READ THIS FIRST

This tax organizer is designed to help you maximize your deductions and minimize problems in preparing and filing your tax return. Please keep in mind that taxes can be very complicated and even though this organizer will accommodate most taxpayers' needs, if you have a special situation not covered, please list it under "QUESTIONS YOU MAY HAVE."

The "ALERT FLAGS" designate certain special conditions as follows:



Indicates areas that MUST be completed by new clients and only need to be filled in by existing clients when the information has changed.



The most important flag of all, denotes areas where the IRS has concentrated their computer matching programs. If the information provided is incorrect, it may trigger a service center audit. Pay particular attention to any special instructions in areas with this flag.

TAXPA	YER INFORMATION	ON		
	Name	Social Security Nu	ımber	Birth Date
You				
Spouse		and the state of		talk parties of
CHANGE ONLY	Occupation	Home Phone	E Military Military	Nork Phone Cell Phone
You		The Park		
Spouse		e0.01 list	Jestin J	

ADDRESS	S & STATUS			CHANGE
Street Address		7 1570	Silver to the second	
City		State	ZIP	
Email	atus Changes This	/oar . I	Enter Dates	
Married	Spouse Deceased	nametri	Sold Home	2 Antikasi tur
Separated	Dependent Dec'd.		Sold Property	House in the
Divorced	Moved	86.0	Legally Blind	You Spouse

Name			Mo. In Home	Birth	If over age of 18		
(Include last name if different)	Soc. Sec. #	**	During Year	Date	Income	✓ If Student	
						1000	
	e market		BANKS IN				
			See Le				
			977.00				

PLEASE PROVIDE THE FOLLOWING

- ✓ LAST YEAR'S TAX RETURN (only if you are a new client)
- ✓ ALL WAGE AND INCOME STATEMENTS (W-2s and 1099s*) *If available. They are not required but speed processing of your returns.

SPECIAL INFO	ORMATION	IRS MATCH	You	Spouse
Employer Pension Plar	1?		☐ Yes	☐ Yes
Traditional IRA, Keog	h & SEP Plans		Mala de la Compania del Compania de la Compania de la Compania del Compania de la	Tribute Land
Contributions				1 1 1 1 1
Withdrawals (1099-Fi	₁₎ (1)			
Rollovers (2) or Con-	versions (3)			
Roth IRA:	mana di Ti	Marine Control	Particular and the second	The top of
Contributions		1.000000		
Withdrawals (1099-Fi	7) (1)			
Rollovers (2) or Con-	versions (3)	1114		
(1) If under age 59½ show rea (2) Must be reported even if a (3) Conversions (rollovers) from	not taxable unless "	transferred" A or other Qualified	Plan to a Roth IRA	s generally taxable
State Tax Refund (1099	∂-G)			
Social Security or RR	(SSA-1099/RRB-1	099)		
Alimony Received - ma	tched with payer	total Property		
Tips Received				7.16
Unemployment Receiv	ed (1099-G)			
Other:			_	- Dr. DW DJC
Alimony paid (provide in	formation below)			
Paid to:			SS#:	
Salaries, Pensions, & I Partnership & Trust Inc				2s and 1099s de K-1s
Gambling Winnings	\$	Student Loa	n Interest	\$
Coverdell Contribution	\$	Sec. 529 Pla	n Contribution	\$
☐ ✓ If you have been If so, have you be ☐ ✓ If you bought, so If so, please call	een re-certified? ld, or gifted real	estate last yea	ır.	Yes No No uired.
☐ ✓ If you incurred any	y adoption exper	nses this year. If	so, enter amount	
ESTIMATED T	ΔΧΕΣ ΡΔΙΙ	D Please provi	de canceled checl	s if available
	Date Due	Date Paid	Federal	State
Applied From Prior Yea		Pale Fale	reaciai	- Carlotte
First Quarter	April			
Second Quarter	June	1 - A 10 M 10		
Third Quarter	Sept.		- CO 1 - CO - CO - CO - CO - CO - CO - C	
Time Quality	Oop.			

INTEREST INCOME IRS comp	outer matches payer ed on the 1099 ever	and amount. Alwa	ays use payer source.	IRS MATCH		ct U.S.	QUESTIONS YOU MAY HAVE
Name of Payer (Please provide all forms 1099-INT & 1099-	OID) Banks, Cr Unions, Bond	Municip	State al Bonds y tax free)	Other State lunicipal Bonds (Federal tax free)	Savings Bor	gations nds, T-Bills, etc. tax free)	MATHAVE
	and the second			NAT ALL DAY			
	(854,00 %)		Z/A		The state of		
		ma ir s laid i					
Seller Financed Mortgage (Payer name, address & SS# req'd.)	diserration of the control of the co	Name, A	Address S#:				T 15 - 12 - 15 - 13 - 15 - 15 - 15 - 15 - 15 - 15
FORFEITED INTEREST (early withdrawal	(s)	FEDERAL	WITHHOLDIN	NG ON INT & DIV:	roseto.	June 1	
Do you have an ownership interest in or signatu	re authority over a fore	eign financial, bank	or securities ac	count?	Yes 🔲 No		
DIVIDEND INCOME IRS compayer nai	puter matches paye me listed on the 109	r and amount. Alv 99 even if not the	ways use original sourc			TO THE REAL	
Name of Payer (Please provide all forms 1099-DIV)		linary Qualified dends Portion*	Capital Gains Dividends	Source U.S. Obligations Savings Bonds, T-Bills, etc. (Slate tax-free)	Taxable to State Only	Nontaxable State and Federal	Test of the
				SHOWER	CALEBRA T	HUOSHA	
And the second state of th	ST VENT						50.5m (1.0

MEDICAL EXPENSES PAID To be deductible, medical expenses must exce	and 71/20% of your s	diusted ares	es incomo and	CHARITABLE CONTR	IBUTIONS		
then, only to the extent the amount that exceed income is \$40,000 for the year - your medical in	ds the 7½% floor i must exceed \$3.00	s deductible. IO Do not inc	Example: Your		must be documented wi		
expenses that were reimbursed by insurance of	or paid for by flex s	pending or S	ec. 125 plans.		STANGER CO.	11.00	
Hospital, Medical, Dental, Medicare* & Insu			POST LET TO	House of Worship Payroll Deduction	Red Cro	J88	NA STATES STREET
Doctors, Dentists, Psychotherapy & Psycho	logical Counselir	g			Other:	1893	COLUMN SEE
Hospitals, Nursing Home, Nursing Care, Lo	9		10 212	Cancer	Other:		
Prescription Drugs (no "over-the-counter" drugs	;)	enperation (*)		NON-CASH - Household and clothing required for donations of \$250 or mor			
Glasses, Hearing Aids, Batteries, etc.	Auto Ti	ravel	mi	total exceeds \$500. Fair Market Value of Clothing & I	Journahald Itams Cor	atributed	
Lab & X-Ray	Parking	g Fees		Automobile Travel for Charitable		itributed	mi
Supplies, Rentals, etc.:	Phone	(toll charges)		Expenses in connection with a c			in in the second
Other:			9 220 475		nantable organization		
Insurance Reimbursement (only for amounts I			{	Explain:			
*Amounts withheld from Social Security	Benefits only.	1,5400		Vehicle Donation (provide 1098-C)		120	
TAXES PAID				MISCELLANEOUS DI List all travel expenses including a	auto, out of town meals	s, hotel, air fare, e	etc., in sections
Real Estate - Home & 2nd Home ONLY (no	t rental)			for business mileage, and away-fr		AND DESCRIPTION OF THE PERSON	
Real Estate - Investment Property (land, etc.,				Do not enter expenses you have		You	Spouse
Vehicle License Fees: (1) (2)	(3)		(4)	Attorney Fees (to protect taxable in			
Personal Property Tax (boat, plane, etc.)	(0)		(4)	on next page)	rise instructions		
State Income Tax Paid (pr	ovide cancelled	checks)		Dues: Union & Professional			
Balance Due or	Prior Year's Tax	111 1111		Employment & Resume Fees			
S - Carrier Property Co. D. Carrier S. C. Carrier S. C. Carrier S.	or adjustment	6137	and the second		ness expense instructior page) enter 100%	ns	
	Last Year's 4th Q paid Jan. of this y		Land In	Gambling Losses (limited to taxab	le winnings)		
		Ki su Kuzu shi Si	IRS	Insurance - Business (E & O, malp	ractice, etc.)		
HOME MORTGAGE INTERES Provide 1098s	T PAID Primary		MA7CH Second	Investment Publications & Jour Expenses Other:	nals		
Enter Rental Interest in Rental section.	Home		Home	IRA or SE Plan Fees Paid by You	I (not doducted from pla		- 1383
1st Paid to a Bank, S & L, etc.*					i (noi deducted from pla	(1)	line of
TD Paid to an Individual address & SSN below	")	No.	AND COLUMN AND	Licenses, Fees, Credentials, etc.	Business		
2nd Paid to a Bank, S & L, etc.*	Harrison III	Les Audins		Publications, Books, etc., used in	Business		GLATES.
TD Paid to an Individual (must list name, address & SSN below*		SAT HOST MAN		Safe Deposit Box			
Home Equity Loan	Manual Control	tres		Tax Preparation & Consulting Fed	es		1.838.838
Individual's Name:	SS	#		Telephone (business calls only)	le list of items with a		7 17 17 18 18 18
Address:				Tools, Supplies, Equipment (providuseful useful Uniforms - Purchase	life of over one year)		
*Amounts must agree with Form 1098 issued by the If Form 1098 was issued in another's social security.	e financial instituti rity number, enter tl	on. If not, cho nat person's n	eck here name and	Uniforms - Cleaning			
Social Security number here. Name:	Leading to the last of the las	, and the second		Other:			
If the second home is a qualified motor home,	SSŧ			EDUCATION EXPENS	SES		
boat, etc., list the name of the payee here:	A September 1	<u> </u>		CAUTION: These expenses qualify certain exclusions and tax or penal	ty free distributions. Ex	penses must be	
Did you refinance during the year? If so, pro	vide final escrow	statement	YES NO	by student. Use a different column	for each student in the	ramily.	
Does your home equity loan exceed \$100,00 Does the sum of all home mortgages exceed	d \$1,000,000?	******************		STUDENT:	THIS	COLUMN IS DE	SIGNATED FOR:
				Taxpayer			
INVESTMENT INTEREST PAIL	Interest paid for such as land,		ts,	Spouse			
Vacant Land Broke	rage Margin Acc	ounts		Dependent:	Fall of the last		
Other:				Dependent:			
			IRS	FOR TUITION CREDIT ONLY - Q			
CHILD OR DEPENDENT CAR	E EXPENSE	S	MATCH	Check if at least half-time studer	lt.		
Care must enable you to work (or look for work) or a child under 13 or individual who is physically or m	attend school FULL ientally incapable of	self care. IRS	nust be for matches	Post-Secondary – First 2 years			
employer benefits SS# and EID#. ☐ ✓ If employer provides dependent care benefits				After First 2 years	mhu		
PROVIDER INFORMATION		must be allo	cated by Child	Fees – Enrollment/Attendance O Other Expenses – DO NOT COMI		o for the or none	Ity froe Coverdell
Payee SS# or EID# MANDATORY unless exempt organizations.	Child:	Child:	Child:	Account distributions, Savings Bon Similar expenses for continuing edu	d Interest Exclusion, o	r student loan int	terest deductions.
Name	Amount	Amount	Amount	Tuition K - 12 (for coverdell distribut	ions only)		6 1 7 0 1 1 1
Address		0	S. C. BOWERS	Books/Supplies	TERMINE NEEDS		
Phone				Room/Board			
SS or EID Number	50 18 11			CONTINUING EDUCATION EXPENSES -	Education for the taxpayer &	k spouse only & ONLY	if job related
Name	Amount	Amount	Amount	Tuition & Fees			
Address				Seminar Fees, etc.			
Phone				Books/Supplies, etc.			
SS or EID Number				Travel	(list	in appropriate are	a opposite page)

r or Employor	Carrier M" Berney	o con expertit
To Professional Meetings/From Job to School	Me may mi met to	mi
To Professional Meetings/From Job to School Between 1st & 2nd Job	mi	mi
Jobseeking/Temporary Job Sites Investment/Tax Preparation	mi	mi
	mi	mi
Rental	mi	mi
Rental Self-employed Business	mi	mi
Other:	mi	mi
Average Round Trip Distance to Work (required)	mi	mi
Total Commuting for the Year (required)	mi	mi

BUSINESS VEHICLE EXPENSES	Complete only if vehicle used for business.
Gasoline, Oil, Lubrication	
Repairs & Maintenance	ONDENCE.
Tires, Batteries, etc.	W UB RETURN CAN B
Insurance (DO NOT DUPLICATE ELSEWHERE)	TED OUESTONNINE
License & Taxes (DO NOT DUPLICATE ELSEWHERE)	
Interest (DO NOT DUPLICATE ELSEWHERE)	TED GOES HOUNNINE
Wash & Wax	
Lease Payments	
Other:	The transport of the state of the

AWAY-FROM-HOME EXPENSES	You	Spouse
Airfare		I TO COLO I
Auto Rental, Taxi, etc.		
Meals & Tips (enter 100% of expense)		
Lodging & Tips (do not include meals)		
Laundry		
Other:		

BUSINESS EXPENSE INSTRUCTIONS

Business expense deductions must be based on a log and/or other receipts and records. The combination of records should document: the business purpose, date and time, place and amount. For business meals and entertainment, you must also document that (1) you discussed business during the meal, or (2) you had a substantial bona fide business discussion or activity before or after the meal/entertainment, or (3) you ate alone while out-of-town. You must also record the name and business relationship of each person entertained. Gifts are limited to \$25 per person per year. You may not deduct these expenses unless documented.

"OFFICE-IN-HOME" EXPENSES

To qualify, an "office in the home" must be used exclusively and on a regular basis (a) as your principal place of business, or (b) by patients, clients, or customers in meeting and dealing with you in a normal course of business. A home office will qualify as your principal place of business if: 1) You use it exclusively and regularly for the administrative or management activities of your trade or business, and 2) You have no other fixed location where you conduct substantial administrative or management activities of your trade or business, if you are an

	pairs: Office		General**	
Condo or Manager	ment Fees	Other:		
Expenses:	Rent*	Utilities	Insurance	
Total Sq. Feet of:	Home	Office	Storage	

Advertising			
Cleaning & Maintenance			
Commissions			
Insurance			
Legal & Professional Fees			
Mortgage Interest Paid to Banks		THAM	(JON
Other Interest	PTHIS APP	DIVINENT	
Repairs: Carpentry, Hardware	MOLIEA 1	HIS DEELCE	4E 260/1
Electrical, Plumbing			
Paint & Decorating			
Supplies			V/18
Taxes			
Utilities	DATE		
Wages & Salaries			
Condo or Management Fees			
Telephone (toll calls only)	ENT IS SC	HEDITED ET	
Improvements & Replacements	5	See Instructions Belo	W
Other:	ALL STATES		
Number of Days Used Personally	1	hank you	

SELF-EMPLOYED BUSINESS INCOME & EXPENSE

List business vehicle expenses and travel expenses in other column, this page. You Spouse Gross Income > < Returns & Refunds

Cost of Inventory at Beginning of Year					
Cost of Merchandise F	urchase	4			
Cost of Items for Perso	onal Use				
Cost of Inventory at Er	nd of Year		4		
Expense	You	Spouse	Expense	You	Spouse
Advertising			Rent (other)		
Bank Charges			Repairs		
Commissions			Seminars		
Dues & Pubs.			Supplies		
Entertainment (100%)			Taxes-Payroll		
Freight			Taxes-Sales		
Gifts (see business expense instructions)			Taxes-Property		
Insurance			Telephone		
Interest (mortgage)			Utilities		
Interest (other)			Wages (W-2)		
Legal/Profess.			Other:		
Office Expense			Other:		
Rent (equip.)			Equipment:	Provide list inc	luding description and cost.

RETURN SERVICE REQUESTED			
TAYOU	ESTIONNAIRE		
IAX QU	ESTIONIVAINE		
PLEASE COMPLETE THIS QUES	TIONNAIRE BEFORE YOUR APP	POINTMENT	
As a matter of policy, and for future reference, the	ne completed questionnaire will be	e kept on file in our office.	
If you want a photocopy	for your records, please ask for or	ne.	
1 632 A SCHOOL	figures or those to act that was a	Thank you	
☐ PLEASE MAIL THIS COMPLETED QUESTIONNAIR	D PLEASE CALL E	OR YOUR APPOINTMENT.	
TO THIS OFFICE BEFORE YOUR APPOINTMENT.		OH TOOTTAL TONTINE.T.	
TO THIS OFFICE BEFORE TOUR AFFORMMENT.	TI YOUR APPOINT	MENT IS SCHEDULED FOR	
☐ PLEASE MAIL THIS COMPLETED QUESTIONNAIR			
TO THIS OFFICE SO YOUR RETURN CAN			
PREPARED BY CORRESPONDENCE.	DAY:	DATE:	
PREPARED BY CORRESPONDENCE.	BATT.		
		AM	
THE VIEW VEHICLE EXPENSES TO THE PROPERTY OF T	TIME:	PM	
Transport of the control of the cont	The second secon		
Set average a community polymer to good red them.	A STATE OF THE PARTY OF THE PAR		
The state of the s		PLEASE PROMPTLY NOTIFY THIS OFFICE IF YOU	
	ARE UNABLE TO KE	EEP THIS APPOINTMENT.	
	programme and our pass to surrous	THANK YOU!	
DA NES CONTRACTOR DE LA			
ELECTRONIC F	ILING INFORMATIO	N	
We may elect to use	electronic filing, if your return qualifies.		
The following information is required for e	electronically depositing your refunds into	your bank account.	
Note: If you wish to direct deposit in up to	accounts and specify how the refund is to	be allocated.	
Name of your bank or financial institution (Note if filing a joint tax re	eturn, the account must be a joint account	t):	
Routing Transit Number (RTN):			
	th 01 thru 12 or 21 thru 22		
Must contain 9 digits and begin wit	11 01 tilla 12 01 21 tilla 32.		
Depositor Account Number:			
CAUTION: Occasionally the check n do not include it with the account nu	umber will appear before or after the account number	umber-	
do not include it with the account ha	milet.		
Type of Account (check one):			
A paper-filed tax return must be signed by the taxpayer (and spous	se if filing jointly). When your return is elec	tronically transmitted, a physical signature is	
not possible. Instead, you can use a Personal Identification Numbe	r (PIN) as your electronic signature. Your (and your spouse's, if filing a joint return) PIN	
not possible. Instead, you can use a Personal Identification Numbe can be any randomly selected five-digit number not beginning with	r (PIN) as your electronic signature. Your (zero and is only used to tie your physical	and your spouse's, if filing a joint return) PIN signature on the transmission authorization	
not possible. Instead, you can use a Personal Identification Numbe can be any randomly selected five-digit number not beginning with to the transmitted return. There is no need on your part to record	r (PIN) as your electronic signature. Your (zero and is only used to tie your physical	and your spouse's, if filing a joint return) PIN signature on the transmission authorization	
not possible. Instead, you can use a Personal Identification Numbe can be any randomly selected five-digit number not beginning with	r (PIN) as your electronic signature. Your (zero and is only used to tie your physical	and your spouse's, if filing a joint return) PIN signature on the transmission authorization	
not possible. Instead, you can use a Personal Identification Numbe can be any randomly selected five-digit number not beginning with to the transmitted return. There is no need on your part to record	r (PIN) as your electronic signature. Your (zero and is only used to tie your physical	and your spouse's, if filing a joint return) PIN signature on the transmission authorization	