INDIVIDUAL TAX ORGANIZER LETTER (FORM 1040)

AICPA

Tax Section

Enclosed is an income tax data organizer that _____ provide to tax clients to assist them in gathering the information necessary to prepare their individual income tax returns.

The Internal Revenue Service (IRS) matches information returns/forms with amounts reported on tax returns. A negligence penalty may be assessed when income is underreported or when deductions are overstated. Accordingly, all information returns reflecting amounts reported to the IRS also are mailed or delivered to the taxpayers in an envelope clearly marked "IMPORTANT TAX DOCUMENTS ENCLOSED" and should be submitted with this organizer. Forms such as:

W-2 (Wages)	Schedules K-1
1099-R (Retirement)	(Forms 1065, 1120S, 1041)
1099-INT (Interest)	
1099-DIV (Dividends)	Annual Brokerage Statements
1099-B (Brokerage Sales)	1098 — Mortgage Interest
1099-MISC (Rents, etc.)	Other tax information statements
1099 (any other)	8886, Reportable transactions
1098-T (Education)	Form HUD-1 for Real Estate Sales/Purchases

Also enclosed is an engagement letter which explains the services ______ will provide to you. Please sign a copy of the engagement letter and return the signed copy in the enclosed envelope. Keep the other copy for your records.

To continue providing quality services on a timely basis, ______ urge you to collect your information as soon as possible. If information from "pass-through" entities such as partnerships, trusts and S corporations is the only data you are missing, please send the data you have assembled and forward the missing information as soon as it is available.

The filing deadline for your income tax return is ______. In order to meet this filing deadline your completed tax organizer needs to be received no later than ______. Any information received after that date may require that an extension of time be filed for this return.

If an extension of time is required, any tax due must be paid with that extension. Any taxes not paid by the filing deadline may be subject to late payment penalties and interest.

_____ look forward to providing services to you. Should you have questions regarding any items, please do not hesitate to contact _____.

INDIVIDUAL TAX ORGANIZER LETTER (FORM 1040)

Taxpayer's name	SSN	۱		Occupation		
Spouse's name	SSN	SSN		Occupation		
Home address						
City, town or post office	County	State		ZIP code	School district	
Telephone number	Telephone num	ber (Taxpayer)		Telephone r	number (Spouse)	
Home	Office			Office		
Email (T)	Fax			Fax		
Email (S)	Cell			Cell		
	Email			Email		
Taxpayer: Date of Birth		Blind? Yes				
Spouse: Date of Birth		Blind? Yes				

Dependent Children Who Lived With You:

FULL NAME	SSN	RELATIONSHIP	BIRTH DATE
1.			
2.			
3.			
4.			
5.			
6.			
7.			

► Other Dependents:

. .

FULL NAME	SSN	RELATIONSHIP	BIRTH DATE	NUMBER MONTHS RESIDED IN YOUR HOME	% SUPPORT FURNISHED BY YOU
8.					
9.					
10.					

INDIVIDUAL TAX ORGANIZER LETTER

Please answer the following questions and submit details for any question answered "Yes":	YES	NO	COMMENTS OR EXPLANATION
 1) Did any births, adoptions, marriages, divorces, or deaths occur in your family last year? If yes, provide details. 			
2) Will the address on your current returns be different from that shown on your prior year returns? If yes, provide the new address and date moved.			
3) Were there any changes in dependents from the prior year? If yes, provide details.			
4) Are you entitled to a dependency exemption due to a divorce decree?			
 5) Did any of your dependents have income of \$1,000 or more? (\$400 if self-employed) 			
6) Did any of your children under age 19, or under age 24 if they are a full-time student, have investment income over \$2,000?			
If yes, do you want to include your child's income on your return?			
7) Are any dependent children married and filing a joint return with their spouse?			
8) Did any dependent child 19–23 years of age attend school full-time for less than five months during the year?			
 9) Did you receive income from any legal proceedings, cancellation of student loans or other indebtedness during the year? If yes, provide details. 			
10) Did you make any gifts during the year directly or in trust exceeding \$14,000 per person?			
11) Did you have any interest in, or signature, or other authority over a bank, securities, or other financial account in a foreign country?			
12) Were you the grantor, transferor, or beneficiary of a foreign trust?			

INDIVIDUAL TAX ORGANIZER LETTER

Please answer the following questions and submit details for any question answered "Yes":	YES	NO	COMMENTS OR EXPLANATION
13) Were you a resident of, or did you have income from, more than one state during the year?			
14) Do you wish to have \$3 (or \$6 on joint return) of your taxes applied to the Presidential Campaign Fund?			
15) Do you wish to contribute to any state fund(s)? If yes, indicate amount(s) and which fund(s):			
16) Do you want any overpayment of taxes applied to next year's estimated taxes?			
17) Do you want any federal or state refund deposited directly into your bank account? If yes, enclose a voided check.			
 Do you want any balance due directly withdrawn from this same bank account on the due date? 			
2) Do you want any balance due directly withdrawn from this same bank account on the due date?			
18) Do either you or your spouse have any outstanding child or spousal support payments or federal debt?			
19) If you owe federal or state tax upon completion of your return, are you able to pay the balance due?			
20) Do you expect a large fluctuation in your income, deductions or withholding next year? If yes, provide details.			
21) Did you receive any distribution from an IRA or other qualified plan that was partially or totally rolled over into another IRA or qualified plan within 60 days of the distribution (Form 1099R)?	•••••		

INDIVIDUAL TAX ORGANIZER LETTER

Please answer the following questions and submit details for any question answered "Yes":	YES	NO	COMMENTS OR EXPLANATION
 22) If you received an IRA distribution, which you did not roll over, provide details (Form 1099R). 			
 23) Did you "convert" IRA funds into a Roth IRA? If yes, provide details (Form 1099R). 			
24) Did you receive any disability payments this year?			
25) Did you receive tip income not reported to your employer?			
26) Did you sell or purchase a principal residence or other real estate? If yes, provide settlement sheet (HUD-1) and Form 1099-S.			
▶ 27) Did you collect on any installment contract during the year? Provide details.			
28) Did you receive tax-exempt interest or dividends not reported on Forms 1099-INT or 1099 -DIV?			
29) During this year, do you have any securities that became worthless or loans that became uncollectible?			
30) Did you receive unemployment compensation? If yes, provide Form 1099-G.			
31) Did you receive, or pay, any Alimony during the year? If yes, provide details.			
32) Did you have any casualty or theft losses during the year? If yes, provide details.			
33) Did you have foreign income, pay any foreign taxes, or file any foreign information reporting or tax return forms? Provide details.			

INDIVIDUAL TAX ORGANIZER LETTER

Please answer the following questions and submit details for any question answered "Yes":	YES	NO	COMMENTS OR EXPLANATION
34) If there were dues paid to an association, was any portion not deductible due to political lobbying by the association or benefits received?			
35) Did you, or do you plan to contribute before April 15, 2015, to a traditional IRA, or Roth IRA for last calendar year? If yes, provide details.			
36) Did you, or do you plan to contribute before April 15, 2015, to a health savings account (HSA) for last calendar year? If yes, provide details.			
37) Did you receive any distributions from a health savings account (HSA)? If so, provide details.			
38) Has the IRS, or any state or local taxing agency, notified you of changes to a prior year's tax return? If yes, provide copies of all notices or correspondence received.			
39) Are you aware of any changes to your income, deductions and credits reported on any prior years' returns?			
40) Did you purchase gasoline, oil, or special fuels for non-highway use vehicles? or dividends not reported on Forms 1099-INT or 1099-DIV?			
41) Did you purchase an energy-efficient or other new vehicle? If yes, provide purchase invoice.			
42) If you, or your spouse, have self-employment income, did you pay any health insurance premiums or long-term care premiums?			
43) Were either you or your spouse eligible to participate in an employer's health insurance or long-term care plan?			
44) If you, or your spouse, have self-employment income, do you want to make a retirement plan contribution?			
45) Did you acquire any "qualified small business stock"?	• • • • • • • • •		

INDIVIDUAL TAX ORGANIZER LETTER

Please answer the following questions and submit details for any question answered "Yes":	YES	NO	COMMENTS OR EXPLANATION
 46) Were you granted or did you exercise any stock options? If yes, provide details. 			
 47) Were you granted any restricted stock? If yes, provide details. 	••••••		
• 47) Were you granted any restricted stock: If yes, provide details.			
▶ 48) Did you pay any household employee over age 18 wages of \$1,800 or more?			
If yes, provide copy of Form W-2 issued to each household employee.			
If yes, did you pay total wages of \$1,000 or more in any calendar quarter to all household employees?			
49) Did you surrender any U.S. savings bonds?			
•••••••••••••••••••••••••••••••••••••••			
50) Did you use the proceeds from Series EE U.S. savings bonds purchased after 1989 to pay for higher education expenses?			
51) Did you realize a gain on property which was taken from you by destruction, theft, seizure, or condemnation?			
▶ 52) Did you start a business?			
▶ 53) Did you purchase rental property? If yes, provide settlement sheet (HUD-1).			
54) Did you acquire any interests in partnerships, LLCs, S corporations, estates or trusts this year? If yes, provide Schedule K-1 that the Organization has issued to you.			
55) Do you have records to support travel, entertainment, or gift expenses? The law requires that adequate records be maintained for travel, entertainment, and gift expenses. The documentation should include amount, time and place, date, business purpose, description of gift(s) (if any), and business relationship of recipient(s).			

INDIVIDUAL TAX ORGANIZER LETTER

(FORM 1040)

Please answer the following questions and submit details for any question answered "Yes":	YES	NO	COMMENTS OR EXPLANATION
56) Has your will or trust been updated within the last three years? If yes provide copies			
57) Did you incur expenses as an elementary or secondary educator? If so, how much?			
58) Did you make any energy-efficient improvements (remodel or new construction) to your home?			
59) Can the IRS and state tax authority discuss questions about this return with the preparer?			
▶ 60) Did you make any large purchases or home improvements?			
▶ 61) Did you pay real estate taxes on your principal residence? If so, how much?			

ESTIMATED TAX PAYMENTS MADE

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	FEDE	ERAL	STATE (NAME):		
PRIOR YEAR OVERPAYMENT APPLIED	DATE PAID	AMOUNT PAID	DATE PAID	AMOUNT PAID	
1ST QUARTER					
2ND QUARTER					
3rd quarter					
4TH QUARTER					

INDIVIDUAL TAX ORGANIZER LETTER (FORM 1040)

WAGES, SALARIES AND OTHER EMPLOYEE COMPENSATION			
Enclose all Forms W-2.			
PENSION, IRA AND ANNUITY INCOME	YES	NO	COMMENTS OR EXPLANATION
Enclose all Forms 1099-R.			
1) Did you receive a lump sum distribution from your employer?			
2) Did you "convert" a lump sum distribution into another plan or IRA account?			
3) Did you transfer IRA funds to a Roth IRA this year?			
4) Have you elected a lump sum treatment for any retirement distributions after 1986?			
SOCIAL SECURITY BENEFITS RECEIVED			
4) Enclose all 1099 SSA Forms.			

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INDIVIDUAL TAX ORGANIZER LETTER (FORM 1040)

INTEREST INCOME — Enclose all Forms 1099-INT and statements of tax-exempt interest earned. **If not available, complete the following:**

	•	٠	•	•	• •	•	0	0	۰	٠	۰	0	0	۰	۰	0	0	•	•				•		•	•	0	۰	۰	۰	0	0	۰	۰	۰	0	0	۰	•	e			•	•	•	0	•
--	---	---	---	---	-----	---	---	---	---	---	---	---	---	---	---	---	---	---	---	--	--	--	---	--	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	--	--	---	---	---	---	---

TSJ*	NAME OF PAYER	BANKS, S&L, ETC.	U.S. BONDS, T-BILLS	TAX-E IN-STATE	XEMPT OUT-OF-STATE
	EARLY WITHDRAWAL PENALTIES				
*T - Taypa	ver $S = Spouse$ $I = loint$				

*T = Taxpayer S = Spouse J = Joint

INTEREST INCOME (Seller-Financed Mortgage)

NAME OF PAYOR	SOCIAL SECURITY NUMBER	ADDRESS	INTEREST RECEIVED



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INDIVIDUAL TAX ORGANIZER LETTER (FORM 1040)

DIVIDEND INCOME — Enclose all Forms 1099-DIV and statements of tax-exempt dividends earned. If not available, complete the following:

TSJ*	NAME OF PAYER	ORDINARY DIVIDENDS	QUALIFIED DIVIDENDS	CAPITAL GAIN	NON TAXABLE	FEDERAL TAX WITHHELD	FOREIGN TAX WITHHELD

*T = Taxpayer S = Spouse J = Joint

INDIVIDUAL TAX ORGANIZER LETTER (FORM 1040)

MISCELLANEOUS INCOME — List and enclose related Forms 1099 or other forms.

DESCRIPTION	AMOUNT
STATE AND LOCAL INCOME TAX REFUND(S)	
ALIMONY RECEIVED	
JURY FEES	
FINDER'S FEES	
DIRECTOR'S FEES	
PRIZES	
GAMBLING WINNINGS (W2-G)	
OTHER MISCELLANEOUS INCOME	
· · · ·	
INCOME FROM BUSINESS OR PROFESSION — SCHEDULE C	
► Who owns this business? □ Taxpayer □ Spouse □ Joint	
Principal business or profession	
Business name	
Business taxpayer identification number	
Business address	
Method(s) used to value closing inventory:	
Cost Lower of cost or market Other (describe)	N/A
Accounting method: Cash Accrual Other (describe)	

INDIVIDUAL TAX ORGANIZER LETTER

INCOME FROM BUSINESS OR PROFESSION — SCHEDULE C	YES	NO	COMMENTS OR EXPLANATION
 1) Was there any change in determining quantities, costs or valuations between the opening and closing inventory? If yes, attach explanation. 			
2) Did you deduct expenses for the business use of your home? If yes, complete office in home schedule provided in this organizer.			
3) Did you materially participate in the operation of the business during the year?			
4) Was all of your investment in this activity at risk?			
5) Were any assets sold, retired or converted to personal use during the year? If yes, list assets sold including date acquired, date sold, sales price, and original cost.			
 6) Were any assets purchased during the year? If yes, list assets acquired, including date placed in service and purchase price, including trade-in. Include copies of purchase invoices. 			
7) Was this business still in operation at the end of the year?	• • • • • • • • •		
 8) List the states in which business was conducted and provide income and expense by state. 	• • • • • • • • •		
 Provide copies of certification for employees of target groups and associated wages qualifying for Work Opportunity Tax Credit. 			
10) Did you make any payments during the year that would require you to file Form(s) 1099?			
If yes, did you file Form(s) 1099?			

INDIVIDUAL TAX ORGANIZER LETTER (FORM 1040)

INCOME AND EXPENSES (SCHEDULE C) — Attach a schedule of income and expenses of the business or complete the following worksheet. Complete a separate schedule for each business.

DESCRIPTION	AMOUNT
PART I — INCOME	
Gross receipts or sales	
Returns and allowances	
Other income (List type and amount.)	
PART II — COST OF GOODS SOLD	
Inventory at beginning of year	
Purchases less cost of items withdrawn for personal use	
Cost of labor (Do not include salary paid to yourself.)	
Materials and supplies	
Other costs (List type and amount.)	
Inventory at end of year	
PART III — EXPENSES	
Advertising	
Bad debts from sales or services	
Car and truck expenses (Complete Auto Expense Schedule on Page 23)	
Commissions and fees	
Depletion	
Depreciation and Section 179 expense deduction (provide depreciation schedules)	
Employee health insurance and other benefit programs (excluding retirement plans and amounts for owner)	
Employee retirement contribution (other than owner)	
Self-employed owner:	
a. Health insurance premiums	
b. Retirement contributions	
c. State income tax	

INDIVIDUAL TAX ORGANIZER LETTER (FORM 1040)

INCOME AND EXPENSES (SCHEDULE C) — Attach a schedule of income and expenses of the business or complete the following worksheet. **Complete a separate schedule for each business**.

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DESCRIPTION	AMOUNT
PART III — EXPENSES	
Insurance (other than health)	
Interest:	
a. Mortgage (paid to banks, etc.)	
b. Other	
Legal and professional fees	
Office expense	
Rent or lease:	
a. Vehicles, machinery and equipment	
b. Real Estate or Other business property	
Repairs and maintenance	
Supplies	
Taxes and licenses (Enclose copies of payroll tax returns) Do not include state income tax.	
Travel, meals, and entertainment:	
a. Travel	
b. Meals and entertainment	
Utilities	
Wages (Enclose copies of forms W-3/W-2)	
Club dues:	
a. Civic club dues	
b. Social or entertainment club dues	
Other expenses (List type and amount)	

INDIVIDUAL TAX ORGANIZER LETTER (FORM 1040)

INCOME FROM BUSINESS OR PROFESSION — SCHEDULE C

► To qualify for an office in home deduction, the area must be used exclusively for business purposes on a regular basis in connection with your employer's business and for your employer's convenience. If you are self-employed, it must be your principal place of business or you must be able to show that income is actually produced there. If business use of home relates to daycare, provide total hours of business operation for the year.

NAME OF PAYOR	TOTAL AREA OF THE	AREA OF BUSINESS	BUSINESS
	HOUSE (SQUARE FEET)	PORTION (SQUARE FEET)	PERCENTAGE

► I. DEPRECIATION

	. DEI RECIATION					
		DATE PLACED IN SERVICE	COST/BASIS	METHOD	LIFE	PRIOR DEPRECIATION
	HOUSE					
	LAND					
	TOTAL PURCHASE PRICE					
	IMPROVEMENTS (PROVIDE DETAILS)					
	I. EXPENSES TO BE PRORATED:					
	Mortgage interest					
	Real estate taxes					
	Utilities					
	Property insurance					
	Other expenses — itemize					
• • • •						
	II. EXPENSES THAT APPLY DIRECTLY TO	D HOME OFFICE:				
	Telephone					
	Maintenance					
	Other expenses — itemize					

INDIVIDUAL TAX ORGANIZER LETTER (FORM 1040)

CAPITAL GAINS AND LOSSES — Enclose all Forms 1099-B (with supplemental year end brokerage statements) and 1099-S with HUD-1 closing statements). Complete the following schedule if no statements are available and provide all transaction slips for sales and purchases.

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DESCRIPTION	DATE ACQUIRED	DATE SOLD	SALES PROCEEDS	COST OR BASIS	GAIN (LOSS)

Enter any sales NOT reported on Forms 1099-B and 1099-S:

DESCRIPTION	DATE ACQUIRED	DATE SOLD	SALES PROCEEDS	COST OR BASIS	GAIN (LOSS)

INDIVIDUAL TAX ORGANIZER LETTER (FORM 1040)

SALE/PURCHASE OF PERSONAL RESIDENCE	YES	NO	COMMENTS OR EXPLANATION
 Provide closing statements (HUD-1) on purchase and sale of old residence and purch 	ase of new	residenc	æ.
DESCRIPTION			AMOUNT
For sale of personal residence, did you own and live in it for 2 of the 5 years prior to sale?			
MOVING EXPENSES	YES	NO	COMMENTS OR EXPLANATION
Did you change your residence during this year due to a change in employment, transfer, or self-employment?			
If yes, furnish the following information:			
Number of miles from your former residence to your new business location			
miles			
Number of miles from your former residence to your former business location miles			
Did your employer reimburse or pay directly any of your moving expenses?			
If yes, enclose the employer provided itemization form and note the amount of reimbursement received. \$			
Itemize below the total moving costs you paid without reduction for any reimbursement by your employer.			
Expenses of moving from old to new home:			
Transportation expenses in moving household goods and family	\$		
Cost of storing and insuring household goods	\$		

ORGANIZER

INDIVIDUAL TAX ORGANIZER LETTER (FORM 1040)

RESI	DENCE CHANGE					COMMENTS OR EXPLANATION
► If y	rou changed residences during the year, provide per	iod of residence in each	location.			
	Residence #1 Fr	rom//	To/_	/_		
	Own Rent					
	Residence #2 Fr	om / /	To /	/		
	Own Rent					
	AL AND ROYALTY INCOME — Complete a separa ach property.		YE		NO	COMMENTS OR EXPLANATION
• • • • •						
► I)	Description and location of property:					
► 2)	Type of property:					
	Personal use?					
	Residential rental					
	Commercial rental					
	Royalty					
	Self-rental					
	Other — Describe					
	If personal use yes:					
	a) Number of days the property was occupied by	vou a member				
	of your family, or any individual not paying rent	•				
	b) Number of days the property was not occupied	١.				
	If not occupied, was it available for rent during	g this time?				
	c) Number of days the property was not occupied	l.				
▶ 3)	Did you actively participate in the operation of the r	rental property during th	e year?			
	a) Were more than half of personal services that yo performed during the year performed in real pr					
	b) Did you or your spouse perform more than 750 the year in real property trades or businesses?	hours of services during				

INDIVIDUAL TAX ORGANIZER LETTER (FORM 1040)

RESIDENCE CHANGE		YES	NO	COMMENTS OR EXPLANATION
4) Did you make any payme to file Form(s) 1099?	ents during the year that would require you			
If yes, did you file the Fo	orm(s) 1099?			

INCOME:	AMOUNT		AMOUNT	
RENTS RECEIVED		ROYALTIES RECEIVED		
EXPENSES:				
MORTGAGE INTEREST		LEGAL AND OTHER PROFESSI	ONAL FEES	
OTHER INTEREST		CLEANING AND MAINTENAN	CE	
INSURANCE		COMMISSIONS		
REPAIRS		UTILITIES		
AUTO AND TRAVEL		MANAGEMENT FEES		
ADVERTISING		SUPPLIES		
TAXES		OTHER (ITEMIZE)		
► If this is the first year we are preparing your	return, provide dep	oreciation records.		
If this is a new property, provide the closing	g statement. (HUD-1))		
List below any improvements or assets purchased during the year.				
DESCRIPTION		DATE PLACED IN SERVICE	COST	

▶ If the property was sold during the year, provide the closing statement (HUD-1).



INDIVIDUAL TAX ORGANIZER LETTER (FORM 1040)

INCOME FROM PARTNERSHIPS, ESTATES, LLCS, TRUSTS, AND S CORPORATIONS

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Enclose all Schedules K-1 received to date. Also list below all Schedules K-1 not yet received:

NAME	SOURCE CODE*	FEDERAL ID #

*Source Code: P = Partnership/LLC E = Estate/Trust S = S Corporation

INDIVIDUAL TAX ORGANIZER LETTER (FORM 1040)

CONTRIBUTIONS TO RETIREMENT PLANS

	TAXPAYER	SPOUSE	
ARE YOU COVERED BY A QUALIFIED RETIREMENT PLAN? (Y/N)			
DO YOU WANT TO MAKE THE MAXIMUM DEDUCTIBLE IRA CONTRIBUTION? (Y/N)			
IRA PAYMENTS MADE FOR THIS RETURN	\$	\$	
IRA PAYMENTS MADE FOR THIS RETURN FOR NONWORKING SPOUSE	\$	\$	
DO YOU WANT TO MAKE AN IRA CONTRIBUTION EVEN IF PART OR ALL OF IT MAY NOT BE DEDUCTED? (Y/N) IF YES, PROVIDE COPY OF LATEST FORM 8606 FILED.			
HAVE YOU MADE OR DO YOU WANT TO MAKE A ROTH IRA CONTRIBUTION? (Y/N)			
IF YES, PROVIDE ROTH IRA PAYMENTS MADE FOR THIS RETURN.	\$	\$	
DO YOU WANT TO MAKE THE MAXIMUM ALLOWABLE KEOGH/SEP/SIMPLE IRA CONTRIBUTION? (Y/N)			
KEOGH/SEP/SIMPLE IRA PAYMENTS MADE FOR THIS RETURN	\$	\$	
DATE KEOGH/SIMPLE IRA PLAN ESTABLISHED			

ALIMONY PAID	COMMENTS OR EXPLANATION
Name of recipient(s)	
 Social Security number(s) of recipient(s) 	
Amount(s) paid	\$

INDIVIDUAL TAX ORGANIZER LETTER (FORM 1040)

ALIMONY PAID

If a divorce occurred this year, enclose a copy of the divorce decree and property settlement.

MEDICAL AND DENTAL EXPENSES (PLEASE NOTE THAT MEDICAL EXPENSES MUST EXCEED 7.5% OF ADJUSTED GROSS INCOME TO BE DEDUCTIBLE.) HEALTH INSURANCE PREMIUMS AND MEDICAL EXPENSES PAID WITH PRE-TAX DOLLARS (CAFETERIA PLANS, HEALTH SAVINGS ACCOUNTS, ETC.) ARE NOT DEDUCTIBLE.

DESCRIPTION	AMOUNT
PREMIUMS FOR HEALTH AND ACCIDENT INSURANCE INCLUDING MEDICARE	
LONG-TERM CARE PREMIUMS: TAXPAYER \$ SPOUSE \$	
MEDICINE AND DRUGS (PRESCRIPTION ONLY)	
DOCTORS, DENTISTS, NURSES	
HOSPITALS, CLINICS, LABORATORIES	
EYEGLASSES/CORRECTIVE SURGERY	
AMBULANCE	
MEDICAL SUPPLIES/EQUIPMENT	
HEARING AIDS	
LODGING AND MEALS	
TRAVEL	
MILEAGE (NUMBER OF MILES)	
LONG-TERM CARE EXPENSES	
PAYMENTS FOR IN-HOME CARE (COMPLETE LATER SECTION ON HOME CARE EXPENSES)	
OTHER	
INSURANCE REIMBURSEMENTS RECEIVED	
ALIMONY PAID YES NO	COMMENTS OR EXPLANATION
► Were any of the above expenses related to cosmetic surgery?	

INDIVIDUAL TAX ORGANIZER LETTER (FORM 1040)

DEDUCTIBLE TAXES

DESCRIPTION	AMOUNT
STATE AND LOCAL INCOME TAX PAYMENTS MADE THIS YEAR FOR PRIOR YEAR(S).	
REAL ESTATE TAXES: PRIMARY RESIDENCE	
SECONDARY RESIDENCE	
OTHER	
PERSONAL PROPERTY OR AD VALOREM TAXES	
SALES TAX ON MAJOR ITEMS (AUTO, BOAT, HOME IMPROVEMENTS, ETC.)	
OTHER SALES TAXES PAID (IF APPLICABLE)	
INTANGIBLE TAX	
OTHER TAXES (ITEMIZE)	
FOREIGN TAX WITHHELD (MAY BE USED AS A CREDIT)	

INTEREST EXPENSE

Mortgage interest (Enclose Forms 1098)

PAYEE*	PROPERTY**	AMOUNT

- * Include address and social security number if payee is an individual.
- ** Describe the property securing the related obligation, i.e., principal residence, motor home, boat, etc. If any mortgage or equity loan was not used to buy, build, or improve your principal or second residence, please describe how the proceeds were used.

ORGANIZER

INDIVIDUAL TAX ORGANIZER LETTER (FORM 1040)

INTEREST EXPENSE Unamortized points on residence refinancing DATE OF REFINANCE LOAN TERM TOTAL POINTS

Student loan interest

PAYEE	AMOUNT

Investment interest not reported on Schedules A, C or E

PAYEE	INVESTMENT PURPOSE(STOCKS, LAND , ETC)	AMOUNT

Business interest not reported on Schedules C or E

PAYEE	BUSINESS PURPOSE	AMOUNT

INDIVIDUAL TAX ORGANIZER LETTER (FORM 1040)

CONTRIBUTIONS

Cash contributions, for which you have receipts, canceled checks, etc. NOTE: You need to have written acknowledgment from any charity to which you made individual donations of \$250 or more during the year.

DONEE	AMOUNT	DONEE	AMOUNT
		• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • •
 Expenses incurred in performing volunteer 	work for charitable o		
Parking fees and tolls		\$	
Supplies		\$	
Meals & entertainment		\$	
Other (itemize)		\$	
Automobile mileage		\$	
• Other than cash contributions (enclose rece	eipt(s)):		
ORGANIZATION NAME AND ADDRESS			
DESCRIPTION OF PROPERTY			
DATE ACQUIRED			
HOW ACQUIRED			
COST OR BASIS			
DATE CONTRIBUTED			
FAIR MARKET VALUE (FMV)			
HOW FMV DETERMINED			

▶ For contributions over \$5,000, include copy of appraisal and confirmation from charity.

INDIVIDUAL TAX ORGANIZER LETTER (FORM 1040)

CASUALTY OR THEFT LOSSES

Loss of property by theft or damage to property by fire, storm, car accident, shipwreck, flood or other "act of God"

.

	PROPERTY 1	PROPERTY 2	PROPERTY3
INDICATE TYPE OF PROPERTY	BUSINESSPERSONAL	BUSINESSPERSONAL	BUSINESSPERSONAL
DESCRIPTION OF PROPERTY			
DATE ACQUIRED			
COST			
DATE OF LOSS			
DESCRIPTION OF LOSS			
WAS PROPERTY INSURED? (Y/N)			
WAS INSURANCE CLAIM MADE? (Y/N)			
INSURANCE PROCEEDS			
FAIR MARKET VALUE BEFORE LOSS			
FAIR MARKET VALUE AFTER LOSS			
CASUALTY OR THEFT LOSSES		YES NO	COMMENTS OR EXPLANATION
Is the property in a presidentially declared of the property in a presidentially declared of the property in a presidential of the property	disaster area?		

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MISCELLANEOUS DEDUCTIONS DESCRIPTION AMOUNT UNION DUES INCOME TAX PREPARATION FEES LEGAL FEES (PROVIDE DETAILS) SAFE DEPOSIT BOX RENTAL (IF USED FOR STORAGE OF DOCUMENTS OR ITEMS RELATED TO INCOME-PRODUCING PROPERTY) SMALL TOOLS UNIFORMS WHICH ARE NOT SUITABLE FOR WEAR OUTSIDE WORK SAFETY EQUIPMENT AND CLOTHING **PROFESSIONAL DUES BUSINESS PUBLICATIONS** UNREIMBURSED COST OF BUSINESS SUPPLIES EMPLOYMENT AGENCY FEES **INVESTMENT EXPENSES** TRUSTEE FEES OTHER MISCELLANEOUS DEDUCTIONS - ITEMIZE DOCUMENTED GAMBLING LOSSES

INDIVIDUAL TAX ORGANIZER LETTER

(FORM 1040)

EMPLOYEE/SELF EMPLOYED BUSINESS EXPENSES - FORM 2106

Expenses incurred by: Taxpayer Spouse Occupation

(Complete a separate schedule for each business)

DESCRIPTION	TOTAL EXPENSE INCURRED	EMPLOYER REIMBURSEMENT REPORTED ON W-2	EMPLOYER REIMBURSEMENT NOT ON W-2	
TRAVEL EXPENSES WHILE AWAY FROM HOME:				
TRANSPORTATION COSTS				
LODGING				
MEALS AND ENTERTAINMENT				
BUSINESS USE OF HOME (SEE SCHEDULE)				
OTHER EMPLOYEE BUSINESS EXPENSES — ITEMIZE				
 Automobile Expenses — Complete a separate sch 	edule for each vehicle.			
Vehicle description	_ Total business	miles		
Date placed in service	Total commuting miles			
Cost/Fair market value	Total other personal miles			
Lease term, if applicable	Total miles this year			
 Actual expenses (*Omit if using mileage method) 	Average daily	round trip commuting dist	ance	
Gas, oil*	Taxes and tags			
Repairs*	Interest			
Tires, supplies*	_ Parking			
Insurance*	_ Tolls			
Lease payments*	_ Other			

ORGANIZER

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EMPLOYEE/SELF EMPLOYED BUSINESS EXPENSES — FORM 2106	YES		OMMENTS OR XPLANATION
Did you acquire, lease or dispose of a vehicle used for business during this year? If yes, enclose purchase and sales contract or lease agreement.			
Did you use the above vehicle in this business less than 12 months? If yes, enter the number of months			
Do you have another vehicle available for personal purposes?			
Do you have evidence to support your deduction?			
► Is the evidence written?			
CHILD CARE EXPENSES/HOME CARE EXPENSES	YES		OMMENTS OR EXPLANATION
Did you pay an individual or an organization to perform services for the care of a dependent under 13 years old in order to enable you to work or attend school on a full-time basis?			
Did you pay an individual to perform in-home health care services for yourself, your spouse, or dependents?			
If the response to either of the questions above is yes, complete the following inform Names(s) of dependent(s) for whom services were rendered.	nation:		
List individuals or organizations to whom expenses were paid during the year. (Servic that relative is not a dependent and if the relative's services are considered employment.			
NAME AND ADDRESS	ID#	AMOUNT	IF UNDER 18
If payments of \$1,800 or more during the tax year were made to an individual, were the services performed in your home?	• • • • • • • • •		

INDIVIDUAL TAX ORGANIZER LETTER (FORM 1040)

EDUCATIONAL EXPENSES		YES	NO	COMMENTS OR EXPLANATION	
Did you or any other member of your family pay any post-secondary educational expenses this year?					
If yes complete the following and provide Form 1098-T from school:					
STUDENT NAME	INSTITUTION	GRADE/LEVEL	AMOUNT PAID	DATE PAID	
 Was any of the preceding tuition paid with funds withdrawn from an educational IRA or 529 Plan? If yes, how much? \$ Submit 1099-Q 					



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