

Name: _____ **Tax Year:** _____

We appreciate the opportunity to work with you again this year and to advise you regarding your income tax obligations. To ensure we have an understanding of our mutual responsibilities, we ask that all clients read and confirm the following information.

This easy-to-use organizer has been prepared to assist you in collecting information for your Individual Income Tax Return. For returning clients, information from your prior year tax return has been listed to serve as a guide in assembling this year's tax data.

Enter this year's information in the area provided on the attached pages. If you need more space, please use the back of the pages. Line through any preprinted data that does not apply to the current year. If necessary, attach additional sheets with pertinent facts that may not have been requested in this organizer. If you have any questions, please make note of them within the booklet so that we can discuss them when we prepare your tax return.

Please provide all records and necessary information requested, including:

Forms & documents...W-2, 1098, 1099, K-1, Property Tax, Ad Valorem Tax, Contributions, Business Expenses, Medical Expenses, Stock Basis, Child Care Provider Information, Education Expenses, Student Loan Interest and correspondence you've received from tax agencies, if any.

We will prepare your 2010 Federal and resident state income tax returns from information that you furnish to us. You represent that the information you supply is accurate and complete to the best of your knowledge, supported by records as required by law. We will make no audit or other verification of the data you submit. However, we may ask you for clarification of some of the information.

Our work is completed in accordance with Federal and state income tax law and regulations. We will use our professional judgment in resolving questions when the law is unclear or where conflicts exist between tax authorities interpretation of the law. **You must inform us if you prefer that we not make such judgments in your favor.** It is your responsibility to review your completed return for accuracy and completeness before signing and mailing the returns or having your returns electronically filed. Under the law, the taxpayer has the final burden of responsibility for the accuracy of the return. **To protect your responsibility, we will not electronically file or mail returns on your behalf until you have read and approved the return and signed Form 8879 - IRS e-file signature authorization.**

Filing Deadline: April 16th. If you must file an extension, remember that the extension only provides for a late filing of the income tax return. It does not extend your payment liability beyond April 16th. YOUR FULL MONETARY OBLIGATION IS DUE NO LATER THAN APRIL 15TH! If your tax is not paid in full by the due date, penalties and interest will accrue by the taxing authorities. In order for us to prepare your returns without having to file an extension, we request that you have your paperwork to us no later than April 6th.

In the unlikely event of an examination of your return, we will support the return on your behalf. we will be available to represent you at our standard hourly rate of \$75 per hour plus out of pocket expenses. Any errors generated by the taxing authorities requiring our time to resolve by phone or by letter will be billed at our standard hourly rate of \$75 for phone calls and \$50 for letters that we draft on your behalf.

It is your responsibility to settle your account with us at the time that service is provided. We will not electronically file any tax returns until our services are paid in full or reasonable arrangements are made in order to pay the balance on your account. For your convenience we accept all major credit cards, debit cards, checks and cash. You may also settle your account with us on-line on our website at www.accountingconsortium.com. Invoice balances extending beyond 30 days will be assessed interest at 1.5% per month on the unpaid balance.

If this letter fairly sets forth your understanding of our mutual responsibilities, please complete the section below and accept our sincere thanks for your business.

Best Regards,
Mark Bove

Agreed to and accepted by: _____ **Date:** _____

INCOME:

Check Off When
You've Gathered The
Forms That Apply

- Wages (Please attach all Forms W-2)
Please include all copies of the W-2's you receive from all employers
- Gambling Winnings (Please attach all Forms W-2G)
- Pension Plan/IRA Distributions/Rollovers (Please Attach Forms 1099-R)
- Social Security Income (Please Attach Forms SSA-1099)
- Interest Income on **ALL** interest bearing accounts from banks, credit unions,
brokerage accounts, etc. (Please attach Forms 1099-INT)
- Dividend Income from individual stocks, brokerage accounts, etc. (Please Attach
Forms 1099-DIV)
- Income From S Corporations, LLC's, Partnerships, Estates & Trusts. (Please Attach
Forms K-1)
- Sale of Stock from brokerage accounts. (Please Attach Forms 1099-B & Include Basis Info)
- Cancelled Debt from credit card companies, etc. (Please Attach Forms 1099-C)
- Real Estate Transactions. (Please Attach Forms 1099-S)
- Miscellaneous Income from self employment, side jobs, independent contractors
prizes. (Please Attach Forms 1099-MISC)
- Unemployment Compensation. (Please Attach Forms 1099-G)

● **Alimony Received**

Name of Former Spouse	Soc Sec # of Former Spouse	Amount Received

- **SOLE PROPRIETORS & RENTAL INCOME:**
Please Use The Separate Schedules Attached To The Organizer.

ITEMIZED DEDUCTIONS:

UNREIMBURSED MEDICAL & DENTAL EXPENSES. . .

	Taxpayer Amount Paid	Spouse Amount Paid
Doctors, Dentists, Hospitals, Labs, Mental Health Providers, Co-pays		
Prescriptions, Medical Supplies (Glasses, Hearing Aids, Prosthetics, etc.)		
Health & Dental Insurance Premiums		
Long Term Care Premiums		
Total Number Of Medical Miles Driven		
	Miles	Miles

UNREIMBURSED EMPLOYEE BUSINESS EXPENSES

	Taxpayer Amount Paid	Spouse Amount Paid
Number of Business Miles Driven During The Year For Your Employer		
Total Miles Driven For Any Purpose		
Parking & Tolls Paid Related To Your Employment		
Business Meals & Entertainment Not Paid For By Your Employer		
Transportation While Traveling (Rental Car, Airline) & Lodging (Away From Home)		
Services (Fax, Postage, cleaning, Etc) Used While Traveling On Business		
Business Publications Needed For Work Purposes		
Seminars, Training, Continuing Education Not Paid For By Employer		
Uniforms & Drycleaning Expenses		
Tools For Work Not Reimbursed By Your Employer		
Professional Licenses or Association Dues and Union Dues		
Teachers Expenses Only (Classroom Supplies, Books, Etc)		

OTHER DEDUCTIONS

	Amount Paid
Safe Deposit Box Fees	
Fees For IRA Accounts, Other Investment Accounts Or Investment Advice	
Tax Preparation, Tax Advice, Tax Related Estate Planning	

TAXES PAID

	Amount Paid
Real Estate Taxes Paid On Personal Residence	
Real Estate Taxes Paid On Vacation Or Second Home (Not Rental)	
Real Estate Taxes Paid On Time Share	
Real Estate Taxes Paid On Lots/Land	
Ad Valorem Taxes On Autos, RV's, Boats, Mobile Homes, Planes	
Past & Current State/Local Income Taxes Paid During The Year	
Sales & Use Tax Paid On Purchases (Such As Vehicles)	

MORTGAGE INTEREST

Please Attach Forms 1098-Mortgage Interest. If You Refinanced Your Home During The Tax Year, Please Enclose A Copy Of Your Settlement Statement Or Hud-1, Received At Closing.

	Amount Paid
Primary Mortgage Interest Paid For Residence	
Second Mortgage Interest Paid For Residence	
Home Equity Line Of Credit Interest (Secured By Residence)	
Time Share Mortgage Interest	
Vacation Or Second Home Mortgage Interest (Not Rental)	
Mortgage Interest Paid To An Individual, Not A Bank Or Loan Company. Include Name & Social Security Number Of Individual Receiving Interest.	

CASH CHARITABLE CONTRIBUTIONS

Contributions To Qualified Organizations. Not Individuals.

	Amount Paid
Money Donated To Charities Only By Cash Or Check	

NON-CASH CHARITABLE CONTRIBUTIONS

The IRS Requires The Address Of The Organization. You May Attach Your Original Receipts If You Prefer. Giving To Individuals Is Not Deductible.

Name Of Organization	Address of Organization	Items Donated	Condition Of Items	Fair Mkt Value	Date Donated

CHARITABLE MILEAGE EXPENSES

Total Mileage Driven For Charity Work in Relation To Religious, Charity, Scouts, Etc	Miles
--	--------------

ADJUSTMENTS TO INCOME

- ➔ IRA Contributions Made By April 15th
Include Statements From Bank or Brokerage Firm

	Taxpayer		Spouse	
	Yes	No	Yes	No
Did You Or Your Spouse Make An IRA Contribution For The Current Year?				

If Yes For Either, Please Enter The Following Information

	Taxpayer Amount	Spouse Amount	Date Of	Applicable Year
Non-Deductible IRA				
Deductible IRA				
Roth IRA				

Did You Make A Roth Conversion Or Recharacterization? If Yes, What Was The Amount? _____

- Alimony Paid?

Name of Former Spouse	Social Sec # of Former Spouse	Amount Received

- INTEREST PENALTY - On Early Withdrawals From CD's? \$ _____
- STUDENT LOAN INTEREST - Please Attach Form 1098-E or 1098-T From Financial Institutions

Tuition Tax Credits - Please Attach Form 1098-T

	Student One	Student Two
Name Of Student		
Tuition, Fees, Books For The First Two Years Of College		
Tuition, Fees, Books For The 3rd and Later Years Of College Including Graduate School		
Tuition & Books For Non-Degree Courses		

Moving Expenses - Employment Related, Must Move More Than 50 Miles From Old Home

Amount Paid For Moving Household Goods Only	Date Of Move	Number Of Miles Moved	Travel Amount Paid For Lodging Of Employee & Family To New Location For One Trip

OTHER RELEVANT INFORMATION

- **In-Home Office- For Employees Who Are Required To Have A Home Office But Not Reimbursed By Their Employer**

Total Heated Square Footage Of Home

Square Feet

Total Square Footage Of Area Used Exclusively For Business

Square Feet

	Amount
Second Telephone Line (First Line Is Never Deductible)	
Mobile Phone (Never 100% For Business Use)	
Total Utilities Paid (Gas, Water, Electric, Trash)	
Total Rent Paid (Only For Renters)	
Homeowners Or Renters Insurance	
Maintenance & Repairs	
Lawn Care	
Pest Control	
Improvements (New Roof, Carpeting, HVAC, Etc)	
Homeowners Or Condo Association Fees	
Special County/City Assessments	
Office Supplies	

- **IMPORTANT** ● Do You Have Any Savings, Checking, Or Other Types Of Financial Accounts Held In Foreign Countries? If So, This Must Be Reported To The IRS.

Name Of Institution	Country	Amount In Account By Type Of Account Ownership		
		Taxpayer	Spouse	Joint



Do You Wish To Direct Deposit Your Refunds?

YES

NO

If So, Please Attach A Voided Check Or Refunds Will Be Mailed



Do You Wish To Have Your Tax Return E-mailed To You?

YES

NO

If So, What Is The Email Address _____

Estimated Tax Payments

	Federal Amount	State Amount	Date Due	Date Paid Federal	Date Paid State
1st Qtr			Apr 15th		
2nd Qtr			Jun 15th		
3rd Qtr			Sep 15th		
4th Qtr			Jan 15th		

NOTE State Payment For 4th Quarter Must Be Made By Dec 15th To Be Deductible In The Current Year

INCOME & EXPENSES FROM A SOLE PROPRIETOR'S BUSINESS

Taxpayers Business? **YES** **NO** **Year Business Was Established**
Spouses Business? **YES** **NO**
Jointly Owned Business? **YES** **NO**

1. Name of Business _____ Fed ID # _____
 2. Business Address _____
 3. Type of Business _____
 4. Date Business Established _____ Did you participate in Business **Y** **N**
 5. Type of Accounting Method Cash Accrual Hybrid

Total Income From Business Activity \$ ***Please attach all 1099's***

Expenses Related to Business Activity:

Advertising			
Bank Fees		Rent	
Vehicle Expenses		Repairs & Maintenance	
Commissions		Equipment Lease	
Contract Labor		Vehicle Lease	
Cost of Goods Sold		Supplies	
Publications		Taxes	
Shipping & Postage		Licenses	
Insurance Non-Health		Utilities	
Insurance Health		Communications	
Legal & Professional Fees		Travel & Meal Expenses	
Office Expenses		Lodging Expenses	
Pension & Profit Sharing Plans		Entertainment	
Dues & Subscriptions	Other		
Website Expense	Other		
Internet Expense	Other		
Wages Paid To Employees	Other		
Owners Draw	Other		

Number of Miles Driven for This Business Activity _____
 Vehicle Make & Model: _____ Date Placed In Service: _____

Major Equipment / Property / Improvements purchased or disposed of.

OTHER INFORMATION

If You Have Any Special Tax Situation That You Believe Is Important Such As You Expect A large Increase Of Income In The Future, Or Any Other Circumstance, Please Explain Below. . .

● Date And Time Of Appointment You Would Like To Schedule: DAY _____
TIME _____

● If you're a NEW CLIENT please bring your prior year tax return when you come in to have your tax return prepared.

● Do you prefer to receive an abbreviated organizer mailed to you, or would you prefer to print your organizer from our website?



Mailed _____
Website Print _____

● Would you like to receive an electronic copy of your tax return?

Email Address: _____

No _____
Yes _____

TAX PREPARER NOTES
