

## BGGE Client Tax Organizer

For Office Use Only:

Last Name:		Tax Year:	
User Name:		Taxpayer's Pin:	
Password:		Spouse's Pin:	

**SECTION 1: PERSONAL & DEPENDENT INFORMATION:** *New clients should provide a copy of their prior year return and a sheet with a copy of the social security card of each person that will be on the return. Returning clients only need to fill out information that changed from last year. If the spouse's information is the same, there is no need to duplicate it.*

	TAXPAYER		SPOUSE	
<b>Last Name</b>				
<b>First Name / Middle Initial</b>				
<b>Current Address</b>				
<b>City, State, Zip</b>				
Date of Birth				
<b>Social Security Number</b>				
Driver's License Number				
Issue Date / Expiration Date				
State				
Current Employer				
Current Occupation				
Are you?	<input type="checkbox"/> Disabled	<input type="checkbox"/> Blind	<input type="checkbox"/> Disabled	<input type="checkbox"/> Blind
Home Phone / Cell Phone				
Best Time To Contact?				
<b>Email Address</b>				
State of residence at the end of last year?				
County / School District <i>(if different)</i>				
Non-resident alien of your state any part of the tax year?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Can you be claimed as a dependent on anyone else return?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Designate \$3 to go to The Presidential Election Fund?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has the IRS or State Taxation Department contacted you?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did you receive a \$250 economic recovery payment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you signed up to receive BGGE's e-newsletter?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Who referred you?				

### FILING STATUS

<input type="checkbox"/> Single <input type="checkbox"/> Married filing jointly <input type="checkbox"/> Married filing separately <input type="checkbox"/> Did not live with spouse at any time during year <input type="checkbox"/> Eligible to claim spouse's exemption	<input type="checkbox"/> Head of household If qualifying person is child but not dependent: Child's name: _____ Child's SS #: _____ <input type="checkbox"/> Qualifying widow(er). Year Spouse Died: _____
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**BANK INFORMATION**

<b>Refund:</b> <i>Provide a Voided Check</i>		
Receive Refund by:	<input type="checkbox"/> Direct Deposit	<input type="checkbox"/> IRS Check
Bank Name:		
Account Number:		
Routing Number:		
Deposit to:	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings
<b>Amount You Owe:</b>	<input type="checkbox"/> I will mail check.	<input type="checkbox"/> I will provide bank account or credit/debit card info.

**DEPENDENTS** – Please list names of all dependents, regardless of age, who received more than half of their support from you. If dependent did not live in your home, please explain. Do not list spouse.

Name of Dependent	Date of Birth	Social Security #	Relationship	Months in US Home	Disabled?	Full-Time Student?	Income*
							\$
							\$
							\$
							\$
							\$

**EIC & Misc. Dependent Questions** – Check all that apply.

<input type="checkbox"/>	The IRS has disallowed my EIC in the past & I am prohibited from claiming EIC on this year's tax return.
<input type="checkbox"/>	I can be claimed as the qualifying child for EIC on another person's return.
<input type="checkbox"/>	I have a social security card that says "Not Valid for Employment" or was issued solely for applying for or receiving federally funded benefits?
<input type="checkbox"/>	My home was outside of the United States for more than half of the tax year?
<input type="checkbox"/>	I have a child(ren) who lived with me in my home outside the United States for more than half the tax year?
<input type="checkbox"/>	I am a non-custodial parent claiming an exemption for my child. Provide signed Form 8332 OR enter Custodial Parent's Name : Social Security #:
<input type="checkbox"/>	*I have a dependent child who had unearned income ( <i>interest, dividends, capital gains etc .</i> ) over \$950 and/or earned income over \$5700.
<input type="checkbox"/>	There was a change in my tax situation from the previous year ( <i>births, adoptions, children you can no longer claim, death of child, etc.</i> )

**Comment**


**DEPENDENT CARE** – Complete or attach itemized statement from provider.

Qualifying Person's Name	Provider's Name, Address, Phone #	Provider's ID#	Amount
			\$
			\$
			\$

**ESTIMATED TAXES**

	Date Paid	Federal Amount	Date Paid	State Amount
1 <sup>st</sup> Quarter	04/15	\$		\$
2 <sup>nd</sup> Quarter	06/15	\$		\$
3 <sup>rd</sup> Quarter	09/15	\$		\$
4 <sup>th</sup> Quarter	01/15	\$		\$
Extension	04/15	\$		\$

**SECTION 2: INCOME** — Use the following worksheet as a guide to report your income. Indicate which & how many documents you are enclosing. There is no need to enter total as long as you provide preparer with non-returnable copies of source and/or supporting documents.

√	TYPE OF INCOME	DOCUMENT ENCLOSURES	TAXPAYER		SPOUSE	
			How Many	Gross Amount	How Many	Gross Amount
	<b>Wages &amp; Salaries</b>					
<input type="checkbox"/>	Regular Wages	W-2		\$		\$
<input type="checkbox"/>	Foreign Wages			\$		\$
<input type="checkbox"/>	Not Reported on W-2 ( <i>Tips, Household Employee, etc.</i> )	Earning Statement		\$		\$
<input type="checkbox"/>	Business Income ( <i>including Statutory Employees</i> )	1099-Misc ( <i>See Biz Organizer</i> ) Income & Expense Summary		\$		\$
<input type="checkbox"/>	Rental Income	1099-Misc ( <i>See Rental Organizer</i> ) Income & Expense Summary		\$		\$
<input type="checkbox"/>	Interest Income	1099-Int's , 1099-OID's., etc.		\$		\$
<input type="checkbox"/>	Dividend	1099-Div's		\$		\$
<input type="checkbox"/>	Sale of Stocks, Bonds, Home, Land, etc.	1099-B's, 1099-S's, Settlement Statements, Broker Statements, etc.		\$		\$
<input type="checkbox"/>	IRA/ Pension / 401(K) / Annuity *Early Distribution	1099-R, CSA 1099-R, CSF 1099-R *Provide reason for early withdrawal		\$		\$
<input type="checkbox"/>	Lump Sum Distributions, Roll-overs, Conversions	Retirement Date & Exclusion History Cost of Plan & Contribution History		\$		\$
<input type="checkbox"/>	Social Security/RRB Income	SSA-1099, RRB-1099		\$		\$
<input type="checkbox"/>	*SS Benefits Lump Sum Settlement	*Claim Settlement Expenses		\$		\$
<input type="checkbox"/>	Disability & Sick Pay ( <i>may qualify for exclusion</i> )	1099-LTC, W-2 , etc.		\$		\$
<input type="checkbox"/>	Unemployment	1099-G		\$		\$
<input type="checkbox"/>	State Tax Refund	1099-G		\$		\$
<input type="checkbox"/>	Alimony Received ( <i>not child support</i> )	Divorce Decree		\$		\$
<input type="checkbox"/>	Gambling Winnings	W2-G, Expense Summary		\$		\$
<input type="checkbox"/>	Jury Duty	Pay Stubs		\$		\$
<input type="checkbox"/>	Health Savings Account Distributions	1099-SA		\$		\$
<input type="checkbox"/>	Cancellation of Debt & Foreclosures	1099-C, 1099-A		\$		\$
<input type="checkbox"/>	Prizes & Awards	1099-Misc		\$		\$
<input type="checkbox"/>	Other	Enclose Records		\$		\$
<input type="checkbox"/>	Other			\$		\$

**Scholarship/Fellowship Income**

☐ I am a Degree Candidate.

Expenses	Cost	Amount Applied	Your scholarship may or may not be taxable.  Itemize your education costs & indicate how your scholarship or fellowship award was applied.
Tuition	\$	\$	
Fees	\$	\$	
Books	\$	\$	
Supplies	\$	\$	
Equipment	\$	\$	
Room & Board	\$	\$	
Travel	\$	\$	
Clerical Help & Other Incidentals	\$	\$	
Amount used for teaching, research, and other services.	xxx	\$	
<b>TOTAL</b>		\$	

**SECTION 3: EDUCATION EXPENSES & MISC. CREDITS & ADJUSTMENTS** – If you feel you are entitled to a credit or adjustment not listed in this section, submit your documents and/or ask.

**STUDENT LOAN INTEREST ADJUSTMENT** - Enclose copy of 1098-E's.

Name of Student	Student's SSN	Institution	Amount
			\$
			\$

**EDUCATION EXPENSES – American Opportunity & Lifetime Learning Credit / Tuition & Fee Deduction** – Attach 1098-T's. For education credits or deduction purposes, qualified expenses include tuition, activity fees, & course related books, supplies, equipment (usually paid to the institution) as a condition of enrollment or acceptance.

<b>Student's Name:</b>		<b>Student's SSN:</b>	
<b>Total Qualified Expenses</b>	<b>Paid Out of Pocket (cash, loans, etc.)</b>	<b>Reimbursement / Refund *</b>	<b>By **</b>
\$	\$	\$	
		\$	
Is this the 1st/2nd year of post-secondary education?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is student at least 1/2 time?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has student been convicted of a felony for possession or distribution of drugs?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is student taking a program that leads to a recognized degree or credential?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p><i>* If you claimed an education credit &amp; later received tax free-assistance or a refund for the qualified expenses, provide a detailed explanation.</i></p> <p><i>** Tax-free parts of scholarships &amp; fellowships, Pell grants, employer-provided &amp; veterans' educational assistance, any other nontaxable (tax-free) payments or refund from institution for dropped classes.</i></p>			

**RETIREMENT CONTRIBUTIONS** – Submit end of year statements.

Contributions	You	Spouse	Penalty On Early Withdrawal	Company Pension	Self Employed	* Any IRA contributions for 2010 must be made by April 18, 2011.
IRA*	\$	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	
Traditional	\$	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	
Roth	\$	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	
Other	\$	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	
SEP/SIMPLE	\$	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	
OTHER:	\$	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	

**OTHER CREDITS & ADJUSTMENTS**

Adoption Expenses		\$
Alimony Paid	Recipient's Name	SSN
Education Account Contributions		\$
Educator expenses	Classroom Supplies & Expenses	\$
Employee Expenses – National Guard, military reservist, fee-basis government official, or performing artists (2 or more employers)	See Employee Job Expense Worksheet & Moving Expense Worksheet	\$
Health Saving Account Contributions	See also Box 12 of W2	\$
Homeowner Buyers Credit - First Time		\$
Hybrid/Electric Motor Vehicle Purchases		\$
Moving Expenses	See Moving Expense Worksheet	\$
Residential Energy Efficient Purchases		\$
Self Employed Health Insurance Premiums		\$
Other:		\$

**SECTION 4: ITEMIZED DEDUCTIONS** – Complete the following worksheets & provide copies of the supporting source documents & receipts as indicated.

**MEDICAL EXPENSES:** List any un-reimbursed medical expenses. Keep actual receipts and/or medical mileage log for your records. **BGGE's Medical Expense & Mile Tracker** is available upon request.

	Amount		Amount
Medical / Dental Insurance Premiums	\$	Therapy Treatment	\$
Long Term Disability Insurance Premiums	\$	Drug & Alcohol Treatment	\$
Prescription Drugs and Insulin	\$	Visiting Nurse / In-Home Care	\$
Doctors & Dentists Co-Pays	\$	Prescribed Durable Medical Equipment	\$
Hospitals & Emergency Room	\$	Cost of Lodging Outside of Home	\$
Lab & X-Rays	\$	Parking Fees & Tolls	\$
Eye Exams, Glasses, & Contacts	\$	Actual Vehicle Expenses (see Worksheet)	\$
Dentures & Braces	\$	or Total # of Medical Miles	mi

TAXES YOU PAID	AMOUNT
Real Estate Taxes	\$
Personal Property Tax (Boats, Motorcycles, Planes, etc.)	\$
Vehicle Registration Fee, Ad Valorem Tax, etc. (List vehicle's make & model)	
Vehicle #1	\$
Vehicle #2	\$
New Motor Vehicle (taxes paid in 2010 for new vehicle purchased between 2/17/09 & 12/31/09)	\$
State or Local General Sales Taxes (for optional income tax comparison)	\$
Federal Income Taxes Paid or Applied from Refund. (Tax Year )	\$
State / Local Income Taxes Paid or Applied from Refund. (Tax Year )	\$
Foreign Taxes	\$
Untaxed out-of-state purchases from another state, Internet, etc.? (provide itemized details and/or receipt.)	\$

INTEREST YOU PAID			
	Amount		Amount
Mortgage Interest & Points	\$	Investment Interest	
1 <sup>st</sup> Home Paid to Financial Institutions (Form 1098)	\$	Expense (limited to investment income, dividends, or sale of investment property)	\$
2 <sup>nd</sup> Home Paid or Line of Credit	\$	Previously Disallowed Interest Expense	\$
Points not Reported on 1098	\$	Real Estate Lot (unimproved)	\$
Paid to Individual	\$	Other	\$
Name:	\$	Other	\$
Address:	\$		
SS or EIN #:	\$	Qualified Home Mortgage Insurance Premiums	\$

MISCELLANEOUS DEDUCTIONS			
Tax Return Preparation Fees	\$	Bad Debts (non-business)	\$
Legal Fees (for income protection)	\$	Gambling Losses (limited to winnings)	\$
Investment Expenses (other than interest)	\$	Other	\$
Safe Deposit Box	\$	Other	\$
Safe (in home)	\$	Other	\$

**CONTRIBUTIONS WORKSHEET: Gifts to Charitable Religious, Educational, Scientific & Literary Organizations –**  
 List contributions or enclosed **filled-in** donation receipts, 1098-C's and/or acknowledgment from charity. **BGGE's**  
**Donation Tracker** & documentation requirements available upon request.

**Volunteer Work**

Out of Pocket Expenses	\$	Parking & Tolls	\$
Transportation Expenses (taxi, airfare, lodging, etc.)	\$	Actual Vehicle Expenses	\$
		or Total # of Charity Miles	mi

**Cash (including payroll deductions) & Non-Cash Contributions**

Date	Item Description	Amount or Fair Market Value	Organization's Name	Address
		\$		
		\$		
		\$		
		\$		
		\$		

**Note:** For non-cash donations totaling \$500 or more, also provide Date Acquired, How Acquired, Cost or Adjusted Basis, Value at Time of Donation, & Method Used to determine fair market value for each item.

**CASUALTY & THEFT LOSS WORKSHEET –** Submit an inventory worksheet for each event of theft, accident, fire, flood, or other casualty resulting in complete or partial destruction of personal or business property. Duplicate this worksheet if necessary.

Description of Event		Check all that apply:						
Date of Event		<input type="checkbox"/> Insurance claim filed.						
Location of Event		<input type="checkbox"/> Police report filed.						
		<input type="checkbox"/> Occurred in Federally Declared Disaster Area						
		(County/State/Other)						
Item Description	Qty	Date Acquired	Type of Property (Personal, Business, Income Producing)	Cost or Other Basis	Reimbursed*	FMV** Before Event	FMV** After Event	Gain or Loss
				\$	\$	\$	\$	\$
				\$	\$	\$	\$	\$
				\$	\$	\$	\$	\$
				\$	\$	\$	\$	\$
				\$	\$	\$	\$	\$

\* If you have received reimbursement for property but have not replaced it, explain when you plan to do so.

\*\*Fair Market Value

**EMPLOYEE JOB EXPENSES WORKSHEET –** Please complete a separate worksheet if you are claiming expenses for another occupation. Statutory employees should complete Profit & Loss for Business Worksheet.

for <input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse		Occupation	
	Amount		Amount
Uniforms Purchase & Cleaning*	\$	Education Expenses (to maintain current job)	\$
Protective Clothing & Safety Equipment	\$	Meals & Entertainment	\$
Licenses & Credentials	\$	Travel Expenses** (see Worksheet)	\$
Union & Professional Dues	\$	Vehicle Expenses or Mileage** (see Worksheet)	\$
Subscriptions & Professional Journals	\$	Business Use of Home (see Worksheet)	\$
Telephone (business use only)	\$	Home Office Expense (see Worksheet)	\$
Work Supplies	\$	Moving Expense (see Worksheet)	\$
Small Tools	\$	Notes: * Deductions for military uniform cost/cleaning is normally limited to items that cannot be worn off duty (i.e. utilities, battle dress, etc.) and/or those items that do not replace regular clothing (i.e. insignia of rank, corps devices, swords, etc.). ** Do not duplicate expenses claimed on Moving Worksheet.	
Business Gifts (limited to \$25 / person)	\$		
Insurance (liability, malpractice, bond, etc.)	\$		
Impairment Related	\$		
Job Seeking Expenses (employment agency fees, resume costs, etc.)	\$		

## SECTION 5: BUSINESS WORKSHEETS – For Employees, Self-Employed, & Rental Property Owners

<b>MOVING EXPENSES WORKSHEET</b>		<b>TRAVEL (AWAY FROM HOME) WORKSHEET</b>	
for <input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse		for <input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse	
# of Miles from old home to new work place		Airfare, Train, etc.	\$
# of Miles from old home to old work place		Car (see <i>Vehicle Worksheet</i> )	\$
<b>Difference (miles)</b>		Car Rental, Gas, etc.	\$
Packing & Transportation ( <i>household goods</i> )	\$	Taxi, Bus, Shuttle,	\$
Storage	\$	Parking & Tolls	\$
Insurance	\$	Lodging	\$
Travel by Airfare, Train, etc.	\$	Meals ( <i>including tips</i> )	\$
Travel by Car		Laundry, Cleaning, etc.	\$
Parking & Tolls	\$	Skycap, Bellhop, etc.	\$
# of Miles <b>or</b>		<b>Total</b>	\$
Gas & Oil	\$	<i>Reimbursement Amount</i>	\$
Lodging Expenses ( <i>excluding meals</i> )	\$	<input type="checkbox"/> <i>This amount is shown on my W2.</i>	
Other	\$	# of days away from home	
Other	\$	# of days to use per diem rate instead of actual expenses	
<b>Total</b>	\$		

<b>HOME OFFICE USE WORKSHEET</b> for <input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse					
Gross Income					\$
Date First Started Home Office					
Total Area of Home					ft <sup>2</sup>
Area Used for Office Area					ft <sup>2</sup>
Area Used for Storage & Inventory					ft <sup>2</sup>
Home Office Used is used <input type="checkbox"/> regularly & exclusively in my trade or business.					
purpose <input type="checkbox"/> employer's convenience <input type="checkbox"/> self employment <input type="checkbox"/> daycare facility					
Expenses	Indirect	Direct	Expenses	Indirect	Direct
Real Estate Tax	\$	\$	Repairs & Maintenance	\$	\$
Mortgage Interest	\$	\$	Utilities	\$	\$
Mortgage Interest Premiums	\$	\$	Casualty Loss	\$	\$
Insurance	\$	\$	Carryovers	\$	\$
Rent	\$	\$	Other	\$	\$

<b>PURCHASE OF BUSINESS ASSETS</b> (equipment, furniture, tools, computers, software, improvements, etc. with a useful life of more than one year) – <i>Enclose receipts or contracts of purchases made in 2009. New clients should also provide detailed listing of all business assets including previously claimed depreciation.</i>				
Description of Asset	Activity	% Business Use	Date Acquired	Purchase Price
	<input type="checkbox"/> Business <input type="checkbox"/> Rental			\$
	<input type="checkbox"/> Business <input type="checkbox"/> Rental			\$
	<input type="checkbox"/> Business <input type="checkbox"/> Rental			\$

<b>DISPOSITION OF BUSINESS ASSETS</b> – <i>List assets removed from business use during the year including previously inventoried items donated to charity. Enclose sale receipts, contracts, depreciation history, etc.</i>					
Description of Asset	Disposition (Sold, Retired, Scrapped, Abandoned, etc.)	Date Acquired	Purchase Price	Disposition Date	Sales Price or Other Basis
			\$		\$
			\$		\$
			\$		\$



**BUSINESS USE OF VEHICLE WORKSHEET:** *Please complete if you used your vehicle for business as an employee, statutory employee, sole proprietor, and/or rental property owner.*

<b>Person Claiming Deduction:</b> <input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse		<b>Occupation Or Activity:</b>			
		Vehicle 1		Vehicle 2	
Description - (make & model)					
Check Only One:					
Auto under 6,000 lbs.		<input type="checkbox"/>		<input type="checkbox"/>	
Light truck / van / SUV under 6,000 lbs.		<input type="checkbox"/>		<input type="checkbox"/>	
Truck or van over 6,000 lbs.		<input type="checkbox"/>		<input type="checkbox"/>	
Heavy SUV Over 13,000 lbs.		<input type="checkbox"/>		<input type="checkbox"/>	
Truck tractor for over-the-road use		<input type="checkbox"/>		<input type="checkbox"/>	
Date Placed In Service					
Value At Time Placed In Service		\$		\$	
Ownership		<input type="checkbox"/> Owned <input type="checkbox"/> Leased <input type="checkbox"/> Employer Owned		<input type="checkbox"/> Owned <input type="checkbox"/> Leased <input type="checkbox"/> Employer Owned	
If applicable, did employer provide reimbursement?		\$		\$	
- If so, is it shown on W-2?		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is vehicle available for personal use during off-duty hours?		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you (or spouse) have another vehicle for personal use?		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have written evidence to support this deduction? (diary, ledger, mileage log, etc.)		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Was this vehicle depreciated in a prior year?		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Did you sale or retire this vehicle during the tax year? <i>If so, enter details on Disposition of Business Asset Worksheet</i>		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>STANDARD MILEAGE RATE</b> – Complete summary to help determine business use percentage. <b>BGGE's Mileage Log Tracker is available upon request.</b>			<b>ACTUAL VEHICLE EXPENSES</b> – Retain for your records receipts, invoices and other documentation to show cost and establish the identity of the vehicle for which the expense was incurred.		
<b>Mileage Summary</b>	Vehicle 1	Vehicle 2	Gas, Lube, Oil	\$	\$
For Employer	mi	mi	Repairs & Maintenance	\$	\$
For Job Seeking Activities	mi	mi	Tires, Batteries, etc.	\$	\$
To Professional & Union Meetings	mi	mi	Insurance	\$	\$
Between 1 <sup>st</sup> & 2 <sup>nd</sup> Job	mi	mi	Auto Club, Towing, Warranty	\$	\$
To/From Job & School	mi	mi	Smog Certificate	\$	\$
Temporary Job Site	mi	mi	Loan Interest ( <i>not employee</i> )	\$	\$
Local Self-Employment Business Errands	mi	mi	Auto License, Tags	\$	\$
Away From Home Business Travel	mi	mi	Personal Property Tax	\$	\$
For Rental Property Activity	mi	mi	Lease Payments	\$	\$
Investment & Tax Preparation	mi	mi	Wash & Wax	\$	\$
<b>Total Business Miles</b>	mi	mi	Garage Rent	\$	\$
Total Charity Miles	mi	mi	Other	\$	\$
Total Medical Miles	mi	mi	Other	\$	\$
Total Other Personal Miles	mi	mi	Other	\$	\$
Commute Miles Computation ( <i>to work or place of business</i> )			Parking ( <i>not at place of employment</i> ) & Tolls	\$	\$
Daily Average Round-Trip Commute Miles			<b>Total</b>	\$	\$
X (times) # Days per year			<i>Notes: With exceptions, you may qualify to choose between the standard mileage rate method and actual expenses method after determining which one provides you with the largest allowable deduction. A mileage log should be maintained regardless of what method you use.</i>		
Total Commute Miles	mi	mi			
<b>Total Miles Driven This Year</b>	mi	mi			
or Odometer Reading					
At Beginning Of Year	mi	mi			
At End Of Year	mi	mi			
<b>Parking (<i>not at place of employment</i>) &amp; Tolls</b>	\$	\$			



**PROFIT & LOSS FROM BUSINESS WORKSHEET: For Sole Proprietors, Single Entity LLC's, & Statutory Employees** – Submit a separate worksheet for each business activity or entity that you own. You may substitute P&L statement or Income & Expense Summary provided all items on worksheet are addressed.

Name of Proprietor	EIN
Business Name	SS
Principal Business Or Profession	
Business Address (if different from home address)	
How do you currently track your business income, expenses, inventory, etc.? <input type="checkbox"/> QuickBooks <input type="checkbox"/> Quicken <input type="checkbox"/> Spreadsheet <input type="checkbox"/> Pen & Paper <input type="checkbox"/> Shoe Box <input type="checkbox"/> Other	
Accounting Method? <input type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Specify Other	
Did you materially participate in this business? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Check only one: <input type="checkbox"/> All investment is at risk. <input type="checkbox"/> Some investment is at risk.	
Date you started or acquired this business:	
If applicable, date you ceased operation of this business:      Explain:	

**INCOME**

Gross Receipts		Cost of Goods Sold*	
Services Provided	\$	Inventory Method	
Retail Sales	\$	<input type="checkbox"/> Cost <input type="checkbox"/> Lower of Cost / Market <input type="checkbox"/> Other:	
Sales Tax Collected	\$	Inventory at Beginning of Year	\$
1099's	\$	Purchases	\$
W-2's	\$	Less Items Withdrawn for Personal Use	\$
Prizes & Awards	\$	Less Items Withdrawn to Donate to Charity	\$
Other	\$	Labor	\$
Other	\$	Material & Supplies	\$
Less Returns & Allowances (refunds, credits, etc.)	\$	Other	\$
<b>Total Gross Receipts</b>	<b>\$</b>	Inventory at End of Year	<b>\$</b>
		* COGS - Items you make or buy to sell. Explain any change in determining quantities, cost, or valuations between opening & closing inventory.	

**EXPENSES**

Advertising & Promotion	\$	Meals & Entertainment	
Automobile (see Vehicle Worksheet)	\$	Meals	\$
Bad Debt	\$	Entertainment	\$
Bank Fees & Service Charges	\$	Office Expense & Postage	\$
Casualty & Theft Loss (see Loss Worksheet)	\$	Payroll Taxes	\$
Commissions & Fees (non-employee)	\$	Pension & Profit Sharing Plans	\$
Contract Labor	\$	Rent/Lease	
Credit Card Processing Fees	\$	Vehicles, Machinery, Equipment	\$
Depreciation Expense (see Business Asset Purchase Worksheet)	\$	Buildings, Office Space, Etc.	\$
Dues & Publications	\$	Supplies	\$
Employee Benefit Programs	\$	Repairs & Maintenance (not improvements)	\$
Employment Credits	\$	Start Up Costs (submit itemized list)	\$
Gifts (limited to \$25 per person)	\$	Taxes & Licenses	\$
Home Office Expenses (see H O Worksheet)	\$	Telephone (including 2nd line & long distance)	\$
Insurance (protects from losses)	\$	Training & Development	\$
Interest		Travel Expense (see Travel Worksheet)	\$
Mortgage	\$	Utilities	\$
Credit Card, Loans, Notes, etc.	\$	Wages	\$
Internet Services	\$	Other	\$
Laundry	\$	Other	\$
Legal & Professional Services	\$	Other	\$

*Notes: Enter only business portion of expenses. Prorate as needed. You can deduct an expense you pay in advance only in the year to which it applies. Do not duplicate expenses. For example, if you are claiming expenses using the home office worksheet, do not add the same here.*

**RENTAL INCOME WORKSHEET** – Please attach any supporting documents or forms (i.e. business assets depreciation history, Schedule E, Form 4797, etc.).

	Property A	Property B	Property C
<b>Location of Property</b>			
Type of Property ( <i>house, apartments, etc.</i> )			
Check all that apply:			
I make management decisions or arrange others to provide services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I had a loss due to casualty /theft. ( <i>see Casualty &amp; Theft Losses Worksheet</i> )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I disposed of my entire interest in this property during the tax year. *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am considered a real estate professional.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I (family member) also used this rental property for personal use.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
# Of Days Personal Use			
# Of Days Rented at Market Rate			
<b>Income</b>	\$	\$	\$
<b>Expenses</b>			
Advertising	\$	\$	\$
Association Dues	\$	\$	\$
Automobile ( <i>see Vehicle Worksheet</i> )	\$	\$	\$
Cleaning & Maintenance	\$	\$	\$
Commissions	\$	\$	\$
Depreciation* ( <i>see Business Asset Worksheet</i> )	\$	\$	\$
Gardening	\$	\$	\$
Insurance	\$	\$	\$
Legal & Professional	\$	\$	\$
Licenses & Permits	\$	\$	\$
Management Fees	\$	\$	\$
Mortgage Interest			
Paid to Bank ( <i>reported on form 1098</i> )	\$	\$	\$
Paid to Others ( <i>not reported on form 1098</i> )	\$	\$	\$
Painting & Decorating	\$	\$	\$
Pest Control	\$	\$	\$
Plumbing & Electrical	\$	\$	\$
Professional Fees	\$	\$	\$
Repairs ( <i>do not include improvements</i> )	\$	\$	\$
Supplies	\$	\$	\$
Start Up Cost	\$	\$	\$
Taxes			
Real Estate	\$	\$	\$
Other Taxes	\$	\$	\$
Travel ( <i>other than vehicle expenses</i> )	\$	\$	\$
Telephone ( <i>including 2nd line &amp; long distance</i> )	\$	\$	\$
Utilities	\$	\$	\$
Wages & Salaries	\$	\$	\$
Other	\$	\$	\$
Other	\$	\$	\$
Other	\$	\$	\$
<b>Adjustments</b>			
Previously disallowed losses due to passive loss restrictions.	\$	\$	\$
<b>Notes:</b> * If you purchased or disposed of any business assets, including your interest in a rental property, complete the <i>Business Asset Purchase and/or Disposition Worksheets</i> . Other depreciable assets include purchase of new roof, tile, cement, carpets, landscaping, driveways, furniture, appliances, plumbing, fixtures, etc. Do not include repairs.			

**SECTION 6: NOTES TO PREPARER & DISCLOSURE STATEMENT**

Section	Comments / Questions
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. I am returning only the sections of the tax organizer that pertains to my particular tax situation, as indicated below:	
<input type="checkbox"/> pg. 1, <input type="checkbox"/> pg. 2, <input type="checkbox"/> pg. 3, <input type="checkbox"/> pg.4, <input type="checkbox"/> pg. 5, <input type="checkbox"/> pg. 6, <input type="checkbox"/> pg. 7, <input type="checkbox"/> pg. 8, <input type="checkbox"/> pg. 9, <input type="checkbox"/> pg. 10, <input type="checkbox"/> pg. 10 notes	
Submitted by:	Date: