

2009 Tax Questionnaire and Information Organizer

Name: _____ **Phone Numbers:** _____
Address: _____ **Email Address:** _____

Please review the checklist below and gather all the information related to the questions so we can review them at our appointment or **you can mail it to us**. The check list is required to insure that we do not miss any financial or personal activities that may impact your Federal or State Tax return.

	Name	Social Security	Date of Birth	Relationship	Student (Y/N)	Months in Home	Other
Taxpayer							
Spouse							
Taxpayer							

Yes / NO	General Questions	Total \$
<input type="checkbox"/>	Can you be claimed as a dependent of another taxpayer?	_____
<input type="checkbox"/>	Were there any births, marriages, adoptions, or deaths in the family?	_____
<input type="checkbox"/>	Did you make a gift of greater than \$13,000 to any one person?	_____
<input type="checkbox"/>	Did you work in a location where you lived away from home for part of the year?	_____
<input type="checkbox"/>	Do you have any capital loss, NOL or credit carry forward from prior years.	_____

Did you receive income from any of the following sources.

<input type="checkbox"/>	Employee income reported on a W-2	<i>Box 1 total for all W-2s</i>	_____
<input type="checkbox"/>	Interest from savings reported on 1099-INT		_____
<input type="checkbox"/>	Dividends or Capital Gains reported on 1099-DIV		_____
<input type="checkbox"/>	Retirement plan distributions reported on 1099-R or other		_____
<input type="checkbox"/>	Social Security Benefits SSA-1099		_____
<input type="checkbox"/>	State Income Tax Refund		_____
<input type="checkbox"/>	Unemployment income		_____
<input type="checkbox"/>	Gambling income		_____
<input type="checkbox"/>	Alimony received		_____
<input type="checkbox"/>	Long-Term Care contract payments		_____
<input type="checkbox"/>	Medical Savings account distribution 1099-MSA		_____
<input type="checkbox"/>	Advanced Child Care Credit		_____
<input type="checkbox"/>	Miscellaneous non-employee Income--(IF Yes, Go to page 5 Column A)		_____
<input type="checkbox"/>	Business income from goods or services--(IF Yes, Go to page 5 Column B or C)		_____
<input type="checkbox"/>	Real estate rental property income from --(IF Yes, Go to page 5 Column D or E)		_____
<input type="checkbox"/>	Income from S-Corp, Partnership, Estate or Trust-(If Yes, Attach forms)		_____
<input type="checkbox"/>	Foreign income		_____

2009 Tax Questionnaire and Information Organizer

Yes / NO Did you have Investment Income from any of the following sources.

(You will need to provide purchase date, sales date, purchase price, sales price for any of the following that apply.)

- Sale of stocks, bonds, mutual funds, etc reported on 1099-B?
- Sale of Partnership or S-Corporation Interest
- Exercise of stock options (Provide option agreement and exercise summary)
- Sale of employee stock purchase plan shares: (Provide sales summary sheet)

- Sale of real estate property including primary residence or second home
- Did you sell a business or business assets (property, equipment, furniture, etc)
- Did any securities become worthless this year

- Did you receive form 2439
- Did you exchange property for other property
- Did you carry a loan for any assets sold this or prior years.
- Did you surrender any U.S. Savings Bonds?

Did you receive Income from any of the following sources.

- Did you start or acquire a business this year?
- Did you sell business assets, equipment, furniture, etc-(List on page 5)
- Sale of any other assets or property not listed above. (List on page 5)
- Business use of home (If Yes, Go to page 5 Column A,B, or C)

Itemized Deduction (Schedule A)

Total \$

Did you have any of the following medical expenses?

- Doctors, Dental
- Hospitalization expense
- Insurance premiums
- Prescriptions
- Travel expenses related to health care
- Mileage driven for health care

Did you pay any of the following taxes?

- Real estate taxes on primary residence
- Real estate taxes on second home
- Real estate taxes on other investment property
- Auto license fees
- Estimated state income tax payments
- Other personal property taxes

2009 Tax Questionnaire and Information Organizer

Yes / NO	Did you pay any of the following Interest?	Total \$
<input type="checkbox"/>	<input type="checkbox"/> Mortgage Interest on your primary residence	_____
<input type="checkbox"/>	<input type="checkbox"/> Mortgage Interest on a second home	_____
<input type="checkbox"/>	<input type="checkbox"/> Mortgage Interest paid to a private Individual Name: _____ Social Security #: _____	_____
<input type="checkbox"/>	<input type="checkbox"/> Did you refinance your mortgage (Include a copy of the closing papers and mortgage note)	_____
	If Yes, Did you also refinance your loan in a prior year?	
<input type="checkbox"/>	<input type="checkbox"/> Did you purchase a new home (include a copy of the closing papers)	_____
<input type="checkbox"/>	<input type="checkbox"/> Did you pay loan insurance on a home purchased or refinanced in 2007?	_____
<input type="checkbox"/>	<input type="checkbox"/> Did you sell your home (include a copy of the closing papers)	_____
<input type="checkbox"/>	<input type="checkbox"/> Did you have any investment interest?	_____

Did you have Charitable Contribution of Cash or used items?

(If over \$250 the organization must provide name and date of contribution)

<input type="checkbox"/>	<input type="checkbox"/> Cash or check contributions (You must have a check or statement from the recipient)	_____
<input type="checkbox"/>	<input type="checkbox"/> Non-cash contributions (must be in good used or better condition)	_____
<input type="checkbox"/>	<input type="checkbox"/> Mileage driven for charitable causes	_____

Did you have any Casualty or Theft loss not reimbursed by insurance?

Description: _____ Date of Loss: _____

Did you have any of the following miscellaneous Expenses ?

<input type="checkbox"/>	<input type="checkbox"/> Job search expense	_____
<input type="checkbox"/>	<input type="checkbox"/> Job related expenses--(IF Yes, Go to page 5 Column A)	_____
<input type="checkbox"/>	<input type="checkbox"/> Investment expense, Fees, Seminars, etc	_____
<input type="checkbox"/>	<input type="checkbox"/> Legal costs to produce Income	_____
<input type="checkbox"/>	<input type="checkbox"/> Safe deposit box for records	_____
<input type="checkbox"/>	<input type="checkbox"/> Tax preparation fees	_____

Did you have other expenses that may be deductible ?

<input type="checkbox"/>	<input type="checkbox"/> Describe Expense: _____	_____
<input type="checkbox"/>	<input type="checkbox"/> Describe Expense: _____	_____
<input type="checkbox"/>	<input type="checkbox"/> Describe Expense: _____	_____
<input type="checkbox"/>	<input type="checkbox"/> Describe Expense: _____	_____
<input type="checkbox"/>	<input type="checkbox"/> Describe Expense: _____	_____

2009 Tax Questionnaire and Information Organizer

Yes / NO Reduction to Income, Credits, and Estimated Tax Payments Total \$

Did you pay Alimony to anyone? _____

Name: _____ Social Security #: _____

Did you have Adoption expenses? _____

Adopted Child's Name: _____ Social Security #: _____

Did you have Childcare Costs? _____

Providers Name : _____ ID or SSN: _____

Providers Name : _____ ID or SSN: _____

Did you have any of the following Education expenses? _____

Student loan interest payments _____

Tuition payments Students Name: _____

Was the student in their first or second year of school _____

Did you have Moving expenses related to a new employment location? _____

Moving expenses _____

House hunting expenses _____

Were any of the moving expenses reimbursed? _____

Did you have any of the following health and retirement contribution? _____

Medical Savings Account contributions *Tax Payer* _____

Spouse _____

IRA contributions *Tax Payer* _____

Spouse _____

Self-employed SEP or qualified plan *Tax Payer* _____

Spouse _____

Did you pay health insurance premiums as self-employed person. _____

Did you have any Energy saving purchases? _____

Purchase of a hybrid automobile _____

New insulation in your home _____

Energy efficient doors and windows _____

Did you have any of the following Tax payments or credits? _____

Federal tax overpayment from last year return carried over to this year _____

State quarterly estimated tax payments, total for the year _____

State tax overpayment from last year return carried over to this year _____

Other Income, Expenses, Credits, or Tax payments not reported in this organizer

Describe source : _____

You will receive a refund much quicker by direct depositing your money into your bank account. Please provide the following information:

Name of Bank: _____ Checking or Savings (please circle)

Routing Number: _____ Account Number: _____

2009 Tax Questionnaire and Information Organizer

Income and Expense Summary for Income Producing Activity

	A	B	C	D	E	F
	Employee Expenses	Business	Business	Rental	Rental	Other
Activity or Address						
Revenue, Rent, Sales						
Cost of Goods Sold						
Jan 1st Inventory						
Purchases						
Dec 31st Inventory						
Labor						
Expenses						
Advertising						
Commissions & Fees						
Contract Labor						
Employee Benefits						
Insurance (Not Healthcare)						
Interest paid- Mortgage						
Interest paid- Other						
Legal & Professional						
Management Fees						
Meals & Entertainment						
Office Supplies						
Other Expenses						
Rent or Lease Expense						
Repairs and Maintenance						
Subscriptions						
Supplies						
Taxes and licenses						
Training or Education						
Travel (excluding meals)						
Utilities						
Union Dues						
Uniforms						
Automobile Miles Driven						
OR Actual Expenses						
Total Miles Driven						
Business Miles Driven						
OR Oil, Gas, Repairs etc.						
Assets Purchased						
(Type, Date, Cost)						
Assets Sold						
(Type, Date, Price)						

continued on page 6

2009 Tax Questionnaire and Information Organizer

continued from page 5

	A	B	C	D	E	F
	Employee Expenses	Business	Business	Rental	Rental	Other
Home office Expense						
Office Sq Feet % of home						
Insurance						
Repairs and Maintenance						
Total Utility Expense (Telephone, trash, gas, electric, water, sewer, etc)						

Tax Preparation Checklist

Please provide the following documentation:

- All forms W-2 (wages),
- 1099-INT (interest),
- 1099-DIV (dividends),
- 1099-B (proceeds form broker of barter transactions),
- 1099-R (pensions and IRA distributions),
- Schedules K-1 from partnerships, S corporations, estates and trusts, and other income reporting statements, including all copies provided from the payer.
- If you are a new client, provide copies of last year's tax returns.
- Copy of closing statement if you bought or sold real estate.
- Mileage figures for any automobile expenses claimed, including total mileage, commuting mileage, and business mileage.
- Detail of estimated payments made, if any.
- List of itemized deductions categorized on a separate sheet for medical, taxes, interest, charitable , and miscellaneous deductions.

Contact Us

There are many events that occur during the year that can affect your tax situation. Preparation of your tax return involves summarizing transactions and events that occurred during the prior year. In most situation, treatment is firmly established at the time the transaction occurs. However, negative tax effects can be avoided by proper planning. Please contact us in advance if you have questions about the tax effects of a transaction or event, including the following:

- Pension or IRA distributions
- Significant change in income or deductions
- Job Change
- Marriage
- Attainment of age 59 1/2 or 70 1/2
- Sale or purchase of a business
- Sale or purchase of a residence or other real estate
- Retirement
- Notice from IRS or other revenue department
- Divorce or separation
- Self-employment
- Charitable contributions of property in excess of \$5,000