

INCOME TAX GUIDE AND ORGANIZER

This booklet will assist you in collecting the necessary information to prepare your tax return accurately. Given the nature of tax laws this year, please include as much of the requested information as possible. This will help optimize your potential tax savings opportunities.

Please include your last year's return (only if you are a new client), all W-2 and 1099 forms, and name & address labels provided by the government, if available.

Upon completing this Tax Organizer, please read and sign below

I have gathered and submitted the information contained in this questionnaire and to the best of my knowledge it is true, correct, and complete.

(Please Sign)

			PERSO	IAL DATA									
	TAXPAYER	AND SPOUS	E	DEPENDENTS									
TAXPAYER (OR	SINGLE)	SPOUSE		Last Name X if post-secondary student	# of mos. lived in your home								
Last Name		Last Name		(First, Initial & Last) D.O.B. ↓ Social Security no.	Relationship								
First Name & Initial		First Name & Initial											
Occupation		Occupation											
Phone (Home)	(Work)	Phone (Home)	(Work)	Social Security numbers are required for all dependents. If filling Head of Household and qualifying person is your child but not you	your dependent above								
Soc. Sec. # (Last 4 di	. Sec. # (Last 4 digits) Date of Birth Soc. Sec. # (Last 4 digits)) Date of Birth	enter child's name here									
Mailing Address D	Check if address is new	,	County	If filing Head of Household and qualifying person is your child but not 1. Did your name, address, or marital status change during the year? 2. Are you being claimed as a dependent on another tax return?									
City, State, & Zip		Email Address	3	Are you (or your spouse) blind or permanently disabled? Did you claim children above that don't live with you? Did you carry forward or incur any adoption expenses during the year.	□Yes □No □Yes □No ear? □Yes □No ✓								

The Hard Hard State of Spike	Brown CLENTER	ATA	٠, ٢	-ات		IIONNAIRE		
1. Were you notified by the IRS or STATE of a chang	e to any prior year tax return? Y	es 🗆	No □	ı	18.	Did you receive any source of income that is not listed in this booklet?	Yes 🗆	No □
Are any of your claimed dependents not residents or	citizens of the U.S.?	es 🗌	No □]	19.	Do you wish to designate \$3.00 of your taxes to the Presidential	Yes 🗆	No 🗆
Did you make any gifts of over \$15,000 to any indi	vidual? Y	es 🗌	No □]		Campaign Fund (no cost to you)? Spouse		No 🗆
Do you have any foreign income or foreign bank a	counts? You	es 🗆	No □]	1	Do you have a Medical or Health Savings Account (MSA or HSA)?	Yes 🗌	No 🗆
Did you have living expenses in a foreign country a					1	Are you a same-sex couple considered legally married?	Yes 🗌	No 🗆
of income earned abroad? 6. Do you have any worthless stocks, uncollectible ba		es 🗌	No [22.	If you reached the age of 70½, have you begun your mandatory retirement saving withdrawals?	Yes 🗆	No 🗆
of a ponzi scheme?		es 🗆	No 🗆		23.	Did you receive employer provided educational assistance or		
7. Did you become disabled during the year?	Y	es 🗌	No [transportation benefits?	Yes 🗌	No 🗆
8. Are you a handicapped employee?	Y	es 🗌	No □	1	24.	Did you pay long term healthcare insurance premiums or receive	V □	N. C
Did you receive any distribution from an IRA, profit	sharing or pension plan? Ye	es 🗌	No □	1	0.5	benefits during the year?	Yes	No 🗀
Have you used bartering to exchange any goods o	r services?	es 🗌	No □]	25.	Are you a school teacher who paid for classroom materials without reimbursement? Please provide a recap of expenses for potential deduction.	Yes 🗀	No □
 Have you or your dependents taken a distribution f Tuition Program (QTP) or 529 program during the 		es 🗌	No 🗆	,	26.	If you would like your refund deposited directly into your bank account, please attached a voided check or deposit slip. (up to 3 accounts)	Yes	No 🗆
Did you receive any insurance or other reimbursen casualty, theft loss or medical deduction?		es 🗆	No 🗆			Did you purchase any energy efficient equipment (hybrid car, AC, furnace, etc.)?	Yes 🗆	No □
3. Did you start a new business during the year or do	you expect to start one				ı	Did you or your spouse have qualified military combat pay?	Yes 🗆	No 🗆
this coming year?	Y	es 🗌	No □		29.	Do you own bonds that qualify for the Gulf, Renewable Energy or Build America bond credits?	Yes 🖂	No □
4. Did you pay anyone (over 18) \$2,100 or more to w during the calendar year?		es 🗆	No □		30.	Did you purchase a new home this year?	Yes 🗆	No 🗆
•		es 🖂	No ['	2	If over age 70½, did you make a direct contribution to a charity from an IRA?	Yes 🗆	No □
 Did you donate a partial interest in any goods to char Do you have children under age 19 with investmen 		69 []	140 ['	1	Did you make any major purchases during the year requiring payment of	toged	
(age 24 if dependent student)?		es 🗆	No [sales tax (including any new vehicles)?	Yes 🗆	No 🗆
7. Do you expect any significant changes in income,					33.	Did you revise a prior year divorce decree that includes alimony?	Yes 🗆	No 🗆
tax liability for the coming year?		es 🗆	No □		34.	Did you receive any premium health insurance credits during the year?	Yes □	No □

W	/AGES/SAL/	ARIES	6/W-2 F	ORMS					REST	INC	OME	Use pa	nyer name lis	ted on 10	99-INT & a	attach).	CO
T/0	Name of Facilities	Taxable	Withheld		xes Withh		T/5	3/J	Name o	of Payer				Interest Amount	Exer	npt	D E
T/S	Name of Employer	Wages	Fed. Tax	Soc. Sec. Medica	re State	Local											
																	<u></u>
T/5	 6/J Code: T — Taxpayer	S — Spou	se J — Joint	Use these codes	f married fi	ling jointly	L										
M	IISCELLANE	EOUS	INCOM			ow Losses rackets)			for early wit				(an forable son)		Ļ
T/S/J	Y	ource of Inco				mount		OID forms.	me reported on			MB ML	odes below if fro INICIPAL BONDS STALLMENT SALE		sources:	LIST	
	Alimony (Pre 2019 Agree	ments) (If yo	u pay Alimony - lis	t in misc. deduction	s)		100		forms reporting T or Retirement Pla			US U.S	S. BONDS X EXEMPT (explai			HERE	
	Jury Duty (Or Other Public	: Service)					F				A B A B		ORTGAGE FINANC	***************************************	***************************************	address &	SSN)
	Tips/Gratuities (Not Repo	rted on W-2)					-		DEND			l (please	e attach all 1 Qualified	099 DIV		lon	
	Contest/Awards/Gamblin	g Winnings	(Attach 1099-MI	SC, W2G or Explai	n)		T/S	S/J	Name of Pa	yer		vidends	Dividends	Distribut		xable	V
	Commissions/Bonuses (\perp							-			
	Pensions/Annuities (Furr						\vdash		***							 	
	IRA/Keogh (Attach Form 1	1099-R)					F										
	Profit Sharing Distribution	ns (Attach Fo	orm 1099-R)				-	List Gross Divid	lends above as r	eported or	1099 DIV fo	rms received	. *Ri	elated to mu	tual funds.	, 1870 h. s	
	Unemployment Compens						9	Attach all 1099	DIV forms.	,	✓ if this	099 DIV has	information no	listed abov	e please che	ck here	J
	Partnerships/Estates/Tru	<u> 1968 - Andreas Santon, Nobel de la companya de la</u>		*				CAPI'	TAL G	AIA	IS AI	ND L	OSSE	S			
	Small Business Corporat	ions/Sub Ch	napter S (Furnis	h K-1 Forms) *			+	Stocks, Bonds a	and Mutual Funds	(Attach F	orm 1099-B)	Sale of Prope Date	erty and Real Es Date	T	T		Tc
	Business/Self-Employed			*			Ś	(# sha	Description			cquired	Sold mm/dd/yy	Sale Pric		ost or Basis*	CODE
	Farm (Furnish Schedule or			*			F	1.		······							Ť
	Rental (Furnish Schedule			*		-		2.									\top
	Forgiven Debt (Attach Fo		C)				-	3.	34				*******				+
	Other (Explain):	1111 1000 11 01	O /				-										+
	* / if you did not actively or	materially par	ticipate in earning	the income (or loss) listed			NOTE: Recor	d ALL fund trar	sactions	Use		s below if from				
S	ALE OF PER	RSON	AL RES	IDENC		The state of the s		including mut				B 1099	9-B Received; B 9-B Received; N 1099-B Receive	o Box 3 bas	is (cost)	LIST CODE HERE	H
	e Old Residence Acquired	3 T	Cost or E		in in the second	Transcent Parising Control of Con			if items sold		allment ba		1000 B (1000)	a, Daoie 10 II	#		
	rovements (Additions, Land		Principle of the Control of the Cont			MAN AND AND AND AND AND AND AND AND AND A		• Princ	interest abov ipal Receive	d: this			_ prior y	ear \$	AMMAN.		
	ng-Up Expenses (Painting,					4044			g above was stated basis					ct value v	# vith the co	des	Jan.
	e Old Residence Sold	nepalis, etc.	Selling P						d provide the					rod in buci	2000 000170	ulatod	
	enses of Sale (Commission	e Logal Food							llment sale, also id include copy o					iseu III busi			<u>838</u>
	/as any part of residence r				Yesi	No □	100	NON-	TAXA	BL	EINC	OMI			(Importar even if n		
2. D	id you own and use the ho	me as your		ence for Y	ou: Yes[□No□	-		ipport/Paym			(Not Alimo	ony)				
3. H	least 2 of the last five yea ave you rolled over a gain	from the sal		dence into the ho		□ No □		Market State	s Benefits/Di								
	old? If so, please provide For as sale required due to jo					□ No□		Other (E	n's Compen	sation/L	OSS OF LIN	ne Payme	nts	NAME .			
	e New Residence Acquired			COCOT GROWING	noc. rest		_				BITV						
	e Of Occupancy		ost of New Res	dence				3061/	AL SE	.VUI	MIIY	Bene	fits (from box	5) 1	ederal ta	x withh	eld
If ma	arried, do you and your sp	ouse have t	ne same propo					IMPORTA	NT:		Taxpaye						
inter	est in the new residence a			th the sale and purc		□ No □		provide S	SA-1099		Spouse						
_				was pull											·		_
				OMET	AXI	es Pa	\1[OR	REF	UN	DED)					1
	omeone else prepared your ta ase provide a copy.	xes last year,	Federal	State		_ocal	-		TAX PAID		Fed	eral	Sta	te .	L	ocal	
	ance paid on last year's re (or prior years)	eturn	- David	J. S.	<u> </u>			not paid by ue dates,	1st Qtr. 2nd Qtr.	4/15 6/15			-				
Ref	funds received from last ye	ear's return					Hi	st actual ates paid.	3rd Qtr.	9/15					1		
1	(or prior years)					1			4th Qtr.	1/15			1		1		

DEDUCTIONS

List only amounts that have actually been paid during the year. Save all canceled checks and receipts for a period of at least 3 years. You may round off to the nearest dollar.

Please circle any deduction that is a disproportionate amount for only you or only your spouse (It may be to your advantage to file separately).

MEDICAL	Only the amount of un- of Adjusted Gross Inco		tical expens	ses that exceeds 10%	CONT	RIBUTIO	DNS	Receipts/canceled checks are all cash donations.	now required for
Descript	ion of Medical Expense	3		Amount	Cash Contribut	ions (must have red	eipts of back	records for all donations)	Amount
Doctors, Dentists, Clinics, Ho	ospitals, Nurses, Etc.				Church/Temple (name)	Assessment of the Control		
Prescriptions & Drugs (doctor	prescribed only)				Cancer / Heart /	Easter / Christma	s Seals, etc	. (attach list if more than one)	
Insulin (general drugs not allowed)				Red Cross / Unit	ed Way / YMCA /	YWCA (attac	ch list if more than one)	
Eye Glasses / Contact Lense)S				Public TV / Radio	0		The state of the state of	
Hearing Aids, Supplies, & Ot	her Medical Aids				Veteran's Org. (n	iame)			
X-Ray / Lab Fees		The state of the state of			Schools (name a	and describe)		1,25,475,47	
Ambulance, Paramedic		<u></u>			Other:		······································		
Nurses (board & room)					Summary Total	Optional - A summ	nary total for ca	sh/check contributions may be used.	
Equipment (prescribed & rented)					Political contributions	are not deductible. Ded	uct value of gift	received for any contributions.	
Nursing Home Medical Care					Non-Cash Con	tributions - Pro	perty, Cloth	ing, Furniture, Food, etc.	
Medicare Part B Service Pay								ganization, items donated, date	
Smoking Cessation Program					explain method use	r market value, 11 tot ed to arrive at value (ai value of a : (Items over \$!	single donation exceeds \$500 5,000 require an appraisal).	
Other:						hicle, please attach			
Other:					Volunteer Wor	k – Mileage & Parl	king Attach	explanation listing date, name	
Other:					& address of donee			s driven, and parking fees.	
	a. Dra Tay. D. Affar Tay.	A 11			INTER			es, and Social Security numbers Icial institutions	must match Form 1098
	e: Pre-Tax = P After Tax					1.0			
	of of health insurance (Fo	rm 1095 or equiv.	1		Mortgage Interest	Paid to Financia		The second secon	(14therry, see the Williamses
Insurance – paid by you			▼		Principal	Name`	iai (List name	, address, Soc. Sec. no. below) Address==	Soc. Sec. N
Group Health Plans (dec	duct from salary)				Residence	IAGING		Muul 055==	300. 3ec. r
Medicare Premiums		Y X - 13			Mortgage	Paid to Financia	al Institution	(Form 1098)	
Other Insurance (long ter	m healthcare, MSA, other)				Interest			, address, Soc. Sec. no. below)	No. See
Summary Total (Optional)					Principal	Name`	(3.24 (141))	Address	Soc. Sec. I
Lodging (while away from home)					Residence				
Transportation (total miles drive	en for medical reasons or actua	l cost)			Did you acquire	a new mortgage c	or borrow or	an existing mortgage during	the year?
TAXES				anni anni anni anni anni anni anni anni	Yes□ No□	If yes, what is yo	ur combine	d mortgage debt?	\$
			01-1-		Points paid to ac	quire new mortga	ge (if not inclu	ided above)	
·	ion of Taxes Paid		State	Amount	Home Equity Loa		1		
Real Estate Taxes, Home (inc		· .				r substantially improve			
Real Estate Taxes, Other (not						erest (attach Form 1	096-E + detail:	s: who for, loan date, loan purpose)	
Property Tax Rebates (if any)					Other:				
Personal Property Taxes (if an	y)				Other:				
Property Taxes (if any)					Deductible Inves			<u> </u>	
Auto Licenses (not a deduction i								artment stores, autos, bank loans, et	
State of Local Income Taxes	(if not listed elsewhere)				CHILD	AND DE	15 = 11	DENT CARE	if you have employer p vided dependent care benefer
Sales Tax / Other									L., ., '
If you paid any special assessments or sub						Address of Prov		ne student) vif service perform	
CASUALTY/	THEFT LOS	SES		✓ loss must be in a Federally lared disaster area.	1vairie/	Address of Flov	Idei	Soc. Sec. or ID Number	Paid
Only the TOTAL NET RESULT	that exceeds 10% of Adjust	ed Gross Incon		1					
Fire, Storm, Theft, and Auto									
Date Acquired	Date Acquired	Cost or Bas							
,		Insurance F				1	1		
Describe How or What Happened	Date of Loss				Federal ID No. if require to file IRS wages report			Paid During the Year \$	
Describe now or what nappelled	Date of Loss	Mkt. Value E			to tile ins wages report	S	No. C	Children Under Age 13 #	
		Mkt. Value A	After		Use Form W-	10 for provider details	. Allocate expe	nses by dependent. Attach details if	more space is needed.
		RE	TIR	EMENT C	ONTRIE	BUTIO	NS		
if covered by a retirement Single or Taxpayer Spouse	nt plan at work Dat	e Tradition	nal IRA SI	EP/SIMPLE Roth IR.	tion, write MAX	maximum allowab in the money colu med of amount to	ımn(s).	List total value of ALL IRA Single or Taxpayer Spouse	s on 12/31
Single or Taxpayer	/ / / / / / / / / / / / / / / / / / /	/ / /x credits and ded	uctions. Other	R EDUCA	tion, write MAX You will be infor TION = Other Expenses (Ent deduction, or U.S. Sa	in the money columed of amount to	umn(s). deposit. ES expenses may	Single or Taxpayer Spouse quality for tax/penalty-free IRA withd	rawals, student loan intere
Single or Taxpayer Spouse Note: Many of your higher education sions from income for tax-free and/o information individually for each study	/ / / / / / / / / / / / / / / / / / /	/ / / x credits and ded your tax deferred	uctions. Other	R EDUCA ers may qualify as exclu- ounts. Please provide	tion, write MAX You will be infor TION = Other Expenses (Ent deduction, or U.S. Sa Room and Board	in the money columed of amount to	emn(s). deposit.	Single or Taxpayer Spouse quality for tax/penalty-free IRA withd	rawals, student loan intere
Single or Taxpayer Spouse Note: Many of your higher education sions from income for tax-free and/o	/ / / / / / / / / / / / / / / / / / /	x credits and ded your tax deferred 2.	uctions. Other savings acc	REDUCA ers may qualify as exclu- ounts. Please provide Student 3rd Student	tion, write MAX You will be infor TION = Other Expenses (Ent deduction, or U.S. Sa Room and Board	in the money columed of amount to	amn(s). deposit. ES expenses may noome Exclusions RELAT	Single or Taxpayer Spouse quality for tax/penalty-free IRA withd an) Ist Student 2	rawals, student loan interes 2nd Student 3rd Stude
Single or Taxpayer Spouse Note: Many of your higher education sions from income for tax-free and/o information individually for each stucknown. Note: "" If student is attending	/ / / / / / / / / / / / / / / / / / /	/ / / x credits and ded your tax deferred	uctions. Other	REDUCA ers may qualify as exclu- ounts. Please provide Student 3rd Student	tion, write MAX You will be infor TION = Other Expenses (Ent deduction, or U.S. Sa Room and Board	in the money columed of amount to	amn(s). deposit. ES expenses may noome Exclusions RELAT	Single or Taxpayer Spouse qualify for tax/penalty-free IRA withd n) 1st Student 2	rawals, student loan interes 2nd Student 3rd Stude

Books and Supplies

Seminar Fees

Other:

Other:

IMPORTANT

Tax Questionnaire Enclosed

				BUS	INESS		KPEN	SES							
How to use: Use th	nis area to summari	ze your Schedul	e C sole prop	rietor bus	iness expenses	s. Provi	de financials i	f available.	Bus	siness Owner: T	axpayer [∃ Spo	ouse	☐ Both ☐	
Type of Business						Tota	al Revenue		been recessed						
Business Expense	(if more lines ne	eded, continue	on separate	page)											
Advertising			WATER CONTROL OF THE STREET OF					er:							
Car/Truck Expenses	Insurance				Supplies					Other:					
Commission Fees	Legal/Prof. Services				Taxes/License					er					
Contract Labor	Office			Meals					you purchase any	business ec	uipmer	ıt dur	ing the year?		
Depletion	Pension/Profit Shar.				Utilities				Yes	☐ No☐ (If ye	s, attach de	tails)			
Depreciation		Rent or Leas	e		Wages				Tot	al Business Expe	nse	\$			
Vehicle Expense	(If both taxpayer a	and spouse hav	e deduction	s, use ve	hicle 1 for tax	payer,	2 for spous	e)							
	Vehicle 1	Vehicle 2			Vehicle 1		Vehicle 2				Ve	ehicle 1		Vehicle 2	
Gas & Oil			Licenses					Washing	J/Lub	е					
Insurance			Repair/Ma	aint.				Other							
Lease Payments			Tires/Acc	essories				Other							
			Date Placed in Service	Ma	ke Yea	ar	Model			Cost of Basis		▼	X if	New This Year	
Vehicle 1			1 1										acou	ish details on newly ired vehicles and	
Vehicle 2			1 1										trade of old	i-in or disposition d vehicle.	
Travel Expenses -	— Away from hon	ne (days gone	overnight)	Taxpayer [J S	pouse 🗆								
Transportation		and the second second second					Auto Rental	Company of the Company							
Lodging					Cabs, Bus, etc.										
Vehicle Mileage Do	etail									Vehicle	1		٧	ehicle 2	
X if another vehicle is	s available for personal us	e.			A. End of Year +										
Subtract B from A for (List Business Mile (2),					B. Beginning of Year -										
Subtract 2 from 1 to ge	et personal miles (3).				1. Total Miles Driven =							************			
Divide line 2 by line 1 f		use.			2. Business Miles										
No. round-trip miles from h					3. Personal Miles % Business Use (Line 2 ÷ Line 1) =						0/			2/	
Number of days worked la	***************************************		-		20-1-1-1-1-1						%			%	
I have adequate re (Please Sign) _	cords and sufficie	nt written evider	nce to suppo	rt use of	vehicles and d	educti	ons listed ab	ove.							
			200	ľ	HOME	0[FICE			il grand	100				
Type of Business												001000000000000000000000000000000000000	1000000000		
Justified bus	iness use for: Ta	axpayer 🗆	Spouse [J	Both 🗆										
Date Acquired Ho	Date Acquired Home Cost of									Taxes					
	Gq. Footage of Living Area (1) Cost of														
Sq. Footage of Offic		(& je)		Cost of	Improvement	S				Rubbish & Ma	aintenance				
% Office Area ((2	and the state of t	7.70		Utilities						Daycare Provid	er # of Hour	S			
				Intornel	· (mortagge home	a nowity	Inna)			Othor	<u>and at the Catabase Section (</u>				