Client Tax Organizer

Please complete this Organizer before your appointment.

	Name		Soc. S	ec. No. Date	of Birth	Occupation	1	Work Phone
Taxpayer								
Spouse								
Street Address				City	State	ZIP		Home Phone
Blind Disabled Pres. Campaign Fund 2. Dependents (0	Yes No No No Children & Others)	Yes Yes	No Single				Yes No	
					CONTRACTOR OF THE PARTY	No. of Contract of	WIENCH POLICE	
Nam (First, L		Relationship	Date of Birth	Social Security Number	Months Lived With You	Disabled	Full Time Student	Dependent's Gross Income

Please provide for your appointment

Attach W-2s:		Attach 1099-S and c	losina eta	tements		
entach w-2s: Employer	Taxpayer Spouse		losing sta		Ī	
		Property		Date Acquired	Cost & I	mp.
		Personal Residenc	:e*			
		Vacation Home				
		Land				
		Other				
			new reside	improvements, prior ence. Also see Sectio		e,
4. Interest Income		9. I.R.A. (Indiv	vidual Re	tirement Acct.)		
Attach 1099-INT & broker statements						
Payer	Amount	Contributions for tax	x year inco	ome		U for
•	7.111.04.11	1	Aı	mount	Date	Roth
		Taxpayer				T
		Spouse				1
		- Opouse				
Tax Exempt		Amounts withdrawn	ı. Attach 10	099-R & 5498		
				5 (
		J Plan		Reason for	Reinves	tod2
TOTAL INVESTOR BY THE PARTY OF	SI SI PARIS PARIS PARIS	Trustee		Withdrawal	7 –	
5. Dividend Income		Trustee		withdrawai	Yes	Пи
		Trustee		withdrawai	7 –	B
From Mutual Funds & Stocks - Attach 1099-DI	V Sapital Non- Gains Taxable	Trustee		witngrawai	Yes Yes	
From Mutual Funds & Stocks - Attach 1099-DI	apital Non-	10. Pension, A	Annuity I		Yes Yes Yes	
rom Mutual Funds & Stocks - Attach 1099-DI	apital Non-	10. Pension, A	Annuity I	ncome Reason for	Yes Yes Yes Yes	
rom Mutual Funds & Stocks - Attach 1099-DI	apital Non-	10. Pension, A	Annuity I	ncome	Yes Yes Yes	
rom Mutual Funds & Stocks - Attach 1099-DI	apital Non-	10. Pension, A	Annuity I	ncome Reason for	Yes Yes Yes Yes	N N N N N N N N N N N N N N N N N N N
rom Mutual Funds & Stocks - Attach 1099-DI	apital Non-	10. Pension, A	Annuity I	ncome Reason for	Yes Yes Yes Yes	N N N N N N N N N N N N N N N N N N N
rom Mutual Funds & Stocks - Attach 1099-DI	apital Non-	10. Pension, A	Annuity I	ncome Reason for	Yes Yes Yes Yes Yes Yes	sted?
From Mutual Funds & Stocks - Attach 1099-DI	apital Non-	10. Pension, A	Annuity I	ncome Reason for	Yes Yes Yes Yes Yes Yes Yes Yes	N N N N N N N N N N N N N N N N N N N
rom Mutual Funds & Stocks - Attach 1099-DI	apital Non- Gains Taxable	10. Pension, A Attach 1099-R Payer* * Provide statement company with info	ts from em ormation o	ncome Reason for Withdrawal	Yes	sted?
from Mutual Funds & Stocks - Attach 1099-DIV Payer Ordinary (1) 6. Partnership, Trust, Estate Income	Gains Non- Gains Taxable	10. Pension, A Attach 1099-R Payer* * Provide statement	ts from em ormation o	ncome Reason for Withdrawal	Yes	sted?
From Mutual Funds & Stocks - Attach 1099-DI Payer Ordinary (6. Partnership, Trust, Estate Income	Gains Non- Gains Taxable	10. Pension, A Attach 1099-R Payer* * Provide statement company with info	ts from em ormation o	ncome Reason for Withdrawal	Yes	sted?
From Mutual Funds & Stocks - Attach 1099-DI Payer Ordinary (6. Partnership, Trust, Estate Income	Gains Non- Gains Taxable	* Provide statement company with info contributions to pl	ts from em ormation o olan.	Reason for Withdrawal	Reinves Yes Yes Yes Yes Yes Yes Yes Yes Yes Y	sted?
From Mutual Funds & Stocks - Attach 1099-DI Payer Ordinary (6. Partnership, Trust, Estate Income	Gains Non- Gains Taxable	* Provide statement company with info contributions to pl	ts from em ormation o lan. Benefits	Reason for Withdrawal	Reinves Yes Yes Yes Yes Yes Yes Yes Yes Yes	sted?
From Mutual Funds & Stocks - Attach 1099-DI Payer Ordinary (6. Partnership, Trust, Estate Income	Gains Non- Gains Taxable	* Provide statement company with info contributions to pl	ts from em ormation o lan. Benefits nent	Reason for Withdrawal ployer or insurance n cost of or Taxpayer Yes No	Reinves Yes Yes Yes Yes Yes Yes Yes Yes Yes	sted?
From Mutual Funds & Stocks - Attach 1099-DI Payer Ordinary (G. Partnership, Trust, Estate Income	Gains Non- Gains Taxable	* Provide statement company with info contributions to pl	ts from em ormation o lan. Benefits nent	Reason for Withdrawal ployer or insurance n cost of or Taxpayer Yes No	Reinves Yes Yes Yes Yes Yes Yes Yes Yes Yes	sted?
rom Mutual Funds & Stocks - Attach 1099-DI' ayer Ordinary C ayer Ordinary C 6. Partnership, Trust, Estate Income ist payers of partnership, limited partnership, r estate income - Attach K-1	apital Non-Gains Taxable A second of the se	* Provide statement company with info contributions to plus plus plus plus plus plus plus plus	ts from em ormation o lan. Benefits nent RB 1099	Reason for Withdrawal ployer or insurance n cost of or Taxpayer Yes No	Reinves Yes Yes Yes Yes Yes Yes Yes Yes Yes	sted?
from Mutual Funds & Stocks - Attach 1099-DIV Payer Ordinary Continuous Contin	apital Non-Gains Taxable A second of the se	* Provide statement company with info contributions to pl Did you receive: Social Security Is Railroad Retirem Attach SSA 1099, RF	ts from emormation o lan. Benefits nent RB 1099	Reason for Withdrawal ployer or insurance n cost of or Taxpayer Yes No Yes No	Reinves Yes Yes Yes Yes Yes Yes Yes Yes Yes	sted?
from Mutual Funds & Stocks - Attach 1099-DIV Payer Ordinary Continue Contin	apital Non-Gains Taxable A second of the se	* Provide statement company with info contributions to plus plus plus plus plus plus plus plus	ts from emormation o lan. Benefits nent RB 1099	Reason for Withdrawal ployer or insurance n cost of or Taxpayer Yes No	Reinves Yes Yes Yes Yes Yes Yes Yes Yes Yes	sted?
From Mutual Funds & Stocks - Attach 1099-DIN Payer Ordinary C Grayer Ordinary C 6. Partnership, Trust, Estate Income ist payers of partnership, limited partnership, r estate income - Attach K-1 7. Investments Sold tocks, Bonds, Mutual Funds, Gold, Silver, Pai	apital Non-Gains Taxable A second of the se	* Provide statement company with info contributions to pl Did you receive: Social Security I Railroad Retirem Attach SSA 1099, RF	ts from emormation o lan. Benefits nent RB 1099	Reason for Withdrawal ployer or insurance n cost of or Taxpayer Yes No Yes No	Reinves Yes Yes Yes Yes Yes Yes Yes Yes Yes	sted?
From Mutual Funds & Stocks - Attach 1099-DI Payer Ordinary C 6. Partnership, Trust, Estate Income List payers of partnership, limited partnership, or estate income - Attach K-1 7. Investments Sold Stocks, Bonds, Mutual Funds, Gold, Silver, Page 1998-1998-1998-1998-1998-1998-1998-1998	apital Non-Gains Taxable A second of the se	* Provide statement company with info contributions to pl Did you receive: Social Security I Railroad Retirem Attach SSA 1099, RF	ts from emormation o lan. Benefits nent RB 1099	Reason for Withdrawal ployer or insurance n cost of or Taxpayer Yes No Yes No	Reinves Yes Yes Yes Yes Yes Yes Yes Yes Yes	sted?

List All Other Income (including non-taxable) For property damaged by storm, water, fire, accident, or stolen. **Alimony Received Location of Property Child Support** Scholarship (Grants) Description of Property **Unemployment Compensation (repaid)** Prizes, Bonuses, Awards **Amount of Damage** Gambling, Lottery (expenses Insurance Reimbursement **Unreported Tips** Repair Costs Director / Executor's Fee **Federal Grants Received** Commissions **Jury Duty** 16. Charitable Contributions Worker's Compensation Disability Income Veteran's Pension Church Payments from Prior Installment Sale **United Way** State Income Tax Refund Scouts Other Telethons Other University, Public TV/Radio Heart, Lung, Cancer, etc. 12. Medical/Dental Expenses Wildlife Fund Salvation Army, Goodwill **Medical Insurance Premiums** Other (paid by you) Non-Cash . **Prescription Drugs** Volunteer (no. of miles) @ .14 Insulin Glasses, Contacts 17. Job-Related Moving Expenses Hearing Aids, Batteries **Braces** Medical Equipment, Supplies Date of move -Move Household Goods **Nursing Care** Travel to New Home (no. of miles) **Medical Therapy Lodging During Move** Hospital Doctor/Dental/Orthodontist Mileage (no. of miles) 18. Employment Related Expenses That You Paid (Not self-employed) 13. Taxes Paid Dues - Union, Professional Books, Subscriptions, Supplies Real Property Tax (attach bills) Personal Property Tax Licenses Other Tools, Equipment, Safety Equipment Uniforms (include cleaning) Sales Expense, Gifts 14. Interest Expense Tuition, Books (work related) Entertainment Mortgage interest paid (attach 1098) Interest paid to individual for your Office in home: home (include amortization schedule) In Square a) Total home Paid to: b) Office Feet Name c) Storage Address Rent Social Security No. Insurance Investment Interest Utilities Premiums paid or accrued for qualified Maintenance

15. Casualty/Theft Loss

11. Other Income

mortgage insurance

19. Child & Other Dependent Care Expenses Soc. Sec. No. or Amount Name of Care Provider Address **Employer ID** Paid Also complete this section if you receive dependent care benefits from your employer. 23. Estimated Tax Paid 20. Business Mileage Federal State Due Date Date Paid Do you have written records? Did you sell or trade in a car used for business? If yes, attach a copy of purchase agreement Make/Year Vehicle 24. Other Deductions Date purchased Total miles (personal & business) Business miles (not to and from work) Alimony Paid to Social Security No. From first to second job Education (one way, work to school) Student Interest Paid **Health Savings Account Contributions** Job Seeking Archer Medical Savings Acct. Contributions Other Business Round Trip commuting distance Gas, Oil, Lubrication Batteries, Tires, etc. Repairs Wash

21. Business Travel	
If you are not reimbursed for exact amou	unt, give total expenses.
Airfare, Train, etc.	-
Lodging	
Meals (no. of days)	-
Taxi, Car Rental	
Other	
Reimbursement Received	

Insurance Interest Lease payments Garage Rent

22.	Investment-Related Expenses	

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

Student's Name	Type of Expense	Amoun
	,. ,	

26.	26. Questions, Comments, & Other Information				

Residence:		
Town	County	
Village	School District	
City		

27. Direct Deposit of Re	fund					
Would you like to have your refur (The IRS will allow you to depo different accounts. If so, please	sit your federal tax refund into	up to three	t?			Yes No
ACCOUNT 1						
Owner of account				Taxpaye	er Spo	ouse Joint
Type of account	Checking Archer MSA Saving		raditional Savings overdell Education Saving		aditional IRA SA Savings	Roth IRA SEP IRA
Name of financial institution						
Financial Institution Routing Tran	nsit Number (if known)	(- <u></u>				
Your account number						
ACCOUNT 2						
Owner of account				Taxpaye	r Spo	ouse Joint
Type of account	Checking Archer MSA Saving		raditional Savings overdell Education Saving	-	aditional IRA SA Savings	Roth IRA SEP IRA
Name of financial institution						
Financial Institution Routing Tran	sit Number (if known)	-				
Your account number						
ACCOUNT 3						
Owner of account				Taxpaye	r Spo	ouse Joint
Type of account	Checking Archer MSA Saving		raditional Savings overdell Education Saving	-	aditional IRA SA Savings	Roth IRA SEP IRA
Name of financial institution	F-					
Financial Institution Routing Tran	sit Number (if known)	÷				
Your account number		-				
To the best of my knowledge income, deductions, and oth which I have adequate recor	er information necessa	sed in this ary for the p	client tax organizer is preparation of this yea	correct and i	includes all ax returns for	
		te	Spouse			— Date