

# INCOME TAX ORGANIZER and DEDUCTION FINDER

with BUSINESS SCHEDULES

Taxable Year \_\_\_\_\_

Use this booklet to assemble and maintain your tax information and insure that you are taking advantage of all allowable deductions. To save tax dollars, fill in the pages that pertain to you as completely as possible. Begin assembling your tax data early to avoid the last minute rush that may result in costly omissions. Information listed may be subject to some limitation because of tax law changes. Our office will apply the current law when your return is prepared.

For: \_\_\_\_\_

My income tax appointment is:

DATE

DAY OF WEEK

TIME

To the best of my knowledge, the enclosed information is correct and includes all income, deductions and other information necessary for the preparation of this year's Income Tax Returns, for which I have adequate contemporaneous records.

Please sign \_\_\_\_\_

\_\_\_\_\_ Date

PROVIDED BY

**LOPEZ, CHAFF & WIESMAN**

**A S S O C I A T E S**

*Your Accounting & Tax Planning Resource*

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# Personal Information

■ Check box if no change from last year.

1

Your Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Occupation \_\_\_\_\_ Soc. Sec. No. \_\_\_\_\_

☐ Single ☐ Joint ☐ Head of Household ☐ Married, filing separately ☐ Widow(er) with dependent child

Spouse's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Occupation \_\_\_\_\_ Soc. Sec. No. \_\_\_\_\_

Telephone: Home ( ) \_\_\_\_\_ Business: Yours ( ) \_\_\_\_\_ Spouse's ( ) \_\_\_\_\_

Cell Phone # - Yours ( ) \_\_\_\_\_ Spouse's ( ) \_\_\_\_\_

Home Fax # \_\_\_\_\_ Home E-mail \_\_\_\_\_

Home Address \_\_\_\_\_ ☐ New? ☐ Own? Date Purchased \_\_\_\_\_

City \_\_\_\_\_ Township \_\_\_\_\_ School District No. \_\_\_\_\_

County \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Rental Information ☐ Rent? Date Rented \_\_\_\_\_ Total rent paid this year \$ \_\_\_\_\_

If you have a new address during the coming year, show here: \_\_\_\_\_

\_\_\_\_\_ Date of Move \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

If you moved your residence because of a transfer or change of employer, see page 9.

With dark pencil or pen, please **write legibly** and indicate if any of the following occurred during the past year.

☐ I was married (date \_\_\_\_\_) ☐ Divorced (date \_\_\_\_\_) ☐ Legally separated (date \_\_\_\_\_)

☐ Lived apart from spouse during the year? Number of months apart \_\_\_\_\_

☐ Death of spouse (date \_\_\_\_\_) ☐ Loss of dependent(s) ☐ Gained dependent(s)

☐ Moved (date \_\_\_\_\_) Legally blind? ☐ You ☐ Spouse Disabled or Handicapped? ☐ You ☐ Spouse

Over 65? ☐ You ☐ Spouse ☐ Named as a dependent on another's tax return? ☐ You ☐ Spouse

☐ Employed Household help (enclose information)

Did you pay any Domestic employee more than \$1,000 the past year? ☐ Yes ☐ No

## Dependents

☐ Check box if no change from last year. All U.S. Citizens? ☐ Yes ☐ No  
Include Soc. Sec. No. for dependents who are age 1 or over. Complete all information below. Dependent children under age 17 may be entitled to a tax credit.

First, Mid. Initial, Last Names of Children at Home	Relationship	Social Security No.	Birth Date
1.		— —	
2.		— —	
3.		— —	
4.		— —	
5.		— —	
6.		— —	

☐ Check if you claimed children not living with you but are allowed under a pre-1985 agreement.

Did any of your children have unearned income? ☐ Yes ☐ No Amount \_\_\_\_\_ Explain on page 15.

► Other dependents: Furnish first and last name & address (Use page 15 if needed)	Relationship and Age	Income	Months lived w/you	% Support from you	(✓) Reason Not Home	Divorce	Sep.	at School
1.								
Soc. Sec. No. — —								
2.								
Soc. Sec. No. — —								



# Refunds, Overpayments and Taxes Paid

2

				Federal	State	Local
Overpayment from last year's tax returns						
Cash Payments for this year's estimated income taxes	Due 4/15/	Date paid ►	Chk. #			
	Due 6/15/	Date paid ►	Chk. #			
	Due 9/15/	Date paid ►	Chk. #			
	Due 1/15/	Date paid ►	Chk. #			
Total Overpayment and Payments to apply on this year's return						
Balance paid on last year's tax returns						
Cash refunds received on last year's tax returns						

## Income

### Summary of Wages Received

Enclose all copies of W-2 forms.  
If more space is needed, use page 15.

H W	Name of Employer	Total Wages	Federal Income Tax Withheld	Soc. Security Wages	S.S. Tax FICA Withheld	Medi- Care Withheld	State Income Tax Withheld	Local Income Tax Withheld

Check your sources of income and provide names of payers and amounts received. Write "NONE" where no income has been received, (H) if ownership by husband, (W) wife, (J) joint ownership in column at left.

HWJ	Include Form 1099's where applicable.	AMOUNT
1.	Alimony received (do not include child support) from: Show name & SSN on p. 15	
2.	Annuity and pension income (include Forms W-2P and 1099R)	
3.	Barter & Exchanges (explain on page 15)	
4.	Bonuses and commissions (not reported on W-2)	
5.	Disability income (if any) may qualify for exclusion	
6.	Hobby income and expense (enclose information)	
7.	Jury duty, election board fees or other public service	
8.	Lottery, contest & gambling winnings (explain on page 15)	
9.	Mutual fund withdrawals (enclose information)	
10.	Partnerships, estates and trusts (use Schedule E, page 14)	
11.	Prizes and awards (explain on page 15)	
12.	Royalty income and expense (enclose schedule)	
13.	Scholarships & fellowships (may be partially taxable) (explain on pg. 15)	
14.	Tips and gratuities (not reported on W-2)	
15.	Uncollectible non-business bad debts (loss) (explain on page 15)	
16.	Unemployment compensation received	
17.	Other income (explain on page 15 or enclose schedule)	
18.	Tax withheld on any of above (explain on page 15)	

5

HWJ				AMOUNT
	Child support payments (Do not include alimony received)			
	Veterans benefits/Disability income			
	Workers compensation awards (Explain on page 15)			
	Non-taxable Dividend distributions			
	Non-taxable Municipal Bond			
Social Security payments received (May be partially taxable)	Net Cash Received	+ Medicare Deducted	\$ = Total	
Enclose Forms SSA 1099 or RRB-1099	Yourself			
	Your Spouse			

## Dividend and Interest Income

Enclose 1099 forms.

From payers statements or other records, list payers and amounts received. Designate by (H) if ownership by Husband, (W) ownership by Wife, (J) joint ownership, (STX) State tax exempt, (FTX) Federal tax exempt.

[illegible]

Forfeited interest penalty for early withdrawal

Interest from seller financed mortgages & contracts (name & address & Soc. Sec. #)



## 4

column. ☐ Check if any 1099 forms not enclosed.

[illegible]

### SALE OF PERSONAL RESIDENCE AND PURCHASE OF NEW RESIDENCE

PROPERTY DESCRIPTION Include copies of tax returns showing prior years' sales.		H, W J	DATES		AMOUNTS	
			Acquired	Sold	Sales Price	Purchase Price
OLD						
NEW						

1. Was any part of residence rented or used for business? YES ☐ NO ☐
2. Was it your principal place of residence for 2 of the last 5 years? YES ☐ NO ☐
3. If Married, do you have same proportionate interest in New as in Old? YES ☐ NO ☐

## Installment Sales

Provide the information outlined below and the sales contract.  
Enclose all escrow papers.

Property description					
Property location					
Date acquired		Date sold		Original cost	
Gross sales price				Depreciation taken to date	
Improvements added				Expense of sale	
Fixing-up expenses				Mortgage assumed by buyer	
Principal rec'd prior year's sale				Interest earned prior year's sale	

If more than one sale, provide information or outline on Page 15.

# Itemized Deductions

5

New limitations dictate that you find as many deductible items as possible. Check the deduction lists carefully, and from your cancelled checks, paid invoices, or other records, determine your deductible expenditures during the past year. Enter the amount for each deductible item and items you think deductible not on the deduction lists, to determine 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.

Medical Insurance	Amount Paid by You	Prescription Drugs	Amount Paid by You
Hospital, medical & dental premiums		Prescriptions (prescribed by doctor only)	
Long term health care premiums			
Group health plan payroll deductions		Insulin (over-the-counter drugs not deductible)	
Self-Employed health plan (limited)		Total mileage – Trips for these purchases	mi.
List insurance company name(s) & amounts on Pg. 15		Medicare deductions or payments	

Doctors, Dentists, Nurses, Hospitals	Total Mileage All Trips	Amount Paid by You

Medical Fix-up Costs	(For handicapped or other medical reason. May not increase fair market value of your home.)	Amount Paid by You
Alterations for better access	Relocating or altering electrical	
Lowering kitchen cabinets	Modifying alarm system	
Elevator installation	Other:	

Other Medical	Amount Paid by You		Amount Paid by You
Acupuncture services		Special schooling and transportation for physically or mentally handicapped	
Ambulance, taxi & bus for med. care		Lab tests	
Artificial limbs and teeth		Medical care in home for aged	
Chiropractor		Medical or Convalescent equipment	
Christian Science Practitioners		Support or corrective devices	
Drug or Alcohol Treatment		Therapy and X-ray	
Glasses and eye examinations		Psychoanalysis, therapy, counseling	
Hearing aids and batteries		Other	

Amount of above reimbursed by insurance if amounts entered above are gross figures	\$
Total mileage & parking for all trips for other medical expense listed above	mi.

Taxes	Amount		Amount
Resident real estate property taxes		Personal property taxes - Auto	
		(Licenses) – Auto	
Property taxes – 2nd home – explain		– Truck	
Property taxes on investment property		– Boat	
State and local income taxes		– Motorcycles	
Foreign income taxes		– Trailer/Motorhome	
Other			



# Interest Paid

6

At the close of the year, by phone or letter, request mailing of a statement of the total interest paid during the year from each lending institution. Provide names where needed. Enclose contracts on purchases the past year.

	Lender	Interest Paid
Mortgage – Primary Residence – First		
– Second		

If either paid to an individual, provide name & address & Social Security number:


Did you refinance your existing mortgage this year? ☐ Yes ☐ No

Bring settlement statement to tax appointment.

Mortgage – Second Home		
Property description:		

Home Equity Loan – Loan Amount:		
Purpose:		
Home Equity Loan – Loan Amount:		
Purpose:		
Home Equity Loan – Loan Amount:		
Purpose:		

Prepayment charges (pay off loan in advance)	
Points paid to acquire loan: <input type="checkbox"/> New Loan <input type="checkbox"/> Refinance	
Purpose:	

Educational Loan Interest Paid For Student	
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INVESTMENT OR BUSINESS LOANS		Purpose	Lender	Interest Paid
Date proceeds rec'd	Date spent			
Date proceeds rec'd	Date spent			
Date proceeds rec'd	Date spent			
Date proceeds rec'd	Date spent			
Date proceeds rec'd	Date spent			

This information should agree with Schedules C (Pg. 11), D (Pg. 4), E (Pg. 10) or F (Pg. 13) in this book.

## Contributions

(Written verification or a receipt from Charity is necessary.)

7

CODE COLUMNS: Indicate by - "R" - Receipted cash or check, "NR" - Non-Receipted Cash, "P" - Contributions of Property (attach description), "M" - Merchandise (attach description). On cash contributions you must have detailed records of amounts paid to whom and date.

	CODE	AMOUNT		CODE	AMOUNT
Cancer Society			St. Vincent DePaul		
CARE			United Way		
Christmas & Easter Seals			Veteran's Organizations		
Heart Fund			Other		
March of Dimes					
Red Cross					
Salvation Army					
Scouts & Campfire Girls					
Out of pocket expenses for work in connection with any charitable organization (i.e., special clothing, out-of-town expenses). Explain on page 15.					
Cost of transportation or mileage for charitable work (_____ mi), tolls, parking					
Fair market value of merchandise or property to recognized charities (attach list with charity names, property description and original cost or note on page 15).					
Churches and religious organizations (name)					
Non-profit organizations specializing in research for physical or mental disorders					

## Miscellaneous Deductions

☐ Husband ☐ Wife (if both, include breakdown)

	AMOUNT		AMOUNT
Adoption expenses paid		Tax preparation costs	
Alimony Pd. to <small>Name</small> <small>SSN</small>		Tools & safety equipment	
Employment agency fees		Transportation to second job	
Gambling losses (to extent of winnings)		Uniforms - cost	
Job-seeking expenses		- maintenance	
Safety shoes & protective clothing		Union dues	
Separate Maintenance		Other	
Educational - deductions/credits - Explain		- fees paid	
		- tuition paid	
INVESTMENT: Supplies		Publications	
		Dues	
		Safe deposit box	

## Casualty Losses

LOSS	Date of Loss	Date Acquired	Claim Filed?	'X' If not Covered	Fair Market Value Before loss	Fair Market Value After loss	Insurance Amount Paid	Remarks
Auto Accidents								
Fire								
Theft								
Storm								
Vandalism								
Other								



# Employee Business Expense

☐ Husband ☐ Wife

8

For outside salespeople and other employees who have business expenses as a condition of employment. Enter these business expenses as outlined below. Need contemporaneous records for amounts shown.

## ► AUTOMOBILE EXPENSES (Use Automobile Expenses section on Page 12.)

☐ Check if you have receipts and/or mileage log.

If employer provided vehicle, is personal use in off-duty hours permitted? ☐ Yes ☐ No ☐ Have written evidence?

## ► TRAVEL EXPENSES (while away from home on business) ☐ Check if you have receipts or log.

Auto Rental		Plane & Railroad Fares	
Lodging & Hotel		Taxi, Bus, Subway	
Meals & Tips		Other	

## ► BUSINESS ENTERTAINMENT AND SELLING EXPENSES – Local ☐ Check if you have receipts or log.

Christmas Cards & Gifts		Lunches	
Commissions Paid		Theater & Sports Tickets	
Dinners & Drinks		Other	

## ► MISCELLANEOUS BUSINESS EXPENSES ☐ Check if you have receipts or log.

Business Cards		Professional Services	
Business Phone at Home		Required Education	
Outside Phone & FAX		Stationery & Supplies	
Postage		Trade Journals & Subscriptions	
Professional Dues		Other	

## ► REIMBURSEMENT REC'D - included in W-2? ☐ Yes ☐ No Portion Meals \_\_\_\_\_ Other \_\_\_\_\_

## ► BUSINESS USE OF HOME ☐ Employee ☐ Rental ☐ Self-employed ☐ Farming

You may qualify if your job necessitates working at home. Personal computer at home? ☐ Yes ☐ No

Date Acquired Home		Utilities	
Cost of Lot		Interest	
Cost of Home		Taxes	
Cost of Improvements		Insurance	
Sq. footage of living area		Rubbish & Maintenance	
Sq. footage of office area		Other	
Sq. footage business storage		If Renting, Rent Paid	

## ► BUSINESS EQUIPMENT & FURNITURE (give information outlined below on items purchased the past year)

Date						
Item						
Amount						

## ► EXPLANATIONS


## Moving Expense

9

If you moved your residence because of transfer to 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. Keep all receipts necessary to substantiate these expenditures.

Date of move \_\_\_\_/\_\_\_\_/\_\_\_\_. Arrival at new location \_\_\_\_/\_\_\_\_/\_\_\_\_.

Distance of former residence to new business location \_\_\_\_\_ miles

Distance of former residence to former business location \_\_\_\_\_ miles

Date new employment began \_\_\_\_/\_\_\_\_/\_\_\_\_ Still employed at this location? \_\_\_\_ If "No," date left \_\_\_\_\_

Transportation of family:

**AMOUNT****AMOUNT**

Fares – Train, Bus, Air Travel

Cost of lodging en route

Auto expense or mileage (actual) \_\_\_\_\_

Cost of moving furniture and personal effects \_\_\_\_\_

Other expenses \_\_\_\_\_

Amount reimbursed by employer (included on W-2? ☐ Yes ☐ No)

## Child and Dependent Care Credit

If you had expenses for care of one or more qualifying individuals (under age 13) to enable you to be gainfully employed or self-employed, you may be entitled to a tax credit. If payment was made to an individual who performed services in your home, have appropriate tax returns on wages for services in the home been filed?

☐ Yes ☐ No If "Yes," enter employer's identification number here.

Name of qualifying children or individuals	Birthdate	Relationship	Period in your household	
			Months	Days

Individual(s) or organization(s) to whom child care expenses were paid. Enter information below:

Name and Address	Social Security or Employer ID#	Relationship	From Month-Day	To Month-Day	Amount

Rec'd tax-free reimbursement under employer-provided child care program? ☐ If Yes (How much? Page 15) ☐ No

## Earned Income Credit

Contact our office. You may be entitled to this credit if you work, have earned income below a certain level, and have a qualifying child who lived in your home in the U.S. this year. To get the credit **you must file a tax return**, even if you do not owe any tax or you did not earn enough money to file a return.



# Schedules for Business Situations

10

## Rental Income and Expense (Schedule E)

Skip this section if you do not own a rental property.

Enter below, for each rental property you own and actively participate in management decisions, the total amount received, expenses paid, and the cost of equipment and improvements in the past year. If property was acquired or sold this year, enclose information. Use corresponding number for each rental property.

▶ KIND AND LOCATION OF PROPERTY		% Ownership	% Personal Use
Rental No. 1—			
Rental No. 2—			
Rental No. 3—			
Rental No. 4—			
▶ Rental Number	1	2	3
▶ Rents received			
▶ Expenses (if you reside on property, do not include expenses that apply to your residence)			
Advertising			
Auto & Travel (Use Sched. Pg. 12)			
Cleaning & maintenance			
Commissions			
Gardening & trash			
Gas, electric			
Insurance			
Interest to institutions			
Legal & Other Prof. Fees			
Other interest paid			
Management fees			
Repairs			
Plumbing			
Electrical			
Painting			
Supplies & replacements			
Taxes – property			
Taxes – other (explain on pg. 15)			
Telephone			
Wages & salaries			
Water			

▶ PURCHASES OF FURNITURE, EQUIPMENT & PROPERTY IMPROVEMENTS (enclose contracts)			
Date	Rental No.	Description of Purchase	Amount

(IF YOU USE SPACE IN YOUR HOME THAT QUALIFIES FOR BUSINESS USE) – use schedule on Page 8.





# Self-Employed Expenses – Continued

12

Check the box that describes your investment in this self-employed activity. ☐ All is at risk. ☐ Some is not at risk.  
 Any change determining quantities or valuations in opening and closing inventory? ☐ Yes ☐ No  
 Did you "materially participate" in the operation of this business during the past year? ☐ Yes ☐ No  
 Do you have losses, credits, deductions, income, or other tax benefits relating to a tax shelter? ☐ Yes ☐ No

## ► AUTOMOBILE EXPENSES (AIRPLANE/MOTORHOME) Use also for employee, rental and farm auto expense.

Answer as completely as possible	VEHICLE #1	VEHICLE #2	VEHICLE #3
<b>Make &amp; Type of Vehicle</b>			
Model Year			
Date Purchased (leased)	____/____/____	____/____/____	____/____/____
Date sold if sold this year	____/____/____	____/____/____	____/____/____
Purchase price	\$ _____	\$ _____	\$ _____
Sales price	\$ _____	\$ _____	\$ _____

## Auto Expenses (detail all expenses for full year per vehicle for total miles driven) ☐ Check if you use mileage log.

(a) Fuel/oil/lubrication/etc.	\$ _____	\$ _____	\$ _____
(b) Repairs/tune-ups	\$ _____	\$ _____	\$ _____
(c) Insurance	\$ _____	\$ _____	\$ _____
(d) Tires/batteries/accessories	\$ _____	\$ _____	\$ _____
(e) Licenses/registration	\$ _____	\$ _____	\$ _____
(f) Lease payments	\$ _____	\$ _____	\$ _____
(g) Sales tax on purchase price if purchased this year	\$ _____	\$ _____	\$ _____
(h) Interest payments on auto this year Lender name _____	\$ _____	\$ _____	\$ _____
(i) Tolls/parking fees (business use only)	\$ _____	\$ _____	\$ _____
(j) Washing/waxing	\$ _____	\$ _____	\$ _____

<b>Mileage</b> at end of the year			
Less Mileage at beginning of year	( _____ )	( _____ )	( _____ )
Total Miles driven during the year	_____	_____	_____
<b>Miles driven</b> for self-employed business purposes			
For Farm business purposes (Sch. F, Pg. 13)			
For Rental business purposes (Sch. E, Pg. 10)			
For Employee Bus. Expense purposes (Pg. 8)			
How many miles driven for commuting purposes?			
How many miles driven for personal use?			

## Retirement Plan Information

If you made contributions to a qualified retirement plan the past year, you may be entitled to the deduction as a self-employed person or as an individual in a qualified retirement savings program. Obtain trustee reports showing IRA values on 12/31 and identification of plan, past year's activity, status of account at end of year, and other pertinent information, so that proper schedules may be filed. Include information on employees covered, if any. If you have more than one plan, include separate information on each. This deduction is subject to some restrictions.

Total amount contributed for the past year on your behalf as a self-employed person	
Total amount contributed for the past year on behalf of your employees	
Total amount you contributed for the past year to your individual retirement savings program	
Total amount your spouse contributed for the past year to individual retirement savings program	
Total amount of distribution, if any, received during the past year (explain on page 15)	
Are you or your spouse an active participant in any of the following Retirement Plans? <input type="checkbox"/> Pension <input type="checkbox"/> Profit Sharing <input type="checkbox"/> Stock Bonus <input type="checkbox"/> Keogh <input type="checkbox"/> Simple <input type="checkbox"/> 401K	
Did you or your spouse receive any lump sum distribution from a Profit Sharing or Pension Plan? <input type="checkbox"/> Yes <input type="checkbox"/> No (explain on page 15)	
Did you convert any existing IRAs to a Roth IRA? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Were any Roth IRA contributions made or planned for this year? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is an IRA planned for nonworking spouse? <input type="checkbox"/> Yes <input type="checkbox"/> No	

# Farm Income and Expense (Schedule F)

Skip this section if you are not engaged in farming.

13

Use this schedule if you have income and expense from farming. Enclose 1099 forms.

Farm Name and Address

Ownership

Employer ID No.

## FARM INCOME — CASH RECEIPTS ▶ Sales of purchased livestock and other items purchased for resale.

DESCRIPTION	DATE ACQ.	AMOUNT REC'D	COST	Did you "materially participate" in this business this year? <input type="checkbox"/> Yes <input type="checkbox"/> No Elect to deduct pre-productive period expenses? <input type="checkbox"/> Yes <input type="checkbox"/> No Is your investment in this activity <input type="checkbox"/> All at risk <input type="checkbox"/> Some not at risk
Livestock:				
Other:				

## ▶ Sales of market livestock and produce raised and held primarily for sale

KIND	AMOUNT	KIND	AMOUNT	KIND	AMOUNT
Calves		Fruits		Soybeans	
Cattle		Hay		Straw	
Corn		Nuts		Swine	
Cotton		Other grains		Tobacco	
Dairy Products		Poultry		Vegetables	
Eggs		Sheep		Wool	

OTHER FARM INCOME	Amount	OTHER FARM INCOME	Amount
Agricultural program payments		Gasoline tax refund	
– in cash		Custom hire (machine work)	
– in material & services		Merchandise received for produce	
CCC loans reported	-	Crop insurance proceeds	
CCC loans forfeited		Other	

## FARM EXPENSES — Cash disbursement—Do not include personal expense not attributable to production of farm income.

ITEMS	AMOUNT	ITEMS	AMOUNT
Attorney & accounting fees		Machine hire	
Auto & truck (use Schedule, Pg. 12)		Meals for employees	
Breeding fees		Office supplies – postage	
Conservation expenses		Poultry purchased	
Employee benefit program		Rent of farm, pasture	
Farm organization & papers		Repairs, maintenance	
Feed purchase		Seeds, plants purchased	
Fertilizers, lime, chemicals		Storage, warehousing	
Freight, trucking		Supplies purchased	
Gasoline, fuel, oil		Taxes	
Insurance – farm portion		Utilities – farm portion	
Interest and bank charges		Veterinary fees, medicine	
Labor hired		Other	

## ▶ BUSINESS, EQUIPMENT, ANIMALS & IMPROVEMENTS – Detail below business property purchased or improvements made the past year. Enclose copy of contract on financed items and information on sale of business property the past year.

Date					
Item					
Amount					

(IF YOU USE SPACE IN YOUR HOME THAT QUALIFIES FOR BUSINESS USE) – use schedule on Page 8.



## Partnerships, Estates and Trusts (Schedule E)

14

Enter Name, Address, Federal employer identification number, your share of earnings, losses, 1st year depreciation, investment credit, and self-employed retirement deduction from any Partnership, Joint Venture, S Corporation, Estate or Trust. Enclose your copies of returns or other data.

NAME AND ADDRESS	TYPE OF ACTIVITY	EMPLOYER ID#	AMOUNT

IT IS IMPORTANT THAT YOU ENCLOSE ALL YOUR K-1'S FOR OUR REVIEW

### Final Check List

- ☐ Your completed Tax Organizer (including signature).
- ☐ The front name & address label page of the tax forms & envelopes received from the IRS, state or city.
- ☐ All W-2 forms.
- ☐ Estimated (ES) Tax forms and mailing envelopes.
- ☐ Copies of returns for partnerships, joint ventures, S corporations, Estates or Trusts.
- ☐ All 1099 forms indicating Dividend, Interest, Pension & IRA income.
- ☐ Buy and sell statements to cover stock sales, real estate transactions and installment sales.
- ☐ Copies of sales contracts to determine finance charges.
- ☐ Trustee reports showing IRA values on 12/31.
- ☐ If you are a new client, provide copies of last year's tax returns.
- ☐ Check if you wish to designate \$3 on this year's taxes to the Presidential Campaign Fund.
- ☐ If joint return, your spouse wishes to designate \$3. This will not increase your tax or reduce your refund.
- ☐ Note State check-offs below and deductions allowed by your state not listed in this book.

### Questionnaire

If you answered Yes to any of the questions below, explain on page 15.

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| 1. Were you notified by the IRS or STATE of any change to any prior year tax return?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Were you audited during the past year? (Enclose results.)  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Did you or your spouse make any gifts of over \$14,000 to any individual?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Did you perform volunteer service away from home on behalf of charities?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Did you own a mobile home or boat that may qualify for second home?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Did you have any foreign income or foreign bank account?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. Did you or your spouse have living expenses in a foreign country as a result of income earned abroad?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8. Do you have any worthless stocks or uncollectible Bad Debts?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 9. Re: Hope Scholarship credit and the Lifetime Learning Credit. Did you pay higher education costs (tuition and fees) the past year for you or for a dependent? Indicate, on page 15 when these were paid and on whose behalf. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

### Application of This Year's Overpayment

If you have an overpayment of this year's taxes, do you want the excess refunded? ☐

Or applied to next year's Estimate? ☐ Other (please explain) ☐ \_\_\_\_\_

### Next Year's Estimated Tax Information

Expect next year's taxable income to be generally the same as this year's? ☐ Yes ☐ No

If "No," explain any differences in income, deductions, dependents, etc.: \_\_\_\_\_

# Explanations and Questions

15

page no.

A **Correspeed**<sup>®</sup> QUICK ORGANIZER

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