

Provided By:

Tax Pros Financial Group

SAVE TIME - READ THIS FIRST

Filing Status

Election Campaign

This organizer is designed to assist and remind you of information that is needed to prepare your tax return. The goal is not to overlook anything so you can maximize your legal deductions, comply with government reporting requirements, and avoid problems with the IRS after the return is filed.

Taxes are complicated and the rules change constantly. This organizer was designed specifically for the 2013 tax year and certain items may not apply to other years. Although care has been taken to accommodate most taxpayers' needs, please note questions that are related to issues not included here under "Questions You May Have" in Section D5.

Section Categories – To help you collect your information quickly, this organizer is organized into four general areas. Information required from:

- everyone Sections A1 A13 (Pages 2 & 3)
- those who have relocated, sold their home, made home energy improvements or have debt relief income Sections D1 D4 (Page 4)

The instructions provided in the header of each section will help you determine if you are required to complete the information in that section. Before proceeding, please take a moment to review the purpose of the SPECIAL MARKERS used throughout this organizer.



Your tax information from the prior year is automatically transferred to this year's tax return. Therefore, not all taxpayer data and contact info needs to be recorded. The marker signifies that returning clients need only enter data in that section if it has changed since the prior year or if there is new information.



This marker notes areas where the IRS can match the entry on their computer and incomplete or incorrect information can trigger government correspondence or, worse yet, an office audit. Pay particular attention to sections or individual entries with this symbol.



This flag symbol denotes areas where a deduction or item of income is to be treated differently when computing the alternative minimum tax (AMT). The AMT is another way of computing your tax liability, which applies more restrictive limits on certain deductions and preference income. If higher than the regular tax, the AMT applies.



This marker indicates payments that may require the issuance of a 1099 if the annual amount paid to an individual is \$600 or more. Failure to file 1099s can lead to a loss of the tax deduction for that expense and failure to timely file the forms with the IRS and furnish copies to payees can result in substantial penalties.

YOUR TAX APPOINTMENT

Please complete and sign this organizer prior to your appointment.

- O Please call to schedule your appointment. Try to call early before the calendar is booked up.
- O Please mail the completed organizer to this office prior to your appointment.
- O Please mail the completed organizer along with required documentation, W2s, 1099s, 1098s, K-1s, etc., to this office so your return can be prepared by correspondence.

O Your tax appointment is scheduled for

Day: ______

Date:

Time:_____

Please notify this office promptly if you are unable to keep this appointment.

If you are a new client, be sure to provide a copy of last year's tax return.

Referrals are Always Appreciated.

If you know someone who would like a tax appointment, please have them call this office.

Do not be concerned that your business, personal or financial matters will be discussed with clients whom you refer.

All client information is treated in the utmost confidence.

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TAXPAYER INFORMATION

The information on this page is required for every taxpayer. Please review each section on this page and report items that are applicable to you, your spouse or dependents.

	A1 - TAXPAYER INFORMA Returning clients can skip this section			A6 - INCOME & ADJUSTMENTS			
		п ехсерт юг спапдев.			You	Spouse	
	Filer Name (Must Match SS Admin)			W-2 Wages - Please provide W-2 forms (retain copy "C" for your reci			
	Social Security No.	Birt	th Date / /	Partnership, Trust or S-Corporation K-1s (provide complete K-1 copie Were you the beneficiary of an inheritance? If so, please verity	<u> (S)</u>		
	Occupation		✓ If Legally Blind	with executor or trustee if you will be receiving a K-1.	O Yes	O Yes	
	Contact Phone		O Day O Evening	State Tax Refund (provide 1099-G)			
			J Day J Everilling	Social Security or RR (provide SSA-1099 or RRB-1099)			
	E-Mail Address			Pension Income (provide all 1099-Rs)			
	Spouse Name (Must Match SS Admin)			Alimony Received (IRS matches with alimony paid)			
	Social Security No.	Birt	th Date / /	Alimony Paid (provide name and SSN below) Paid to:	SS#:		
	Occupation		✓ If Legally Blind	Tipo (
	Contact Phone		O Day O Evening	Tips (not included in W-2) Unemployment Compensation (provide 1099-G)			
	E-Mail Address		S Day S Evoluing	Gambling Winnings (provide W-2Gs)			
	L-Wall Address						
	A2 - ADDRESS			A7 - IRA & SE PLANS			
	Returning clients can skip this section	n except for changes.		Retirement Plan with your Employer?	You O Yes	Spouse O Yes	
	Street	,	Apt/Unit No	Did you or your spouse convert a traditional IRA into a			
	City	State	Zip	Roth IRA during 2013?	O Yes	O Yes	
	Home Phone Number		·	Traditional IRA, Keogh & SEP Plans			
	Treme Treme trainings			Contributions With decorate (1000 PV)			
	A3 - STATUS CHANGES F	OR 2013		Withdrawals (1099-R) (1) Rollovers (2) (8)			
	Check any that apply and enter the e	effective date.		Basis (Total of prior year non-deductible contributions)			
	O Married /	O Moved	/	Roth IRA			
	O Separated /	O Home Sold	/	Contributions			
	O Divorced /	O Spouse Deceased	/	Withdrawals (1099-R) (1)			
	O Retired /	O Dependent Deceased		Rollovers (2) (3)			
	Tiotiled	3 Dependent Deceased		(1) Show reason if under age 59½ (2) Must be reported even if not tax (3) Rollovers from Traditional to a Roth IRA may be taxable.	able unless dire	ectly "transferred"	
	A4 - ESTIMATED TAXES P			(b) Hollovoic Holli Haditorial to a Holl His Hilly be taked to.			
	This office cannot assume that all est originally scheduled or on time. There			A8 - SPECIAL QUESTIONS & INFORM	ATION		
	and dates of payment or provide pro-	of of payments. Incorrec				,	
•	will result in IRS correspondence afte	er the return is filed.		Coverdell Education Account Contribution			
	Payment & Due Date Date	te Paid Federal	State	Coverdell Education Account Distribution (provide 1099-Q) Qualified Tuition Plan (Sec. 529) Distribution (provide 1099-Q)			
	Applied from Last Year's Refund			Student Loan Interest paid (provide 1098-E)			
	First Quarter April 15, 2013			HSA Distributions (provide 1099-SA)			
	Second Quarter June 17, 2013			Adoption Expenses O ✓ If "special needs child"			
	Third Quarter Sept. 16, 2013			CAUTION – Review the following questions carefully. There are s with failing to report an interest or signature authority over a			
	Fourth Quarter Jan. 15, 2014			Please call our attention to any dealings related to foreign acc			
	3	l I		√ If you or your spouse have signature authority or are named a on a bank account in a foreign country even if the funds are i	us a co-owner not yours.	O	
1	A5 - REFUND DIRECT DE	POSIT		✓ If you received an inheritance from someone in a foreign cour		O	
	Complete this section to have your re			✓ If you or spouse have a foreign bank account (over \$10,000)		O	
	your bank account. Doing so will spe danger of a check being lost or stole			✓ If you or your spouse received a distribution from, or were the or transferor to, a foreign trust	grantor,	0	
	to up to 3 separate accounts. Entries below. If you wish to make multiple de		•	✓ If at any time during the year you or your spouse held an inte a foreign financial asset	rest in	O	
	account information and how you wis			✓ If you have been denied Earned Income Credit by the IRS		O	
	Bank Routing Number (Exactly 9 Digits)			✓ If you have been re-certified for the Earned Income Credit		O	
	Account Number (include hyphens - omit spaces & special characters – 17 digits max)			✓ If you bought, sold, or gifted real estate in 2013.		O	
	Account Number (include hypnens - omit space	es α special characters — 17 dig	ito ilidx)	If you have, please call in advance to discuss what documents are needed.			
				✓ If you made a gift of money or property to any individual in ex \$14,000 (\$28,000 for joint gifts by a married couple)	.cess of	0	
	✓ Account Type: • Checking • Savi	ings Allocation:		✓ If you employ household workers		<u>O</u>	
				If you sold jewelry, gold, coins, or other precious metals durin If you wish to contribute to the Presidential campaign fund:	g the year O You	O Spouse	
				in you with to containate to the recondential campaign fulla.	- 10u	- opouso	

ADDITIONAL INFORMATION

The information on this page is required for every taxpayer. Please review each section on this page and report items that are applicable to you, your spouse or dependents.

A9 - DEPENDENTS Returning since the other info is on file. Enter				IEr	iter S for	Son, D for Daughte	er. R for Re	elative. O f	for Other	
				"		if you are NOT the	child's cu	stodial pa	rent	W
First Name	Last Name (If Different)		al Security # landatory)	\	*	Months in Home (Your Home)	Birti	n Date	Income	the age of 18 √ if Student
					C		/	/		0
					C		/	/		0
					O		/	/		O
A10 – INTEREST INCOMI	E						Caution: Al	l interest i	must be repor	ted even if tax-fro
IRS matches payer and amount. Al		er name listed c	n 1099 even if n	ot the	original :		<u> </u>		must so report	iou ovoii ii tux ii c
Name of Payer Please provide all forms 1099INT and 109 (Entries are not needed when 1099s are pro	990ID Corp	, Credit Union, Bonds, etc.	Seller Finance Mortgages		Saving	t U.S Obligations s Bonds, T-Bills, etc. State Tax-Free)	Muni	me State cipal Bond rally Tax-Fre	ds (I	Other State Federal Tax-Free)
Litates are the thousand minimized are pre-	bvidodj		Note: Seller finar	nced		otato tax 1100j	(dono	rany lax 110		
			mortgages requir							
			of the payer. See							
			special line belo							
Payer Name:	SS#:				Address:		,		'	
Forfeited	Interest					Federal Tax Withho	olding on In	terest & Div	vidends	
1 011011000	Tintoroot					Todorar tax vvitini	Juling off in	101001 & D1	VIGORIGO	
A11 - DIVIDEND INCOME	E									
IRS matches payer and amount. All use substitute 1099s and caution r								TA I		
								011.6	Toyoblo to	Non Toyoble
Name of Payer – Please provide all (Entries are not needed when 1099s		Foreign Taxes Paid	Ordinary		ualified ⁄idends ⁽¹	Capital Gains	Source Obligat		Taxable to State Only	Non-Taxable State & Feder
				<u> </u>						
(1) Qualified dividends receive special tax tre	eatment and are included	d in the "Ordinary Div	idends" total. (2) Inc	cludes in	come from	savings bonds, I-Bills, e	tc., which are	e state tax-tr	ree.	
A12 – INVESTMENT SALI	ES								1	
IRS matches gross proceeds from a If broker provides a summary of tran								A		
			√ If				Callin		Coot on Othon	Duofit
Descri (Please provide a			Inherited	A	Date cquired	Date Sold	Sellir Pric		Cost or Other Basis (1)	Profit (Memo Only)
			0	/	/	/ /				
			0	/	/	/ /				
			0	/	/	/ /				
			0	/	/	/ /				
			0	/	/	/ /				
(1) The basis from which gain is determined	may not be the original	cost and must accou	int for stock splits, reve	erse split	s, mergers	, reinvested dividends, w	ash sales, et	C.		
A12 CHILD OF DEDENI	DENT CARE	EVDENCES								
A13 – CHILD OR DEPENI				e must	be for a	child under age 1	3 or an in	ndividual v	who is	
Care must enable you to work (or s	search for work) or	attoria corioori								Λ-
physically or mentally incapable of s			see section C4	I. IRS r	natches	employer provide	d care be	netits and	d income	
physically or mentally incapable of s reporting of care provider.	self care. It you are	e a student, also								/Dependent
physically or mentally incapable of s reporting of care provider. O If you have employer prov	self care. It you are	e a student, also	Provider's SSN MANDATORY un	or Emp	loyer ID# an exemp	Paymot Child/Depnd.'s Na	ents MUST		ated By Child	/Dependent d/Depnd.'s Name
physically or mentally incapable of s reporting of care provider.	self care. It you are	e a student, also	Provider's SSN	or Emp	loyer ID# an exemper if exempted	Paymont Child/Depnd.'s Nat	ents MUST	Be Alloca	ated By Child	
physically or mentally incapable of s reporting of care provider. O If you have employer prov	self care. It you are	e a student, also	Provider's SSN MANDATORY un	or Emp	loyer ID# an exempt if exempt	Paymot Child/Depnd.'s Nat.	ents MUST	Be Alloca	ated By Child	
	self care. It you are	e a student, also	Provider's SSN MANDATORY un	or Emp	loyer ID# an exemper if exempted	Paym Child/Depnd.'s Nat.	ents MUST	Be Alloca	ated By Child	



RELOCATION, HOME SALE, DEBT RELIEF, ENERGY CREDITS

D1 - HOME SALE

If you sold your home, abandoned it, or lost it to foreclosure, the disposition may need to be reported. If you received a 1099-S, it is very important that you provide it. If you abandoned the home or lost it to foreclosure, see Section D4.

Address of Home Sold						
Date Purchased	/ /					
Purchase Price (including						
Gain Deferred from a Hom This generally does not apply a home after 5/6/1997. If it ap of the last home sale prior to 9						
Improvements to Home Sold (not maintenance)						
Date of Sale	- (Please bring final closing escrow	/ /				
Sales Price	statement. This document will have the information needed for these entries.)					
Sales Expenses	,					
✓ If you owned and used the home as your primary residence for two of the prior five years (counting back from the sale date)						
✓ If your spouse (if married) owned and used the home as his/her primary residence for two of the prior five years						
If owned and used less than two years, give reason for sale:						
✓ If the home was ever used for business (such as a rental, home office or day care center)						
✓ If any of the business use in the prior question was before 5/7/97						
✓ If the home was acquired by tax-deferred (Sec 1031) exchange after 10/22/04						
✓ If you (and spouse if married) have excluded gain from the sale of a prior residence within two years of the date of sale of this residence						
✓ If the home was inherited (including from a deceased spouse)						
✓ If the home was not used as your primary residence for any period after 2008						
\checkmark If you previously claimed the new or long time resident homeowner credit						

D2 - HOME ENERGY CREDITS

Enter only items certified by the manufacturer to meet Government energy standards.

Energy-Efficient Property — QUALIFIED solar electric generation, solar water heating systems, fuel cell property, wind energy property, and geothermal heat pumps for a RESIDENCE OF THE TAXPAYER LOCATED WITHIN THE U.S.

✓ If primary residence

Description of Property Cost

D3 – MOVING DEDUCTIONS

To qualify for a moving expenses deduction, the distance to the new job from the old home must be at least 50 miles farther than to the old job from the old home.

O ✓ If employer reimbursed any amount of moving expense or home sale assistance and provide the reimbursement statement from the employer (Form 3903 or a substitute statement)

A - Miles from Old Residence to New Job			
B - Miles from Old Residence to Old Job		miles	
A minus B – if less than 50 miles, stop: no d	eduction allowed	miles	
Commercial Mover	Temporary Storage (up to 30 days)		
Truck Rental	Rental Fuel Costs		
Trailer Rental	Highway Tolls		
Lodging en route (no meals)	Airfare		
# of owned vehicles driven to new home	Auto Travel	miles	
Boxes/Tape/Supplies	Other:		
Other:	Other:		

D4 - DEBT RELIEF & FORECLOSURE

If you had debt totally or partially forgiven, you may be required to report debt relief income. This includes real estate mortgages, credit card debt, vehicle loans, etc. Debts discharged in bankruptcy are not included. Please call the office in advance to discuss what additional documentation may be required.

- ${f O}$ \checkmark If you had any amount of credit card debt forgiven and provide a copy of the 1099-C you received from the financial institution
- \odot \(\sqrt{\text{If you abandoned your home and provide a copy of the 1099-A and/or the 1099-C you received from the financial institution (also complete Section D1 home sale information)
- O ✓ If your home was foreclosed upon or you sold it under a "short sale" agreement with the lender and provide a copy of the 1099-A and/or the 1099-C you received from the financial institution (also complete Section D1 home sale information)

D5 - QUESTIONS YOU MAY HAVE

D6 - SIGNATURE

o the best of my knowledge, all the information contained within this document	is true	 correct and 	complete.
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