income tax

Client Tax Organizer

associates

Please complete this questionnaire before your appointment. Prior year clients - only fill in changes on Sections 1 & 2.

1. Personal Info								-	The second second
	Name		Soc. S	Sec. No.	Date of I	Birth	Occupation	W	ork Phone
Taxpayer			***************************************						
Spouse									
				**.			prog 9		
Street Address			(City	State		Zip	H	ome Phone
						en e			
Marital Status:	□ Marı	ried		Single		□ Widov	u(er)		
	e file jointly:		Date of D		Date	of Spouse's			
2. Dependents	(Children	& Others)							
Name Name	The second secon	Relationship	Date	Social 5	Security No.	Months	Disabled	Full	Dependent's
(First, Last			of			Lived		Time	Gross
			Birth			W/You		Student	Income
					The second secon				
100 100 100 100 100 100 100 100 100 100					,				
Child & Oth		ent Care I							
Name of Care P	rovider		F	Address	2		Soc. Sec. N Employer		Amount Pai
				***************************************	` 		Employer	ID	
Also complete this s	section if you r	receive deper	dent care	benefits	from your emp	oloyer.			
2 Wage C	alary Incon		5 -	1	1 4 X	iterest I			, , , , , , , , , , , , , , , , , , ,
Attach W-2s	arary rincon		ron Co.	ouse	And the last of th			ements	Amount
Employer:		Taxpay	er Spc	buse	Attach 1099-INT & broker statements Payer:			Allound	
					The state of the s				
					1				
5. Dividen	d Income				Tax Exer	npt			
From Mutual Funds		ttach 1000_D	IV		enchanologie companio national distribution del construire del con		NA annual control control and a second control and		
Payer	Ordinary	Capital	No	n-	L				
		Gains	Taxa		(T)		· m .	107 4 4 W	
					and the second second second second		ip, Trust,		
							nership, limi or estate ince		
					corpora	don, trust,	or estate mo	ome – Au	ich K-1
							A property of the property of		
	1								
7. Investm									
Stocks, Bonds, Mut			tnership		City of Person and the Control of th				
	Investment		TO STORE SOME SOME SOURCE	Da	te Acquired/S	old	Cost	S	ale Price
					1				
					1				
				1	1				

8. Property S	old	
Attach 1099-S and	closing statem	ents
Property	Date Acquired	Cost & Imp.
Vacation Home		
Land		
Other		

Attach 10	99-R				
Payer	Reason for		Reinv	ested?	
	Payment	Y	es	N	0
Did you r	you receive: Taxı		ayer	Spouse	
Attach SSA	1099, RRB 1099	Yes	No	Yes	No
Social Se	curity Benefits				
Railroad	Retirement				

12. Medical/Dental Expenses	
Medical Insurance Premiums (paid by you)	
Prescription Drugs	
Insulin	
Glasses, Contacts	
Hearing Aids, Batteries	
Braces	
Medical Equipment, Supplies	
Nursing Care	
Medical Therapy	
Hospital	
Doctor/Dental/Orthodontist	
Mileage (no. of miles)	

14. Interest Expense	N. C. Y. Level of the
Mortgage interest paid (attach 1098)	
Interest paid to individual for your home	
Paid to:	
Name:	
Address:	
Social Security No.	
Investment Interest	

Church	
United Way	
Scouts	
Telethons	
University, Public TV/Radio	
Heart, Lung, Cancer, etc.	
Wildlife Fund	
Salvation Army, Goodwill	
Other	
Non-Cash	
Volunteer No. of miles @ 14¢	

	for tax year incom	ic		
	Amount	Date	Ro	th?
Taxpayer				
Spouse				
Amounts with	Irawn. Attach 10	99-R & 5498		
Plan Trustee	Reason	for	Reinve	sted?
	Withdr	awal	Yes	No

11. Other Income List all other income (including non-taxable)	
Alimony Received	
Child Support	
Scholarship (Grants)	
Unemployment Compensation (repaid)	
Prizes, Bonuses, Awards	
Gambling, Lottery (expenses)	
Unreported Tips	
Director / Executor's Fee	
Commissions	
Jury Duty	
Worker's Compensation	
Disability Income	
Veteran's Pension	
Payments from Prior Installment Sale	
State Income Tax Refund	
Other	
Other	
13. Taxes Paid	
Real Property Tax	
Personal Property Tax	
Other	

Date Paid	Federal	State

Education Ex	penses Foam 10	
Student's Name	Type of Expense	Amount

income tax

associates Rental Income & Deduction Organizer

Page 1061

S	
Rents received during year: Do relatives or "good" friends live in property? If rents are considered low, specify reason. Repairs: Description Apt. No. Amount Carpentry \$ Plumbing \$ Electrical \$ Painting \$ Appliance(s) \$ & repairs \$ Oil burner cleanup and repair \$ Outside house \$ Roofing \$ Purchased small tools \$ Other Expenses: Water and sewer \$ Do you provide utilities for your tenants? If yes, Electricity \$ Insurance (Fire, liability, and FHA, etc.) \$ Insurance (Fire, liability, and FHA, etc.) \$ Samount Appl. No. Amount Apt. No. Amount Specifical service s	
Do relatives or "good" friends live in property? If rents are considered low, specify reason. Repairs: Description Apt. No. Amount Carpentry \$ Plumbing \$ Electrical \$ Painting \$ Appliance(s) \$ & repairs \$ Oil burner cleanup and repair \$ Outside house \$ Roofing \$ Purchased small tools \$ Other \$ Cother Expenses: Water and sewer \$ Do you provide utilities for your tenants? If yes, Electricity \$ Insurance (Fire, liability, and FHA, etc.) \$ Insurance (Fire, liability, and FHA, etc.) \$ Samount Appl. No. Amount Apt. No. Amount Special conditions Apt. No. Amount Special conditions Appl. No.	
If rents are considered low, specify reason.	
Repairs: Description Apt. No. Amount Carpentry \$ \$ Plumbing \$ \$ Electrical \$ \$ Painting \$ \$ Appliance(s) \$ \$ & repairs \$ \$ Oil burner cleanup and repair \$ \$ Outside house \$ \$ Roofing \$ \$ Purchased small tools \$ \$ Other \$ \$ Other Expenses: Water and sewer \$ Water and sewer \$ \$ Do you provide utilities for your tenants? \$ If yes, Electricity \$ Oil \$ Gas \$ Insurance (Fire, liability, and FHA, etc.) \$	
Carpentry S S S S S S S S S	
Carpentry S S S S S S S S S	
Carpentry S S S S S S S S S	
S	
Plumbing	
S S S S S S S S S S	
S Painting S S S S S S S S S	Parameter (all control of the control
S Painting S S S S S S S S S	
Painting \$ Appliance(s) \$ & repairs \$ Oil burner cleanup and repair \$ Outside house \$ Roofing \$ Purchased small tools \$ Other \$ S \$ Other \$ If yes, Electricity Oil Insurance (Fire, liability, and FHA, etc.) \$	AND THE PROPERTY OF THE PARTY O
S	A committee country of the country of
Appliance(s) \$ \$ & repairs \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	14 (
& repairs \$ Oil burner cleanup and repair \$ Outside house \$ Roofing \$ Purchased small tools \$ Other \$ Other \$ Do you provide utilities for your tenants? \$ If yes, Electricity \$ Oil \$ Gas \$ Insurance (Fire, liability, and FHA, etc.) \$	
Oil burner cleanup and repair \$ Outside house \$ Roofing \$ Purchased small tools \$ Other \$ \$ \$ Dother Expenses: \$ Water and sewer \$ Do you provide utilities for your tenants? \$ If yes, Electricity \$ Oil \$ Gas \$ Insurance (Fire, liability, and FHA, etc.) \$	
Outside house	
Roofing	
Purchased small tools	
Other Expenses: Water and sewer	
Other Expenses: Water and sewer	The country of the Co
Water and sewer	NAME OF TAXABLE PARTY.
Water and sewer	7. 4
Water and sewer	
If yes, Electricity \$Oil \$Gas \$ Insurance (Fire, liability, and FHA, etc.)\$	ħ.
If yes, Electricity \$Oil \$Gas \$ Insurance (Fire, liability, and FHA, etc.)\$	
Insurance (Fire, liability, and FHA, etc.)	
Mortgage interest\$	
Real estate taxes\$	
Do you have any home improvement loans?	
Years of Loan Amount Borrowed \$ Monthly Payment \$	-
Months paid during year	14.
Rental Commissions or Advertising\$	
Hardware and supplies	
Do you use your auto to pickup supplies, etc.?	
[
Improvements (during year) Description Apt. Co	et
2	

For Office Use Only

If new client, list when house purchased, cost and all improvements since date purchased to current tax year.

income tax

Self Employment Tax Organizer

Self-Employed Business Income & Ex	DY on	ПУоч	Suppli	20		T	T	
Must keep different businesses separated and the businesses of each spouse separate	DSp.	□Sp.		Payroll (provide	-B B			
	Liop.	Lasp.	1 dags.	Sales	an payion reports,	<u>'</u>		
Income: Gross Receipts or sales		-	Denmor					
Returns and Refunds			Proper	<u>ty</u>			-	
Other			Other			-		
Other		-	Travel	N 1 0 F				
Cost of Inventory at Beginning of Year				ss Meals & En				
Cost of Merchandise Purchased		-	Contract Con	Senerally limit \$25	per person per yea	r)		
Cost of Items for Personal Use			Teleph					
Cost of Inventory at End of Year			Utilitie					
Advertising			Wages					
Bank Charges				Education & S				
Car Expenses				Equipment, Fu	anduse, improv	vements (*h	st below)	
Commissions								
Dues and Publications								
Freight				if Forms 1099				
Health Insurance				if Home Office				
Insurance (not life)				if Keogh or HI				
Interest: Mortgage Paid to Banks			*Equi	pment, Furnit	are, împrovei			
Other				Description		Date Acquired	1 0	ost
Legal and Professional Services								
Office Expenses								
Rent or Lease: Machinery/Equipment								
Rent or Lease: Other Business Property								
Repairs								
Automobile Expenses				Business M	lleage -	**************************************		
	Vehicle 1	Vehicle 2				TOTAL CONTROL OF THE	Velsicle 1	Vehicle
				Vehicle Des	cription (make	, model)		
Gasoline, Oil, Lubrication					ally Purchased		1 1	/ /
Repairs & Maintenance				Cost of Veh	icle (year purc	hased)		
Tires, Batteries, etc.				Parking		` `		
Insurance (don't duplicate)					Driven This Yo	car	TIS.	- 1
				Business Mi				11/1/
License & Taxes (don't duplicate)				For your			193	i 1
Interest (don't duplicate)					sional meeting	S	100	i ı
Wash & Wax				Between	1st and 2nd job		B	i
Lease Payments				From job	to school		w	i i
Other				Job seekir			103	
Other				For invest	tment and tax p	жер.	201	
Business expense deductions must be based				Rental act	tivities		131	
and records. The combination of records she	ould docum	ent: the bus	iness	Self empl	oyed business		100	i i
purpose, date and time, place, and amount.				Тешрогаг	y job site, or o	ther:	100	i i
Away From Home Expenses								
				Your Ex	(Denses	Snors	e Expens	es
				Relate			lated to:	
				Employment	Self Emp.	Employment	t Self	
					Business			mess

		Your Expenses Related to:		Spouse Expenses Related to:	
	Employment	Self Emp. Business	Employment	Self Emp. Business	
Airfare, Train, Bus					
Auto Rental, Taxi, etc.					
Meals & Meal Tips					
Lodging					
Laundry					
Tips					
Other					

³ For business meals and entertainment, you must also document that (1) you discussed business during the meal, or (2) you had a substantial and bonafide business discussion or activity before or after the meal/entertainment, or (3) you are alone while out of town. You must record the name and business relationship of each person entertained.

Professional Business Expenses

1. Union dues & initiation fees	(Music	ian, Artist, Writer, Composer, Free Lance Artist)	Schedule A	Self Employed		
2. Instrument repairs & supplies 3. Music, manuscript, paper supplies 4. Publicity, photos, flowers (opening night) 5. Tuxedo, concert attire, costumes, etc. 6. Laundry 7. Accompanists 8. Substitutes 9. Tapes, recordings 10. Agent/Management fees 11. Lessons 12. Books, publications, journals 13. Concert fees for study 14. Stage cosmetics 15. Demo tapes and recording fees 16. Gifts (\$25 or under each) 17. Entertainment 18. Meals (business discussed) 19. Travel expense (air, bus, taxi, etc.) 20. Meals and lodging (overnight only) 21. Recital expenses: Hall rental, or other: 22. Telephone: Basic: long distance calls 23. Postage, mailing Equipment: Type: Cost: 5				Schedule C		
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Equipment: Type: Cost: S	23.	Postage, mailing				
Type: Cost: S						
Type: Cost: expenses. Airfare, Train, etc Lodging Meals (no. of days) Taxi, Car Rental Other Train Received S Reimbursement Received S Other Deductions Alimony Paid to: Social Security No.	Equipme	nt		mount give total		
Airfare, Train, etc Lodging Meals (no. of days Taxi, Car Rental Other Reimbursement Received S Comparison Alimony Paid to: Social Security No.		Type: Cost:		mount, give total		
Meals (no. of days Taxi, Car Rental Other The Rental Reimbursement Received S CRE 2017 DIVOREE Other Deductions Alimony Paid to: Social Security No.	-	\$				
S Meals (no. of days Taxi, Car Rental Other Vinx Parladation Reimbursement Received S Other Deductions Alimony Paid to: Social Security No.		S				
S Other The Readantion Reimbursement Received S CRE 2017 DIVOREE Other Deductions Alimony Paid to: Social Security No.			Meals (no. of days			
S Reimbursement Received S CARE 2017 DIVOREE S Other Deductions Alimony Paid to: Social Security No.	No.		- 1			
S S Che 2017 Divorce S Other Deductions Alimony Paid to: Social Security No.	tion to the second		W			
S Other Deductions Alimony Paid to: Social Security No.			Remodiscincia Received			
S Other Deductions S Alimony Paid to: Social Security No.	****	<u> </u>				
SOther Deductions SAlimony Paid to: Social Security No.	-	\$	Cas 2017 DINORES.			
S Alimony Paid to: Social Security No.	-					
Social Security No.						
	Additionations		Student Interest Paid			