

# TAX ORGANIZER

TO:

FROM:

Enclosed is your Tax Organizer for 2011. Completing your Organizer helps us prepare your return more efficiently.

Please review the Tax Organizer carefully. The Organizer contains several sections that include common expenses and deductions that many taxpayers overlook.

Enter all relevant information in the designated areas on each page. Feel free to add any notes, questions or additional information that might help us find ways to save you money.

We will be electronically filing most tax returns this year.

If you are a new client, please provide the following:

- \* Photo ID copies for both you and your spouse
- \* A copy of a voided check for direct deposit information

Existing clients will only need a copy of a voided check for direct deposit information (even if you have not changed any bank information since last year.)

Please provide detailed information if you answer 'Yes' to any of the questions.

If you are providing vehicle mileage for business or medical purposes, please indicate separately the miles driven from January through June, 2011 and July through December, 2011 since the deductible rate per mile is different for these two time frames.

Please bring your completed Organizer and any of the following that apply to you:

- Last year's tax return (if we did not prepare it)
- 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 and copies of real estate tax receipts
- Legal documents pertaining to the close of sale, refinance or purchase of real property

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 \_\_\_\_\_

Name \_\_\_\_\_

SSN \_\_\_\_\_

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

### Basic Information

- 1 Did your marital status change since last year? Date of marriage: \_\_\_\_\_ Date of divorce: \_\_\_\_\_
- 2 Are there any changes in your dependents from last year?
- 3 Did you have any children under 19 (or 24 if a full time student) who received more than \$950 in investment income?
- 4 Are all your dependents either US residents or citizens?
- 5 Did you provide over half of the support for someone you aren't claiming as a dependent?
- 6 Are you being claimed (or are eligible to be claimed) as a dependent on anyone else's return?
- 7 Were either you or your spouse in the military or National Guard?
- 8 Did you purchase or sell your principal residence?
- 9 Have you been notified by the IRS of changes to a prior year's return, or received any other tax correspondence?
- 10 Did you make gifts of more than \$13,000 to any one person?
- 11 Did you file Form 8839, Adoption Credit, in a previous year or incur adoption expenses in 2011?
- 12 Did you claim a First-time Homebuyer Credit for a home purchased in 2008?
- 13 Did you have a disposition or change in use of your main home for which you claimed the First-time Homebuyer Credit in 2008, 2009 or 2010?
- 14 Do you want to e-file your return?  Yes  No
- 15 If you are due a refund, how do you want to receive it?
- Check sent to you in the mail
- Apply to 2012
- Direct deposit (please provide a voided blank check)
- Type of account:  Checking  Savings

### Income

- 16 Did you have an interest in or signature authority over a financial account in a foreign country?
- 17 Were you the grantor of or transferor to a foreign trust?
- 18 Did you receive income from a foreign source or pay taxes to a foreign government?
- 19 Did you barter your services for goods or services from someone else?
- 20 Did you receive any tax-exempt income, such as interest or dividends from municipal bonds or a mutual fund?
- 21 Did you make a loan to someone at an interest rate below market rate?
- 22 Did you receive, or expect to receive, a Schedule K-1 from a trust, estate, partnership, or S corp?
- 23 Did you cash in any U.S. savings bonds?
- 24 Did you own an interest in a Real Estate Mortgage Investment Conduit (REMIC)?
- 25 Did you receive a state or city refund?
- 26 Did you receive disability income?
- 27 Do you have gambling winnings?
- 28 Did you receive any unemployment benefits?
- 29 During 2011, did you pay premiums for or receive payments from a Long-Term Care insurance contract?
- 30 Did you receive any distributions from a retirement plan or IRA? (If yes, attach all 1099-Rs)
- 31 Did you "roll over" a retirement plan distribution into another plan?
- 32 Did you receive Social Security benefits?

Name \_\_\_\_\_ SSN \_\_\_\_\_

**Questions (Cont)**

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

- 33 Did you convert a traditional IRA to a Roth IRA?
- 34 Did you exchange any securities or investments for something other than cash?
- 35 Did you buy or sell any bonds?
- 36 Did you receive stock from a stock bonus plan with your employer?
- 37 Did you sell any other personal assets at a gain?
- 38 Did you buy or sell any real estate (other than your home) during the year?
- 39 Did you sell any assets using the installment method?
- 40 Did you receive proceeds from a prior year installment sale?
- 41 Did you exchange any property for other property?
- 42 Did you receive any income not reported in this Organizer?

**Business and Rental Property Income**

- 43 For each rental, please indicate 1) Days rented at Fair Market Value \_\_\_\_\_ 2) Days used personally \_\_\_\_\_
- 44 If you own rental property, do you qualify as a Real Estate Professional?
- 45 Did you start or acquire a new business, farm, rental property or acquire interests in a Partnership or S Corporation?
- 46 Did you sell any part of an existing business, or sell business assets?
- 47 Did you cease operating any business or rental property?
- 48 Did you remove any of your business assets for personal use?

**Business and Rental Property Deduction**

- 49 Did you use part of your home for business purposes?
- 50 Did you make any contributions to a Keogh or a self-employed SEP plan for 2011?
- 51 Do you pay for any health or long term care insurance through your business?
- 52 If you or your spouse are self-employed, are either of you covered under an employer's health plan?
- 53 Did you purchase any furniture or equipment for your business?
- 54 Did you incur any business related educational expenses?

**Other Deductions**

- 55 Did you make any contributions, or plan to make contributions, to a traditional or Roth IRA for 2011?
- 56 Did you and/or your employer make any contributions to a Health Savings Account in 2011?
- 57 If you received distributions from a Health Savings Account, please indicate:  
1) The amount: \$ \_\_\_\_\_ 2) The amount spent for qualified medical expenses: \$ \_\_\_\_\_
- 58 If you used your car for work (other than commuting to and from work), please indicate:  
1) Miles for January through June \_\_\_\_\_ 2) Miles for July through December \_\_\_\_\_
- 59 Did you work out of town for part of the year?
- 60 Did you incur any travel and/or entertainment expenses for business purposes that were not reimbursed?
- 61 Did you pay expenses for the care of your child or other dependent so you could work?
- 62 Did you lose property or have damage to property due to a casualty, theft, or condemnation?
- 63 Did you purchase a "clean fuel" or electric hybrid vehicle in 2011?
- 64 Did you contribute less than an entire interest in any property to charity?
- 65 Did you refinance a mortgage or take out a home equity loan during 2011?
- 66 Did you incur moving expenses during the year due to a change of employment?
- 67 Did you pay any educational tuition or fees for you or a dependent?
- 68 Did you pay any student loan interest?
- 69 Did you make any federal or state estimated payments?
- 70 Did you make any energy efficient improvements to your main home in 2011?
- 71 Did you contribute to a qualified State Tuition Plan (529 Plan)?
- 72 Did you pay a household employee \$1,700 or more in 2011?

### 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 contribution			
9	Spouse's IRA contribution			
10	Student loan interest			
11	Tuition and fees			

### 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 income taxes 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		
	Uniform and protective clothing		
	Professional journals subscriptions		
	Job seeking costs		
	Other		
17	Tax preparation fees		
18	Other expenses		
	Investment expenses		
	Safe deposit box rental		
	Other		
19	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:		
January 1 to June 30		
July 1 to December 31		
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		

**State Tax Information**

State of Residence \_\_\_\_\_ School District Name \_\_\_\_\_

County of Residence \_\_\_\_\_

Do you reside within the city limits of Kansas City, Missouri? Yes \_\_\_\_\_ No \_\_\_\_\_

If you did not live in your resident state for all of the tax return year, enter the dates you did live there.

From \_\_\_\_\_ To \_\_\_\_\_

If you had income from a state other than your resident state during tax return year, enter the name of the other state.

Taxpayer \_\_\_\_\_ Spouse \_\_\_\_\_

Do you wish to contribute to any of the state supported charities on your tax return?

Yes (list below) \_\_\_\_\_ No \_\_\_\_\_

Are we authorized to discuss your tax return with the Director of Taxation?

Yes \_\_\_\_\_ No \_\_\_\_\_

Is there any additional information for your Federal, State or Local Tax Returns?