

Tax Organizer Questions

At any time during the year did you have the following?		YES	NO
1	Wages, tips or other compensation?	___	___
2	Interest income?	___	___
3	Dividend income?	___	___
4	Self employment income?	___	___
5	Rental income? (If yes, Attach detail)	___	___
6	Income from S corp., LLC, Partnerships, Estates or Trust?	___	___
7	Social security income?	___	___
8	Distribution from pension/IRA?	___	___
9	Unemployment compensation?	___	___
10	Alimony?	___	___
11	Farm operations?	___	___
12	Gambling winnings/losses?	___	___
13	Miscellaneous income (prizes, awards, jury duty etc...)	___	___
14	Sale of real estate? (Attach closing statements)	___	___
15	Sales of stocks, bonds and other capital gain income?	___	___
16	Are you receiving installment payments on sale of property?	___	___
17	Do you have any household employees?	___	___
18	Do you provide a home for or help support anyone not listed in the dependent section (2)?	___	___
19	Did you pay interest on student loans?	___	___
20	Did you pay tuition expenses for higher education?	___	___
21	Did you make a gift of more than \$11000 to one or more people?	___	___
22	Did you go through bankruptcy proceedings?	___	___
23	Did you receive any notices from the IRS of State Department? If yes, please attach notice(s).	___	___
24	Do you have a home mortgage? If, yes did you refinance your home this year?	___	___
25	Do you use a portion of your home exclusively for a business? If yes, Total sq ft. _____ Office sq ft. _____	___	___
26	Did you itemize deductions last year and receive a state refund?	___	___
27	Did you give over \$500 in non cash contributions to charity?	___	___
28	Did you have out of pocket expense or use personal auto on the job?	___	___
29	Did you make estimated tax payments for the current year?	___	___
30	Did you contribute to an IRA , SEP, Keogh, Simple retirement plan?	___	___
31	Did you pay child or dependent care expenses? (attach detail)	___	___
32	Can you be claimed as a dependent by someone else?	___	___
33	Did you pay for private or employer sponsored health insurance on you or you dependent children?	___	___
34	Did you pay long-term care insurance premiums?	___	___
35	If you qualify, do you want to file your returns electronically at no charge?	___	___
36	Please provide me with a 5 digit pin for the electronic signature> Taxpayer _____ Spouse _____	___	___
37	Do you want your refund directly deposited to your bank account?	___	___
38	Do you want the federal balance due if any, drafted from your account? If yes to 37 or 38 , attach copy of voided check.	___	___
39	May the IRS discuss this return with the preparer (Deborah A. Groce)?	___	___

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 _____

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) _____

13. Taxes Paid

Real Property Tax (attach bills) _____
Personal Property Tax _____
Other _____

14. Interest Expense

Mortgage interest paid (attach 1098) _____
Interest paid to individual for your home (include amortization schedule) _____
Paid to:
Name _____
Address _____
Social Security No. _____
Investment Interest _____

15. Casualty/Theft Loss

For property damaged by storm, water, fire, accident, or stolen.
Location of Property _____
Description of Property _____
Amount of Damage _____
Insurance Reimbursement _____
Repair Costs _____
Federal Grants Received _____

16. Charitable Contributions

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) _____

17. Job-Related Moving Expenses

Date of move _____
Move Household Goods _____
Travel to New Home (no. of miles) _____
Lodging During Move _____

18. Employment Related Expenses That You Paid (Not self-employed)

Dues - Union, Professional _____
Books, Subscriptions, Supplies _____
Licenses _____
Tools, Equipment, Safety Equipment _____
Uniforms (include cleaning) _____
Sales Expense, Gifts _____
Tuition, Books (work related) _____
Entertainment _____
Office in home:
In Square a) Total home _____
Feet b) Office _____
c) Storage _____
Rent _____
Insurance _____
Utilities _____
Maintenance _____

19. Child & Other Dependent Care Expenses

Name of Care Provider	Address	Soc. Sec. No. or Employer ID	Amount Paid

Also complete this section if you receive dependent care benefits from your employer.

20. Business Mileage

Do you have written records? Yes No

Did you sell or trade in a car used for business? Yes No

If yes, attach a copy of purchase agreement

- Make/Year Vehicle _____
- Date purchased _____
- Total miles (personal & business) _____
- Business miles (not to and from work) _____
- From first to second job _____
- Education (one way, work to school) _____
- Job Seeking _____
- Other Business _____
- Round Trip commuting distance _____
- Gas, Oil, Lubrication _____
- Batteries, Tires, etc. _____
- Repairs _____
- Wash _____
- Insurance _____
- Interest _____
- Lease payments _____
- Garage Rent _____

21. Business Travel

If you are not reimbursed for exact amount, give total expenses.

- Airfare, Train, etc. _____
- Lodging _____
- Meals (no. of days _____) _____
- Taxi, Car Rental _____
- Other _____
- Reimbursement Received _____

22. Investment-Related Expenses

- Tax Preparation Fee _____
- Safe Deposit Box Rental _____
- Mutual Fund Fee _____
- Investment Counselor _____
- Other _____

23. Estimated Tax Paid

Due Date	Date Paid	Federal	State

24. Other Deductions

Alimony Paid to _____
 Social Security No. _____ \$ _____
 Student Interest Paid _____ \$ _____

25. Education Expenses

Student's Name	Type of Expense	Amount

Residence:
 Town _____ County _____
 Village _____ School District _____
 City _____

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 records.

_____ Date _____
 _____ Date _____