

READ THIS FIRST

This tax organizer is designed to help you maximize your deductions and minimize problems in preparing and filing your tax return. Please keep in mind that taxes can be very complicated and even though this organizer will accommodate most taxpayers' needs, if you have a special situation not covered, please list it under "QUESTIONS YOU MAY HAVE." The "ALERT FLAGS" designate certain special conditions as follows:



Indicates areas that MUST be completed by new clients and only need to be filled in by existing clients when the information has changed.



The most important flag of all, denotes areas where the IRS has concentrated their computer matching programs. If the information provided is incorrect, it may trigger a service center audit. Pay particular attention to any special instructions in areas with this flag.

PLEASE PROVIDE THE FOLLOWING

- LAST YEAR'S TAX RETURN (Only if you are a new client)
- ALL WAGE AND INCOME STATEMENTS (W-2s and 1099s)
- NAME & ADDRESS LABELS PROVIDED BY THE GOVERNMENT (If available, They are not required but speed processing of your returns.)

ESTIMATED TAXES PAID

Please provide cancelled checks

	Date Due	Date Paid	Federal	State
Applied From Prior Year's Refund				
First Quarter	APRIL			
Second Quarter	JUNE			
Third Quarter	SEPT			
Fourth Quarter	THIS JAN			

SPECIAL INFORMATION

**Must be reported even if not taxable unless transferred	You	Spouse
IRA, Keogh or SEP Contributions		
IRA, Keogh or SEP Withdrawals		
IRA, Keogh or SEP Rollovers**		
Social Security or RR Retirement		
State Tax Refund		
Alimony Received		
Tips Received		
Unemployment		
Gambling Income		
Other:		
Salaries, Pensions, & Misc Income	Provide W-2s and 1099s	
Partnership Income	Provide K-1s	

TAXPAYER INFORMATION

Name	Social Security Number	Birth Date
You		
Spouse		
Occupation	Home Phone	Work Phone
You		
Spouse		

ADDRESS & STATUS

Street Address			
City	State	Zip	
Status Changes This Year - Enter Dates			
Married	Spouse Deceased	Sold Home	
Separated	Dependent Dec'd	Sold Property	
Divorced	Moved	Legally Blind	You <input type="checkbox"/> Spouse <input type="checkbox"/>

DEPENDENTS

Soc. Sec. numbers are MANDATORY

Name	Include last name if diff.	Soc. Sec. #	**	Mo. In Home	Birth Date	Income

** S = Son, D = Daughter, R = Relative, O = Other

SPECIAL QUESTIONS

✓ CHECK BOX IF:

- You or your spouse have any kind of pension plan.
- You have a foreign bank account.
- You pay alimony. To: _____
SSN: _____ \$ _____
- You Paid additional Federal or State Tax as a result of an audit or late filed return. If checked, please provide notices and amounts paid.
- You brought, sold or gifted real estate last year. If checked, please call in advance to discuss what documents will be required.
- You had a casualty loss. Generally loss must exceed 10% of your income to be deductible. Police reports, insurance info are required.
- You had child or dependent care. If so, complete child care section

INCOME TAX FORMS RECEIVED

<input type="checkbox"/> W-2	<input type="checkbox"/> 1099-R	<input type="checkbox"/> 1098-T	<input type="checkbox"/> 1099-B	<input type="checkbox"/> 1099-K
<input type="checkbox"/> W-2G	<input type="checkbox"/> 1099-INT	<input type="checkbox"/> 1098-E	<input type="checkbox"/> 1099-S	<input type="checkbox"/> 1095-A
<input type="checkbox"/> 1099-MISC	<input type="checkbox"/> 1098-DIV	<input type="checkbox"/> K-1	<input type="checkbox"/> 1099-A	<input type="checkbox"/> 1095-B/C
<input type="checkbox"/> 1099-G	<input type="checkbox"/> 1098	<input type="checkbox"/> SSA-1099	<input type="checkbox"/> 1099-C	<input type="checkbox"/> 1099-HC

IMPORTANT! If you have not received a Form 1095-A from your Health Insurance Carrier, your REFUND may delay if applicable

PROPERTY/BUSINESS; PURCHASE/SALE DURING TAX CALENDAR YEAR

Purchase of Property	Business Purchase Date	Amount	Description
Sale of Property	Business Sale Date	Amount	Description

REFUND DIRECT DEPOSIT

Bank Routing Number:	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Account Number:	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Type:	<input type="checkbox"/> Checking <input type="checkbox"/> Savings

QUESTIONS YOU MAY HAVE

MEDICAL EXPENSES PAID

To be deducted, medical expenses must exceed 7-1/2% of your adjusted gross income, and then only the amount that exceeds the 7-1/2% floor is deductible. Example: Your income is \$40,000 for the year; your medical expense must exceed \$3,000.

Hospital, Medical and Dental Insurance Premiums	
Medicare Insurance Premiums (withheld from social security)	
Prescription Drugs (no "over-the-counter" drugs)	
Doctors and Dentists	
Hospitals, Nursing Home, Nursing Care, Lodging, etc.	
Psychotherapy, Psychological Counseling	
Glasses, Hearing Aids, Batteries, etc.	
Lab and X-Ray (not included with Dr. & Hospital)	
Equipment, Supplies, Rentals, etc:	
Auto Travel (for medical purpose)	mi.
Parking Fees, Taxi, Bus, Ambulance, etc.	
Phone Calls to Drs., Hospitals, etc. (toll charges)	
Other:	
Insurance Reimbursement (only for amounts listed above)	

TAXES PAID

Real Estate - Home & 2nd Home ONLY (not rental)	
Real Estate - Investment Property (land, etc.)(not rental)	
Vehicle License Fees: (1) (2) (3) (4)	
Personal Property Tax (boat, plane, etc.)	
State Income Tax Paid (provide cancelled checks)	
Balance Due On Last Year's State Return	
Extension Payment on Last Year's State Return	
Payment on a Prior Year's State Return or Adjustment	
Last Year's 4th Qtr. Paid To State in Jan. This Year	

HOME MORTGAGE



PLEASE PROVIDE 1098	Primary Home	Second Home

NOTES:

CHARITABLE CONTRIBUTIONS

Written verification is required for contributions of \$250 or more to any one organization.

Church		Temple	
Payroll Deduction		Red Cross	
Cancer		Other:	
Heart			
Scouts			
Expenses in connection with a Charitable Organization:			
Explain:			
Travel for charitable purposes			mi.
Fair Market Value of Clothing, Furniture, etc., Contributed**			
**Provide a detailed list of items if total amount is more than \$500. the list must include, for each item, cost, fair market value, date acquired, date contributed, and name and address of organization donated to. Have receipts available.			

MISCELLANEOUS DEDUCTIONS

List all travel expenses including auto, out of town meals, hotel, air fare, etc., in sections for business mileage, and away-from-home expenses(next page).

Do not enter expenses you have listed elsewhere	You	Spouse
Attorney fees (to protect taxable income)		
Business Gifts		
Dues: Union and Professional		
Employment & Resume Fees		
Employment Related	Tuition/Fees	
	Education/Seminars	
	Books/Supplies	
Entertainment & Meals		
Gambling Losses - (limited to taxable winnings)		
Insurance - Business (E&O, malpractice, etc.)		
Investment Expenses	Publications & Journals	
	Other:	
IRA or Keogh (HR-10) Fees Paid by You		
Licences, Fees, Credentials, etc.		
Publications, Books, etc., Used in Business		
Safe Deposit Box		
Tax Preparation and Consulting Fees		
Telephone (business calls only)		
Tools, Supplies, Equipment		
Uniforms - Purchase		
- Cleaning		
Other:		
Other:		
Other:		

"OFFICE-IN-HOME" EXPENSES

To qualify, an "office in the home" must be used exclusively and on a regular basis (a) as your principal place of business, or (b) by patients, clients or customers in meeting or dealing with you in the normal course of business.

Tot'l Sq. Feet of:	Home	Office	Storage
Rent*	Utilities	Insurance	Taxes
Condo or Mgmt Fees		Other	
Maintenance & Repairs: Office		Home in General **	

*If you own your home, provide purchase settlement statement and list of improvements to office. **Roof, outside painting OK; not lawn care.

CHILD OR DEPENDENT CARE EXPENSES



Care must enable you to work (or look for work) or attend school FULL TIME. Care must be for a child under 13 or individual who is physically or mentally incapable of self care. IRS matches employer benefits SS# and EID#. Payee SS# or EID# MANDATORY unless exempt organizations.

<input type="checkbox"/> if employer provides dependent care benefits.	<input type="checkbox"/> if care for more than one.		
Paid To	Address	SS# / EID#	Amount Paid

BUSINESS VEHICLE INSTRUCTIONS

Business mileage section MUST be completed for every vehicle that is used for business. Actual expenses are NOT required if you are using the governments "standard mileage rate". However, they are not required if you are using the Actual Expense Method, if you are leasing the vehicle, or if you used the actual method the first year the vehicle was placed in service. If this is the first year of business use for the vehicle, provide a copy of the purchase or lease contract

AMOUNTS INCLUDED IN THE FOLLOWING SECTIONS(Business Mileage, Business Vehicle Expenses & Away-From-Home) SHOULD NOT BE INCLUDED ELSEWHERE ON THE FORM.

	You	Spouse
Check if vehicle provided (owned) by employer		
Enter any vehicle expense reimbursement provided by employer		
check if the reimbursement included in W-2		

BUSINESS MILEAGE Please read Business Vehicle Instructions above.

DONOT complete this section or the Business Vehicle Expenses section if your vehicle is used only for commuting to and from work for personal travel.

Vehicle 1

- You
 Spouse

Vehicle 2

- You
 Spouse

Description of Vehicle (Make/Model)		
Date Originally Acquired		
Total Miles Auto Driven, Personal & Business (Required)		
WORK MILEAGE		

AWAY-FROM-HOME EXPENSES See instructions below.

	You	Spouse
Airfare		
Auto Rental, Taxi, Etc.		
Meals and Tips (enter 100% of expense)		
Lodging and Tips		
Laundry		
Other:		

BUSINESS EXPENSE INSTRUCTIONS

Business expense deductions must be based on a log and/or other receipts and records. the combination of records should document: the business purpose, date and time, place and amount.

For business meals and entertainment, you must also document that (1) you discussed business during the meal, or (2) you had a substantial bona fide business discussion or activity before or after the meal/entertainment, or (3) you ate alone while out-of-town. You must also record the name and business relationship of person entertained. Gifts are limited to \$25 per person per year. You may not deduct these expenses unless documented.

TERM OF RESPONSIBILITY

I, the Taxpayer, certify to the best of my knowledge, that all information contained in this form "tax organizer" was filled-in by me, extracted from reports, bank statements and receipts on records, being all of my financial information in the United States and/or abroad US, and that the financial information contained in my income tax return were provided by me to the office and agents of PREMIER ACCOUNTING SERVICES, to whom I have declared NOT to omit any financial information. Under penalty of perjury I sign and affirm that I am of legal age.

X _____

Date: _____ / _____ / _____

SELF EMPLOYED BUSINESS INCOME & EXPENSE

List business vehicle expenses and travel expenses in other column, this page.

	You	Spouse		You	Spouse
Gross Income					
Returns and Refunds					
Cost of Inventory at Beginning of Year					
Cost of Merchandise Purchased					
Cost of Items for Personal Use					
Cost of Inventory at End of Year					
Expense	You	Spouse	Expense	You	Spouse
Advertising			Supplies		
Bank Charges			Taxes-Payroll		
Commissions			Taxes-Sales		
Dues & Pubs.			Taxes-Property		
Entertainment(100%)			Telephone		
Freight			Utilities		
Gifts			Wages (W-2)		
Insurance			Other:		
Interest (Mortgage)			Other:		
Interest (Other)			Other:		
Legal/Profess.			Other:		
Office Expense			Other:		
Rent (Equip.)			Other:		
Rent (Other)			Other:		
Repairs			Other:		
Seminars			Other:		

Did you buy any equipment or furniture for your business? If so, please provide a list including DESCRIPTION, COST, and DATE OF PURCHASE.

RENTAL INCOME & EXPENSES

If the property was purchased or converted to rental use this year, provide purchase settlement with statement and county tax bill. List business vehicle expenses and travel expenses in Business Mileage, Rental, this page

Property	Address		
1			
2			
3			
Property	1	2	3
Income			
Advertising			
Cleaning & Maintenance			
Commissions			
Insurance			
Legal and Professional Fees			
Mortgage Interest Paid to Banks			
Other Interest			
Repairs: Carpentry, Hardware			
Electrical			
Paint & Decorating			
Plumbing			
Misc.			
Supplies			
Taxes			
Utilities			
Wages and Salaries			
Condo or Management Fees			
Telephone (Toll Calls ONLY)			
Improvements & Replacements	See Instructions Below		
Other:			
Number of Days Used Personally			
Improvements and Replacements include furniture, appliances, carpet, drapes, major repairs, or improvements. Provide a list with DESCRIPTION, DATE OF PURCHASE OR COMPLETION, and COST for each item			