



# J. D. FARMER

*and Associates, LLC*

CERTIFIED PUBLIC ACCOUNTANTS &  
MANAGEMENT CONSULTANTS

12850 Middlebrook Road, Suite 206  
Germantown, Maryland 20874

[www.jdfcpa.com](http://www.jdfcpa.com)  
t 301 540 1710  
f 301 540 5271

## Tax Organizer for 2008

### Memo

As 2008 ends and the New Year begins, it is time to start thinking about taxes again. We hope that 2008 was a happy and prosperous year for you. This Tax Organizer is designed to help you collect and report the information needed to prepare your 2008 income tax return. The attached worksheets cover income, deductions, and credits, and will help in the preparation of your tax return by focusing attention on your special needs.

Please enter your 2008 information in the designated areas on the worksheets. If you need to include additional information, you may use the back of a worksheet or an additional page.

NOTE: The General Questions and Business/Investment Questions worksheets include a variety of questions designed to assist in completing your tax return. If you answer yes to any of the questions, be sure to provide the applicable details.

Please fax or email the following information:

Original Form(s) W2

Schedule(s) K showing income or loss from partnerships, S Corporations or estates or trusts

Copies of other compensation or pension documentation, such as Form 1099-MISC or Form 1099-R.

Form(s) 1099 or statements reporting dividend and interest income

Brokerage statements showing transactions for stocks, bonds, etc.

Form(s) 1098 reporting interest paid, copies of real estate bills, and other information relating to real property holdings.

Copies of closing statements regarding the sale or purchase of real property.

Bring a summary total of charitable contributions (both cash and non-cash)

Bring the amount paid for real estate, tax, personal property tax on cars & boats

Bring a summary of any job-related expenses

Bring a summary of your medical expenses

All other information notices you received, or any items you have questions about,

*Please Provide Prior Year's Tax Return*

### Disclaimer

#### CIRCULAR 230 DISCLOSURE NOTICE:

Any U.S. federal tax advice included in this communication (including any attachments) was not intended or written to be used, and cannot be used, for the purpose of (i) avoiding U.S. federal tax-related penalties or (ii) promoting, marketing or recommending to another party any tax-related matter addressed herein.

#### CONFIDENTIALITY NOTICE:

The content of this form is only intended for the noted recipient. If you have received this fax in error, please contact us immediately. This form is not intended to be used for the purpose of solicitation. Any information contained in this form is deemed confidential.

## Taxpayer Information

First Name \_\_\_\_\_ Initial \_\_\_\_\_ Last Name \_\_\_\_\_

Social Security# \_\_\_\_\_ Occupation \_\_\_\_\_

Date of Birth \_\_\_\_\_ Email \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Home Telephone \_\_\_\_\_ Work Telephone \_\_\_\_\_ Mobile/Pager \_\_\_\_\_

## Spouse Information

First Name \_\_\_\_\_ Initial \_\_\_\_\_ Last Name \_\_\_\_\_

Social Security# \_\_\_\_\_ Occupation \_\_\_\_\_

Date of Birth \_\_\_\_\_ Email \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Home Tel. \_\_\_\_\_ WorkTel. \_\_\_\_\_ Mobile/Pager \_\_\_\_\_

### Filing Status (Circle One)

Single	Married	Married Filing Separate	Head of Household
--------	---------	-------------------------	-------------------

### Salaries and Wages

W-2	Gross Income	Federal Withholding	FICA
1.	\$	\$	\$
2.	\$	\$	\$
3.	\$	\$	\$
4.	\$	\$	\$
5.	\$	\$	\$

W-2	Gross Income	Federal Withholding	FICA
1.	\$	\$	\$
2.	\$	\$	\$
3.	\$	\$	\$
4.	\$	\$	\$
5.	\$	\$	\$

**Electronic Filing**      Would you like electronic filing? **YES NO**

**Automatic deposit?**              **YES** (Attach voided check)      **NO**

**Dependents**

Name	Date of Birth	Social Security#	Relationship	Months Lived at Home

**Other Income**

**INTEREST:** Attach 1099 INT Forms

Payor	Amount
1	\$
2	\$
3.	\$
4	\$

DIV Forms Payor	Total	Capital Gain	Ordinary Dividend
1	\$	\$	\$
2	\$	\$	\$
3	\$	\$	\$
4	\$	\$	\$

**State Tax Refund - Attach 1099G Forms**

Amount Received \$ \_\_\_\_\_ Check if you did not itemize in prior years \_\_\_\_\_

**Capital Gains - Attach 1099B and 1099S Forms**

Description	Date Acquired	Date Sold	Sales Price	Cost or Basis
1.			\$	\$
2.			\$	\$
3.			\$	\$
4.			\$	\$

**Pensions/IRA Distributions - Attach 1099R Forms**

Payor	Gross Distribution	Taxable Amount	Roth Conversion
1	\$	\$	\$
2	\$	\$	\$

Was Federal or State Withheld? YES NO

**Alimony Received**

Payor \_\_\_\_\_ Amount \$ \_\_\_\_\_

Payor's Social Security # \_\_\_\_\_

**Unemployment Received - Attach 1099G Forms**

Taxpayer Amount \$ \_\_\_\_\_ Spouse Amount \$ \_\_\_\_\_

**Social Security Received - Attach SSA-1099 Forms**

Taxpayer Amount \$ \_\_\_\_\_ Spouse Amount \$ \_\_\_\_\_

**Miscellaneous Income**

Description and Amount \_\_\_\_\_

**Deductions**

**Medical and Dental Expenses**

Insurance Premiums \_\_\_\_\_ Doctors, Dentists, etc. (Net) \_\_\_\_\_

**Taxes Paid**

State & Local Income Tax \_\_\_\_\_

Real Estate Taxes – Residence \_\_\_\_\_

Real Estate Taxes - Other Property \_\_\_\_\_

Auto License: \_\_\_\_\_

No. of Cars \_\_\_\_\_ Fees Paid \_\_\_\_\_

Personal Property Taxes \_\_\_\_\_

Other Taxes \_\_\_\_\_

**Interest Paid - Attach 1098 Forms**

Home Mortgage Interest Paid (1<sup>st</sup>) \_\_\_\_\_

Home Mortgage Interest Paid (2<sup>nd</sup>) \_\_\_\_\_

Home Mortgage (Equity Line) \_\_\_\_\_

Student Loan Interest \_\_\_\_\_

**Contributions - Attach Details**

Contributions by Cash or Check \_\_\_\_\_

Contributions by Other than Cash \_\_\_\_\_

**Miscellaneous Deductions**

Unreimbursed Employee Business Expenses:

Description \_\_\_\_\_

Union/Professional Dues \_\_\_\_\_

Investment Expense \_\_\_\_\_

Tax Return Preparation Fees \_\_\_\_\_

Safe Deposit Box Rental \_\_\_\_\_

**Business Income**

**General Information**

**Circle One**

Cash Basis

Accrual Basis

First Year

Taxpayer \_\_\_\_\_

Spouse \_\_\_\_\_

Principal Bus./Profession \_\_\_\_\_

Business Name \_\_\_\_\_

Business Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Other Accounting Method \_\_\_\_\_

**Income**

Gross Receipts or Sales \$ \_\_\_\_\_

Returns and Allowances \$ \_\_\_\_\_

Other Income \$ \_\_\_\_\_

**Cost of Goods Sold - If Applicable**

Inventory at Beginning of the Year \$ \_\_\_\_\_

Inventory at End of the Year \$ \_\_\_\_\_

Purchases \$ \_\_\_\_\_

Cost of Items for Personal Use \$ \_\_\_\_\_

Cost of Labor \$ \_\_\_\_\_

Materials and Supplies \$ \_\_\_\_\_

Other Costs \$ \_\_\_\_\_

## Expenses

Advertising \$ \_\_\_\_\_  
Car and Truck Expenses\* \$ \_\_\_\_\_  
Commissions \$ \_\_\_\_\_  
Employee Benefit Programs \$ \_\_\_\_\_  
Insurance (other than health) \$ \_\_\_\_\_  
Health Insurance Premiums for Self\* \$ \_\_\_\_\_  
Mortgage Interest (paid to banks, etc.) \$ \_\_\_\_\_  
Other Interest \$ \_\_\_\_\_  
Legal and Professional \$ \_\_\_\_\_  
Office Expense \$ \_\_\_\_\_  
Pension and Profit Sharing Plans \$ \_\_\_\_\_  
Rent - Vehicles, Machinery, and Equipment \$ \_\_\_\_\_  
Rent - Other Business Property \$ \_\_\_\_\_  
Repairs \$ \_\_\_\_\_  
Supplies \$ \_\_\_\_\_  
Taxes - Real Estate \$ \_\_\_\_\_  
Taxes - Other \$ \_\_\_\_\_  
Travel \$ \_\_\_\_\_  
Other\* \$ \_\_\_\_\_  
Total Meals and Entertainment \$ \_\_\_\_\_  
Utilities \$ \_\_\_\_\_  
Wages \$ \_\_\_\_\_

\*Attach a detailed schedule

Did you acquire or dispose of any business assets (including real estate) during the year? **YES** **NO**  
If yes, attach a detailed schedule.

Did you have a home office during the year? **YES** **NO**

Rent \$ \_\_\_\_\_  
Utilities \$ \_\_\_\_\_  
Insurance \$ \_\_\_\_\_  
Janitorial \$ \_\_\_\_\_  
Misc \$ \_\_\_\_\_  
% of exclusive business use \_\_\_\_\_

# Rental Income and Expenses

Check here \_\_\_\_\_ if property was purchased/converted to rental in 2005.

Property Address

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

## Property

Property	1.	2.	3.
<b>Income:</b>			
Rents Received			
<b>Expenses:</b>			
Advertising			
Association Dues			
Auto and Travel			
Cleaning/Maintenance			
Commissions			
Gardening			
Insurance			
Labor			
Professional Fees			
Miscellaneous			
Mortgage Interest			
Other Interest			
Repairs and Maintenance			
Supplies			
Taxes			
Telephone			
Utilities			
Improvements			
Other:			

## Adjustments to Income

### Alimony Paid

Payee \_\_\_\_\_ Amount \$ \_\_\_\_\_

Payee's Social Security# \_\_\_\_\_

IRA Deduction \_\_\_\_\_

Keogh/SEP Deduction \_\_\_\_\_

SIMPLE Plan \_\_\_\_\_

Education IRA Deduction \_\_\_\_\_

Penalty on Early Withdrawal of Savings \_\_\_\_\_

## Estimated Tax Payments

State	Date Paid	Amount Paid
Overpayment - Prior Year		
1st Quarter		
2nd Quarter		
3rd Quarter		
4th Quarter		

## Miscellaneous Questions

If any of the following items pertain to you or your spouse for the year 2004, please check the appropriate box and include all pertinent details.

If <b>YES</b> Check Box	
	Were there any births, adoptions, marriages, divorces, or deaths in your immediate family during the year?
	Are any of your unmarried children, who might be claimed as dependents, 19 years of age or older?
	Do you have any children under age 14 with interest, dividend, and or capital gain income in excess of \$650?
	Can you be claimed as a dependent on another person's tax return?
	Did you or your spouse "roll over" a retirement plan distribution into another plan? If yes, enter amount _____, and attach Form 1099-R.
	Did you or your spouse receive any disability income during the year? If yes, enter amount _____.
	Did you open a Roth IRA account or convert an IRA into a Roth IRA?
	Did you purchase, sell, or refinance your principal home or your second home, or make a home equity loan during the year? If yes, please bring escrow papers and other relevant information.
	Did you sell any stocks, bonds, or other investment property during the year? If yes, please send the descriptions, date acquired, date sold, sales price, cost or basis, and expenses of sale.
	Did you make gifts in excess of \$10,000 during 2001?
	Did you pay any one household employee cash wages of \$1,000 or more in 2001; withhold federal income tax during 2001 at the request of any household employee; or pay total cash wages of \$1,000 or more in any calendar quarter of 2000 or 2001 to household employees?
	Did you use your car on the job (other than to and from work)?
	Does anyone owe you money which has become uncollectible?
	Did you incur moving expenses during the year due to a change of employment?
	Did you or your spouse work out of town for part of the year?
	Did you incur a loss because of damaged or stolen property?
	Did you make payments for post-secondary education?
	Do you or your spouse want to allocate \$3 to the Presidential Election Campaign Fund?
	Did you have an interest in or signature authority over a bank or brokerage account in a foreign country, or were you a grantor of or transferrer to a foreign trust?
	Were you audited by either the Internal Revenue Service or the State taxing agency during the year?
	Did you receive any K-1s from partnerships, estates, trusts, or LLCs? If so, please attach.
	Do you have an up-to-date will?

## **FINAL CHECKLIST**

- Provide a copy of your most current Personal Income Tax Return. Please do not send originals. We will not be able to return the copies we receive.
- Provide a copy of your most current Business Tax Return for each business/investment. Please do not send originals. We will not be able to return the copies we have. Include a copy of your most current financial statements for each business/investment.
- Check payable to J.D. Farmer & Associates in the amount of
  - o \$400 minimum deposit for individual return
  - o \$1500 minimum deposit for business return
- Include a signed Professional Services Agreement (see below).
- Include a completed copy of the Tax Organizer

I acknowledge and understand that I am retaining J.D. Farmer & Associates for the purposes of a tax preparation services. I understand that the firm does not provide legal advice. The firm will not audit the figures provided and will rely on my representations for income, expenses, assets and liabilities in devising a tax strategy and tax plan under current tax law. I understand that tax law is constantly changing and what is true now may not be true in the future, due to tax law changes.

Date \_\_\_\_\_ Client Signature \_\_\_\_\_

Please return signed copy of this checklist, along with all materials to:

Certified Public Accountants  
12850 Middlebrook Road  
Suite 206  
Germantown, MD 20874

tel 301 540 1710 fax 301 540 5271 email info@jdfcpa.com

**This completes the Tax Organizer.**