

TAX ORGANIZER

FIX YOUR TAX PROBLEM, INC.

This tax organizer has been designed to cover most of the income, expenses, deductions and credits for tax preparation. It is important to note that these can change from year to year. Please advise us if you think you have a credit or expense for a specific year if you do not find it here. Additional information may be required for certain states.

Making the best use of this organizer will help us to minimize your taxes due or maximize your refund. Please let us know if you need any help. We will be glad to assist.

If you have multiple years to be prepared, it is best to start with the oldest year as there may be carryovers from year to year. Once you have completed one year, please forward it to us, as we may be able to make suggestions that will make it easier for you to fill out the following years.

Rounding: Please round all dollar amounts to the nearest dollar.

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Note: Unless you are self employed, have rental income, have Itemized Deductions or have unreimbursed employee expenses, it may only be necessary for you to fill out and return the Personal Data page.

For the new **health care program, ACA**, we will be sending you separate information with a series of 5 questions. For 2014, if you had health insurance through the Market Place (Exchanges), you may be eligible for an exemption or a credit. You may also be asked to pay a penalty, depending on the circumstances.

PERSONAL DATA

(If you are a New client, please send us a Copy of your Last Tax Return)

PLEASE PRINT CLEARLY AND USE BLACK PEN

FOR TAX YEAR _____

Your Name		S.S. # - -		Birthdate / /	
Spouses Name		S.S. # - -		Birthdate / /	
Current Mailing Address- Number & Street -			Apt No.		
City	State	Zip Code	County	School district	
Home Phone	Work phone -Yours		Work phone - spouse		
Cell - Yours	Cell - Spouse		Fax Number		
E-mail Address - yours			E-mail Address - spouse		
Your Occupation			Spouse's Occupation		

If you are over 64, are you blind? YES NO Your Spouse? YES NO

DEPENDENTS

NAME First and Last	Social Security Number	Date of Birth	Student= S Disabled =D	lived in house more than 6 months. Y/N (temporary absences, college, vacations, etc. can be excluded)	Total Income for year, if over \$3600	RELATIONSHIP (Daughter, son, parent, etc)

Use additional paper if there are more dependents.

ALERT: DO YOU OR YOUR SPOUSE HAVE CONTROL or SIGNATORY POWER OF ANY FOREIGN BANK ACCOUNTS, TRUSTS, INVESTMENTS, ASSETS or Received any Foreign Gifts? YES NO If YES, please contact us right away. There are severe penalties for not declaring these foreign assets.

If you had a domestic employee, please contact us as you need to issue W-2 and file Schedule H.

Initial _____ Initial _____

INCOME

Please attach ALL income documents. W-2's, W-2G's, all 1099's, K-1's, and anything else that has your SSN on it and may be reporting income. Be sure to include: 1099-G's from your state for unemployment and state tax refunds; form SSA-1099 or RRB-1099 (Social Security or RR Retirement)); 1099B Brokerage statements, etc.

Questions:

Are you a **statutory employee** (This should be indicated on your W-2) ? YES NO

Did you sell or redeem any **U.S. Savings Bonds**? YES NO Series Bond? (HH; EE, Etc) _____

Did you have any **foreign bank accounts or investments**? YES NO If yes, Please provide details.

Did you serve in a **Combat Zone**? YES NO If yes, from what date to what date? _____ to _____

If you are a **minister**, what is your housing allowance? \$ _____

Alimony: Did you receive any? YES NO How much? \$ _____ Payer's SSN _____

If you received any **TIPS** that you did not report to your employer, how much did you receive? \$ _____

Did you have **OTHER** income from any other source such as:

- cash earned from side jobs,
- barter exchanges of goods or services,
- awards, prizes, contest winnings and
- gambling proceeds.
- Jury Duty
- Hobby Sales
 - How much did you receive? \$ _____ . What was the source? _____

SALE of Residence and Other Real Property – Please attach **1099-S & HUD/Closing Statement from the sale** as well as the closing statement from the original purchase from the original purchase . Also list the dollar amount of improvements made to house. \$ _____

If the sale was your residence, did you own and live in the home during 2 of the last 5 years? YES NO

Did your spouse? YES NO

DEPENDENT CHILD'S INCOME –

If your dependent child had income only from interest, dividends, capital gains distributions or Alaska Permanent Fund dividends, and meets other requirements, this income may be included on your tax return, rather than filing a separate return. Please let us know if your dependent child had income from these sources.

ESTIMATED TAXES PAID

CREDIT or Carryover FROM PRIOR YEAR	1st QTR (APRIL 15) Date Pd _____	2nd QTR (JUNE 15) Date Pd _____	3 rd QTR (SEPT. 15) Date Pd _____	4th QTR (JAN. 15) Date Pd _____	TOTAL FOR YEAR
Federal \$	\$	\$	\$	\$	\$
State \$	\$	\$	\$	\$	\$

Initial _____ Initial _____

ITEMIZED DEDUCTIONS (SCHEDULE A)

HEALTH & MEDICAL EXPENSES

Health Insurance (for you and your dependents) This includes medical, dental, vision, prescription plans \$ _____
This also includes Medicare parts B & D.

Expenses for doctors, dentists, chiropractors, psychiatrists, hospitals, clinics, labs, co-pays, eyeglasses, hearing aids, etc. For a complete list of what is allowed and not allowed, refer to <http://www.irs.gov/publications/p502/ar02.html>

Medical Supplies & Equipment, Appliances \$ _____

Transportation & Lodging – (see above link for details) \$ _____

Vehicle Expenses – can use Mileage at 23.5 cents/mile plus tolls; or direct expenses – gas, oil, tolls, etc.
You can use whichever is greater.

Miles _____ Direct expenses \$ _____

Long Term Care Insurance - \$ _____ If filing jointly – Spouse \$ _____

TAXES – STATE & LOCAL

If you made a payment with last year's state tax return; how much? \$ _____

If you made payments last year for prior year state taxes; how much \$ _____

If you made a major purchase last year, such as a Car, Boat, Truck, Mobile Home, RV, Airplane, Motorcycle, etc., how much did you pay in Sales Tax? \$ _____ Please attach purchase papers.

Other taxes paid:

Real Estate (property) Tax on your primary residence \$ _____ 2nd Home \$ _____

These may be on your 1098 statement.

Personal Property Tax – boats, mobile homes, etc. \$ _____

Vehicle License Fee (VLF) or Excise Tax \$ _____

Taxes Paid on Land and Investment Property (Do NOT include on Rentals- rental page) \$ _____

INTEREST PAID

Attach all 1098 forms issued by lender on Mortgages and Seconds, Home Equity Loans on your primary & secondary residence.

If you have a loan from a Private Lender, please provide Lender's Name, Address, and SSN or EIN.

Private Mortgage Insurance (PMI). This should be on your 1098.

CASUALTY & THEFT LOSSES

If you had any losses (excluding bad debts), how much was the loss? _____

Was it a Personal or Business Loss? _____

We will contact you for more information if your loss appears to be deductible.

CONTRIBUTIONS & DONATIONS

All money donations have to be made by check to be deductible. Any single donation over \$250 has to be substantiated with a cancelled check AND a letter from the tax exempt organization.

What was your money donations to – Religious Orgs \$ _____; Red Cross \$ _____; United Way \$ _____

Schools \$ _____; Payroll Deduction \$ _____; Other \$ _____

Non-money donations, furniture, clothing, etc. such as to Goodwill, Salvation Army, etc \$ _____

If the contribution is more than \$500, please provide the donation receipt(s) and letter(s).

MISCELLANEOUS

For unreimbursed Employee Expenses, union dues, job travel, job education, home, office, other, see **PAGE 8**.

For a complete list see <http://www.irs.gov/publications/p529/ar02.html>

Tax Preparation Fees (paid last year) \$ _____ Tax Representation fees \$ _____

Investment Fees \$ _____ Professional Dues \$ _____

Gambling Losses (up to amount of winnings) \$ _____ Attach Casino Statements or other record of losses.

Legal fees \$ _____ . What were the fees for?

Initial _____ Initial _____

BUSINESS INCOME & EXPENSES - (FOR SELF EMPLOYED or INDEPENDENT Contractors)

What is the main business activity _____ Business Name _____

Business Address (Physical) _____ EIN _____

Type of accounting used ? Cash Accrual Hybrid Percentage of Completion

IF YOU HAVE A FARMING BUSINESS, PLEASE REQUEST AN ORGANIZER FOR IT.

WHAT WAS YOUR GROSS BUSINESS INCOME FOR THE YEAR ? \$ _____ (Attach any 1099 Miscs)

Rent (Shop, Office, Storage, etc)	\$ _____	Property Taxes—Business Property	\$ _____
Goods Purchased for Resale	\$ _____	Other Taxes, Licenses, Permits	\$ _____
Materials	\$ _____	Travel –Air Fare, Hotel, Taxi	\$ _____
Advertising	\$ _____	Meals & Entertainment (local)	\$ _____
Bad Debts (accrual only)	\$ _____	Meals & Entertainment (out of town)	\$ _____
Car & Truck Expenses	Use Page 10	*Software (items over \$500 list below)	\$ _____
Commissions –Paid out	\$ _____	Bank Charges, Merchant Fees	\$ _____
Insurance – Liability, E&O	\$ _____	*Hand Tools (items over \$500 list below)	\$ _____
Insurance – worker’s comp	\$ _____	Utilities – gas, heat, water, trash	\$ _____
Mortgage Interest –Business Property	\$ _____	Uniforms (or Clothing with LOGO)	\$ _____
Other Interest (Credit cards-Loans)	\$ _____	Safety/Protective Gear	\$ _____
Legal & Professional Fees	\$ _____	Postage, Freight & Shipping	\$ _____
Office Expenses	\$ _____	Dues & Publications	\$ _____
Contract Labor	\$ _____	Laundry & Cleaning (Uniforms)	\$ _____
Equipment Rentals/Leases	\$ _____	Health Insurance for employees	\$ _____
Repairs & Maintenance	\$ _____	Startup Costs (1 st yr of business)	\$ _____
Supplies	\$ _____	Janitorial	\$ _____
Office Supplies	\$ _____	Subcontractors	\$ _____
Payroll (wages & Salaries –W-2)	\$ _____	Web Site	\$ _____
Payroll Taxes	\$ _____	Telephones & Internet	\$ _____
Payroll Expenses	\$ _____	Other _____	\$ _____
Continuing Education	\$ _____	Other _____	\$ _____
Gifts (limit \$25/person/yr)	\$ _____	Other _____	\$ _____

Note: There are a number of business credits available. Please let us know if you think you qualify for any.

If you are a **performing artist, entertainer, writer, director**, etc please request our Specialized expense sheet.

MEAL EXPENSES – Local meals have to be for a business purpose, and a record of date, person, place, amount, and what was discussed should be kept.

****Meals away from home, for business related travel,** are fully deductible but a record of Date, place, location and amount should be kept. A per diem allowance can also be used instead of the actual expense, even if it is greater.

***EQUIPMENT PURCHASES -PLEASE LIST ANY BUSINESS VEHICLE, EQUIPMENT, SOFTWARE, FURNITURE, ETC. PURCHASED or SOLD DURING THE YEAR, that cost over \$500.**

Description	Date placed in Service MM/YY	*Purchase Price	Used or New
<i>Example: 2010 GMC 1500 King Cab 4WD</i>	<i>June 1, 2014</i>	<i>\$15000</i>	<i>Used</i>

***Purchase Price Should Include Sales Tax, Delivery and Installation**

Initial _____ Initial _____

OFFICE IN HOME – YEARLY EXPENSES

A Home Office must be used **regularly & exclusively** for business purposes – no dual use allowed. Exception: Storage areas for inventory for sale **can** be dual use. If you **are Self-employed** it must also be your principal place of business.

If you are an **Employee** and **your employer required you work from home for the convenience of the employer**, You may be entitled to take this deduction.

Area of office and/or storage area _____ Square Feet. Area of entire house. _____ Square feet.
 If used as a **Child Day Care Facility**, what are the hours of operation? _____ (Day Care CAN be dual use).
 Starting in 2013, the IRS allows a deduction of a maximum of \$1500, based solely on the office size (\$5/sq ft.)
 If you prefer to use this alternative method, please check the box.

Please provide **yearly** expenses. If you moved and had 2 or more offices during the year, please provide info for each one separately.
 Rent \$ _____, Telephone \$ _____ (do not include landline phone, unless it is a dedicated business line);
 Utilities \$ _____ Repairs \$ _____; Insurance \$ _____ HOA Dues \$ _____; Security/Alarm system
 \$ _____; Other \$ _____

If you made payments to any Individuals, Partnerships or LLC’s of \$600.00 or more for rent or services for business purposes, you are required to issue them form **1099-MISC** prior to Jan.31; and to mail the copies with form 1096 to the IRS by February 28th (**Mar 31st if filed electronically**). If you would like help with this, please contact us right away.

Did you make any modifications to your home for the handicapped? Yes No. Cost of modifications \$ _____
 Please Describe : _____

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UNREIMBURSED EMPLOYEE EXPENSES

If you are an employee and had unreimbursed employee expenses you can deduct the unreimbursed expenses .
(Do NOT use this part if you were Self-Employed or received a 1099-MISC- Instead Use page 3)

TRAVEL & EXPENSES AWAY FROM HOME

Plane/Rail/ Bus Fares	\$ _____	Laundry & Cleaning	\$ _____
Taxi/Limo, etc	\$ _____	Car Rentals	\$ _____
Lodging	\$ _____	*Meals	\$ _____
Telephone, Fax, Postage	\$ _____	Tips & Baggage Charge	\$ _____
Number of Nights Away	_____	Entertainment of clients	\$ _____

OTHER EXPENSES

*Lunches, Dinners, Etc.	\$ _____	Show & Event Tickets	\$ _____
Organization Dues	\$ _____	Gifts (Limit \$25/client)	\$ _____
Stationary & Postage	\$ _____	Business Phone –2nd	\$ _____
Long Distance –primary	\$ _____	*Other (list)	\$ _____

VEHICLE EXPENSES – go to Page 8

MEAL EXPENSES – Local meals have to be for a business purpose, and a record of date, person, place, amount, and what was discussed should be kept.

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If you are a **performing artist, entertainer, writer, director**, etc please request our Specialized expense sheet.

Initial _____ Initial _____

CHILD OR DEPENDENT CARE

*Did you pay a baby sitter? See below.

Table with 5 columns: NAME OF PROVIDER, EIN or S.S. #, ADDRESS, Name of child, AMT. Paid per Child. Three rows for different providers.

*If your sitter is an adult & works in your home, you are required to file W-2 forms by January 31. If you want us to prepare these forms, contact us right away. ** In CA and OR please provide Tel No of provider.

MISCELLANEOUS

CREDITS

COLLEGE TUITION CREDIT - Attach form 1098-T

If you have College tuition expenses please request the TUITION CREDIT QUESTIONNAIRE.

Adoption Expenses (Credits) – This year \$ Previous year \$

ENERGY Efficient Home CREDITS – Describe \$ (Not available for all years)

FUEL EFFICIENT VEHICLE CREDITS – Electric, Hybrid, lean burn, alternative fuel, fuel cell : Type Make Model Year \$ (Not available for all years)

OTHER EXPENSES

Teacher Expenses – IF ANY How Much ? \$ (Not available for all years)

If you or your spouse contributed to a REGULAR IRA, ROTH IRA, SEP-IRA, SIMPLE or KEOGH Plan, please provide: Type of Plan(s) Amount(s) Contributed \$ Most plans allow contributions up to the date of tax filing including extensions. Ask us if in doubt.

Did you make any contributions to a 529 or HSA? YES NO If so, How much? HSA\$ 529 \$

Do you and/or your spouse have a retirement plan at work ? You -YES NO Spouse - YES NO

Did you pay alimony or spousal support ? No Yes How much ? Recipients Name SS#

MOVING EXPENSES

Did you move last year? YES NO How many miles did you move? Date Moved Transportation Cost \$ Storage Cost \$ (one month) ; Travel & Lodging \$ (No meals allowed)

How much were you reimbursed by your employer that was not included in your wages? \$

Did you move to take or seek a new job? YES NO ; Did your employer require you to move? YES NO

Did you remain on the new job for at least 9 months? YES NO

Did you have a home or building that was foreclosed or had a short sale? YES NO

BAD DEBTS & LOAN LOSSES

Bad debts, such as unpaid receivables, can only be claimed as a business loss if the accounting is on an accrual basis.

Loan losses require that they be documented with a written agreement and that you have made reasonable efforts to collect the loan. They can be claimed up to seven years after the debt becomes uncollectible.

Initial Initial

RENTAL PROPERTY

What type of property is the rental? (i.e. four-bedroom house, condo, warehouse, motor home, etc.)

RENTAL 1 _____ RENTAL 2 _____ RENTAL 3 _____
 Location _____ Location _____ Location _____

When did you purchase your rental property? (Mm/Yy)

RENTAL 1 / _____ RENTAL 2 / _____ RENTAL 3 / _____

What was the purchase price of each property?

RENTAL 1 \$ _____ RENTAL 2 \$ _____ RENTAL 3 \$ _____

Please attach a Depreciation Schedule from the most recent Tax Return..

Did you have any Farm Rental Income? YES NO If yes, attach information.

Did you have any Royalties? YES NO If yes, attach information & 1099s.

INCOME-EXPENSES FROM RENTAL PROPERTY (Sch E)

	RENTAL 1	RENTAL 2	RENTAL 3
Gross Rents Received (Attach any 1099s)	\$ _____	\$ _____	\$ _____
Advertising Costs	\$ _____	\$ _____	\$ _____
Association Dues - HOA	\$ _____	\$ _____	\$ _____
Auto & Travel	\$ _____	\$ _____	\$ _____
Cleaning & Maintenance	\$ _____	\$ _____	\$ _____
Commissions	\$ _____	\$ _____	\$ _____
Gardening – yard maintenance	\$ _____	\$ _____	\$ _____
*Home Improvements (see below)	-----	-----	-----
Insurance	\$ _____	\$ _____	\$ _____
Legal & Professional Fees	\$ _____	\$ _____	\$ _____
Licenses & Permits	\$ _____	\$ _____	\$ _____
Management Fees	\$ _____	\$ _____	\$ _____
Miscellaneous	\$ _____	\$ _____	\$ _____
Mortgage Interest	\$ _____	\$ _____	\$ _____
Other Interest Paid	\$ _____	\$ _____	\$ _____
Painting & Decorating	\$ _____	\$ _____	\$ _____
Painting Equipment (brushes, ladders, etc.)	\$ _____	\$ _____	\$ _____
Pest Control	\$ _____	\$ _____	\$ _____
Plumbing & Electrical	\$ _____	\$ _____	\$ _____
*Repairs (Only to restore to original condition)	\$ _____	\$ _____	\$ _____
Supplies	\$ _____	\$ _____	\$ _____
Cleaning Supplies	\$ _____	\$ _____	\$ _____
Tools	\$ _____	\$ _____	\$ _____
Taxes	\$ _____	\$ _____	\$ _____
Telephone	\$ _____	\$ _____	\$ _____
Utilities	\$ _____	\$ _____	\$ _____
Wages & Salaries	\$ _____	\$ _____	\$ _____
Landscaping (major changes or additions)	\$ _____	\$ _____	\$ _____
Other _____	\$ _____	\$ _____	\$ _____
Other _____	\$ _____	\$ _____	\$ _____
Other _____	\$ _____	\$ _____	\$ _____

***IMPROVEMENTS:** May include roof, kitchen, bath, carpeting, or any work improving the location. List by price and date and give a brief description of work done. Whether it is an improvement or repair will depend on the circumstances. For tax purposes, each is treated differently.

Initial ____ Initial _____

DECLARATION :

I/we have provided the information for this Tax Organizer to the best of my/our knowledge and hereby declare it to be complete and accurate for the preparation of my/our income tax returns. Where business deductions are shown, I/we acknowledge having spent these amounts and have kept a log or diary of such activities, pursuant to section 274(a) of US Code 26, and can fully substantiate such deductions.

SIGNATURE (must be signed)

____/____/____
DATE

SIGNATURE (spouse)

____/____/____
DATE

Print name

Print name

**Thank you very much for taking the time to provide this information.
Robert Crane, John Bove, EA & Edward M Smith, EA**