

Tax Organizer for 2006

	Taxpayer:	Spouse:
Name:		
Social Security Number:		
Date of birth:		
Contact:	Home: Work: Cell: Email:	Home: Work: Cell: Email:

Filing Status	Single	Married Filing Joint	Married Filing Separate	Head of Household	Qualifying Widower
X the box →					

Dependents:

Name	Income over \$1600? Y/N	Date of Birth including year	Social Security Number	Relationship	Months lived in home

Can anyone else claim your child or children? If so, please explain: _____

INCOME:

Wages and Salaries:

(Include a copy of the W-2s)

Name of Payer	Gross Wages	Social Security tax withheld	Medicare tax withheld	Federal income tax withheld	State income tax withheld

Interest Income: (Include 1099s and list and Note non-taxable interest too.)

Name of Payor	Amount	Note	Name of Payor	Amount	Note

Include any seller financed mortgages above.

Dividend Income: (Include 1099s and list and Note non-taxable dividends as well.)

Name of Payor	Gross Amount	Capital Gain Distributions	Federal Tax w/held	Foreign Tax w/held	Notes

Foreign Dividends

There is a Credit available for Taxes withheld on Foreign Dividends. Generally we need Foreign Taxes withheld and the Foreign Source Income. Your mutual fund will generally provide you with a number for Foreign Source Income. Foreign Stocks are generally 100% Foreign Source Income. Note the Foreign source income above.

Capital Gains and Losses:

Investment	Date Acquired	Cost or Other Basis	Date Sold	Sale Proceeds

Pension, IRA, and Annuities: (Include a copy of each 1099-R.)

Payor	Gross Amount	Taxable Amount	Federal w/holding	State w/holding

Partnership, S-Corporation, Estate, and Trust income: (Include the K-1s please.)

Entity (Partnership, Estate, etc.)	Amount	Notes

Other Income:

Include Jury Pay, Tips & Gratuities not reported on your W-2, Contest and Gambling Winnings, Unemployment Compensation and other income not entered elsewhere

Income Item	Amount	Federal w/holding	State w/holding

Non-Taxable Income:

Veterans Benefits or Disability Income	
Worker's Compensation/Loss of Time payments	
Other (Explain)	

Sale of Personal Residence:

Date Old House Acquired		Original Cost or Basis	
Improvements (Additions, Landscaping, etcetera)		Fixing Up Expenses prior to sale	
Selling Price of Old House		Sale Expenses (Commissions, Legal Fees, etcetera)	
Date Old House Sold		Other Costs	

Was your house ever a rental property? (Answer Yes or No)	
Did you own and use the home as your principal residence for at least two of the last five years?	
Was the sale due to unforeseen circumstances?	
Did you defer a gain into the basis of this home? In other words, did you buy the above house before 5/07/97?	
Was this house ever used as a home office?	
Have you or your spouse sold another principal residence with the last two years?	

The Capital Gains Tax laws allow an exclusion of up to \$500,000 (Married Filing Joint) or \$250,000 (Single or Head of Household) on the sale of your principal residence.

CREDITS:

Child and Dependent Care:

Name of Provider	Address	Social Security or ID number	Amount

Do you have any adoption expenses? (X the box.)	Yes	No	Notes:

Hope and Lifetime Learning Credits and subtraction for Tuition:

Student	Un-reimbursed Tuition and Qualified Costs

Residential Energy Credit:

Energy Efficient Improvements or Equipment	Please detail here and include dollar amounts

Estimated Tax Payments made for Tax Tear 2006:

	Federal - Date Paid	Federal - Amount	State - Date Paid	State - Amount
4/17/06				
6/15/06				
9/15/06				
1/16/07				
Other				

Federal and State Withholding Not listed elsewhere:

Item	Federal w/holding	State w/holding

ITEMIZED DEDUCTIONS:**Medical and Dental:**

Doctors bills		Dentist bills	
Prescriptions		Optometrist	
After-tax Health Insurance		Health related Lodging	
Long Term Care Insurance		Health related Mileage	
Hearing Aids			

Taxes Paid:

Real Estate Taxes, Main home		Auto Licenses - Total Cost	
Other Real Estate Taxes		Auto Licenses - Number of Vehicles	
Property Tax Rebates (If any)		Actual Total Sales Tax paid	
Other Taxes not listed elsewhere. (Please do not list the same item in two places.)		Sales Tax on Large Purchases (Vehicles, Boats, etcetera. Please provide detail.)	

Interest Paid:

Home mortgage paid to Financial Institutions	
Home mortgage paid to Individuals Name: Address:	
Point paid on Purchase or Refinance (Include the two page HUD closing or settlement statement)	
Investment interest	
Student Loan Interest	

Contributions:

(Written documentation, not just a cancelled check, is required for all gifts of \$250 or more. Provide the specific name for contributions to a specific organization of over \$3000.)

Church		Other Church	
Other Religious		Cancer	
Red Cross		Scouts	
Muscular Dystrophy		Veteran's Organization	
Schools		United Way	
YMCA/YWCA		Education TV/Radio	
Other			

Political Contributions are not deductible. Also, if you received a gift for your donation, reduce your donation by the value of the gift.

Non-Cash Contributions:

Name of Organization	Address of Organization	Items Donated	Acquisition Date	Donation Date	Acquisition Cost	Fair Market Value when donated

Volunteer Work - Mileage:

Name of Organization	Activity Performed	Parking	Miles Driven

Casualty and Theft Losses:

From Fire, Storm, Theft, and Auto Damage, net of any insurance reimbursement.

(Net losses need to exceed 10% of your Adjusted Gross Income (AGI) to make a difference on your taxes.)

Property or Item Lost	Describe the Loss	Date Acquired	Date of Loss	Cost or Basis	Insurance Paid	Fair Market Value Before	Fair Market Value After

Miscellaneous Deductions:

Tax Preparation Fees		Subscriptions and Trade Journals	
Union Dues		Professional Dues	
Safety Deposit Box Rental		Small Tools used in your work	
Business use of Phone		Uniforms and Cleaning	
IRA Custodial fees		Investment expenses	
Education expenses not claimed elsewhere		Second Job Mileage	
Job Hunting expenses		Gambling Losses, to the extent of winnings	
Other			

Other Deductions:

Alimony:

Paid To: Name	Paid To: Social Security Number	Amount

Moving Expenses:

Miles from old home to old job	
Miles from old home to new job	
Cost to pack and ship household good and personal items	
Cost of travel and lodging from old to new residence (Do not include meals)	
Other costs	
Above amounts reimbursed by employer	

Employee Business Expenses:

Vehicle:

Odometer Reading	Vehicle 1	Vehicle 2
End of Year		
Beginning of Year		
Total Miles Driven		
Business Miles		
Personal Miles		
Percent of Business Use		

Vehicle Expenses	Vehicle 1	Vehicle 2		Vehicle 1	Vehicle 2
Gas & Oil			Lease Payments		
Insurance			Licenses		
Repairs/Maintenance			Other		
Tires/Accessories			Other		
Washing/Lube			Other		

Vehicle Information	Date in Service	Make	Model	Year	Cost
Vehicle 1					
Vehicle 2					

Travel Expenses Away from Home:

Days away from home:

	Taxpayer	Spouse		Taxpayer	Spouse
Transportation			Cabs, Bus, etc.		
Auto Rentals			Other		
Lodging			Other		

Other Business Expenses:

	Taxpayer	Spouse		Taxpayer	Spouse
Office Supplies			Parking/Tolls		
Postage/Cards			Other		
Commissions			Other		

Reimbursement for above expenses if not included as wages on your W-2	
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Meals & Entertainment:

	Taxpayer	Spouse		Taxpayer	Spouse
Meals & Tips			Gifts		
Entertainment			Tickets & Events		

Reimbursement of Meals and Entertainment if not included on your W-2	
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Home Office:

(Home office deductions, should include a conversation with a CPA in the year you first decide to take one.)

Date Home was acquired		Insurance	
Cost of Land		Interest	
Cost of Home		Rubbish and Maintenance	
Cost of Improvements		Taxes	
Square footage of living area		Utilities	
Square footage of office area		Other	

Other Adjustments to Income:

	Taxpayer	Spouse
Traditional IRA		
Roth IRA (It's not deductible, but please fill it in for us.)		
Keogh or SEP Deduction		
Penalty on Early Withdrawal of Savings		
Self-employed Health Insurance premiums		
School teacher's classroom materials expenses (Up to \$250)		

Your 401(k) contributions do not need be entered above. They automatically reduce your taxable wages right on your W-2.

Questions:	Yes	No
We you notified by the IRS or any State of a change to any prior year tax return?		
Did you (or your spouse if married) make any gifts of over \$12,000 to any individual last year?		
Did you have any foreign income?		
Do you have what you consider worthless stocks or uncollectible bad debts?		
Are you or your spouse disabled & handicapped?		
Did you have any bartering income (It is generally taxable)?		
Did you suffer a casualty loss in a Presidentially declared disaster area?		
Did you receive a reimbursement for any deduction taken in a prior year?		
Have you started a new business in the past year?		
Do you expect changes in the coming year to your income or withholding taxes?		
Did you (or your spouse if married) receive any income that is not reported on this form?		
Do you have children under that had investment income of more than \$850?		
Did you pay a nanny or gardener (domestic employee) more than \$1,500 in the past year?		
Do you wish to designate \$3 to the Presidential Campaign Fund (At no change in your taxes.)		
Does your spouse if married wish to designate \$3 to the Presidential Campaign Fund?		
Did you donate a partial or future interest to a charitable organization?		
Do you have a Health or Medical Savings Account (Called HSAs or MSAs) ?		
If you are over the age of 70 ½ by 12/31/06, have you started the required retirement account withdrawals?		
Did you receive any payout from a Long Term Care Policy during the year?		
Did you have any Qualified Tuition Program distributions during the year?		
Do you or your spouse if married have any qualified military combat pay?		
Do you own any bonds that qualify for the Renewable Energy or Gulf Bond credits?		
Did the loans on your principle residence exceed the Fair Market Value of the home?		
Do you have an home equity line of credit or loan in excess of \$100,000?		
Do you have total mortgage indebtedness in excess of \$1,000,000?		
Did you exercise any stock options?		
Did you make or were the recipient of any below market rate or interest free loans?		

Direct Deposit Information:

Bank or Financial Institution's Name	
Bank Routing Number (Found along the bottom or your check, on the leftmost)	
Account Number (Found along the bottom of your check, right of the above)	

This account is a (Check one):

Checking account	Savings account

Please do not use a checking account deposit ticket to find your Bank Routing Number, use a check itself.

Specialized Schedules for some filers:

Rental Schedule:

Property Location including the which State it is located in	
If it's a vacation home, number of days rented	
If it's a vacation home, number of day of personal use	
Business use percentage (100% is assumed)	

Rental or Royalty Income	
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Expenses:

Advertising		Repairs	
Association Dues		Supplies	
Auto Miles Driven		Property Taxes	
Cleaning and Maintenance		Travel	
Commissions		Utilities	
Insurance		Other	
Legal and professional fees			
Licenses and Permits			
Management Fees			
Mortgage Interest			
Other Interest			

For our **NEW** clients with Rental properties, we do need the prior years depreciation schedule. Most tax software provides a nice print out of this. Please include a copy of that print out, or fill out a depreciation schedule table at the end of this section. Our returning clients information is already known, so if that describes you, just provide us with any new assets added during the year.

Business Income and Expenses (Sole Proprietorship)

Principle Business or Profession	
Business Name	
Employer ID number	
Business Address	

The Business is owned by:	Taxpayer	Spouse
Check one:		

Accounting Method used:	Cash	Accrual
Check one:		

Inventory Method used:	Cost	Lower of Cost or Market	Other	Not Applicable
Check one:				

INCOME:	Amount	COST OF GOODS SOLD:	
Gross Receipts or Sales		Beginning of year inventory	
Returns and Allowances		Purchases	
Other Income		Cost of Items used Personally	
		Cost of Labor	
		Materials and Supplies	
		Other Costs	
		End of year Inventory	

EXPENSES	Amount	EXPENSES	Amount
Advertising		Other Taxes	
Bad Debts		Licenses	
Commissions and Fees		Travel	
Employee Benefits		Meals and Entertainment	
Employees Health Insurance		Utilities	
Other Insurance		Wages (Not already entered as labor)	
Mortgage Interest		Management Fees	
Other Interest		Consulting Expenses	
Legal and Accounting Fees		Payroll Service	
Office Expense		Employee Vehicle Expense	
Pension and Profit Sharing Plan		Employee Reimbursements	
Rent, Equipment		Client Gifts	
Rent, Building		Education and Seminars	

Repairs and Maintenance		Other	
Supplies			
Payroll Taxes			

Vehicle Costs for your business above:

Odometer Reading	Vehicle 1	Vehicle 2
End of Year		
Beginning of Year		
Total Miles Driven		
Business Miles		
Personal Miles		
Percent of Business Use		

Vehicle Expenses	Vehicle 1	Vehicle 2		Vehicle 1	Vehicle 2
Gas & Oil			Lease Payments		
Insurance			Licenses		
Repairs/Maintenance			Other		
Tires/Accessories			Other		
Washing/Lube			Other		

Vehicle Information	Date in Service	Make	Model	Year	Cost
Vehicle 1					
Vehicle 2					

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Farm Income & Expenses:

Principle Product	
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Accounting Method used:	Cash	Accrual
Check one:		

INCOME	Amount	INCOME	Amount
Sales of Livestock other resale items		Agricultural program payments	
Cost of above resale items		Taxable Ag program payments	
Sales of items you raised		Commodity Credit Corporation Loans	
Cooperative distributions (1099-PATR)		Crop Insurance Loans	
Taxable Co-op distributions		Custom Hire income	
Other			

EXPENSES	Amount	EXPENSES	Amount
Car and Truck Expenses		Machinery and Equipment Rental	
Chemicals		Land Rental	
Conservation Expenses		Other Rental	
Custom Hire		Repairs and Maintenance	
Employee benefit programs		Seeds and Plants Purchased	
Employee health insurance		Storage and Warehousing	
Feed Purchased		Supplies Purchased	
Fertilizers and Lime		Payroll Taxes	
Freight and Trucking		Other Taxes	
Gasoline, Fuel, Oil		Utilities	
Other Insurance		Veterinary, Breeding and Medicine	
Mortgage Interest		Other	
Other Interest			
Labor Hired			
Legal and Professional			
Pension and Profit Sharing Plans			

Depreciation Schedule for our NEW clients only:

Please identify what business or rental property the following schedule relates to:	
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Asset	Date acquired	Cost or other Basis	Depreciation Method	Prior Depreciation

If you are a new client of ours, your prior accountant generally has the above information.

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Asset	Date acquired	Cost or other Basis	Depreciation Method	Prior Depreciation

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