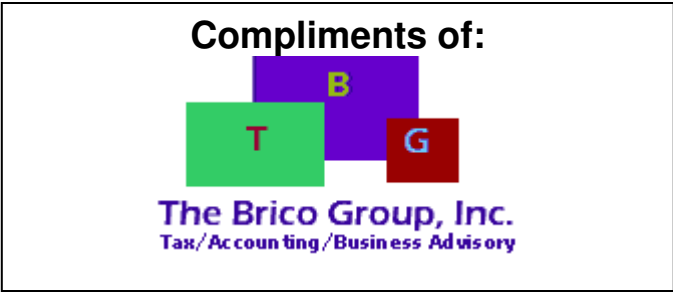


National Society of Accountants  
**Tax Organizer**  
 for Tax Year 2009



**Name:**  
 Taxpayer \_\_\_\_\_ SS No. \_\_\_\_\_ Birthdate/Age \_\_\_\_\_

Spouse \_\_\_\_\_ SS No. \_\_\_\_\_ Birthdate/Age \_\_\_\_\_

**Address:** \_\_\_\_\_ Telephone (Home) (\_\_\_\_) \_\_\_\_\_  
 \_\_\_\_\_ Telephone (Work) (\_\_\_\_) \_\_\_\_\_  
 Cell Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Occupation:** Taxpayer \_\_\_\_\_ Spouse \_\_\_\_\_

**Check One:** Single Married Filing Joint Surviving Widow/Widower  
 Married Filing Separately (enter spouse's name/SS No. Above) Unmarried Head of Household

| Dependents Name | Birthdate/ Age | Social Security Number* | Relationship | No. of Months lived in your home in 2009 |
|-----------------|----------------|-------------------------|--------------|--|
|                 |                |                         |              |  |
|                 |                |                         |              |  |
|                 |                |                         |              |  |
|                 |                |                         |              |  |

\*A personal exemption is disallowed for any dependent unless the Social Security number is provided on the tax return.  
 Members of your family attending college may make you eligible for a Hope Scholarship Credit, Lifetime Learning Credit, or Tuition and Fees Deduction. # Students \_\_\_\_\_

**Taxpayer:** 65 or over Blind/Disabled **Spouse:** 65 or over Blind/Disabled

The checklist below could lead to helpful deductions. Please answer and provide supporting information. **All questions below pertain to the year 2009.**

**YES NO**

- Did you receive any employer-provided educational assistance? \$ \_\_\_\_\_
- Did you incur any educational expenses on behalf of yourself, your spouse, or a dependent?
- Did you contribute to a Qualified State Tuition Plan?
- If you are an educator, did you have un-reimbursed work-related expenses? Amount: \$ \_\_\_\_\_
- Do you or your spouse have any kind of pension, profit-sharing, 401K, Retirement, Keogh, IRA, Roth or tax sheltered annuity plan? If yes, please circle above which ones.
- If yes, were you or your spouse at least 70 1/2 years of age on Dec. 31<sup>st</sup>?
- Did you make a distribution to charity from a traditional or Roth IRA?
- Did you withdraw IRA or Keogh funds during the year? If so, please indicate the amount of funds:  
 Withdrawn: \$ \_\_\_\_\_ Date: \_\_\_\_\_ Re-deposited: \$ \_\_\_\_\_ Date: \_\_\_\_\_
- Were any funds withheld? Yes No Amount: \$ \_\_\_\_\_
- Were the withdrawn funds used to pay medical expenses? Yes No
- Were you called to active duty before you withdrew the amounts?
- If you are self-employed, did you pay health insurance premiums for yourself and your family?  
 Amount: \$ \_\_\_\_\_
- Did you pay alimony? If yes, paid to: \_\_\_\_\_  
 SS no.: \_\_\_\_\_ Amount Paid: \$ \_\_\_\_\_
- Did you receive alimony, if so how much? \$ \_\_\_\_\_
- Did you have any adoption expenses? \$ \_\_\_\_\_
- Did you receive gifts in excess of \$14,139 from a foreign person?
- Did your college student receive educational benefits under a prepaid tuition program?
- Do you wish to designate \$3 of your taxes to the Presidential Campaign Fund?
- Did you receive an advance child tax credit payment? If yes, how much? \$ \_\_\_\_\_
- Have you ever qualified for the Earned Income Tax Credit?
- Did you have a casualty of theft loss? If so, attach itemized list (including original cost and the value on date of loss), insurance information regarding coverage, reimbursement and police report.
- Did you purchase an alternative motor vehicle (energy efficient)?
- Did you make qualified energy improvements, such as energy efficient windows, doors, or metal roofs?
- Did you purchase alternative energy sources for your personal residence, such as solar water heaters, solar electric equipment, geothermal heat pumps or wind turbines and fuel cell plants?

Did you purchase a home as a first time homebuyer?

Did you purchase a new home after 11/6/09 and lived in your prior home for 5 consecutive years out of the last 8 years?

Did you have a property foreclosed on, have a short sale, or relinquish a property in lieu of foreclosure?

**Estimated Tax Payments**

|         | 1 <sup>st</sup> Quarter |        | 2 <sup>nd</sup> Quarter |        | 3 <sup>rd</sup> Quarter |        | 4 <sup>th</sup> Quarter |        | TOTAL |
|---------|-------------------------|--------|-------------------------|--------|-------------------------|--------|-------------------------|--------|-------|
|         | Date Paid               | Amount | Date Paid               | Amount | Date Paid               | Amount | Date Paid               | Amount |       |
| Federal |                         |        |                         |        |                         |        |                         |        |       |
| State   |                         |        |                         |        |                         |        |                         |        |       |
| City    |                         |        |                         |        |                         |        |                         |        |       |

**Wage Income**

| Employer's Name | T or S | Wages |  | Federal W/H |  | FICA |  | Medicare |  | State W/H |  | City W/H |  |
|-----------------|--------|-------|--|-------------|--|------|--|----------|--|-----------|--|----------|--|
|                 |        |       |  |             |  |      |  |          |  |           |  |          |  |
|                 |        |       |  |             |  |      |  |          |  |           |  |          |  |
|                 |        |       |  |             |  |      |  |          |  |           |  |          |  |
|                 |        |       |  |             |  |      |  |          |  |           |  |          |  |
|                 |        |       |  |             |  |      |  |          |  |           |  |          |  |
|                 |        |       |  |             |  |      |  |          |  |           |  |          |  |
|                 |        |       |  |             |  |      |  |          |  |           |  |          |  |

**Retirement Benefits Received** (Enclose all 1099R Forms)

| Payer | T or S | Amount | Plan Type |
|-------|--------|--------|-----------|
|       |        |        |           |
|       |        |        |           |

| Payer | T or S | Amount | Plan Type |
|-------|--------|--------|-----------|
|       |        |        |           |
|       |        |        |           |

**Interest Income** (Enclose all 1099-INT Forms)

| Payer | T or S | Amount |  | Seller Financed Mortgage |  | Early Withdrawal Penalty |  | Tax Exempt (Y or N) |
|-------|--------|--------|--|--------------------------|--|--------------------------|--|---------------------|
|       |        |        |  |                          |  |                          |  |                     |
|       |        |        |  |                          |  |                          |  |                     |
|       |        |        |  |                          |  |                          |  |                     |
|       |        |        |  |                          |  |                          |  |                     |
|       |        |        |  |                          |  |                          |  |                     |
|       |        |        |  |                          |  |                          |  |                     |
|       |        |        |  |                          |  |                          |  |                     |
|       |        |        |  |                          |  |                          |  |                     |

**Total Municipal Bond Interest Earned in 2009:** \$ \_\_\_\_\_  
**For seller financed mortgage: Buyer's name, Social Security number and addresses:** \_\_\_\_\_

**Dividend Income** (Enclose all 1099-DIV Forms)

| Payer | T or S | Total Amount |  | Capital Gain Dist. |  | Non-Taxable |  |
|-------|--------|--------------|--|--------------------|--|-------------|--|
|       |        |              |  |                    |  |             |  |
|       |        |              |  |                    |  |             |  |
|       |        |              |  |                    |  |             |  |
|       |        |              |  |                    |  |             |  |
|       |        |              |  |                    |  |             |  |

Do you have funds in a foreign account?    Yes            No  
 Did you have any stock sales in 2009? If yes, submit all 1099B forms.    Yes            No  
 Installment Sale Payments Received: Interest \$ \_\_\_\_\_ Principal \$ \_\_\_\_\_  
 Buyer's name: \_\_\_\_\_ SS # \_\_\_\_\_ Address: \_\_\_\_\_

**Other Benefits/Income Received** (Enclose all 1099, SSA-1099, K-1s and other Misc. Forms)

|          | Social Security | Unemployment | Alimony | State Refund | Other |
|----------|-----------------|--------------|---------|--------------|-------|
| Taxpayer |                 |              |         |              |       |
| Spouse   |                 |              |         |              |       |

**Capital Assets Sold** (Securities, Real Estate, etc.) Attach Forms 1099B and 1099S

| Description of Property | Date Acquired | Date Sold | Sale Price | Depreciation Taken (if applicable) | Cost or Basis |
|-------------------------|---------------|-----------|------------|------------------------------------|---------------|
|                         |               |           |            |                                    |               |
|                         |               |           |            |                                    |               |
|                         |               |           |            |                                    |               |
|                         |               |           |            |                                    |               |
|                         |               |           |            |                                    |               |
|                         |               |           |            |                                    |               |
|                         |               |           |            |                                    |               |
|                         |               |           |            |                                    |               |
|                         |               |           |            |                                    |               |
|                         |               |           |            |                                    |               |

\*To qualify for long term capital gain rates, assets sold must have been held for more than one year.

**Rental Income** (Attach 1099 Forms)

| Property Description    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|-------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Gross Income            |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Expenses                |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Advertising             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Auto & Travel           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Cleaning & Maintenance  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Commissions             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Insurance               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Professional Fees       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Mortgage Interest       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Other Interest          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Repairs                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Supplies                |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Taxes                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Utilities               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Wages/Schedule          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                         |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| % Occupancy by Taxpayer |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**Depreciable Asset Additions**

| For Schedule C, E, F, 2106 | Description | Date Purchased | Cost | Trade-In (if any) |
|----------------------------|-------------|----------------|------|-------------------|
|                            |             |                |      |                   |
|                            |             |                |      |                   |
|                            |             |                |      |                   |
|                            |             |                |      |                   |
|                            |             |                |      |                   |

**Improvements to Personal Residence** Note: If you refinanced your home this year, please bring a copy of your closing statement.

| For Schedule C, E, F, 2106 | Description | Date Purchased | Cost |
|----------------------------|-------------|----------------|------|
|                            |             |                |      |
|                            |             |                |      |
|                            |             |                |      |
|                            |             |                |      |

**Business Income** (Attach 1099-MISC Forms)

Business Name \_\_\_\_\_  
Federal ID No. \_\_\_\_\_  
Principal Business Activity \_\_\_\_\_  
Principal Product \_\_\_\_\_  
Method Used to Value Inventory \_\_\_\_\_  
Accounting Method: Cash Accrual

| Gross Income                 | Amount |
|------------------------------|--------|
| Gross Income.....            | _____  |
| Less Returns/Allowances..... | _____  |
| <b>Cost of Sales</b>         |        |
| Beginning Inventory.....     | _____  |
| Purchases.....               | _____  |
| Cost of Labor.....           | _____  |
| Materials and Supplies.....  | _____  |
| Freight In.....              | _____  |
| Other.....                   | _____  |
| Ending Inventory.....        | _____  |

**Deductions**

|                                     |       |
|-------------------------------------|-------|
| Advertising.....                    | _____ |
| Auto-Truck Expense.....             | _____ |
| Bad Debts.....                      | _____ |
| Collection Expense.....             | _____ |
| Commissions.....                    | _____ |
| Professional Dues & Subscriptions.. | _____ |
| Employee Benefit Program.....       | _____ |
| Freight & Express .....             | _____ |
| Utilities.....                      | _____ |
| Insurance.....                      | _____ |
| Interest—Mortgage.....              | _____ |
| Interest—Other.....                 | _____ |
| Janitorial & Cleaning.....          | _____ |
| Laundry.....                        | _____ |
| Legal & Accounting Fees.....        | _____ |
| Office Expense.....                 | _____ |
| Postage.....                        | _____ |
| Rent.....                           | _____ |
| Repairs.....                        | _____ |
| Salaries.....                       | _____ |
| Supplies.....                       | _____ |
| Telephone.....                      | _____ |
| Travel.....                         | _____ |
| Total Meals & Entertainment.....    | _____ |
| .....                               | _____ |
| .....                               | _____ |

**Farm Income** (Attach 1099 Forms)

Farm Name \_\_\_\_\_  
Principal Activity \_\_\_\_\_  
Accounting Method: Cash Accrual

**Income**

Sales of Items Bought for Resale..... \_\_\_\_\_  
Cost of Items Bought for Resale..... \_\_\_\_\_

**Sales of Livestock & Produce Raised Except for Breeding Stock**

|                                      |       |
|--------------------------------------|-------|
| Feeders & Calves.....                | _____ |
| Pigs & Sheep .....                   | _____ |
| Poultry & Eggs .....                 | _____ |
| Dairy Products.....                  | _____ |
| Corn, Peas, etc. ....                | _____ |
| Wheat, Oats, Hay & Straw .....       | _____ |
| Fruit .....                          | _____ |
| Patronage Dividends .....            | _____ |
| Agricultural Program Payments.....   | _____ |
| Commodity Credit Loans Neglected.... | _____ |
| CCC Loans: Forfeited.....            | _____ |
| Repaid with Certificates.....        | _____ |
| Crop Insurance Proceeds.....         | _____ |
| Federal Gasoline Tax Credit.....     | _____ |
| Other.....                           | _____ |

**Deductions**

|                                     |       |
|-------------------------------------|-------|
| Breeding Fees.....                  | _____ |
| Chemicals.....                      | _____ |
| Conservation Expenses.....          | _____ |
| Custom Hire (Machine Work).....     | _____ |
| Employee Benefits Programs.....     | _____ |
| Feed Purchased.....                 | _____ |
| Fertilizers & Lime .....            | _____ |
| Freight & Trucking.....             | _____ |
| Gasoline, Fuel, Oil.....            | _____ |
| Insurance .....                     | _____ |
| Interest—Mortgage.....              | _____ |
| Interest—Other.....                 | _____ |
| Labor Hired .....                   | _____ |
| Pension & Profit Sharing Plans..... | _____ |
| Rent of Farm, Pasture.....          | _____ |
| Repairs, Maintenance .....          | _____ |
| Seeds, Plants Purchased .....       | _____ |
| Storage, Warehousing.....           | _____ |
| Supplies Purchased.....             | _____ |
| Taxes .....                         | _____ |
| Utilities .....                     | _____ |
| Veterinary Fees, Medicine.....      | _____ |
| .....                               | _____ |
| .....                               | _____ |

Did you have business start-up costs in 2009? Yes No  
If so, was the business running by the end of 2009? Yes No  
Did you have income (or loss) on K-1 from Partnership, LLC, S Corp., Estate or Trust in 2009? Provide all copies of K-1.

**Business Use of Home**

Total Area of Home: \_\_\_\_\_ sq. ft. Total area Used for Business: \_\_\_\_\_ sq. ft.  
Nature of Business Activity Performed in Home: \_\_\_\_\_  
Was Another Office Available to You Outside the Home? Yes No

**Non-Exclusive Use by Day Care Providers Only:**

Hours/Day Used for Day Care: \_\_\_\_\_ Days/Year Used for Day Care: \_\_\_\_\_

**Retirement Contributions for 2009** Do you want to make any nondeductible IRA contributions? Yes No

|                      | Taxpayer | Spouse |
|----------------------|----------|--------|
| IRA or Roth, Specify |          |        |
| SEP                  |          |        |
| Keogh                |          |        |
| Other:               |          |        |

**Personal Itemized Deductions**

| Medical                              | Amount |
|--------------------------------------|--------|
| Prescription Drugs.....              |        |
| Medical Insurance Premiums.....      |        |
| Long Term Care Ins. Premiums.....    |        |
| Medicare Premiums.....               |        |
| Doctors/Dentists.....                |        |
| Clinic/Lab Tests.....                |        |
| Hospitals.....                       |        |
| Eyeglasses/Hearing Aids.....         |        |
| Orthopedic Shoes/Braces.....         |        |
| Medical Long Distance Phone.....     |        |
| Other.....                           |        |
| _____ Miles.....                     |        |
| Fares: Taxi, Bus, etc.....           |        |
| Do you have a medical savings acct.? |        |

**Interest**

|   |  |
|---|--|
| Deductible Home Mortgage Interest Paid to Financial Institutions..... |  |
| Home Equity Interest.....   |  |
| Deductible Home Mortgage Interest Paid to Individuals:*               |  |
| Name Address:*  |  |
| Social Security No.:  |  |
| *Failure to provide is subject to a \$50 penalty.                     |  |
| Deductible Points (Include Amortization Points from Prior Years)..... |  |
| Investment Interest (list).....                                       |  |
| .....   |  |
| .....   |  |
| .....   |  |

**Taxes**

|                                      |  |
|--------------------------------------|--|
| Real Estate.....                     |  |
| Personal Property.....               |  |
| State & Local Income Tax.....        |  |
| State & Local General Sales Tax..... |  |

**Charitable Contributions**

|  |  |
|--|--|
| Cash Contributions*.....   |  |
| .....  |  |
| .....  |  |
| Other Than Cash Contributions.....   |  |
| .....  |  |
| ..... Miles for Charity .....  |  |
| *Contributions of \$250 or more require written substantiation from the organizations. |  |

**Miscellaneous Deductions Subject to 2% AGI**

|  |  |
|--|--|
| Unreimbursed Employee Business Expense |  |
| Union & Professional Dues.....         |  |
| Safe Deposit Box Rental.....           |  |
| Tax Return Preparation Fee.....        |  |
| Business Publications.....             |  |
| Business Telephone Calls.....          |  |
| Tools, Supplies, Equipment.....        |  |
| Employment-Related Education.....      |  |
| Investment Expenses.....               |  |
| Other.....                             |  |

**Miscellaneous Deductions Not Subject to 2% AGI**

|   |  |
|---|--|
| Gambling Losses (limited to winnings).. |  |
| .....                                   |  |

**Household Employee Information**

Household Employer EIN: \_\_\_\_\_  
 Did you pay any one household employee \$1,700 or more in 2009? Yes No  
 Did you withhold Federal income tax during 2009 at the request of any household employee? Yes No  
 Did you pay total cash wages of \$1,000 in any calendar quarter of 2009 to household employees? Yes No  
 Was the employee under age 18? Yes No Student? Yes No  
 Do you have a Form I-9 on file for your household employee? Yes No  
 Household Employee Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
 Address: \_\_\_\_\_

| Gross Wages | FITW | SS Withheld | Employer Share FICA | Advance EIC | FUTA | State Unemployment |
|-------------|------|-------------|---------------------|-------------|------|--------------------|
|             |      |             |                     |             |      |                    |

**Moving Expenses**

Enter No. of miles from your old home to your *new* workplace \_\_\_\_\_  
 Enter No. of miles from your old home to your *old* workplace \_\_\_\_\_  
 Date of Move \_\_\_\_\_ Arrival at New Location \_\_\_\_\_

|  | Amount |                                 | Amount |
|--|--------|---------------------------------|--------|
| Cost to Ship and Pack Household Goods... |        | Reimbursements (on W-2)? Yes No |        |
| Cost to Travel to New Home.....          |        | Other: _____                    |        |
| Cost of Lodging During Move.....         |        |                                 |        |

**Employee Business Expense**

| <b>Travel Expense</b> | <b>Amount</b> |  |
|-----------------------|---------------|--|
| Air Fares.....        |               |  |
| Auto Rentals.....     |               |  |
| Entertainment.....    |               |  |
| Garage.....           |               |  |
| Hotel/Motel.....      |               |  |
| Meals.....            |               |  |
| Parking.....          |               |  |
| Postage.....          |               |  |

|                           | <b>Amount</b> |  |
|---------------------------|---------------|--|
| Road Tolls.....           |               |  |
| Taxi, Subway.....         |               |  |
| Telephone, Telegraph..... |               |  |
| Tips.....                 |               |  |
| Other.....                |               |  |
| .....                     |               |  |
| .....                     |               |  |
| .....                     |               |  |

**Automobile Expense**

|   | <b>Car 1</b> | <b>Car 2</b> |
|---|--------------|--------------|
| <b>Total Miles Driven</b>                                   |              |              |
| Total Mileage   |              |              |
| Business Mileage  |              |              |
| Business Use %  |              |              |
| Average Daily Commuting                                     |              |              |
| Written Records Available                                   | Y/N          | Y/N          |
| Is another vehicle available for personal use?              | Y/N          | Y/N          |
| Is an employer-provided vehicle available for personal use? | Y/N          | Y/N          |

|                                   | <b>Car 1</b> | <b>Car 2</b> |
|-----------------------------------|--------------|--------------|
| <b>Actual Automobile Expenses</b> |              |              |
| Gas & Oil                         |              |              |
| Insurance                         |              |              |
| Licenses                          |              |              |
| Lubrication                       |              |              |
| Repairs                           |              |              |
| Tires, Tire Repair                |              |              |
| Wash                              |              |              |
| Other:                            |              |              |
|                                   |              |              |

**Child Care Deductions** (Number of Dependents Qualifying: \_\_\_\_\_)

| Provider's Name & Address (Include Individual's Name and/or Org. Name) | SS No. or Federal ID | Amount |
|--|----------------------|--------|
|  |                      |        |
|  |                      |        |
|  |                      |        |
|  |                      |        |
|  |                      |        |

Did you receive employer-provided dependent care assistance benefits? Yes No Amount: \$ \_\_\_\_\_

**Sale of Personal Residence** (Attach copy of closing/settlement statement)

|   |                                       |
|---|---------------------------------------|
| Date Old Residence Acquired   | <i>Cost or Basis of Old Residence</i> |
| Cost of Improvements (landscaping, driveway, roof, etc.)                                    |                                       |
| Fixing Up Expenses (painting, repairs, etc.) to Prepare for Sale                            |                                       |
| Date Old Residence Sold   | <i>Selling Price</i>                  |
| Expenses of Sale (commissions, legal fees, points, deed stamps, etc.)                       |                                       |
| Was any part of residence rented or used for business?                                      |                                       |
| Was it your principal place of residence for 2 of the last 5 years, ending on date of sale? |                                       |
| Date New Residence Acquired (or construction began)   |                                       |
| Date you occupied new residence   | <i>Cost of New Residence</i>          |
| If married do you and/or your spouse meet the ownership and residence requirements?         |                                       |

Do you wish to designate your tax preparer or someone else to be contacted by the IRS in case any questions arise regarding your tax return? If yes, name the person. Yes No \_\_\_\_\_

**To the best of my knowledge the enclosed information is correct and includes all income deductions and other information necessary for the preparation of this year's income tax returns for which I have adequate contemporaneous records.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date