

IMPORTANT! Your personal individual return organizer enclosed.

PERSONAL TAX DATA

Taxpayer		
SS#		
Birthdate		
Occupation		
College Tuition	Yr.	Amount \$

Spouse		
SS#		
Birthdate		
Occupation		
College Tuition	Yr.	Amount \$

Address	
City	
State	
Zip	

Telephone (Primary Taxpayer)	
Telephone (Spouse)	
Email (Primary Taxpayer)	
Email (Spouse)	

DEPENDENTS *Personal Exemption disallowed for any dependent unless the social security # is provided on the tax return.

Name	Birthdate		Relationship	College Tuition	
				Yr.	Amount

CHILD CARE DEDUCTIONS (Number Of Dependents Qualifying)

Name & Address (Include individual's name &/or Organization's name)	SS# or Federal ID	Amount

WAGE INCOME (ENCLOSE ALL W-2 FORMS)

Tax Year:	Status:
------------------	----------------

Employer's Name	Wages	Federal W/H	State W/H	IRA/401 K Contribution

INTEREST INCOME

DIVIDEND INCOME (Enclose all 1099-INT/DIV Forms)

Payer	Amount

Payer	Total Amount	Capital Gain	Nontaxable

OTHER INCOME (Enclose all 1099, SSA-1099, K-Is & other Misc. Forms)

	Social Security	Unemployment	Alimony	State Refund	Other
Taxpayer					
Spouse					

PERSONAL ITEMIZED DEDUCTIONS

Medical	Amount	Interest	Amount
Prescription Drugs		Mortgage Interest Paid	
Medical Insurance		Mortgage Interest Paid	
Doctors/Dentists		To Individuals (Name, SS#, Address)	
Hospitals		Student Interest T	
Eyeglasses/Hearing Aids		Student Interest S	
HSA Payment			
Other			
Taxes		Charitable Contributions	
Real Estate		Cash	
Real Estate		Cash	
Personal Property		Non-Cash	
State & Prior Yr Income Tax			

401K & IRA DISBURSEMENTS

Employer's Name	Gross Distribution	Taxable	F/W	Owner's Contribution

SCHEDULE D

CAPITAL ASSETS SOLD (Securities, Real Estate, Etc.)

(Attach Forms 1099B & 1099S)

Description of Property	Date Acquired	Date Sold	Sale Price	Depreciation Taken <i>(if applicable)</i>	Cost or Basis

DEPRECIABLE/DEPLETABLE ASSET ADDITIONS

Date Purchased	Description	Cost

NOTES

SCHEDULE E

Rental Income	
Property Description	
Rent Received	
Expenses	
Advertising	
Auto & Travel	
Cleaning & Maintenance	
Commissions	
Insurance	
Professional Fees	
Management Fees	
Mort 'age Interest	
Other Interest	
Repairs	
Supplies	
Taxes	
Utilities	
Wages/Salaries	
% Occupancy by Taxpayer	

NOTES



SCHEDULE C, F, RETURNS 1065, 1120, 1120S

Business Income (Attach 1099 Forms)	
Business Name	
Federal ID No.	
Principal Business Activity	
Principal Product	
Method Used to Value Inventory	
Accounting Method:	<input type="checkbox"/> Cash <input type="checkbox"/> Accrual
Gross Income Amount	
Less Returns/Allowances	
Cost of Sales Amount	
Beginning Inventory	
Purchases	
Cost of Labor	
Materials & Supplies	
Freight In	
Other	
Ending Inventory	
Deductions Amount	

Advertising.	
Auto-Truck Expense	
Bad Debts	
Collection Expense	
Commissions	
Dues & Subscriptions	
Employee Benefit Programs	
Freight & Express	
Insurance**	
Interest - Mortgage** (Business)	
Interest - Other	
Janitorial & Cleaning	
Laundry	
Legal & Accounting Fees	
Office Expense	
Pension & Profit Sharing	
Postage	
Rent/Lease	
Repairs & Maintenance	
Salaries	
Supplies	
Taxes & Licenses* *	
Telephone	
Travel	
Total Meal & Entertainment	
Utilities**	

**BUSINESS USE OF HOME - FORM #8829

Total Area of Home:	sq. ft
Total Area Used for Business:	sq. ft
Non-Exclusive Use by Day Care Providers Only:	
Hours/Day Used for Day Care:	
Days/Year Used for Day Care:	

AUTOMOBILE EXPENSE

CAR 1

CAR 2

Total Miles Driven		
Personal Mileage		
Business Miles Driven		
Business Use %		
Average Daily Commuting		
Written Records Available?		
Another Vehicle Available for Personal use.		
Is an employer-provided vehicle available for personal use?		

CAR 1

CAR 2

Actual Automobile Expenses		
Gas & Oil		
Insurance		
Licenses		
Lubrication		
Re airs		
Tires. Tire Re air		
Other		