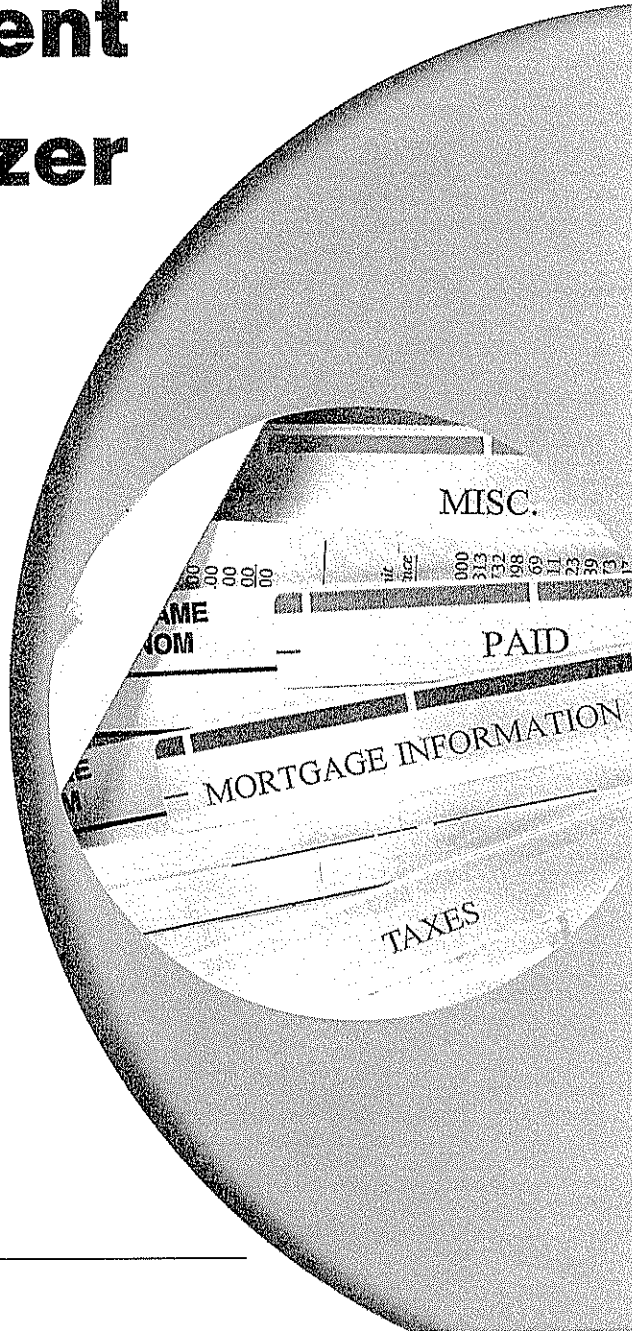


Income Tax Guide and Client Organizer



Name _____

TAX YEAR _____
INCOME TAX GUIDE
AND
CLIENT ORGANIZER

For _____

My income tax appointment is:

date

day of week

time

PROVIDED BY:

KITTREDGE
*
TAX & ACCOUNTING
SERVICES

www.kittredgetaxandaccounting.com

This booklet is provided to assist you in assembling your tax information and to ensure that you are taking advantage of all allowable deductions. Please fill out all pages that apply to you as completely as possible and supply supporting documentation as required. This will enable us to prepare a complete and accurate return reflecting current tax laws.

PERSONAL INFORMATION

Check here if there are no changes from last year
 Check if you want your return **E-Filed**
 Check if you want your refund (if any) **Direct Deposited**
 (Provide account information)
 Married during year (date _____)
 Divorced during year (date _____)
 Spouse died during year (date _____)
 Moved during year (date _____)
 Lost a dependent
 Gained a dependent

Legally blind? You _____ Spouse _____ Disabled? You _____ Spouse _____
 Telephone: Home _____ Office (H) _____ Office (W) _____

Taxpayer _____
 First Name, Middle Initial, Last Name _____ Birthdate _____

Occupation _____ Social Security Number _____

Street Address _____ Township _____

County _____ City _____ State _____ Zip Code _____

Spouse _____
 First Name, Middle Initial, Last Name _____ Birthdate _____

Occupation _____ Social Security Number _____

DEPENDENTS _____ Check here if no change from last year.
 You must provide a Social Security Number for all dependents.

Children living at home

Name (First, M.I., Last)	Soc. Sec. No.	Birthdate
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

Other dependents

Full Name	Soc. Sec. No.	Age	Relationship	Months in home	% of support by you
1. _____	_____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____	_____

INCOME

WAGES / SALARIES / W-2 FORMS

H	W	Name of Employer	Gross Earnings	Withheld Taxes	
			Federal	State	Local

Enclose all copies of W-2 wage statements

INTEREST INCOME

Enclose Forms 1099-INT received. If 1099s not available, please list payers and amounts received. Add separate sheet if necessary.

Name of Payer	Amount	Ownership if Married: H - Husband, W - Wife, J - Joint
Interest from Seller Financed Mortgages (Name, Address, and SS#)		
Interest Portion of Payments on Installment Sales		
Penalty for Early Withdrawal of Savings		

DIVIDEND INCOME

Enclose Forms 1099-DIV. If 1099s not available, please list payers and amounts received. Add separate sheet if necessary.

Name of Payer	Total Dividends	Investment Expense	Withheld Fed. Tax	Non Taxable
1. _____				
2. _____				
3. _____				

Ownership if Married: _____
 H - Husband, W - Wife, J - Joint

Total Gains	Capital Gains Distributions 28% Gains	25% Gains	Sec. 1202 Gains
1. _____			
2. _____			
3. _____			

Any foreign financial accounts or trusts? Yes _____ No _____ If yes, explain.
 (Includes bank and brokerage accounts)

CAPITAL GAINS AND LOSSES

Sale of Property / Real Estate / Stocks / Bonds / Etc.

Furnish the information outlined below, enclose statements from brokers on purchases and sales of stock or commodities, real estate transaction papers, selling expenses, and Form 1099-S.

UNITS	Name of stock or property description	DATES		AMOUNTS	
		W	H	Sales Price	Purchase Price
		↓	↓	↓	↓
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					

Installment Sales:

- If anything above was sold on the installment basis, list line number. # _____
- If so, how much did you receive on the principal during the year? \$ _____
- How much (if any) was received on principal on a prior year's installment sale? \$ _____
- List all interest received from installment sales on previous page with Interest Income.

* If new installment sale, also report selling expenses, mortgage assumed, and, if used in business, accumulated depreciation.

SOCIAL SECURITY

Use amount reported on Social Security Benefit Statement (SSA-1099)	Husband	Cash Received	Medicare Paid	Total
	Wife			
	Enclose SSA-1099			

SALE OF PERSONAL RESIDENCE

- Date old residence acquired: _____ Cost or basis: _____
- Improvements (additions, landscaping, driveway, new roof, etc.): _____
- Fixing-up expenses (painting, repairs, etc. to prepare for sale): _____
- Date old residence sold: _____ Selling price: _____
- Expenses of sale (commissions, legal fees, points, stamps, etc.): _____
- Was any part of the residence rented or used for business? Yes ___ No ___
 - How many months out of the last 60 months before the sale date did you live in it as your principal place of residence? _____
 - If married, did both you and your spouse own the residence? Yes ___ No ___

MISCELLANEOUS INCOME

(Important to list even if not taxable, show losses in brackets) Amount

Alimony (Provide name and SS# of payer)	
Child Support payments/assistance	
Jury duty (or other public service)	
Tips/gratuities (not reported on W-2)	
Prizes/awards/lottery winnings (explain)	
Commissions/bonuses (not reported on W-2)	
Pensions/annuities (furnish Form 1099-R or details)	
IRA/Keogh/SEP/SIMPLE distributions	
Veterans benefits/disability income	
Business/self-employment/farm/rental (furnish a schedule or details)	
Unemployment compensation	
Barter and exchanges	
Scholarships and fellowships	
Workers' compensation/loss of time payments	
Other (explain):	

DEDUCTIONS AND CREDITS

Check the following deduction and credit lists carefully, and from your cancelled checks, paid invoices, or other records, determine your deductible expenditures during the past year. Enter the amount in the space provided after each deductible item. Also enter items you think are deductible that do not appear on the deduction lists so it can be determined whether they are allowable. Keep all paid receipts, contracts, and cancelled checks for these deductions at least three years after the due date for filing.

IRA / KEOGH / SEP / SIMPLE RETIREMENT PLANS

Covered by	Date	Regular	Roth	IRA	Keogh	SEP	SIMPLE
	Pension Plan Deposited	IRA	IRA				
Taxpayer	Y / N	/ /					
Spouse	Y / N	/ /					

In date column show month, day, and year you have or intend to deposit funds. (If various dates, enter "various." If amount not known and you want the maximum deduction, write MAX in appropriate column. Furnish details on rollovers or withdrawals.)

MEDICAL

Medical or Health Savings Account contributions

Drugs and medicine

Prescriptions (doctor prescribed only, general drugs not allowed)
 Insulin

Medical insurance

Insurance premiums paid by you (include Medicare)
 Group health plans (deducted from taxable salary)

Doctors, dentists, clinics, hospitals, etc.

Physicians, dentists, etc.

Clinics, hospitals, etc.

Other

Total mileage all trips

Amount paid by you

Other medical expenses

Acupuncture services
 Ambulance
 Artificial limbs and teeth
 Glasses and eye examinations
 Hearing aids and batteries
 Lab tests
 Medical care in home for aged
 Nurses (expense and board)
 Rental or purchase of medical, healing or convalescent equipment

Amount paid by you

Special schooling and transportation for physically or mentally handicapped
 Support or corrective devices
 Therapy and X-ray
 Transportation (fares for medical care)
 Total mileage for medical (items in this section)
 Other

TAXES

Description of Tax

Real estate taxes (home - do not include special assessments)
 Real estate taxes (other)
 Property tax rebates (if any)
 Personal property tax (if any)
 State or local taxes (not listed elsewhere or on W-2)
 Sales tax
 Other

State Located

Amount of Tax

INTEREST PAID

If you borrowed money after October 12, 1987, bring a list showing the dates, amounts, and the use of the proceeds.

PRIMARY RESIDENCE

Home mortgage paid to financial institution
 Home mortgage paid to an individual (list name, address, and SS#)

Name

Address

Social Security #

SECOND RESIDENCE

Home mortgage paid to financial institution
 Home mortgage paid to an individual (list name, address, and SS#)

Name

Address

Social Security #

Other Loans

Home improvement

Interest on investments

Interest on school loans (when did repayments begin?)

Amount

Contact lending agencies for amount of interest paid during the year if not shown on end-of-year statements or reported by mail.

MOVING EXPENSES

If your residence has changed because you transferred to a new place of employment or because you changed employers, the cost of the move may be deductible. The information below is necessary to determine the amount allowable, if any.

- Distance from former residence to new business location _____ miles
 - Distance from former residence to former business location _____ miles
 - Subtract line 2 from line 1. _____ miles
- If line 3 is less than 50 miles, stop here, you may not deduct moving expenses.
 Date new employment began _____ if "no," date left _____
 Still employed at this location? _____ if "no," date left _____

Transportation of family:

Amount

Expenses for train, bus, air travel, auto (include mileage), etc.

Cost of lodging en route

Cost of moving furniture and personal effects (date of move _____ / _____ / _____)

Moving expenses paid by employer

CASUALTY / THEFT LOSSES

From fire, storm, theft, etc. - if more than one, provide similar detail for each.

Kind of property or item	Date acquired	Cost or basis
Describe how or what happened	Insurance reimbursement	
	Fair market value - before	
	Fair market value - after	
Kind of property or item	Date acquired	Cost or basis
Describe how or what happened	Insurance reimbursement	
	Fair market value - before	
	Fair market value - after	

CONTRIBUTIONS

NOTE: Charitable contributions of \$250 or more at one time require written acknowledgement from the charitable organization. This information must be obtained prior to filing your tax return. In addition, all cash contributions require substantiation.

Church and religious organizations	Amount
Church (name)	
Other religious (name)	

Other charitable organizations	Amount	Amount
Cancer Fund		
Easter Seals	Heart Fund	
Red Cross	Christmas Seals	
Scouts	United Way	
Blind	YMCA/YWCA	
Muscular Dystrophy	Education TV/Radio	
Schools	Veterans' Organization	
	Misc. door-to-door	

OPTION: a summary total may be used above.

Non-cash contributions (fair market value of clothing, furniture, food, etc. Include itemized list if over \$500)

Name of organization	Items donated	Date	Value

Volunteer work - mileage (church, hospitals, or non-profit organizations)

Name of organization	Activity Performed	Parking	Miles Driven

Meals, lodging, and other expenses may also be allowed - list full details.

MISCELLANEOUS DEDUCTIONS

	Amount	Amount
Tax preparation fees		
Union dues	Safety deposit box	
Subscriptions/trade journals	Professional dues	
Uniforms (cost and upkeep)	Tools/shoes/glasses	
Second job mileage	Employment agency fees	
Handicapped job expenses	Job hunting expenses	
Telephone (explain requirement):	Job-related education expenses (explain):	
Investment expenses (describe):		

Alimony paid:

Paid to: _____ Soc. Sec. No.: _____

HOUSEHOLD EMPLOYEES

If you employed persons such as maids, care givers, or gardeners to perform services in your home, the following information is necessary to complete your tax return.

Name of person	Address	ID#	\$ paid

CHILD AND DEPENDENT CARE

If you or your spouse paid someone to care for your child or other qualifying person so either of you could work or look for work, you may be able to take a credit for child and dependent care expenses. A qualifying person is any dependent child under the age of 13 or your disabled spouse who is not able to care for himself or herself. Enter the number of qualifying persons (_____)

Child care provider	Address	ID#	\$ paid

OFFICE IN HOME

Check if justified for business or professional use by Taxpayer _____ Spouse _____ Both _____

Date acquired	Utilities
Cost of land	Interest
Cost of home	Taxes
Cost of improvements	Insurance
Sq. footage of living area	Rubbish & maintenance
Sq. footage of office area	Other

EMPLOYEE BUSINESS EXPENSES

For outside salespersons or individuals not fully reimbursed by employer.

Vehicle mileage (odometer reading)	Vehicle 1	Vehicle 2
A. End of year		
B. Beginning of year		
1. Business miles		
2. Commuting miles		
3. Personal miles		
4. Total miles driven		

Vehicle expense (if both husband and wife have deductions, use vehicle 1 for husband, 2 for wife)

	Vehicle 1	Vehicle 2	Vehicle 1	Vehicle 2
Gas and Oil			Parking and tolls	
Washing and lube			Licenses	
Repairs and maintenance			Lease payments	
Tires/accessories			Interest	
Insurance			Garage rent	

Vehicle 1	Make	Year	Model	Date acq.	Cost or basis
Vehicle 1					
Vehicle 2					

Travel expenses - away from home (number of nights _____)

	Husband	Wife	Husband	Wife
Transportation			Auto rentals	
Lodging			Cabs, bus, etc.	
Meals and tips				

Other business expenses (must have supportive record for entertainment and gifts)

Entertainment		Commissions	
Tickets/events		Gifts/cards	
Postage/freight		Office supplies	
Phone		Dues/subscriptions	
Furniture/equipment		Required education	

Total of above expenses reimbursed

Did you purchase any other business equipment during year? Yes ___ No ___
If yes, provide list of date bought, cost, description and trade-in details.

I have adequate records and sufficient evidence to support use of vehicles and deductions listed above.
(Please sign) _____

REFUNDS, CREDITS, AND TAXES PAID

Credit from last year's tax returns	Federal	State	Local
Cash			
payments for estimated tax			
Balance due on last year's tax returns			
Cash refund on last year's tax returns			

EARNED INCOME CREDIT

If you have more than three qualifying children, only list the three youngest children.

Child's name (first, initial, and last name)	Birthdate	Relationship	# months lived in your home	Full-time student under the age of 24?

- Are you a qualifying child for another taxpayer? Yes ___ No ___
- Is there more than one nonspouse adult occupying the home? (If "no," stop) Yes ___ No ___
- If the other adult is not the child's parent or grandparent, did the adult occupy the home the entire year? (If "no," stop) Yes ___ No ___
- Does the other adult treat your child as his/her own child or grandchild? (If "no," stop) Yes ___ No ___
- Is the other adult's income greater than yours? Yes ___ No ___

PARTNERSHIP, S-CORP, ESTATES AND TRUSTS

Enclose your copies of Schedules K-1, returns or other documents. Enter name, address, and federal Employer Identification Number from any partnership, joint venture, limited liability company, S corporation, estate or trust, for which you do not have a Schedule K-1.

QUESTIONS (For yes answers, supply details)

- Were you eligible to be claimed as a dependent on another tax return? Yes ___ No ___
- Were you notified by the IRS, State, or City of any change to any prior year tax return? Yes ___ No ___
- Did you make any gifts of over \$13,000 in value to any individual? Yes ___ No ___
- Did you have living expenses in a foreign country as a result of income earned abroad? Yes ___ No ___
- Do you have any worthless stocks or uncollectible bad debts? Yes ___ No ___
- Did you receive any reimbursement (medical, insurance) for an expense that was claimed as a deduction on a prior tax return? Yes ___ No ___
- Do you expect any significant changes in income or your tax liability in the coming year? Yes ___ No ___
- Did you receive any income from a source that is not listed in this booklet? Yes ___ No ___
- Do you wish to designate (at no cost to you) \$3.00 of your taxes to the Presidential Campaign Fund? Yes ___ No ___

OTHER CREDITS

Did you pay college tuition for yourself, spouse, or dependent? Yes ___ No ___
(If "yes," attach Form 1098-T and the student account record for each student.)

Did you make any energy-efficient improvements to your principal residence, such as insulation, windows, doors, furnace, etc.? Yes ___ No ___
(If "yes," please provide details on a separate sheet. Include receipts.)

Did you purchase an electric vehicle or electric plug-in vehicle? Yes ___ No ___
(If "yes," attach manufacturer's certification and purchase statement.)

CHECK LIST AND CERTIFICATION

Review amounts and details listed in this tax booklet for completeness and include the following items when presenting your information for preparation of your tax returns:

- 1. This completed Client Organizer.
 - 2. The label pages of the tax booklets and envelopes received from the IRS, State, and City.
 - 3. All W-2 Forms.
 - 4. Estimated tax forms and mailing envelopes.
 - 5. Partnerships, limited liability companies, joint ventures, S corporations, estate and trust documents.
 - 6. Forms 1099 indicating dividend and interest income.
 - 7. Buy/sell statements to cover stock sales, real estate transactions, and installment sales.
 - 8. Copies of sales contracts to determine finance charges.
 - 9. If you are a new client, provide copies of last year's tax returns.
 - 10. Check if payroll reports were filed for household help.
 - 11. Check if you have disability income.
 - 12. Check if you were audited during the past year. Enclose results.
-

OTHER QUESTIONS OR COMMENTS

Please note any other questions or comments on a separate piece of paper and keep with this booklet.

I have reviewed the information contained in this booklet and to the best of my knowledge it is true, correct, and complete.

(Please Sign) _____

WHEN COMPLETE - MAIL - DROP OFF - OR CALL FOR AN APPOINTMENT.