

TAX ORGANIZER

TO:

FROM: RICK HANN, CPA, LLC
4100 N MULBERRY DRIVE, SUITE 109
KANSAS CITY MO 64116
816/891-8222

Here is your Tax Organizer for 2009. Completing your Organizer helps us prepare your return more efficiently.

The Organizer contains several sections that include common expenses and deductions that many taxpayers overlook. Please review these carefully. Each \$100 of deductible expense you find in your 2009 records may save you up to \$35 in federal and state income taxes.

Enter all relevant information in the designated areas on each page. Feel free to add any notes or questions that might help us find ways to reduce your taxes. If you need to include additional information or ask additional questions, use the back of a page or attach additional pages.

Please provide detailed information if you answer 'Yes' to any of the General or Business and Investment questions.

Please bring or mail copies of the following, if applicable, with your completed Organizer:

- 2008 tax returns (if not in our possession)
- Original Form[s] W-2
- Schedule[s] K-1 from partnerships, S-corporations, estates or trusts
- Information about your 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
- Form[s] 1098 or copies of real estate tax bills and mortgage interest statements
- Legal documents pertaining to the sale or purchase of real property.

Thank you for providing this information. Please call if we can be of any further assistance to you.

TAX ORGANIZER

Basic Taxpayer Information

	First Name	Initial	Last Name	Suffix	Social Security No.
Taxpayer					
Spouse					

	Occupation	Date of Birth	Check if		
			Disabled	Blind	Dependent of Another
Taxpayer					
Spouse					

Street Address		Phone Res:	
City, State & Zip		Phone Work:	
E-mail Address		Cell Phone:	

School District _____

Filing Status 1 - Single; 2 - Married filing joint; 3 - Married filing separate; 4 - Head of Household; 5 - Qualifying Widower

Dependent Information

	First Name	Last Name	Social Sec. No.	Relationship	Months in home	Date of Birth	Disabled or full time student
1							
2							
3							
4							
5							
6							

Wages and Salaries

	Employer Name	Wages	Federal Tax Withheld	FICA Withheld	Medicare Withheld	State Tax Withheld	Local Tax Withheld
1							
2							
3							
4							
5							
6							

Pensions and IRAs

	Payer's Name	Gross Distribution	Taxable Distribution	Federal Tax Withheld	IRA
1					
2					
3					
4					

Attestation and Signature:

To the best of my knowledge the enclosed information is correct and includes all income, deductions, and other information necessary for the preparation of this year's income tax returns for which I have adequate records.

Sign _____ Date _____

here _____ Date _____

General Questions

Please check if "Yes" and provide documentation, if possible.

- | | |
|--------------------------|--|
| <input type="checkbox"/> | 1. Has your marital status changed? |
| <input type="checkbox"/> | 2. Have you been notified by the IRS of changes to a prior year's return, or received any other tax correspondence? |
| <input type="checkbox"/> | 3. Are you being claimed as a dependent by another person? |
| <input type="checkbox"/> | 4. Are there any changes in the dependent information from the prior year? |
| <input type="checkbox"/> | 5. Did you have any children under the age of 19 (or 24 if a full time student) who received more than \$950 in investment income? |
| <input type="checkbox"/> | 6. Do you have dependents who are neither U.S. citizens nor U.S. residents? |
| <input type="checkbox"/> | 7. Did you provide over half of the support for another person (or persons) during the year? |
| <input type="checkbox"/> | 8. Did you purchase or sell a principal residence? |
| <input type="checkbox"/> | 9. Did you receive payments from a pension or profit sharing plan? |
| <input type="checkbox"/> | 10. Did you receive any distributions from an IRA or other qualified plan? |
| <input type="checkbox"/> | 11. Did you receive any disability income? |
| <input type="checkbox"/> | 12. Did you receive any foreign income or pay any foreign taxes? |
| <input type="checkbox"/> | 13. Did you receive interest from a bank account or other financial account based in a foreign country? |
| <input type="checkbox"/> | 14. If you or your spouse are self-employed, are either of you covered under an employer's health plan at another job? |
| <input type="checkbox"/> | 15. Did you receive proceeds from an installment sale? |
| <input type="checkbox"/> | 16. Did you pay health insurance premiums that were NOT part of an employer's Section 125 cafeteria plan? |
| <input type="checkbox"/> | 17. Did you make gifts of over \$13,000 to an individual? |
| <input type="checkbox"/> | 18. Were there any changes to a prior year's income, deductions, or credits? |
| <input type="checkbox"/> | 19. Did your employer pay premiums on life insurance in excess of \$50,000? |
| <input type="checkbox"/> | 20. Did you receive unemployment benefits in 2009? |
| <input type="checkbox"/> | 21. Did you pay any educational tuition or fees for you or a dependent? |
| <input type="checkbox"/> | 22. Did you refinance a mortgage or take out a home equity loan? |
| <input type="checkbox"/> | 23. Were any contributions made to a traditional or Roth IRA for 2009? |
| <input type="checkbox"/> | 24. Did you make any contributions to HSA (Health Savings Account) in 2009? |
| <input type="checkbox"/> | 25. Did you purchase a vehicle in 2009? |

Business and Investment Questions

- | | |
|--------------------------|--|
| <input type="checkbox"/> | 1. Did you receive stock from a stock bonus plan with your employer? |
| <input type="checkbox"/> | 2. Did you buy or sell any bonds? |
| <input type="checkbox"/> | 3. Did you surrender any U.S. savings bonds? |
| <input type="checkbox"/> | 4. Did you suffer a casualty, theft or condemnation? |
| <input type="checkbox"/> | 5. Did you receive insurance proceeds related to property damage, theft or condemnation? |
| <input type="checkbox"/> | 6. Did you start a business, purchase a rental property or farm, or acquire interests in partnerships or S-corporations? |
| <input type="checkbox"/> | 7. Did you own any investments for which you were not personally "at-risk?" |
| <input type="checkbox"/> | 8. Did you own any interest in a Real Estate Mortgage Investment Conduit (REMIC)? |
| <input type="checkbox"/> | 9. Did you sell any property or equipment on installments? |
| <input type="checkbox"/> | 10. Did you incur any business-related educational expenses? |
| <input type="checkbox"/> | 11. Did you incur any travel and entertainment expenses? |
| <input type="checkbox"/> | 12. Did you purchase any special fuels for non-highway use? |
| <input type="checkbox"/> | 13. Did you make any contributions to a Keogh or a self-employed SEP, SIMPLE or Qualified plan? |

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
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	
12	

Taxable Interest Income		Tax Exempt Interest		Specified Priv Act Interest	
Prior Year Amount	Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount	Current Year Amount

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
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	
12	

Ordinary Dividends		Qualified Dividends		Capital Gains	
Prior Year Amount	Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount	Current Year Amount

Income or Loss from Partnerships, S Corporations, and Trusts

	Name	Income	Loss	Other Expenses	Passive (Yes / No)	*P/S/T
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						

*P/S/T - enter entity type (P)artnership, (S) Corporation, (T)rust

Gains or Losses from Sales of Stocks, Securities or Other Assets

	Kind of Property and Description	Date acquired	Date sold	Sales Price	Cost or other basis
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					

Other Income

		Prior Year Amount	Current Year Taxpayer	Current Year Spouse
1	Taxable refunds of state and local income taxes			
2	Alimony received			
3	Business income or (loss) - Schedule C			
4	Other gains or (losses) - Form 4797			
5	Rents and royalties - Schedule E pg 1			
6	Farm income or (loss) - Schedule F			
7	Unemployment compensation			
8	Total social security benefits			
9	Tips			
10	Child care taxable benefits			
11	Prizes and awards			
12	Scholarships and fellowships			
13	Other income not provided for in this organizer			
14				
15				
16				

Adjustments to Income

		Prior Year Amount	Current Year Taxpayer	Current Year Spouse
1	Educator expenses			
2	Business expenses of reservists, performing artists and fee-based gov officials			
3	Health savings account deduction			
4	Moving expenses			
5	Self-employed SEP, SIMPLE, and qualified plans			
6	Penalty on early withdrawal of savings			
7	Alimony paid			
8	Your IRA deduction			
9	Spouse's IRA deduction			
10	Student loan interest			
11	Tuition and fees deduction			

Itemized Deductions

		Prior Year Amount	Current Year Amount
1a	Medical and dental expenses (other than long-term care premiums)		
1b	Long-term care premiums Taxpayer Spouse		
2	Other state and local taxes paid not reported elsewhere in this Organizer		
3	State and local sales tax paid		
4	Real estate taxes		
5	Personal property taxes		
6	Other taxes		
7	Home mortgage interest and points reported on Form 1098		
8	Home mortgage interest not reported on Form 1098 Name: Address: SSN:		
9	Home mortgage points not reported on Form 1098		
10	Qualified mortgage insurance premiums		
11	Investment interest paid		
12	Gifts to charity by cash or check		
13	Gifts to charity other than by cash or check		
14	Mileage driven to charitable activities		
15	Casualty and theft losses - Form 4684		
16	Unreimbursed employee expenses		
	Travel expenses (exclude meals)		
	Meals and entertainment		
	Parking and tolls (enter other vehicle information on Page 7)		
	Telephone used for employer's business (allocate cost)		
	Professional organization or union dues		
	Educational expenses required to maintain your job		
	Office in home required by employer		
	Tools and equipment		
	Safety and protective clothing		
	Uniform costs		
	Professional journals subscriptions		
	Job seeking costs		
	Other		
17	Other expenses		
	Investment expenses		
	Tax preparation fees		
	Safe deposit box rental		
	Other		
18	Other miscellaneous deductions		

Education Expenses

	Student's Name	Type of Expense	Year of School	Amount
1				
2				
3				
4				
5				
6				

Child or Dependent Care Expenses

	Persons or Organizations Who Provided the Care		Social Security or ID Number	Amount Paid
	Name	Address		
1				
2				
3				
4				

Vehicle Information and Expenses

	Vehicle One	Vehicle Two
1 Description of vehicle		
2 Is the vehicle used in a business or by an employee?		
3 Cost (including sales tax)		
4 Date placed in service		
5 Business miles:		
6 Commuting miles (daily commuting miles times the number of trips to work)		
7 Other personal use miles		
8 Total miles driven		
9 Gas and oil expenses		
10 Repairs and maintenance		
11 Auto insurance		
12 Registration, licenses, and fees		
13 Other auto expenses (identify)		
14 Auto rentals		

Auto Mileage Documentation

	Yes	No
1 Is another car available for personal use?		
2 Do you have evidence to support your mileage information reported above?		
3 If "Yes," is the evidence written in a log or other place?		

Business Use of Home

	Yes	No
Do you use any part of your home regularly and exclusively for business?		
Total area of home (in square feet)		
Total area used for business		
House Insurance		
Repairs and Maintenance		
Utilities		
Rent		
Property Taxes		
Mortgage Interest		
Home Equity Loan Interest		
Internet		
Phone		