

Miscellaneous Information

Name: _____

SSN: _____

Yes	No	General Information
<input type="checkbox"/>	<input type="checkbox"/>	1. Were there any changes to your filing status or number of dependents during 2008?
<input type="checkbox"/>	<input type="checkbox"/>	2. Can you or your spouse be claimed as a dependent by someone else?
<input type="checkbox"/>	<input type="checkbox"/>	3. Did you incur any childcare expenses?
<input type="checkbox"/>	<input type="checkbox"/>	4. Did you have a change in residence or job location during the year?
<input type="checkbox"/>	<input type="checkbox"/>	5. Did you move during 2008? From where? _____ Date of move _____
<input type="checkbox"/>	<input type="checkbox"/>	6. Did you reside in more than one state during 2008? If yes, which states? _____
<input type="checkbox"/>	<input type="checkbox"/>	7. Did you receive any notices from the IRS or the state taxing agency? If yes, please attach.
<input type="checkbox"/>	<input type="checkbox"/>	8. Would you like a copy of your tax return sent to you via email?
<input type="checkbox"/>	<input type="checkbox"/>	9. Did you receive an Economic Stimulus Payment? How much? _____ If yes, please bring IRS Notice 1378 to your appointment.

Yes	No	Income Information
<input type="checkbox"/>	<input type="checkbox"/>	1. Have you received all W-2s from all employers? How many W-2s are attached? _____
<input type="checkbox"/>	<input type="checkbox"/>	2. Did you use your vehicle on the job other than for commuting to work?
<input type="checkbox"/>	<input type="checkbox"/>	3. Did you have an employer-provided vehicle which you drove home or used personally? If so, enter the lease value. \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	4. Did you work out of town at any time during the year?
<input type="checkbox"/>	<input type="checkbox"/>	5. Did you earn income from a state other than the state in which you live? If yes, what state and how much? _____
<input type="checkbox"/>	<input type="checkbox"/>	6. Did you or your spouse receive any tips not reported to your (or your spouse's) employer?
<input type="checkbox"/>	<input type="checkbox"/>	7. Did you receive any disability income during the year? \$ _____. Attach 1099-R.
<input type="checkbox"/>	<input type="checkbox"/>	8. Did you have an interest in or signature over a bank or brokerage account in a foreign country? Were you a grantor of or transferor to a foreign trust?
<input type="checkbox"/>	<input type="checkbox"/>	9. Did you earn interest from, or are you an authorized signature holder on, a foreign bank account?
<input type="checkbox"/>	<input type="checkbox"/>	10. Did you have any income from, or pay taxes to, a foreign country?
<input type="checkbox"/>	<input type="checkbox"/>	11. Did you engage in any bartering transactions during 2008?
<input type="checkbox"/>	<input type="checkbox"/>	12. Did you surrender any U.S. Savings Bonds during 2008?
<input type="checkbox"/>	<input type="checkbox"/>	13. Did you receive any state or local income tax refunds from prior years?
<input type="checkbox"/>	<input type="checkbox"/>	14. Do you or your spouse have any IRA accounts?
<input type="checkbox"/>	<input type="checkbox"/>	15. Did you recharacterize any IRAs this year?
<input type="checkbox"/>	<input type="checkbox"/>	16. Did you or your spouse "roll over" a profit-sharing or retirement plan distribution into another plan?
<input type="checkbox"/>	<input type="checkbox"/>	17. Did you receive a Schedule K-1 from a partnership, S corporation, or trust? If so, please attach.
<input type="checkbox"/>	<input type="checkbox"/>	18. Did you or your spouse receive any social security benefits during the year? Attach Form(s) SSA-1099.
<input type="checkbox"/>	<input type="checkbox"/>	19. Did you receive any type of prize, award, or gambling winnings during 2008?
<input type="checkbox"/>	<input type="checkbox"/>	20. Did you receive any of the following: Unemployment Income, Combat Pay, Jury Duty and/or Alimony, or Maintenance Received? If so, what and how much? _____
<input type="checkbox"/>	<input type="checkbox"/>	21. Did you receive any income not shown in this organizer? If so, please list. _____
<input type="checkbox"/>	<input type="checkbox"/>	22. Does anyone owe you money that has become uncollectible?

Comments: _____

Miscellaneous Information

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Yes	No	Business Information
<input type="checkbox"/>	<input type="checkbox"/>	1. Did you start a new business or purchase any rental property during 2008?
<input type="checkbox"/>	<input type="checkbox"/>	2. Have you purchased any business assets (furniture, equipment, etc.) or converted any assets to business use? If yes, please list on an attached sheet the date placed in service, cost or basis of asset, business use percentage, etc.
<input type="checkbox"/>	<input type="checkbox"/>	3. Did you dispose of any business assets (including real estate)? If yes, please list on an attached sheet the date removed from service, selling price and expense of sale.
<input type="checkbox"/>	<input type="checkbox"/>	4. Did you own rental property? What percentage of time did you spend managing your rentals? _____
<input type="checkbox"/>	<input type="checkbox"/>	5. Did you purchase any gasoline, diesel, or special fuels for non-highway business use?

Yes	No	Other Information
<input type="checkbox"/>	<input type="checkbox"/>	1. Were any tuition costs paid during 2008 (even if classes were attended in another year)?
<input type="checkbox"/>	<input type="checkbox"/>	2. Did anyone in your household attend higher education classes in 2008?
<input type="checkbox"/>	<input type="checkbox"/>	3. Did you incur a loss due to damaged or stolen property?
<input type="checkbox"/>	<input type="checkbox"/>	4. 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 provide all escrow, closing, and other pertinent documentation and information.
<input type="checkbox"/>	<input type="checkbox"/>	5. Did you purchase a home, for the first time, as a principal residence after April 8, 2008? If yes, please provide closing documentation.
<input type="checkbox"/>	<input type="checkbox"/>	6. Did you make any gifts to any one person in 2008 in excess of \$12,000? If so, are you splitting this gift with your spouse?
<input type="checkbox"/>	<input type="checkbox"/>	7. Did you pay wages to any household employees (babysitter, housekeeper, nanny, etc.)?

To itemize deductions, bring receipts and documentation for these types of expenses:

<input type="checkbox"/>	Prescriptions, first-aid
<input type="checkbox"/>	State/local income taxes
<input type="checkbox"/>	Mortgage interest
<input type="checkbox"/>	Tax preparation fees
<input type="checkbox"/>	Gambling losses (up to amount of winnings)
<input type="checkbox"/>	Cash donations to charity (provide all receipts)
<input type="checkbox"/>	Medical/Dental/Vision expenses and insurance premiums, mileage and lodging for seeking medical care (but not meals)
<input type="checkbox"/>	Real estate and personal property taxes paid in 2008
<input type="checkbox"/>	Unreimbursed employee/work-related expenses (if self-employed, do not include items reported on Schedule C)
<input type="checkbox"/>	Fair market value of property donated to charity
<input type="checkbox"/>	Purchase price of new goods donated or used in volunteer work

Comments: _____

Miscellaneous Information

Name:

SSN:

Information to bring to your appointment:

Driver's license & social security card (for identity verification)

Copy of your 2007 income tax return (for comparison and review for all includible information)

Preprinted IRS label received

Original W-2s and other statements of income received from employers

1099s and other statements reporting interest/dividend/miscellaneous income

Records of other income received (tips, self-employment, SSI, combined bank reporting statements)

Cancelled checking/savings slip (for direct deposit/direct debit information)

IRS Notice 1378 for Economic Stimulus Payment

Concerns to discuss with preparer: _____

Personal Data

Taxpayer Name						SSN													
Spouse's Name						SSN													
Address						Apt no.													
Address																			
City				State				ZIP											
County						School District													
Taxpayer phone Daytime:			Ext:			Evening:			Ext:			Cell:							
Spouse phone Daytime:			Ext:			Evening:			Ext:			Cell:							
Taxpayer email						Spouse email													
Taxpayer occupation						Spouse occupation													
Taxpayer Date of Birth		<input type="checkbox"/> Blind		<input type="checkbox"/> Active military		Do you want \$3 to go to the Presidential Election Campaign Fund?						<input type="checkbox"/>							
Spouse's Date of Birth		<input type="checkbox"/> Blind		<input type="checkbox"/> Active military		Does your spouse want \$3 to go to the Presidential Election Campaign Fund?						<input type="checkbox"/>							
Date and time of this year's appointment						Economic Stimulus Payment Amount													
Your Dependents																			
Dependent # 1				Dependent # 2				Dependent # 3											
First name				M.I.		First name				M.I.		First name				M.I.			
Last name				Suffix		Last name				Suffix		Last name				Suffix			
SSN/ITIN				SSN/ITIN				SSN/ITIN											
Relationship				Relationship				Relationship											
No. of months lived with you				No. of months lived with you				No. of months lived with you											
Age/DOB				Age/DOB				Age/DOB											
Qualifying child care expenses incurred and paid in 2008				Qualifying child care expenses incurred and paid in 2008				Qualifying child care expenses incurred and paid in 2008											
Portion of qualifying expenses provided by your employer				Portion of qualifying expenses provided by your employer				Portion of qualifying expenses provided by your employer											
Hope Credit qualified expenses paid				Hope Credit qualified expenses paid				Hope Credit qualified expenses paid											
Lifetime Learning Credit qualified expenses paid				Lifetime Learning Credit qualified expenses paid				Lifetime Learning Credit qualified expenses paid											
Tuition and Fees Deduction				Tuition and Fees Deduction				Tuition and Fees Deduction											
Minor child with income over \$850? <input type="checkbox"/>				Minor child with income over \$850? <input type="checkbox"/>				Minor child with income over \$850? <input type="checkbox"/>											
Income Taxes Paid				Federal				State				Local							
2008 Estimates:		Amount paid		Date paid		Check no.		Amount paid		Date paid		Check no.		Amount paid		Date paid		Check no.	
April 15, 2008																			
June 16, 2008																			
Sept. 15, 2008																			
Jan. 15, 2009																			
2007 overpayment applied																			
2007 Balance due																			
2007 Refund																			
Additional payments made																			
Additional payments made																			
Additional payments made																			

Wages and Salaries

Please attach all W-2(s).

Name:

SSN:

TS	Federal I.D. No.	Company Name					
					Federal wages	2008	
			2007		Federal tax	2008	2007
					State wages	2008	
			2007		State tax	2008	2007
					Locality	2008	
			2007		Local tax	2008	2007
					Federal wages	2008	
			2007		Federal tax	2008	2007
					State wages	2008	
			2007		State tax	2008	2007
					Locality	2008	
			2007		Local tax	2008	2007
					Federal wages	2008	
			2007		Federal tax	2008	2007
					State wages	2008	
			2007		State tax	2008	2007
					Locality	2008	
			2007		Local tax	2008	2007
					Federal wages	2008	
			2007		Federal tax	2008	2007
					State wages	2008	
			2007		State tax	2008	2007
					Locality	2008	
			2007		Local tax	2008	2007
					Federal wages	2008	
			2007		Federal tax	2008	2007
					State wages	2008	
			2007		State tax	2008	2007
					Locality	2008	
			2007		Local tax	2008	2007

Profit or Loss From Business

Schedule C General Information

Name: _____ **SSN:** _____

TS		Principal business or profession	Business code	
Employer I.D. number				
Business name				
Business address				

Accounting method Cash Accrual Other

Inventory method Cost Lower of Cost or Market Other Change of inventory method Yes No

Did you "materially participate" in the operation of this business? Yes No

You started or acquired this business during 2008 Statutory employee wages

Information on your vehicle	2008	2007		<input type="checkbox"/> Yes <input type="checkbox"/> No
Date placed in service			Available when off duty	
Business miles before July 1		Total miles for 2007	Another vehicle available	
Business miles after June 30			You have evidence	
Commuting miles			It is written	
Other miles				

Other Information	2008	2007
Family Health Coverage		

Income	2008	2007
Gross receipts or sales		
Returns and allowances		
Other income (list on detail worksheet)		

Cost of Goods Sold	2008	2007
Inventory at beginning of the year		
Purchases (less cost of items withdrawn for personal use)		
Cost of labor		
Materials and supplies		
Other costs (list on detail worksheet)		
Inventory at end of year		

Itemized Deductions

Name:		SSN:			
	2008	2007	GIFTS TO CHARITY (attach receipts)	2008	2007
MEDICAL and DENTAL			Total gifts by cash or check		
Health insurance premiums			Portion of amount above for disaster relief		
Long term care premiums			30% limitation		
Medical miles before July 1		Total miles for 2007	Charitable miles		
Medical miles after June 30			Midwestern disaster relief miles before July 1		
Other medical and dental expenses (list):			Midwestern disaster relief miles after July 1		
			Other than by cash or check		
			Carryover from prior year subject to:		
			50% limitation		
			30% limitation		
			30% limitation capital gain property		
			20% limitation		
			JOB EXPENSES (list):		
TAXES					
State and local income taxes					
Sales tax					
Real estate taxes					
Taxes that qualify for State Property Tax Credit					
Personal property taxes					
Other taxes (list):					
			Tax preparation fees		
INTEREST			OTHER EXPENSE (list):		
Home mort. int. & points on Form 1098					
Home mort. int. not on Form 1098					
Name:					
Address:					
SSN/EIN:					
Points not reported on Form 1098			MISCELLANEOUS DEDUCTIONS NOT SUBJECT TO 2% LIMIT		
Qualified mortgage insurance premiums					
Investment interest					