

Tax Organizer 2009

You will need the following items:

Please attach the following forms and information as applicable

- **W-2s and 1099s** for Dividends, Interest, and Sales of Stocks and Bonds
(Note: If any Sales are reported, we will need dates purchased and cost basis. If you have a Year-End statement showing stock sales detailed, please include this statement also.)
- **1099s** for Social Security, Retirement Distributions, State Refunds, Misc. Income, Gambling Winnings, Distributions from Qualified Education Programs, etc. Please also make note of any taxable income where 1099s were not received, such as alimony.
- **Copy of prior year Federal and State Income Tax Returns** (new clients only).
- **Business income and expenses** (attach summary)
- **Rental income and expenses** (attach summary)
- **Schedule K-1s** from partnerships, estates and trusts, or S corporations
- **Any other form** that may have tax implications

MAILING ADDRESS:

PEGGY A SCHMIDT CPA
1726 JULIAN RIDGE ROAD
CHATTANOOGA, TN 37421

Website: www.PeggyASchmidtCPA.com

Email: info@peggyaschmidtcpa.com

Phone: (423) 855-7500

FAX: (423) 855-7999

TAX ORGANIZER 2009 – You will need the following items:

- Copies of ALL W-2, 1099 forms, and proof of other income received by you and your spouse
- The Social Security numbers and dates of birth for you, your spouse, and all of your dependents
- NEW CLIENTS ONLY: A copy of last year's tax return

SECTION 1: Personal Information

TAX PAYER INFORMATION (Please print clearly)

Last Name _____ First Name _____ M.I. _____ SS# _____
 Date of Birth _____ Occupation _____
 Home Phone _____ Work Phone _____ Cell Phone _____
 Taxpayer Email Address _____ Spouse Email Address _____
 Address _____
 City _____ State _____ Zip _____

SPOUSE INFORMATION

Last Name _____ First Name _____ M.I. _____ SS# _____
 Date of Birth _____ Occupation _____
 Home Phone _____ Work Phone _____ Cell Phone _____

FAMILY DEPENDENTS

Please list all persons who lived in your home and anyone living outside of your home that you supported during the year.

Name	Birth Date	Social Security No.	Relationship	Months person lived with you during the year	Did you provide more than 50% support for person?

SECTION 2: Questions that could lead to helpful deductions

YES NO NEW CLIENTS: Did you bring a copy of last year's tax return? _____

YES NO Are either you or your spouse legally blind? _____

YES NO Were you legally married as of December 31st? _____

YES NO If yes, were you living with your spouse as of December 31st? _____

YES NO Did your spouse die within the last 2 years? If yes, date of death: _____

YES NO Did you receive an income tax refund from the state of Arizona (or the state you live in) last year? _____

YES NO Did you contribute any money to an IRA last year? _____

YES NO Can someone else claim you or your spouse as a dependent on their tax return? _____

YES NO Were any children born or adopted last year? _____

YES NO Are any of your dependent children who are not full time students, 19 years of age or older? _____

YES NO Do you have any children with investment income greater than \$1,900? _____

YES NO Do you or your spouse receive payments from a pension or profit sharing plan? _____

YES NO Did you or your spouse receive Social Security or disability payments during the tax year? _____

YES NO Did you or your spouse receive unemployment payments during the tax year? _____

YES NO Did you or your spouse receive tip income not reported to your employer? _____

YES NO Did you or your spouse pay alimony or collect alimony during the tax year? _____

YES NO Did you pay for child care during the tax year that allowed you to work? _____

If yes, provider's name, address, & tax ID: _____

YES NO Did you or anyone in your family attend college or vocational school during the tax year? _____

YES NO Did you or anyone in your family pay student loan interest? _____

YES NO Did you buy or sell any stocks or bonds during the tax year? _____

YES NO Did you incur any casualty or theft losses during the tax year? _____

YES NO Did you incur any moving expenses during the tax year? If yes, attach details _____

YES NO Did you own your own home during the tax year? _____

YES NO Did you buy, sell, or refinance a principal residence or other real property during the tax year? _____

YES NO Did you start a business, purchase rental property, or acquire interests in partnerships or S corps? _____

YES NO Did you receive an Earned Income Tax Credit last year? _____

YES NO Do you want to have your tax return filed electronically? _____

YES NO Do you wish to Direct Deposit any federal or state refunds? (If yes, need routing & account number, below)

Direct deposit to Checking Savings Routing # _____ Account # _____

FILING STATUS (check one)

- Single
- Married Filing Jointly
- Married Filing Separately
- Head of Household
- Qualified Widower / Surviving Spouse
(with dependent child)

INCOME

- Taxpayer-Wages from your job \$ _____
- Spouse-Wages from your job \$ _____
- Interest Income \$ _____
- Taxpayer-Social Security received \$ _____
- Spouse-Social Security received \$ _____
- Lottery / Prizes \$ _____
- Alimony received \$ _____
- Federal income tax refund (last year) \$ _____
- State income tax refund (last year) \$ _____

OTHER INCOME

- Unemployment \$ _____
- Interest Received \$ _____
- Sales of Assets \$ _____
- Gambling Winnings \$ _____
- Gambling Losses \$ _____
- Self Employment \$ _____
- Jury Duty Pay \$ _____
- Pensions or Annuities \$ _____
- Day Care Provider \$ _____
- Tips \$ _____
- Other (Name) \$ _____
- Other (Name) \$ _____

TAXES PAID

- Real estate taxes paid on your home \$ _____
- State taxes paid \$ _____
- Other taxes paid \$ _____

MEDICAL EXPENSES

- Doctors \$ _____
- Dentist \$ _____
- Hospital \$ _____
- Prescriptions \$ _____
- Medical Insurance Premiums \$ _____
- Glasses & Eye Exams \$ _____
- Hearing Aids & Batteries \$ _____
- Long Term Care Insurance \$ _____
- Laboratory / X-Rays \$ _____
- Travel necessary to get to medical care \$ _____
- Hearing Aids & Batteries \$ _____
- Prosthetic Appliances \$ _____
- Therapy \$ _____
- Insurance Reimbursements listed above .. \$ _____
- Other (Name) \$ _____
- Other (Name) \$ _____
- Miles driven for medical \$ _____

CHARITABLE CONTRIBUTIONS

CASH CONTRIBUTIONS

- Church \$ _____
- Payroll deductions \$ _____
- Other (Name) \$ _____
- Other (Name) \$ _____
- Other (Name) \$ _____
- Contributions, non-receipted \$ _____

NON CASH CONTRIBUTIONS

- Salvation Army / Goodwill Industries \$ _____
- Other (Name) \$ _____
- Other (Name) \$ _____
- Other (Name) \$ _____
- Miles driven for charity \$ _____

INTEREST PAID

- Mortgage interest paid on home \$ _____
- HELOC Interest paid on home \$ _____
- Student loan interest \$ _____
- Other interest paid \$ _____

OTHER DEDUCTIONS /CREDITS

- Union Dues \$ _____
- Dues-Professional organizations \$ _____
- Employment Agencies \$ _____
- Safety deposit box \$ _____
- Job tools and job supplies \$ _____
- Uniforms \$ _____
- Other (Name) \$ _____

MISCELLANEOUS

- Auto Expenses (Job use only) \$ _____
- Business Meals and Entertainment \$ _____
- Dues & Subscriptions (Trade Journals) \$ _____
- Educator Expenses \$ _____
- Employment Agency Fees \$ _____
- Income Tax Preparation \$ _____
- IRA or Keogh Plan Fees \$ _____
- Job Hunting Expenses \$ _____
- Mutual Fund Fees \$ _____
- Safe Deposit Box Fees \$ _____
- Safety Equipment \$ _____
- Small Tools (Estimated life 1 year or less) \$ _____
- Telephone (Job use only) \$ _____
- Travel (Excluding Meals & Entertainment) \$ _____
- Uniforms (Not General Wear) \$ _____
- Uniforms, Laundry & Cleaning \$ _____
- Union Dues & Professional Dues \$ _____
- Vocational Supplies \$ _____
- Other (Name) \$ _____

ADJUSTMENTS TO INCOME

- Alimony (Paid to) \$ _____
- Social Security Number \$ _____
- IRA Contributions / Penalty-early withdrawal \$ _____
- Child Care Expense (No. of Children _____) \$ _____
- Medical Savings Account \$ _____