

TAX ORGANIZER

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TO:

Did you know that you can save \$37 in taxes for every \$100 in deductible items (if you are in the 28% Federal and 9% State income brackets)? You will save even more money in tax-preparation fees if your tax information is complete and organized. Please help us to prepare your return more efficiently by taking the time to complete this Tax Organizer before your scheduled appointment.

The Organizer contains several sections that include common expenses and deductions that many taxpayers overlook. Please review these carefully and feel free to add any notes or questions that might help us find ways to save you money.

Enter all relevant information in the designated areas on each page. If you need to include additional information, you may use the back of a page or attach additional pages. If last year's figures were available, they have been included for reference purposes.

Also, provide detailed information if you answer "Yes" to any of the "General" or "Business and Investment" questions. This information can be a significant time-saver.

When you arrive for your appointment, please bring copies of the following, if applicable:

- Last year's tax return (if not in our possession)
- Original Form(s) W-2
- Schedule(s) K-1 from partnerships, S-corporations, estates or trusts
- Documentation of pension or other compensation
- Form(s) 1099 or statements reporting dividend and interest income
- Form(s) 1098 and copies of real estate tax bills, etc.
- Legal documents pertaining to the close of sale (or purchase) of real property.

Thank you for your cooperation. Please call if we can be of any further assistance to you.

Your Tax Appointment is:

Day: _____
Date: _____
Time: _____

General Questions

Please check if "Yes" and provide documentation, if possible.

- | | |
|--------------------------|--|
| <input type="checkbox"/> | 1. Did your marital status change? |
| <input type="checkbox"/> | 2. Were you notified by the IRS of changes to a prior year's return? |
| <input type="checkbox"/> | 3. Are you being claimed as a dependent by another person? |
| <input type="checkbox"/> | 4. Were there any changes in dependent information from the prior year? |
| <input type="checkbox"/> | 5. Did you have any children under the age of 14 who received more than \$1,500 in investment income? |
| <input type="checkbox"/> | 6. Do you have dependents who are neither U.S. citizens nor U.S. residents? |
| <input type="checkbox"/> | 7. Did you provide over half of the support for another person (or persons) during the year? |
| <input type="checkbox"/> | 8. Did you sell or purchase a principal residence? |
| <input type="checkbox"/> | 9. Did you receive payments from a pension or profit sharing plan? |
| <input type="checkbox"/> | 10. Did you receive any distributions from an IRA or other qualified plan? |
| <input type="checkbox"/> | 11. Did you receive any disability income? |
| <input type="checkbox"/> | 12. Did you receive any foreign income or pay any foreign taxes? |
| <input type="checkbox"/> | 13. Did you receive interest from a bank account or other financial account based in a foreign country? |
| <input type="checkbox"/> | 14. Were you the grantor of or transferor to a foreign trust? |
| <input type="checkbox"/> | 15. Did you pay nondeductible dues to an association that was involved in political lobbying? |
| <input type="checkbox"/> | 16. If you or your spouse are self-employed, are either of you covered under an employer's health plan at another job? |
| <input type="checkbox"/> | 17. Did you incur any non-business bad debts? |
| <input type="checkbox"/> | 18. Did you receive proceeds from an installment sale made to relatives? |
| <input type="checkbox"/> | 19. Did you make a loan at an interest rate below market rate? |
| <input type="checkbox"/> | 20. Did you make gifts of over \$10,000 to an individual? |
| <input type="checkbox"/> | 21. Were there any changes to a prior year's income, deductions, or credits that would require filing an amended return? |
| <input type="checkbox"/> | 22. Did your employer pay premiums on life insurance in excess of \$50,000? |

Business and Investment Questions

- | | |
|--------------------------|--|
| <input type="checkbox"/> | 1. Did receive stock from a stock bonus plan with your employer? |
| <input type="checkbox"/> | 2. Did you buy or sell any bonds? |
| <input type="checkbox"/> | 3. Did you surrender any U.S. savings bonds? |
| <input type="checkbox"/> | 4. Did you suffer a casualty, theft or condemnation? |
| <input type="checkbox"/> | 5. Did you start a business, purchase a rental property or farm, or acquire interests in partnerships or S-corporations? |
| <input type="checkbox"/> | 6. Did you own any investments for which you were not personally "at-risk?" |
| <input type="checkbox"/> | 7. Did you own any interest in a Real Estate Mortgage Investment Conduit (REMIC)? |
| <input type="checkbox"/> | 8. Did you sell any property or equipment on installment? |
| <input type="checkbox"/> | 9. Did you incur any business-related educational expenses? |
| <input type="checkbox"/> | 10. Did you incur any travel and entertainment expenses? |
| <input type="checkbox"/> | 11. Did you purchase any special fuels for non-highway use? |
| <input type="checkbox"/> | 12. Did you own a diesel-powered vehicle? |

TAX ORGANIZER

Basic Taxpayer Information

	First Name & Initial	Last Name	Social Security No.
Taxpayer			
Spouse			

	Occupation	Age on 12/31	65 or Over	Blind	Check if Dependent of Another	Presidential Election Contrib.
Taxpayer						
Spouse						

Street Address		Phone Res:	
City, State & Zip		Phone Work:	

Filing Status 1 - Single; 2 - Married filing joint; 3 - Married filing separate; 4 - Head of Household; 5 - Qualifying Widower

Dependent Information

	Name (first, initial, and last name)	Date of Birth	Social Sec. No.	Relation-ship	Months in home
1					
2					
3					
4					
5					
6					

Wages and Salaries

	Employer Name	Wages	Federal Tax Withheld	FICA Withheld	Medicare Withheld	State Tax Withheld	Local Tax Withheld
1							
2							
3							
4							
5							
6							

Interest Income

	Source	Amount
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		

Dividend Income

	Source	Amount
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		

Gains or Losses from Sales of Stocks, Securities and Other Capital Assets

	Kind of Property and Description	Date acquired mm/dd/yy	Date sold mm/dd/yy	Sales Price	Cost or other basis
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					

Other Income

	Prior Year Amount	Current Year Taxpayer	Current Year Spouse
1	0		
2	0		
3	0		
4	0		
5	0		
6	0		
7	0		
8	0		
9	0		
10	0		
11	0		
12			
13			
14			
15			

Adjustments to Income

	Prior Year Amount	Current Year Amount
1	0	
2	0	
3	0	
4	0	
5	0	
6	0	

Itemized Deductions

		Prior Year Amount	Current Year Amount
1	Medical and dental expenses	0	
2	Real estate taxes	0	
3	Personal property taxes	0	
4	Other taxes	0	
5	Home mortgage interest and points reported on Form 1098	0	
6	Home mortgage interest not reported on Form 1098		
	Name: Address: SSN:	0	
7	Home mortgage points not reported on Form 1099	0	
8	Investment interest paid	0	
9	Gifts to charity by cash or check	0	
10	Gifts to charity other than by cash or check	0	
11	Mileage driven to charitable activities	0	
12	Casualty and theft losses - Form 4684	0	
13	Unreimbursed employee expenses	0	
	Travel expenses (exclude meals)		
	Meals and entertainment		
	Parking and tolls		
	Telephone used for employer's business (allocate cost)		
	Professional organization or union dues		
	Educational expenses required to maintain your job		
	Office in home required by employer		
	Tools and equipment		
	Safety and protective clothing		
	Uniform costs		
	Professional journals subscriptions		
	Job seeking costs		
	Other		
14	Other expenses	0	
	Investment expenses		
	Tax preparation fees		
	Safe deposit box rental		
	Other		
15	Other miscellaneous deductions	0	

Child or Dependent Care Expenses

	Name	Paid To Address	Social Security or ID Number	Amount Paid
1				
2				
3				
4				

Estimated Taxes and Other Taxes Paid

	Date Due	Federal		State	
		Date Paid	Amount	Date Paid	Amount
1	Applied From Prior Year's Refund				
2	First Quarter Estimated Tax	April			
3	Second Quarter Estimated Tax	June			
4	Third Quarter Estimated Tax	Sept.			
5	Fourth Quarter Estimated Tax	This Jan.			
6	Other Tax Payments				
7	Prior year's state fourth quarter estimated tax payment (paid in current tax year)				
8	Prior year's state tax payment paid with extension/return				

Vehicle Information and Expenses

		Vehicle One	Vehicle Two
1	Description of vehicle		
2	Is the vehicle used in a business or by an employee?		
3	Cost (including sales tax)		
4	Date placed in service		
5	Business miles		
6	Commuting miles (daily commuting miles times the number of trips to work)		
7	Other personal use miles		
8	Total miles driven		
9	Gas and oil expenses		
10	Repairs and maintenance		
11	Auto insurance		
12	Registration, licenses, and fees		
13	Other auto expenses (identify)		
14	Auto rentals		

Auto Mileage Documentation

		Yes	No
1	Is another car available for personal use?		
2	Do you have evidence to support your mileage information reported above?		
3	If "Yes," is the evidence written in a log or other place?		

Income or Loss from S Corporations

	Name	Income	Loss	Other Expenses	Passive (Yes / No)
1					
2					
3					
4					
5					
6					

Income or Loss from Partnerships

	Name	Income	Loss	Other Expenses	Passive (Yes / No)
1					
2					
3					
4					
5					
6					
7					
8					

Income or Loss from Trust

	Name	Income	Loss	Other Expenses	Passive (Yes / No)
1					
2					
3					
4					
5					
6					

Self Employed Business Income and Expenses

1	Name of business (A) _____				
	Address of business (A) _____				
2	Name of business (B) _____				
	Address of business (B) _____				
		Business A		Business B	
		Prior Year	Current Year	Prior Year	Current Year
4	Gross receipts or sales	0		0	
5	Returns and allowances	0		0	
6	Inventory at beginning of year	0		0	
7	Cost of merchandise purchased	0		0	
8	Cost of labor	0		0	
9	Materials and supplies	0		0	
10	Other costs	0		0	
11	Inventory at end of year	0		0	
12	Advertising	0		0	
13	Bad debts from sales or services	0		0	
14	Car and truck expenses	0		0	
15	Commissions and fees	0		0	
16	Depletion	0		0	
17	Depreciation	0		0	
18	Employee benefit programs	0		0	
19	Insurance (not health)	0		0	
20	Mortgage interest	0		0	
21	Other interest	0		0	
22	Legal and professional services	0		0	
23	Office expense	0		0	
24	Pension and profit-sharing plans	0		0	
25	Rent or lease: machinery/equipment	0		0	
26	Rent or lease: other business property	0		0	
27	Repairs and maintenance	0		0	
28	Supplies	0		0	
29	Taxes and licenses	0		0	
30	Travel	0		0	
31	Meals and entertainment	0		0	
32	Utilities	0		0	
33	Wages	0		0	
34	Other: _____	0		0	
35	New equipment purchases (Description, date purchased, etc.):				

Self Employed Business Income and Expenses

1	Name of business (C) _____				
	Address of business (C) _____				
2	Name of business (D) _____				
	Address of business (D) _____				
		Business C		Business D	
		Prior Year	Current Year	Prior Year	Current Year
4	Gross receipts or sales	0		0	
5	Returns and allowances	0		0	
6	Inventory at beginning of year	0		0	
7	Cost of merchandise purchased	0		0	
8	Cost of labor	0		0	
9	Materials and supplies	0		0	
10	Other costs	0		0	
11	Inventory at end of year	0		0	
12	Advertising	0		0	
13	Bad debts from sales or services	0		0	
14	Car and truck expenses	0		0	
15	Commissions and fees	0		0	
16	Depletion	0		0	
17	Depreciation	0		0	
18	Employee benefit programs	0		0	
19	Insurance (not health)	0		0	
20	Mortgage interest	0		0	
21	Other interest	0		0	
22	Legal and professional services	0		0	
23	Office expense	0		0	
24	Pension and profit-sharing plans	0		0	
25	Rent or lease: machinery/equipment	0		0	
26	Rent or lease: other business property	0		0	
27	Repairs and maintenance	0		0	
28	Supplies	0		0	
29	Taxes and licenses	0		0	
30	Travel	0		0	
31	Meals and entertainment	0		0	
32	Utilities	0		0	
33	Wages	0		0	
34	Other: _____	0		0	
35	New equipment purchases (Description, date purchased, etc.):				

Income or Loss from Rentals and Royalties

A	Address of Property A						
B	Address of Property B						
C	Address of Property C						
		Property A		Property B		Property C	
		Prior Year	Current Year	Prior Year	Current Year	Prior Year	Current Year
1	Was property used for personal purposes for more than the greater of 14 days or 10% of the total days rented at fair rental value?	No	Yes or No	No	Yes or No	No	Yes or No
2	Total rents received	0		0		0	
3	Total royalties received	0		0		0	
4	Advertising expenses	0		0		0	
5	Auto and travel	0		0		0	
6	Cleaning & maintenance	0		0		0	
7	Commissions	0		0		0	
8	Insurance	0		0		0	
9	Legal & professional fees	0		0		0	
10	Management fees	0		0		0	
11	Mortgage interest paid	0		0		0	
12	Other interest	0		0		0	
13	Repairs (list below)	0		0		0	
14	Supplies	0		0		0	
15	Taxes	0		0		0	
16	Utilities	0		0		0	
17	Other:	0		0		0	
		0		0		0	
		0		0		0	
		0		0		0	
		0		0		0	
18	New equipment & improvements (description, cost and date):						