

Tax Organizer – Individual Income Tax Return

This Tax Organizer can be used to help identify the information needed to prepare your income tax return. Enter your information, and if you need additional space, enclose a separate sheet with the details. Please return this organizer along with all Form W-2s, 1099s, and any other information you feel will assist us with the preparation of your individual income tax return.

PERSONAL INFORMATION

Taxpayer's Name			SSN		
Spouse's Name			SSN		
Home Address			Apartment Number		
City	State	Zip Code	County		
Telephone #1			Telephone #2		
E-mail Address					
	DOB	Occupation	Blind	Disabled	Date of Death
Taxpayer					
Spouse					

FILING STATUS

Indicate your filing status to be used on your income tax return:

Single	Married Joint Filing	Married Filing Separate	Head of Household	Qualifying Widow(er)
<input type="checkbox"/> Check if parent (or someone else) can claim you as a dependent on their return.				

DEPENDENTS

Enter the following dependent information for any qualifying child or qualifying relative:

First Name	Last Name	SSN	Relationship	Year of Birth	# of Months Lived With	Child Care Expenses Paid in 2009

QUESTIONS – All Taxpayers

Cross reference to pages in The TaxBook, 1040 Edition

"You" refers to both taxpayers and spouse – enter "?" if unsure about a question				
<input type="checkbox"/> Yes <input type="checkbox"/> No	Were any children born or adopted in 2009			3-14
<input type="checkbox"/> Yes <input type="checkbox"/> No	Were any children attending college?	Year in college	Paid by you: Tuition \$	Student loan interest \$
			Paid by student: Tuition \$	Student loan interest \$
	Other expenses			
<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you pay any tuition for a private school for a dependent or take classes yourself?			12-2
	Student	Amount paid?		
	Name and address of school			
<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you provide housing to a person displaced by the 2009 Midwestern storms, tornadoes, or floods?			3-7
<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you buy or sell a home in 2009? <input type="checkbox"/> Bought? <input type="checkbox"/> Sold: Purchase date (Provide closing statement)			6-18
<input type="checkbox"/> Yes <input type="checkbox"/> No	If you purchased a new home, did you own a home during any of the three years prior to purchase of your new home?			11-3
<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you refinance a mortgage or take a home equity loan? (Provide closing statement)			4-11
<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you use any mortgage loan proceeds for purposes other than to buy, build, or substantially improve your home?			14-3
<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you receive an economic stimulus rebate check in 2009? Amount \$			11-3
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have any children who earned more than \$1,800 of investment income?			12-9
<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you pay sales tax on a major purchase in 2009, such as a vehicle, boat, or home?			4-9
<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you roll over any amounts from a retirement account in 2009?			13-21
<input type="checkbox"/> Yes <input type="checkbox"/> No	Will there be any significant changes in income or deductions next year, such as retirement?			15-3
<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you have any uninsured loss to your property in 2009?			4-20
<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you work from a home office or use your car for business?			5-13
<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you sell or transfer any stock or sell rental or investment property?			6-7
<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you receive any income from an installment sale?			6-13
<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you have any investments become worthless in 2009?			8-6
<input type="checkbox"/> Yes <input type="checkbox"/> No	Were you granted, or did you exercise, any employer stock options during 2009?			6-17
<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you pay anyone for domestic services in your home?			14-1
<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you engage in any farming activities?			5-23
<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you purchase a new energy-efficient car, truck, or van?			11-14
<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you make any new energy-efficient improvements to your home, such as new solar panels, solar water heat, wind turbines, geo-thermal heat pumps, etc.?			11-13
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you involved in any bankruptcy, foreclosure, or repossession proceedings?			14-10
Yes No	Are you a member of the military?			14-8
Yes No	Were you a citizen of or live in a foreign country, or receive income from a foreign investment or bank account?			14-13
State information AAA AAA Part AAA				
States of residence during 2009 and dates				
School district				

ITEMIZED DEDUCTIONS		Amount
Medical and Dental (less reimbursement)		
Qualified long-term care premiums		
Medical/dental care insurance premiums (other than self-employed)		
Medicare B premiums from SSA-1099 and RRB 1099-R		
Doctor, dentist, and hospital fees		
Medical aids such as eyeglasses, contact lenses, and hearing aids		
Prescription medicines and drugs		
Other medical and dental expenses		
Taxes Paid		
State and local income taxes paid (including balance due from last year)		
Real estate taxes		
Personal property taxes (such as auto registration)		
Interest Paid		
Home mortgage interest paid to financial institution <i>(enclose Form 1098 or statement)</i>		
Date of Refinance-_____, Length of loan-_____yrs., Points Paid		
Investment interest expense		
Gifts to Charity <i>(if additional lines are needed, attach similar statement)</i>		# of Miles
Contributions of cash of check		Charitable Mileage
Name of charity	Date	Amount
Noncash contributions		
Name and address of organization	Date contributed	Fair Market Value
Casual and Theft Losses <i>(enclose supporting documentation with description and date of event)</i>		
Miscellaneous Deductions Unreimbursed employee business expenses		
Equipment	Business use of Vehicle	
Supplies	Make and model Year	
Phone	Total Miles	
Investment Expenses	Business Miles	
Tax preparation fees	Daily Commuting Miles	
Safe Deposit Box	Parking and Tolls	
Other Miscellaneous Deductions <i>(such items include gambling losses, estate tax)</i>		

