local taxes (not listed elsewhere or on W-2)		
Sales tax		
Other		

INTEREST PAID

If you borrowed money after October 12, 1987, bring a list showing the dates, amounts and the use of the proceeds.

Primary Residence

	Amount
Home mortgage paid to financial institution	
Home mortgage paid to an individual:	
Name	
Address	
Social Security No.	

Second Residence

Home mortgage paid to financial institution	
Home mortgage paid to an individual:	
Name	
Address	
Social Security No.	

Other

Home improvement loans	
Interest on investments	
Interest on school loans (when did repayments begin? _____)	

Contact lending agencies for amount of interest paid during the year if not shown on end-of-year statements or reported by mail. Enclose Form 1098.

MOVING EXPENSES

If your residence has changed because you transferred to a new place of employment or because you changed employers, the cost of the move may be deductible. The information below is necessary to determine the amount allowable, if any.

- Distance from former residence to new business location _____ miles
- Distance from former residence to former business location _____ miles
- Subtract line 2 from line 1. _____ miles

If line 3 is less than 50 miles, stop here, you may not deduct moving expenses.

Date new employment began _____

Still employed at this location? _____ If "no," date left _____

Transportation of family:

	Amount
Expenses for train, bus, air travel, auto (Include mileage), etc.	
Cost of lodging en route	
Cost of moving furniture and personal effects (date of move ____/____/____)	
Moving expenses paid by employer	

CASUALTY / THEFT LOSSES

From fire, storm, theft, etc. If more than one, provide similar detail for each.

Kind of property or item	Date acquired	Cost or basis
		Insurance reimbursement
Describe how or what happened		Fair market value before
		Fair market value after
Kind of property or item	Date acquired	Cost or basis
		Insurance reimbursement
Describe how or what happened		Fair market value before
		Fair market value after

CONTRIBUTIONS A receipt is needed for any contributions claimed. Please summarize total donations below and include all receipts.

Cash Contributions

Name of Organization	Amount

Non-cash contributions (fair market value of clothing, furniture, food, etc. Include itemized list if over \$500)

Name of Organization	Items Donated	Date	Value

Volunteer work – mileage (church, hospitals or non-profit organizations)

Name of Organization	Activity Performed	Parking	Mileage

Meals, lodging and other expenses may also be allowed; list full details.

MISCELLANEOUS DEDUCTIONS

	Amount		Amount
Tax preparation fees		Safety deposit box	
Union dues		Professional dues	
Subscriptions/trade journals		Tools/shoes/glasses	
Uniforms (cost and upkeep)		Employment agency fees	
Second job mileage		Job hunting expenses	
Handicapped job expenses		Job-related education expenses (explain):	
Telephone (explain requirement):			
Investment expenses (describe):			
Alimony paid to:	SSN:	Amount:	

HOUSEHOLD EMPLOYEES

If you employed persons such as maids, care givers, or gardeners to perform services in your home, the following information is necessary to complete your tax return.

Name of person	Address	ID#	Amount

CHILD AND DEPENDENT CARE

If you or your spouse paid someone to care for your child or other qualifying person so either of you could work or look for work, you may be able to take a credit for child and dependent care expenses. A qualifying person is any dependent child under the age of 13 or your disabled spouse who is not able to care for himself or herself. Enter the number of qualifying persons (_____).

Child care provider	Address	ID#	Amount

OFFICE IN HOME

Check if justified for business or professional use by Taxpayer _____ Spouse _____ Both _____

Date acquired		Utilities	
Cost of land		Interest	
Cost of home		Taxes	
Cost of improvements		Insurance	
Sq. footage of living area		Rubbish & maintenance	
Sq. footage of office area		Other	

EMPLOYEE BUSINESS EXPENSES

For outside salespersons or individuals not fully reimbursed by employer.

Vehicle mileage (odometer reading)	Vehicle 1	Vehicle 2
A. End of year		
B. Beginning of year		
1. Business miles		
2. Commuting miles		
3. Personal miles		
4. Total miles driven		

Vehicle expense (If both taxpayer and spouse have deductions, use vehicle 1 for taxpayer, 2 for spouse)

	Vehicle 1	Vehicle 2	Vehicle 1	Vehicle 2
Gas and oil			Parking and tolls	
Washing and lube			Licenses	
Repairs and maintenance			Lease payments	
Tires/accessories			Interest	
Insurance			Garage rent	
	Make	Year	Model	Date acq.
Vehicle 1				Cost or basis
Vehicle 2				

Travel expenses – away from home (number of nights _____)

	Taxpayer	Spouse	Taxpayer	Spouse
Transportation			Auto rentals	
Lodging			Cabs, bus, etc.	
Meals and tips				

Other business expenses (must have supportive record for entertainment and gifts)

Entertainment		Commissions	
Tickets/events		Gifts/cards	
Postage/freight		Office supplies	
Phone		Dues/subscriptions	
Furniture/equipment		Required education	

Total of above expenses reimbursed

Did you purchase any other business equipment during year? Yes ___ No ___

If yes, provide list of date bought, cost, description and trade-in details.

I have adequate records and sufficient evidence to support use of vehicles and deductions listed above.

(Please sign) _____

REFUNDS, CREDITS AND TAXES PAID

			Federal	State	Local
Credit from last year's tax returns					
Cash payments for estimated tax	April 15	Date paid _____			
	June 15	Date paid _____			
	September 15	Date paid _____			
	January 15	Date paid _____			
Balance due on last year's tax returns	Date paid _____				
Cash refund on last year's tax returns	Date received _____				

EARNED INCOME CREDIT

If you have more than three qualifying children, only list the three youngest children.

Child's name (first, initial, and last name)	Birthdate	Relationship	Number of months lived in your home	Full-time student under the age of 24?

- Are you a qualifying child for another taxpayer? Yes ___ No ___
- Is there more than one nonspouse adult occupying the home? (If "no," stop) Yes ___ No ___
- If the other adult is not the child's parent or grandparent, did the adult occupy the home the entire year? (If "no," stop) Yes ___ No ___
- Does the other adult treat your child as his/her own child or grandchild? (If "no," stop) Yes ___ No ___
- Is the other adult's income greater than yours? Yes ___ No ___

PARTNERSHIP, S-CORP, ESTATES AND TRUSTS

Enclose your copies of Schedule K-1, returns or other documents. Enter name, address, and federal Employer Identification Number from any partnership, joint venture, limited liability company, S corporation, estate or trust for which you do not have a Schedule K-1.

QUESTIONS (For yes answers, supply details)

- Were you eligible to be claimed as a dependent on another tax return? Yes ___ No ___
- Were you notified by the IRS, state, or city of any change to any prior year tax return? Yes ___ No ___
- Did you make any gifts of \$13,000 in value to any individual? Yes ___ No ___
- Did you have living expenses in a foreign country as a result of income earned abroad? Yes ___ No ___
- Do you have any worthless stocks or uncollectible bad debts? Yes ___ No ___
- Did you receive any reimbursement (medical, insurance) for an expense that was claimed as a deduction on a prior tax return? Yes ___ No ___
- Do you expect any significant changes in income or your tax liability in the coming year? Yes ___ No ___
- Did you receive any income from a source that is not listed in this booklet? Yes ___ No ___
- Do you wish to designate (at no cost to you) \$3.00 of you taxes to the Presidential Campaign Fund? Yes ___ No ___

OTHER CREDITS

Did you pay college tuition for yourself, spouse or dependent? Yes ___ No ___
(If "yes," attach Form 1098-T)

Did you make any energy-efficient improvements to your principal residence, such as insulation, windows, doors, furnace, etc.? Yes ___ No ___
(If "yes," please provide details on a separate sheet. Include receipts.)

Did you purchase an electric vehicle or electric plug-in vehicle? Yes ___ No ___
(If "yes," attach manufacturer's certification and purchase statement.)

CHECK LIST AND CERTIFICATION

Review amounts and details listed in this tax booklet for completeness and include the following items when presenting your information for preparation of your tax returns:

- ___ 1. This completed Client Organizer
 - ___ 2. All W-2 Forms.
 - ___ 3. Form K-1 indicated partnerships, limited liability companies, joint ventures, S corporations, estate and trust documents.
 - ___ 4. Forms 1099 indicated dividend and interest income.
 - ___ 5. Buy/sell statements to cover stock sales, real estate transactions, and installment sales.
 - ___ 6. Copies of sales contracts to determine finance charges.
 - ___ 7. If you are a new client, provide copies of last year's tax returns.
 - ___ 8. Check if payroll reports were filed for household help.
 - ___ 9. Check if you have disability income.
 - ___ 10. Check if you were audited during the past year. Enclose results.
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OTHER QUESTIONS OR COMMENTS

Please note any other questions or comments on a separate piece of paper and keep with this booklet.

I have reviewed the information contained in this booklet and to the best of my knowledge it is true, correct, and complete.

(Please Sign) _____