

2009

Personal Tax Organizer

2009

Personal Information

If any personal information has changed from last year, please complete all that apply.

Taxpayer		Spouse	
Name	_____	Name	_____
S.S.#	_____	S.S.#	_____
D.O.B.	_____	D.O.B.	_____
Contact Information		Banking Information	
Home Phone#	_____	Do you want Direct Deposit?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Cell Phone #	_____	Checking <input type="checkbox"/>	Savings <input type="checkbox"/>
Work Phone#	_____	Bank Name	_____
Email Address	_____	Account #	_____
		Routing/Transit #	_____

Residence Address

Street & Number _____
 City _____ State _____ Zip _____

Dependents

Please Include children, as well as other personal that rely on you for their support.

Name	Relationship	S.S.#	D.O.B.

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Income & Adjustments

Wage & Salary Income			Retirement Income		
<i>List all W-2 statements.</i>			<i>IRA and Pension distributions (all 1099-R statements).</i>		
Employer	Taxpayer	Spouse	Payer	Taxpayer	Spouse
_____	<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"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Interest Income			Dividend Income		
<i>List all 1099-INT statements.</i>			<i>List all 1099-DIV statements.</i>		
Bank/Broker	Taxpayer	Spouse	Bank/Broker	Taxpayer	Spouse
_____	<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"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Social Security			K-1 Reported Income		
<i>Please include your social security statement.</i>			<i>Please list payers of partnership, limited partnership S-corporation, trust, or estate income - include K-1.</i>		
	Income	Medicare	Payer	Taxpayer	Spouse
Taxpayer	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
Spouse	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
			_____	<input type="checkbox"/>	<input type="checkbox"/>
State & Local Refunds			Other Income		
<i>Please include 1099-Gs.</i>			<i>Please check all that apply - include supporting documents.</i>		
	State	City	Payer/Source	Taxpayer	Spouse
Taxpayer	_____	_____	Alimony	<input type="checkbox"/>	<input type="checkbox"/>
Spouse	_____	_____	Gambling Winnings	<input type="checkbox"/>	<input type="checkbox"/>
			Jury Duty	<input type="checkbox"/>	<input type="checkbox"/>
			Royalties	<input type="checkbox"/>	<input type="checkbox"/>
			Unemployment Compensation	<input type="checkbox"/>	<input type="checkbox"/>

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Income & Adjustments

Investment Sold

Please list the stock, bonds and mutual funds sold. Please include 1099-Bs with your return.

Investment	Date Aquired / Date Sold	Cost	Gross Proceeds

Property Sold

Please complete if you sold property in 2009. Do not list business property sold. Include 1099-S with your return.

Property	Date Aquired / Date Sold	Cost / Improvements	Selling Price

Est. Taxes Paid / Credits

Please include your receipts.

	Federal	State
Prior Year Credit		
First Quarter		
Second Quarter		
Third Quarter		
Fourth Quarter		

Contributions to Retirement Accounts

Please Indicate below, in contributed through employer.

	IRA / Roth	Keogh / SEP
Taxpayer		
Spouse		

Contribution through employer retirement plan?

Yes No

Adjustment to Gross Income

Please check all that apply.

	Taxpayer	Spouse		Taxpayer	Spouse
Educator Expenses	<input type="checkbox"/>	<input type="checkbox"/>	Health Savings Account	<input type="checkbox"/>	<input type="checkbox"/>
Student Loan Interest	<input type="checkbox"/>	<input type="checkbox"/>	Moving Expenses	<input type="checkbox"/>	<input type="checkbox"/>
Tuition and Fees	<input type="checkbox"/>	<input type="checkbox"/>	Alimony Paid	<input type="checkbox"/>	<input type="checkbox"/>

Recipients S.S.# _____

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Itemized Deductions

Vehicle Tabs			Real Estate Taxes	
<i>Please list vehicle, year of vehicle, and amount</i>			<i>Please include all real estate tax bills with your return.</i>	
Vehicle	Year	Amount	Summer '09 / Winter '09	
			Principle Residence	_____
			Vacation Home	_____
			RE Taxes prior year	_____
			paid in 2008	_____
			Other RE Property	_____
Mortgage Interest			Sales Taxes	
<i>Please include all 1098's with your return.</i>			<i>Please list sales taxes paid on specific items.</i>	
Mortgage Company	Amount		Amount	
_____	_____		Auto	_____
_____	_____		Boat	_____
_____	_____		Other Major Purchases	_____
Charitable Contributions			Medical & Dental Expenses	
<i>Please list all your gifts by cash or check.</i>			<i>Please list medical expenses you paid.</i>	
		Amount	Amount	
Church	_____		Insurance	_____
United Way	_____		Prescription	_____
Public Radio / TV	_____		Doctors / Dentists	_____
Museum / Library	_____		Hospitals	_____
Public Foundation	_____		Labs / X-rays	_____
Homeless / Food Bank	_____		Medical Aids	_____
_____	_____		Other Medical	_____
Various	_____		Medical Miles Driven	_____
Miles Driven	_____			
Donations of Property			Miscellaneous Deductions	
<i>Please list all your gifts of property</i>			Amount	
	Purchase Price	FMV		
Goodwill	_____	_____	Professional Dues	_____
Other	_____	_____	Tax Preperation	_____
Other	_____	_____	Investment Fees	_____
			Safety Deposit Box	_____

