

Lachowicz & Company, LLC

www.cpapros.com

Tax Organizer

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 ½ years of age on Dec. 31st?
- ☐ Did you make a distribution to charity from a traditional or Roth IRA?
- ☐ 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? \$ _____
- ☐ 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 st Quarter		2 nd Quarter		3 rd Quarter		4 th 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 ☐ NoDid 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.....	
Cost of Sales	
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)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Cost to Travel to New Home.....		Other: _____	
Cost of Lodging During Move.....			

Employee Business Expense

Travel Expense	Amount
Air Fares.....	
Auto Rentals.....	
Entertainment.....	
Garage.....	
Hotel/Motel.....	
Meals.....	
Parking.....	
Postage.....	

Amount	
Road Tolls.....	
Taxi, Subway.....	
Telephone, Telegraph.....	
Tips.....	
Other.....	

Automobile Expense

	Car 1	Car 2
Total Miles Driven		
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

	Car 1	Car 2
Actual Automobile Expenses		
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