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Tax Organizer for 2009

Memo

As 2009 ends and the New Year begins, it is time to start thinking about taxes again. We hope that 2009 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 2009 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 2009 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

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 (1st)_______________________________

Home Mortgage Interest Paid (2nd)_______________________________

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.**
Income: Rents Received			
Expenses: 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 *YES* 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 "rollover" 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
  - $400 minimum deposit for individual return
  - $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.