

TAX ORGANIZER

Dear ,

Enclosed is your Tax Organizer for tax year 2012.

Your Organizer contains several sections that include common expenses and deductions that many taxpayers overlook. Please review these sections carefully. Depending upon your tax bracket, you may save as much as \$35 for each \$100 in deductible expenses you find in your 2012 records.

If our firm prepared your return last year, your prior year amounts are included in the Prior Year Amount column of your Organizer. Use this information to help you remember the types of income and deductions you reported last year.

To complete the Organizer, enter all relevant information in the designated areas on each page. Please add any notes or questions that will help us prepare a complete and accurate return for you and to plan with you how to manage your tax situation in future years.

If you answer 'Yes' to any of the General Business and Investment questions, please provide detailed information with your answer.

When you send me the completed Organizer, please also send copies of any of the following that apply to your tax situation:

- Last year's tax return (if not in our possession)
- Form(s) W-2
- Schedule(s) K-1 from partnerships, S-corporations, estates or trusts
- Information about contributions to a pension or other retirement plan if this is the first year you received income from the plan
- Form(s) 1099 or statements reporting dividend, interest, retirement or other income
- Broker statements providing details of capital gains transactions
- Form(s) 1098 and copies of real estate tax bills, etc.
- Legal documents pertaining to the sale or purchase of real property

If you have any questions, please give us a call.

Sincerely,

General Information

Taxpayer

First Name
Middle Initial
Last Name
Suffix
Social Security Number
Date of Birth

Spouse

First Name
Middle Initial
Last Name
Suffix
Social Security Number
Date of Birth

Check ("X") which phone number to list on return.

Home Phone
Work Phone
Cell Phone
Fax Number

Home Phone
Work Phone
Cell Phone
Fax Number

Legally Blind
Totally Disabled
Claimed as a Dependent
Presidential Election Fund (\$3)

Legally Blind
Totally Disabled
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Occupation
E-mail address

Occupation
E-mail address

State of Residence as of 12/31
County of Residence as of 12/31
School District as of 12/31

State of Residence as of 12/31
County of Residence as of 12/31
School District as of 12/31

Sales tax rate of locality in 2012 %
If Part Year, Period of Residency to

Sales tax rate of locality in 2012 %
If Part Year, Period of Residency to

Filing Status

Status on 2011 return :

Status as of 12/31/2012 :
Enter ("X") in the box

- 1 Single
- 2 Married filing joint
- 3 Married filing separately
(Enter spouse's name and SSN above)
- 4 Head of Household Non-dependent name: _____
Non-dependent SSN: _____
- 5 Qualifying widow(er) with minor child Year spouse died _____

Address

Street _____ Apt/Suite : _____

City _____ State _____ Zip Code _____

If address is in a foreign country, enter that country

Foreign province/county Foreign postal code _____

If a bona fide resident of a U.S. territory, enter territory

Questions (Cont.)

If any of the following items apply to you or your spouse, please "X" the appropriate box and if possible, include details.

Yes No

- | | | | |
|--------------------------|--------------------------|----|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 35 | Did you convert a traditional IRA to a Roth IRA? |
| <input type="checkbox"/> | <input type="checkbox"/> | 36 | Did you exchange any securities or investments for something other than cash? |
| <input type="checkbox"/> | <input type="checkbox"/> | 37 | Do you have any short sales, commodity sales, or straddles? |
| <input type="checkbox"/> | <input type="checkbox"/> | 38 | Did you receive Form 2439? |
| <input type="checkbox"/> | <input type="checkbox"/> | 39 | Did you buy or sell any bonds? |
| <input type="checkbox"/> | <input type="checkbox"/> | 40 | Did you receive stock from a stock bonus plan with your employer? |
| <input type="checkbox"/> | <input type="checkbox"/> | 41 | Did you sell any other personal assets at a gain? |
| <input type="checkbox"/> | <input type="checkbox"/> | 42 | Did you sell any real estate (other than your home) during the year? |
| <input type="checkbox"/> | <input type="checkbox"/> | 43 | Did you sell any assets using the installment method? |
| <input type="checkbox"/> | <input type="checkbox"/> | 44 | Did you receive proceeds from a prior year installment sale? |
| <input type="checkbox"/> | <input type="checkbox"/> | 45 | Did you purchase a rental property? |
| <input type="checkbox"/> | <input type="checkbox"/> | 46 | Did you exchange any property for other property? |
| <input type="checkbox"/> | <input type="checkbox"/> | 47 | Did you receive any income not reported in this Organizer? |

Business and Rental Property Income

Yes No

- | | | | |
|--------------------------|--------------------------|----|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 48 | If you own rental property, do you qualify as a Real Estate Professional? |
| <input type="checkbox"/> | <input type="checkbox"/> | 49 | Did you start or acquire a new business? |
| <input type="checkbox"/> | <input type="checkbox"/> | 50 | Did you sell any part of an existing business, or sell business assets? |
| <input type="checkbox"/> | <input type="checkbox"/> | 51 | Did you cease operating any business or rental property? |
| <input type="checkbox"/> | <input type="checkbox"/> | 52 | Did you remove any of your business assets for personal use? |

Business and Rental Property Deductions

Yes No

- | | | | |
|--------------------------|--------------------------|----|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 53 | Did you use part of your home for business purposes? |
| <input type="checkbox"/> | <input type="checkbox"/> | 54 | Did you make any contributions to a Keogh or a self-employed SEP plan for 2012? |
| <input type="checkbox"/> | <input type="checkbox"/> | 55 | Do you pay for any health or long term care insurance through your business? |
| <input type="checkbox"/> | <input type="checkbox"/> | 56 | If you or your spouse are self-employed, are either of you covered under an employer's health plan? |
| <input type="checkbox"/> | <input type="checkbox"/> | 57 | Did you purchase any furniture or equipment for your business? |

Other Deductions

Yes No

- | | | | |
|--------------------------|--------------------------|----|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 58 | Did you make any contributions, or plan to make contributions, to a traditional or Roth IRA for 2012? |
| <input type="checkbox"/> | <input type="checkbox"/> | 59 | Did you make any contributions to HSA (Health Savings Account) in 2012? |
| <input type="checkbox"/> | <input type="checkbox"/> | 60 | Did you use your car on the job (other than to and from work)? |
| <input type="checkbox"/> | <input type="checkbox"/> | 61 | Did you work out of town for part of the year? |
| <input type="checkbox"/> | <input type="checkbox"/> | 62 | Did you incur any travel and entertainment expenses for business purposes? |
| <input type="checkbox"/> | <input type="checkbox"/> | 63 | Did you pay expenses for the care of your child or other dependent so you could work? |
| <input type="checkbox"/> | <input type="checkbox"/> | 64 | Did you lose property or have damage to a property due to a casualty, theft, or condemnation? |
| <input type="checkbox"/> | <input type="checkbox"/> | 65 | Did any security become worthless during 2012? |
| <input type="checkbox"/> | <input type="checkbox"/> | 66 | Did any debts become uncollectible during 2012? |
| <input type="checkbox"/> | <input type="checkbox"/> | 67 | Did you purchase a 'clean fuel' or electric hybrid vehicle in 2012? |
| <input type="checkbox"/> | <input type="checkbox"/> | 68 | Did you contribute less than an entire interest in any property to charity? |
| <input type="checkbox"/> | <input type="checkbox"/> | 69 | Did you refinance a mortgage or take out a home equity loan during 2012? |
| <input type="checkbox"/> | <input type="checkbox"/> | 70 | Did you incur moving expenses during the year due to a change of employment? |
| <input type="checkbox"/> | <input type="checkbox"/> | 71 | Did you pay any educational tuition or fees for you or a dependent? |
| <input type="checkbox"/> | <input type="checkbox"/> | 72 | Did you pay any student loan interest? |
| <input type="checkbox"/> | <input type="checkbox"/> | 73 | Did you make any federal or state estimated payments? |
| <input type="checkbox"/> | <input type="checkbox"/> | 74 | Did you have a certain trade or business from which you figured your domestic production activities deduction? |

Name _____

SSN _____

Wages and Retirement Income

W-2 Information

Enter "X"
if spouse

W-2	Employer's Name	Box 1 Wages, Tips Other Comp	Box 2 Federal Income Tax Withheld	Box 16 State Wages	Box 17 State Income Tax Withheld
<input type="checkbox"/>	1				
<input type="checkbox"/>	2				
<input type="checkbox"/>	3				
<input type="checkbox"/>	4				
<input type="checkbox"/>	5				
<input type="checkbox"/>	6				
<input type="checkbox"/>	7				
<input type="checkbox"/>	8				
<input type="checkbox"/>	9				
<input type="checkbox"/>	10				
<input type="checkbox"/>	11				
<input type="checkbox"/>	12				
<input type="checkbox"/>	13				
<input type="checkbox"/>	14				
<input type="checkbox"/>	15				

1099-R Information

	Payer's Name	Box 1 Gross Distribution	Box 4 Federal Income Tax Withheld	Box 14 State Distribution	Box 12 State Income Tax Withheld
<input type="checkbox"/>	1				
<input type="checkbox"/>	2				
<input type="checkbox"/>	3				
<input type="checkbox"/>	4				
<input type="checkbox"/>	5				
<input type="checkbox"/>	6				
<input type="checkbox"/>	7				
<input type="checkbox"/>	8				
<input type="checkbox"/>	9				
<input type="checkbox"/>	10				
<input type="checkbox"/>	11				
<input type="checkbox"/>	12				
<input type="checkbox"/>	13				
<input type="checkbox"/>	14				
<input type="checkbox"/>	15				

Name _____

SSN _____

Interest Income

Please provide copies of all Form 1099-INT or other statements reporting interest income.

* F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint.

*F/S/J	Payer		Taxable Interest Income		Tax Exempt Interest		Specified Priv Act Interest	
			Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount
<input type="checkbox"/>	1	.....	1					
<input type="checkbox"/>	2	.....	2					
<input type="checkbox"/>	3	.....	3					
<input type="checkbox"/>	4	.....	4					
<input type="checkbox"/>	5	.....	5					
<input type="checkbox"/>	6	.....	6					
<input type="checkbox"/>	7	.....	7					
<input type="checkbox"/>	8	.....	8					
<input type="checkbox"/>	9	.....	9					
<input type="checkbox"/>	10	.....	10					
<input type="checkbox"/>	11	.....	11					
<input type="checkbox"/>	12	.....	12					
<input type="checkbox"/>	13	.....	13					
<input type="checkbox"/>	14	.....	14					
<input type="checkbox"/>	15	.....	15					
<input type="checkbox"/>	16	.....	16					
<input type="checkbox"/>	17	.....	17					
<input type="checkbox"/>	18	.....	18					
<input type="checkbox"/>	19	.....	19					
<input type="checkbox"/>	20	.....	20					

Dividend Income

Please provide copies of all Form 1099-DIV or other statements reporting dividend income.

* F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint.

*F/S/J	Payer		Ordinary Dividends		Qualified Dividends		Capital Gains	
			Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount
<input type="checkbox"/>	1	.....	1					
<input type="checkbox"/>	2	.....	2					
<input type="checkbox"/>	3	.....	3					
<input type="checkbox"/>	4	.....	4					
<input type="checkbox"/>	5	.....	5					
<input type="checkbox"/>	6	.....	6					
<input type="checkbox"/>	7	.....	7					
<input type="checkbox"/>	8	.....	8					
<input type="checkbox"/>	9	.....	9					
<input type="checkbox"/>	10	.....	10					
<input type="checkbox"/>	11	.....	11					
<input type="checkbox"/>	12	.....	12					
<input type="checkbox"/>	13	.....	13					
<input type="checkbox"/>	14	.....	14					
<input type="checkbox"/>	15	.....	15					
<input type="checkbox"/>	16	.....	16					
<input type="checkbox"/>	17	.....	17					
<input type="checkbox"/>	18	.....	18					
<input type="checkbox"/>	19	.....	19					
<input type="checkbox"/>	20	.....	20					

Name _____

SSN _____

Business _____

Self-Employed Business Expenses Cont. (Schedule C)

Expenses		Current Year Amount	Prior Year Amount
25	Advertising	25	
26	Contract labor	26	
27	Commissions and fees	27	
28	Depletion	28	
29	Employee benefit programs (other than on line 35)	29	
30	Insurance (other than health)	30	

Interest:

31	Mortgage (paid to banks, etc.)	31	
32	Other	32	

33	Legal and professional services	33	
34	Office expense	34	
35	Pension and profit-sharing plans	35	

Rent or Lease:

36	Machinery rental or lease	36	
37	Equipment rental or lease	37	
38	.....	38	
39	.....	39	
40	.....	40	
	Other business property rental or lease		
41	.....	41	
42	.....	42	
43	.....	43	

44	Repairs and maintenance	44	
45	Supplies (not included in inventory cost of goods sold)	45	
46	Taxes and licenses	46	

Travel, Meals, and Entertainment:

Travel

47	.....	47	
48	.....	48	
49	.....	49	
50	.....	50	

Meals and entertainment

51	Enter "X" in the box if subject to DOT hours of service limits	51	<input type="checkbox"/>	<input type="checkbox"/>
52	.....	52		
53	.....	53		
54	.....	54		
55	.....	55		

56	Utilities	56	
57	Wages	57	

Other Expenses

58	.....	58	
59	.....	59	
60	.....	60	
61	.....	61	
62	.....	62	
63	.....	63	
64	.....	64	
65	.....	65	
66	.....	66	

Name _____

SSN _____

Sale of Stocks, Bonds, Real Estate, and Other Non-Business Assets

* F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint.

*F/S/J	Description	Date Acquired	Date Sold	Gross Sales Price (Less expenses of sale)	Cost or Other Basis
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
32					
33					
34					
35					
36					
37					
38					
39					
40					
41					
42					
43					
44					
45					

Name _____

SSN _____

Installment Sale Income

New Sale (Only)

Note: If the property was sold this year complete the New Sale section.

Description	Selling price including mortgages DO NOT include interest	Mortgages the buyer assumed	Cost or other basis of property	Commissions and other expenses of sale
1
2
3
4
5
6

Description	Date Acquired	Date Sold	Interest	Principal
1
2
3
4
5
6

Prior Year Sale (Only)

Note: If the property was sold in a previous year complete the Prior Year Sale section below.

Description	Date Acquired	Date Sold	Payments Received in 2012	
			Interest	Principal
1
2
3
4
5
6

Description	Gross profit percentage	Payments received in prior years (DO NOT include interest)
1
2
3
4
5
6

Name _____

SSN _____

Adoption Expenses

1 Provide the Following Information on Each Eligible Child

	First Name Last Name		Child's Year of Birth	Enter "X" if Child Was:			Child's Identifying Number (SSN or ATIN)
				Born BEFORE 1995 and Disabled	A Child With Special Needs	A Foreign Child	
1st Child				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2nd Child				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3rd Child				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4th Child				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

- 2 Expenses you paid in 2011.
- 3 Expenses you paid in 2012, if the adoption was final in 2012.
- 4 Expenses you paid in 2012, if the adoption was final before 2012.

	1st Child	2nd Child	3rd Child	4th Child

Enter "X" in the appropriate box

- 5 Did you receive Employer-Provided-Adoption-Benefits in a prior year? Yes No