

# TAX ORGANIZER

**Accurate Accounting Consulting**  
**Telephone: 415-602-4286**  
**Fax: 415-586-8888; e-mail: jennysu@jj-tax.com**

( If you are a new client, please send a copy of last years tax return)

**FOR TAX YEAR \_\_\_\_\_**

Your Name	S.S. #     -     -	Birthdate   /   /
Spouses Name	S.S. #     -     -	Birthdate   /   /
Mailing Address	Home Phone Number (   )     -	Work or Cell Phone Number (   )     -
E-mail Address		

## DEPENDENTS

NAME	S.S. #	D.O.B.	RELATIONSHIP

Was there anyone else you contributed support, that resides in the U.S., Canada or Mexico?

NAME	S.S. #	D.O.B.	RELATIONSHIP	% SUPPORTED	INCOME OF PERSON
					\$
					\$

## CHILD OR DEPENDENT CARE

Did you pay a baby-sitter last year?

NAME OF SITTER	S.S. #	ADDRESS	AMT. PD.
			\$
			\$

If your sitter is an adult & works in your home, you are required to file W-2 forms by January 31. If you want us to prepare these forms contact us right away.

## ESTIMATED TAXES

CREDIT FROM PRIOR YEAR'S VOUCHER PAYMENTS	FIRST QUARTER (APRIL 15)	SECOND QUARTER (JUNE 15)	THIRD QUARTER (SEPT. 15)	FOURTH QUARTER (JAN. 15)	TOTAL FOR YEAR
Federal \$	\$	\$	\$	\$	\$
State \$	\$	\$	\$	\$	\$

# INCOME

1. Wages, Salaries, Tips, Etc. (Attach W-2s)
2. Interests from Banks & Financial Institutions (Attach 1099 Int)
3. Interest income from Seller-Financed Mortgages & Individuals

NAME	AMOUNT	NAME	AMOUNT
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____

Did you sell or turn in any U.S. Savings Bonds?    YES  NO

If yes, Please list information: \_\_\_\_\_

Did you have any foreign bank accounts?    YES  NO

If yes and balance is over \$10,000, please list the bank name and account number

Did you have any penalties on Early Withdrawal of Savings Certificates?    YES  NO

If yes, list or attach information \_\_\_\_\_

4. Dividends: (Attach 1099Div's) Capital Gain Distributions: (Attach 1099B's and Broker's realized gain and loss statement)

5. Education Distributions: (Attach 1099Q's)

6. Pensions Distribution: (Attach 1099Rs)

7. Did you **Contribute** to your pension plan? \_\_\_\_\_ If yes, have you already recovered your contribution? \_\_\_\_\_

Did you have any **Rollovers**? \_\_\_\_\_ If yes, Attach 1099 Distribution & Rollover papers

8. **Alimony**: How much did you receive / pay? \$ \_\_\_\_\_. Name \_\_\_\_\_; SSN \_\_\_\_\_

## OTHER INCOME

Estate & Trusts	\$ _____	(Attach K-1s)	Jury Duty	\$ _____
S-Corporations	\$ _____	(Attach K-1s)	Other	\$ _____
Partnerships	\$ _____	(Attach K-1s)	Other	\$ _____

Did you have any tips that you did not report to your employer? If not reported, how much did you receive? \$ \_\_\_\_\_

Prizes & Awards \$ \_\_\_\_\_ State Tax Refund \$ \_\_\_\_\_ Unemployment Compensation \$ \_\_\_\_\_

Lump Sum Distributions \$ \_\_\_\_\_ (Attach 1099R's) Gambling Winnings (Attach W-2 G's) \$ \_\_\_\_\_

### Gains & Losses from Sale of Property, Stock, Etc. (Attach 1099 B's)

Description	Date Bought	Date Sold	Sale Price	Cost & Expense	Gain or Loss
_____	___/___/___	___/___/___	\$ _____	\$ _____	\$ _____
_____	___/___/___	___/___/___	\$ _____	\$ _____	\$ _____
_____	___/___/___	___/___/___	\$ _____	\$ _____	\$ _____

**SALE OF RESIDENCE** - Please send or bring escrows statement of purchase & sale of the house. Also list improvements on old house.

### SOCIAL SECURITY

How much did you receive? \$ \_\_\_\_\_ How much did your spouse receive? \$ \_\_\_\_\_ (Attach SSA 1099s)

If you paid any individuals or Partnership \$600.00 or more for rent or services for business purposes, you are required to file 1099s prior to February 28th. If you would like us to prepare these, please contact us right away.

## BUSINESS INCOME / BUSINESS EXPENSES (FOR SELF EMPLOYED)

What is the main business activity? \_\_\_\_\_

Business Name \_\_\_\_\_

Business Address \_\_\_\_\_

**HOW MUCH IS YOUR GROSS BUSINESS INCOME ?** \$ \_\_\_\_\_ (Attach 1099 Miscs)

**How many total mailes did you drive?** \_\_\_\_\_, **How many for business miles?** \_\_\_\_\_

<table border="0" style="width: 100%;"> <tr><td>Merchandise</td><td>\$ _____</td></tr> <tr><td>Costs of Goods</td><td>\$ _____</td></tr> <tr><td>Materials &amp; Supplies</td><td>\$ _____</td></tr> <tr><td>Advertising</td><td>\$ _____</td></tr> <tr><td>Bad Debts</td><td>\$ _____</td></tr> <tr><td>Car &amp; Truck Expense</td><td>\$ _____</td></tr> <tr><td>Commissions</td><td>\$ _____</td></tr> <tr><td>Insurance (other than health)</td><td>\$ _____</td></tr> <tr><td>Mortgage Interest</td><td>\$ _____</td></tr> <tr><td>Other Interest Paid</td><td>\$ _____</td></tr> <tr><td>Legal &amp; Professional Fees</td><td>\$ _____</td></tr> <tr><td>Office Expenses</td><td>\$ _____</td></tr> <tr><td>Rent on Business Property</td><td>\$ _____</td></tr> <tr><td>Equipment Rentals</td><td>\$ _____</td></tr> <tr><td>Repairs</td><td>\$ _____</td></tr> <tr><td>Supplies</td><td>\$ _____</td></tr> </table>	Merchandise	\$ _____	Costs of Goods	\$ _____	Materials & Supplies	\$ _____	Advertising	\$ _____	Bad Debts	\$ _____	Car & Truck Expense	\$ _____	Commissions	\$ _____	Insurance (other than health)	\$ _____	Mortgage Interest	\$ _____	Other Interest Paid	\$ _____	Legal & Professional Fees	\$ _____	Office Expenses	\$ _____	Rent on Business Property	\$ _____	Equipment Rentals	\$ _____	Repairs	\$ _____	Supplies	\$ _____	<table border="0" style="width: 100%;"> <tr><td>Real Estate Taxes</td><td>\$ _____</td></tr> <tr><td>Other Taxes &amp; Licenses</td><td>\$ _____</td></tr> <tr><td>Travel (no meals)</td><td>\$ _____</td></tr> <tr><td>Meals &amp; Entertainment</td><td>\$ _____</td></tr> <tr><td>Utilities &amp; Telephone</td><td>\$ _____</td></tr> <tr><td>Wages &amp; Salaries</td><td>\$ _____</td></tr> <tr><td>Bank Service Charges</td><td>\$ _____</td></tr> <tr><td>Tools</td><td>\$ _____</td></tr> <tr><td>Uniforms</td><td>\$ _____</td></tr> <tr><td>Safety Items</td><td>\$ _____</td></tr> <tr><td>Freight &amp; Shipping</td><td>\$ _____</td></tr> <tr><td>Dues &amp; Publications</td><td>\$ _____</td></tr> <tr><td>Laundry &amp; Cleaning</td><td>\$ _____</td></tr> <tr><td>(other)</td><td>\$ _____</td></tr> <tr><td>(other)</td><td>\$ _____</td></tr> <tr><td>(other)</td><td>\$ _____</td></tr> </table>	Real Estate Taxes	\$ _____	Other Taxes & Licenses	\$ _____	Travel (no meals)	\$ _____	Meals & Entertainment	\$ _____	Utilities & Telephone	\$ _____	Wages & Salaries	\$ _____	Bank Service Charges	\$ _____	Tools	\$ _____	Uniforms	\$ _____	Safety Items	\$ _____	Freight & Shipping	\$ _____	Dues & Publications	\$ _____	Laundry & Cleaning	\$ _____	(other)	\$ _____	(other)	\$ _____	(other)	\$ _____
Merchandise	\$ _____																																																																
Costs of Goods	\$ _____																																																																
Materials & Supplies	\$ _____																																																																
Advertising	\$ _____																																																																
Bad Debts	\$ _____																																																																
Car & Truck Expense	\$ _____																																																																
Commissions	\$ _____																																																																
Insurance (other than health)	\$ _____																																																																
Mortgage Interest	\$ _____																																																																
Other Interest Paid	\$ _____																																																																
Legal & Professional Fees	\$ _____																																																																
Office Expenses	\$ _____																																																																
Rent on Business Property	\$ _____																																																																
Equipment Rentals	\$ _____																																																																
Repairs	\$ _____																																																																
Supplies	\$ _____																																																																
Real Estate Taxes	\$ _____																																																																
Other Taxes & Licenses	\$ _____																																																																
Travel (no meals)	\$ _____																																																																
Meals & Entertainment	\$ _____																																																																
Utilities & Telephone	\$ _____																																																																
Wages & Salaries	\$ _____																																																																
Bank Service Charges	\$ _____																																																																
Tools	\$ _____																																																																
Uniforms	\$ _____																																																																
Safety Items	\$ _____																																																																
Freight & Shipping	\$ _____																																																																
Dues & Publications	\$ _____																																																																
Laundry & Cleaning	\$ _____																																																																
(other)	\$ _____																																																																
(other)	\$ _____																																																																
(other)	\$ _____																																																																

### INCOME FROM PROPERTY RENTAL

	RENTAL 1	RENTAL 2	RENTAL 3
<b>Rents Received (Attach all 1099s)</b>	\$ _____	\$ _____	\$ _____
Advertising Costs	\$ _____	\$ _____	\$ _____
Association Dues	\$ _____	\$ _____	\$ _____
Auto & Travel	\$ _____	\$ _____	\$ _____
Cleaning & Maintenance	\$ _____	\$ _____	\$ _____
Commissions	\$ _____	\$ _____	\$ _____
Gardening	\$ _____	\$ _____	\$ _____
Insurance	\$ _____	\$ _____	\$ _____
Legal & Professional Fees	\$ _____	\$ _____	\$ _____
Licenses & Permits	\$ _____	\$ _____	\$ _____
Management Fees	\$ _____	\$ _____	\$ _____
Miscellaneous	\$ _____	\$ _____	\$ _____
Mortgage Interest	\$ _____	\$ _____	\$ _____
Other Interest Paid	\$ _____	\$ _____	\$ _____
Painting & Decorating	\$ _____	\$ _____	\$ _____
Painting Equipment ( brushes, ladders, etc. )	\$ _____	\$ _____	\$ _____
Pest Control	\$ _____	\$ _____	\$ _____
Plumbing & Electrical	\$ _____	\$ _____	\$ _____
Repairs	\$ _____	\$ _____	\$ _____
Supplies	\$ _____	\$ _____	\$ _____
Cleaning Supplies	\$ _____	\$ _____	\$ _____
Tools	\$ _____	\$ _____	\$ _____
Taxes	\$ _____	\$ _____	\$ _____
Telephone	\$ _____	\$ _____	\$ _____
Utilities	\$ _____	\$ _____	\$ _____
Wages & Salaries	\$ _____	\$ _____	\$ _____
Other (list)	\$ _____	\$ _____	\$ _____
Other (list)	\$ _____	\$ _____	\$ _____
Other (list)	\$ _____	\$ _____	\$ _____

## RENTAL INCOME (continued)

What type of property is the rental? (i.e. four bedroom house, warehouse, trailer park, etc.)

RENTAL 1 \_\_\_\_\_ RENTAL 2 \_\_\_\_\_ RENTAL 3 \_\_\_\_\_

What is rental property address?

RENTAL 1 \_\_\_\_\_ RENTAL 2 \_\_\_\_\_ RENTAL 3 \_\_\_\_\_

When did you purchase your rental property? (Mm/Yy)

RENTAL 1..... / / RENTAL 2..... / / RENTAL 3 ..... / /

How much did the rental property cost you?

RENTAL 1 \$ \_\_\_\_\_ RENTAL 2 \$ \_\_\_\_\_ RENTAL 3 \$ \_\_\_\_\_

Did you have any Farm Rental Income? \_\_\_\_\_ If yes, attach information. Did you have any Royalties? \_\_\_\_\_ If yes, attach information & 1099s. Did you receive an Education Distribution? \_\_\_\_\_

## DEDUCTIONS

### MEDICAL

Medicines \$ _____	Drugs \$ _____
Transportation & Lodging \$ _____	Insurance Premiums (include Medicare) \$ _____

	Amount Paid After Insurance Reimbursement		Amount Paid After Insurance Reimbursements
Doctors: _____	\$ _____	Specialists: _____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
Dentists: _____	\$ _____	Chiropractors: _____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
Orthodontists: _____	\$ _____	Clinics: _____	\$ _____
_____	\$ _____	_____	\$ _____
Practitioners: _____	\$ _____	Hospitals: _____	\$ _____
_____	\$ _____	_____	\$ _____

Prenatal Care \$ _____	Postnatal \$ _____
Eyeglasses \$ _____	Hearing Aids \$ _____
X-Rays \$ _____	Lab Fees \$ _____
Medical Lodging \$ _____	Bandages \$ _____
Therapy Equipment \$ _____	Crutches \$ _____
Medical Supplies & Appliances \$ _____	Diabetic Expense \$ _____
Prosthesis Expense \$ _____	Therapy Pool \$ _____
Required Air Conditioning Expense \$ _____	Electrical Expense \$ _____
Repairs & Filters \$ _____	Stop Smoking Expense \$ _____

### TAXES

Did you pay State Taxes last year? \_\_\_\_\_ How much? \$ \_\_\_\_\_ Did you pay State Taxes last year for prior years? \_\_\_\_\_ How much? \$ \_\_\_\_\_ Did you pay Sales Taxes on Major Purchases last Year? \_\_\_\_\_ How much? \$ \_\_\_\_\_

Auto License Fees \$ _____	Auto Sales Tax \$ _____
Real Estate Taxes \$ _____	Property Taxes \$ _____
Irrigation Taxes \$ _____	Personal Property Taxes \$ _____
Boat Taxes \$ _____	Other Taxes \$ _____

Did you buy any cars, boats, motorcycles, R.V.s, trailers, mobile homes, airplanes, etc.? \_\_\_\_\_ (Attach Information.)

## DEDUCTIONS (CONTINUED)

**INTEREST:** (Attach all 1098s)

1ST HOME	NAME	AMOUNT	2ND HOME	NAME	AMOUNT
1 <sup>st</sup> Mortgages.....	_____	\$ _____	1 <sup>st</sup> Mortgages.....	_____	\$ _____
2nd Mortgage..	_____	\$ _____	2nd Mortgage...	_____	\$ _____
Late Charges.....	_____	\$ _____	F.H.A. Charges	_____	\$ _____
Mortgage Insurance...	_____	\$ _____	Real Estate Loan Fees	_____	\$ _____
Loan Balance	_____	\$ _____	Points .....	_____	\$ _____

**CONTRIBUTIONS**

Churches	\$ _____	Payroll Deductions	\$ _____
Missions	\$ _____	Youth Programs	\$ _____
Evangelists	\$ _____	Muscular Dystrophy	\$ _____
Bazaar	\$ _____	Salvation Army	\$ _____
Public Schools	\$ _____	County Fairs	\$ _____
Jaycees	\$ _____	Boy - Girl Scouts	\$ _____
Heart Fund	\$ _____	Xmas / Easter Seals	\$ _____
Cancer Fund	\$ _____	United Way	\$ _____

Did you donate any non - cash items such as food or used clothing? Please list description and value: \_\_\_\_\_

**MISCELLANEOUS**

Union Dues	\$ _____	Spouse Dues	\$ _____
Tax Preparer Fee	\$ _____	Audit Fees	\$ _____
Extension Fees	\$ _____	Business Dues	\$ _____
Books & Publications	\$ _____	Safety Items	\$ _____
Fire Retardant Clothing	\$ _____	Safety Boots	\$ _____
Protective Eye Wear	\$ _____	Mosquito Spray	\$ _____
Gloves	\$ _____	Work Watch	\$ _____
Tools	\$ _____	Flashlights	\$ _____
Batteries	\$ _____	Water Jugs	\$ _____
Uniforms	\$ _____	Telephone for Business	\$ _____
Cleaning	\$ _____	Protective Headgear	\$ _____
Investment Expense	\$ _____	Sales & Promo Costume	\$ _____
Adoption Expense	\$ _____	Safety Deposit Box	\$ _____
Record Keeping Costs	\$ _____	Safety Glasses	\$ _____
Other ( list )	\$ _____	Other ( list )	\$ _____

**CONTINUED EDUCATION & 1ST TWO YEARS COLLEGE STUDENT CREDIT**

<b>Name of Student</b>	_____		
Name of Institution	_____	Travel Expense	\$ _____
Education Purpose	_____	Tuition Expense	\$ _____
Dates Attended	_____	Supplies Expense	\$ _____

<b>Name of Student</b>	_____		
Name of Institution	_____	Travel Expense	\$ _____
Education Purpose	_____	Tuition Expense	\$ _____
Dates Attended	_____	Supplies Expense	\$ _____

## EMPLOYEE BUSINESS EXPENSE

Did you use your personal vehicle to run errands, chase parts, carry job tools, etc. for your employer? Include Job Hunting.  
Please explain : \_\_\_\_\_

How many miles did you drive for the year ? \_\_\_\_\_ How many miles did you drive for business ? \_\_\_\_\_

Description of vehicle: Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_

Did you purchase an automobile last year ? \_\_\_\_\_ Please enclose purchase papers.

Auto License Fee \$ \_\_\_\_\_  
Auto Interest \$ \_\_\_\_\_

Auto Sales Tax \$ \_\_\_\_\_  
Parking & Tolls \$ \_\_\_\_\_

### OPTIONAL

Oil & Lubrication \$ \_\_\_\_\_  
Washing & Polishing \$ \_\_\_\_\_  
Repairs \$ \_\_\_\_\_  
Fuel \$ \_\_\_\_\_

Auto Club \$ \_\_\_\_\_  
Tires, Batteries, Etc. \$ \_\_\_\_\_  
Insurance \$ \_\_\_\_\_  
Other ( list ) \$ \_\_\_\_\_

### TRAVEL & EXPENSES OTHER THAN AUTO

Plane & Rail Fares \$ \_\_\_\_\_  
Taxi & Public Transit \$ \_\_\_\_\_  
Lodging \$ \_\_\_\_\_  
Telephone, Fax, Postage \$ \_\_\_\_\_  
Laundry & Cleaning \$ \_\_\_\_\_

Bus Fares \$ \_\_\_\_\_  
Car Rentals \$ \_\_\_\_\_  
Meals \$ \_\_\_\_\_  
Tips & Baggage Charge \$ \_\_\_\_\_  
Other ( list ) \$ \_\_\_\_\_

### SALES EXPENSE

Lunches, Dinners, Etc. \$ \_\_\_\_\_  
Organization Dues \$ \_\_\_\_\_  
Stationary & Postage \$ \_\_\_\_\_  
Long Distance Phone \$ \_\_\_\_\_

Show & Event Tickets \$ \_\_\_\_\_  
Gifts \$ \_\_\_\_\_  
Basic Phone \$ \_\_\_\_\_  
Other ( list ) \$ \_\_\_\_\_

Did you move last year? \_\_\_\_\_ How many miles did you move? \_\_\_\_\_ Date Moved \_\_\_\_/\_\_\_\_/\_\_\_\_

Transportation Cost \$ \_\_\_\_\_ Storage Cost \$ \_\_\_\_\_ Travel & Lodging \$ \_\_\_\_\_

How much were you reimbursed that was not included in your wages? \$ \_\_\_\_\_

Did you or your spouse contribute to a REGULAR IRA, ROTH IRA, SIMPLE or KEOGH ? \$ \_\_\_\_\_

Do you or your spouse have a retirement plan at work ? \_\_\_\_\_

Did you pay alimony ? \_\_\_\_\_ How much ? \_\_\_\_\_

Recipients Name & S. S. # \_\_\_\_\_

---

### DECLARATION :

**I have provided the information on this form to the best of my knowledge and hereby declare it is complete and ready for the preparation of my/our income tax returns. Where business deductions shown, I acknowledge having spent these amounts and have kept a log or diary of such activities, pursuant to section 274(a) and can fully substantiate such deductions.**

\_\_\_\_\_  
**TAXPAYER SIGNATURE (must be signed)**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**SPOUSE SIGNATURE**

\_\_\_\_\_  
**DATE:**