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TAX ORGANIZER

This organizer helps us to accurately prepare your return with the lowest tax and the most deductions. Only complete the sections that apply to your tax situation.

DOCUMENTS REQUIRED FOR YOUR RETURN

YOU SHOULD CAREFULLY REVIEW YOUR RECORDS FOR CURRENT TAX YEAR. FROM THE LIST OF THE FOLLOWING DOCUMENTS PROVIDE THOSE WHICH APPLY TO YOU. ALL FORMS W-2 ARE REQUIRED. ANY DOCUMENT PROVIDED WILL BE RETURNED

Copy of your prior year tax return if not prepared by me

- ☐ All Form 1099's showing miscellaneous income,
- ☐ All Form 1099B's shows proceeds received from sales
- ☐ All Form W2G's showing gambling winnings
- ☐ All Forms SSA showing Social Security Payments
- ☐ All Forms 1099G, or others showing unemployment compensation paid
- ☐ Schedule K-1's for shareholders and partners of a business or beneficiaries of trusts
- ☐ Form 1098 reporting home mortgage interest and real estate tax payments
- ☐ Summary of income and expenses for your business (balance sheet, income statement)
- ☐ HUD-1's for any home sale, purchase or refinance
- ☐ Total medical expense and insurance premium payments Property tax paid on auto's, boats, motorcycles, trailers, etc.
- ☐ Summary of child care provider name, address, social security number and amount paid
- ☐ Summary of charitable giving

- ___ Summary of unreimbursed employee expenses
- ___ If you sold, traded or transferred any investment, stock or mutual fund. all year-end statements on the investment to calculate gain or loss.
- ___ Summary of college expenses paid
- ___ Any document which indicates it contains "TAX INFORMATION".
- ___ Any other information you believe necessary for us to review in order to prepare your returns

If you wish any refund direct deposited to your account please provide:

Name of Bank _____

Routing Number (1st number on bottom of check) _____

Account Number _____

Copy of Voided Check

Important Questions

PLEASE ANSWER ALL QUESTIONS

	YES	NO
Did your address change during the year?	_____	_____
Did your marital status change during the year?	_____	_____
If so, did your name change name?	_____	_____
Could you be claimed as a dependent of another?	_____	_____
If yes, were you claimed?	_____	_____
Were there any changes in dependents	_____	_____
Were any children who might be claimed as dependents 19 or older during the year?	_____	_____
Were you a resident of, or did you have income in, more than one state?	_____	_____
Did you incur child care or expenses for a child either under 14 or a disabled child?	_____	_____
Did you receive a state and/or local tax refund last year?	_____	_____
Did you receive a federal refund last year?	_____	_____
Did you pay additional tax when you filed your state return last year?	_____	_____
Did you itemize your deductions last year?.	_____	_____
Did you make any out of state purchases without paying sales tax?	_____	_____
Did you receive any alimony last year?	_____	_____
Did you pay any alimony last year? <u>To: SSN: - -</u>	_____	_____
Did you receive any disability income?	_____	_____
Did you receive any unemployment last year? (Enclose 1099 G)	_____	_____
Did you receive any Social Security last year? (Enclose SSA - 1099)	_____	_____
Did you sell any stocks or investment property?	_____	_____
Did you have any investments that earned tax-exempt interest?	_____	_____
If yes, please provide statements.		
Do you have any children under age 14 with investment income over \$1,400.00	_____	_____
If so, please provide 1099s for their investment income		
Did you receive a K-1 from any entity – Corporation, Estate, Trust, Partnership?	_____	_____
Did you receive any type of additional income last year such as jury duty pay, taxable? prizes, trustee fees, etc.? (If yes please provided details in the Additional Info pages.)	_____	_____
Did you receive any COBRA health insurance premium assistance?	_____	_____
Did you take a distribution from a retirement plan ? (If yes please provide all 1099Rs)	_____	_____
Do you own a vacation home that was rented to someone else at anytime?	_____	_____
Did you have any debts cancelled or forgiven?	_____	_____

Did you purchase, sell or refinance your home, or a second home? _____
 Did you pay interest on a higher education loan or pay tuition or expenses? _____
 Do you owe any federal back taxes? _____
 Do you any state back taxes? _____
 Do you have any delinquent student loans or owe back child support? _____
 Did the IRS garnish your refund last year? _____
 Outside of W-2 contributions (401k, 403b,) did you contribute to any retirement plan? _____
 (If so please provide details on the Additional Info pages.) _____
 If you were self-employed, did you pay any health insurance premiums? _____
 Did you contribute to or receive a distribution from a Health Savings Account? _____
 Do you want to allow us discuss items concerning this return with the IRS? _____
 Did you have any casualty or theft losses? _____
 Did you make any large purchases or home improvements? (If yes provide details) _____
 Did you adopt a child? _____
 Did you make any gifts directly or through a trust which exceeded \$15,000 ? _____
 Did you have an interest in or signatures or other authority over a financial account in foreign country _____
 Have you provided ALL your income from ALL sources? _____
 If not, please use the Additional Info page to list any other income. _____
 Have you provided ALL your deductions? _____
 If not, please use the Additional Info page to list any other deductions. _____

INDIANA QUESTIONS

Please note the county of principal work activity as of January 1, of the prior year for both you and your spouse. Taxpayer _____ Spouse _____

Please note the county and school district of your residence .

County _____ School district _____

Did you live in a state other than indiana during any part of the prior year?

Name of state _____

Residence in Indiana from _____ to _____

Residence in _____ from _____ to _____

Did you purchase any items from out-of-state companies on which sales tax was not charged?

____ Yes ____ No

If yes, enter the total purchase price of all items here.\$_____

Did you make a contribution to a college located in Indiana during the prior year?

If yes, enter amount _____date _____

College: _____

Did you rent your principal residence during the prior year?

____ Yes ____ No

If yes, provide the following information:

1. Total amount of rent paid _____

2. Number of months rented _____

3. Location of principal residence that was rented (if not your current address) _____

4. Landlord's name and address. _____

Did you install any insulation items in your residence during the prior year?

____ Yes ____ Yes

If yes, provide the following information :description of the insulation items, cost of labor and materials, name of persons or companies supplying the labor and materials, and date the insulation items were installed.

IF YOU ARE UNCERTAIN ABOUT AN ITEM THEN PROVIDE DETAILS.

Basic Household Information for CURRENT TAX YEAR

Filing Status	<input type="checkbox"/> Single <input type="checkbox"/> Married filing joint <input type="checkbox"/> Married filing separate <input type="checkbox"/> Head of household <input type="checkbox"/> Qualifying widow(er)
Taxpayer	Full Name _____ Social Security No. _____ Occupation _____ Date of Birth _____
Spouse	Full Name _____ Social Security No. _____ Occupation _____ Date of Birth _____
Address	Street Address _____ City _____ State _____ Zip Code _____
Telephone	Home Phone _____ Taxpayer Work Phone _____ Spouse Work Phone _____ Fax Number _____ E-Mail Address _____

DEPENDENTS

TYPE OF DEPENDENT: Child at home: Child not at home; Dependent other than child; HH only, not a dependent; EIC only, not a dependent

Dependent 1	Full Name _____ Date of Birth _____ Social Security No. _____ Relationship _____ Months Lived at Home _____ Type of Dependent _____
Dependent 2	Full Name _____ Date of Birth _____ Social Security No. _____ Relationship _____ Months Lived at Home _____ Type of Dependent _____
Dependent 3	Full Name _____ Age or Date of Birth _____ Social Security No. _____ Relationship _____ Months Lived at Home _____ Type of Dependent _____ Earned Income Credit _____ Claimed By: <input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse
Dependent 4	Full Name _____ Age or Date of Birth _____ Social Security No. _____ Relationship _____ Months Lived at Home _____ Type of Dependent _____

WAGES, SALARIES, TIPS	Attach W-2 Forms	Tax Withheld
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Name of Employer	Wages, Tips, Other Compensation	Federal	Social Security	Medicare	State	Local

PENSIONS, IRA DISTRIBUTIONS - Attach Forms 1099-R

Name of Payer	Gross Distribution	Taxable Amount	Distrib. Code	Federal Withheld	State Withheld

Attach Forms 1099-INT	INTEREST INCOME			Tax-Exempt Interest		
Name of Payer	Banks, S&Ls, C/Us, etc.	Seller-Financed Mortg.	U.S. Bonds, T-Bills	Total Munic. Bonds	In-State Munic. Bonds	Early With-drawal Penalty

DIVIDEND INCOME Attach Forms 1099-DIV	Dividend Income				Tax-Exempt Interest	
Name of Payer	Ordinary Dividend	Capital Gain Dividend	28% Rate Gain	U.S. Bonds (% or amt.)	Total Munic. Bonds	In-state Munic. Bonds (% or amt.)

MISCELLANEOUS INCOME

List forms 1099-G, 1099-MISC, SSA-1099, and RRB-1099.

	Taxpayer	Spouse
State tax refund if you itemized last year		
Social Security Benefits (SSA-1099, Box 5)		
Medicare Premiums Paid (SSA-1099)		
Tier 1 RR Retirement Bene. (RRB-1099, Box 5)		
Lump-Sum Election for SS Benefits		
Alimony Received		
Unemployment Compensation Received		
Unemployment Compensation Repaid		
Taxable Scholarships and Fellowships		
Household Employee Income Not on W-2		
Income Subject to S/E Tax for your own business: (Attach Business Income & Expense Worksheet)		

Rental Income (Attach Rental Income & Expense Worksheet)		
Other Income: (Attach all K-1 Schedules for Partnerships, S-Corps, Estates, & Trusts)		
TAX WITHHELD ON 1099 FORMS	Taxpayer	Spouse
Federal Income Tax Withheld		
State Income Tax Withheld		

ESTIMATED TAXES

CREDIT FROM PRIOR YEAR'S VOUCHER PAYMENTS	FIRST QUARTER (APRIL 15)	SECOND QUARTER (JUNE 15)	THIRD QUARTER (SEPT. 15)	FOURTH QUARTER (JAN. 15)	TOTAL FOR YEAR
Federal \$	\$	\$	\$	\$	\$
State \$	\$	\$	\$	\$	\$

ITEMIZED DEDUCTIONS

MEDICAL AND DENTAL EXPENSES	Taxpayer	Spouse
Prescription Medicines and Drugs		
Doctors, Dentists, and Nurses		
Hospitals and Nursing Homes		
Insurance Premiums (excluding long-term care)		
Long-Term Care Premiums		
Insurance Reimbursement (enter as a positive number)		
Transportation and Lodging (.10/mile)		
Eye Care & Glasses		
Other Medical and Dental Expenses:		
STATE, PROPERTY, & FOREIGN TAXES PAID (Not on W-2's)	Taxpayer	Spouse
State & Local Income Taxes - 1/99 payment on 1998 State estimate		
State & Local Income Taxes - Paid with 1998 state extension		
State & Local Income Taxes - Paid with 1998 state return		
State & Local Income Taxes - Paid for prior yrs. and/or to other state		
Real Estate Taxes - Principal Residence		
Real Estate Taxes - Property Held for Investment		
Personal Property Taxes (including automobile)		
Foreign Income Taxes		
Other Taxes:		
HOME MORTGAGE INTEREST PAID	Taxpayer	Spouse
Home mortgage interest and points reported on Form 1098: (Attach all 1098 Forms)		
Home mortgage interest not reported on Form 1098 (if paid to the home seller, enter the seller's name, SSN or EIN, and address):		

Automobile Expenses - Complete a separate schedule for each vehicle.

Vehicle description	_____	Total business miles	_____
Date placed in service	_____	Total commuting miles	_____
Cost/Fair market value	_____	Total other personal miles	_____
Lease term, if applicable	_____	Total miles this year	_____
Actual expenses		Average daily round trip commuting distance	_____
Gas, oil	_____	Taxes	_____
Repairs	_____	Tags & licenses	_____
Tires, supplies	_____	Interest	_____
Insurance	_____	Lease payments	_____
Parking	_____	Other	_____

Did you acquire, lease or dispose of a vehicle for business during this year? Yes _____ No _____
If yes, enclose purchase and sales contract or lease agreement.

Did you use the above vehicle in this business less than 12 months? Yes _____ No _____
If yes, enter the number of months _____.

Do you have another vehicle available for personal purposes? Yes _____ No _____

Do you have evidence to support your deduction? Yes _____ No _____

Is the evidence written? Yes _____ No _____

Capital Gain/Loss Worksheet

Name & Social Security Number: _____

Use this worksheet to list your capital gains and losses.

Description of Property	Date Acquired	Date Sold	Sales Price	Cost or other basis	Total Gain/Loss

BUSINESS INCOME

PROVIDE HERE THE INFORMATION THAT IS NECESSARY TO REPORT YOUR BUSINESS INCOME AND DEDUCTIONS.

GENERAL INFORMATION

Ownership code (T=Taxpayer, S=Spouse, J=Joint) _____

If Joint Schedule C, taxpayer's ownership percentage % _____

Principal business activity _____

Principal business including product or service _____

Principal business code _____

Business name _____

Business street address _____

Business city, state, ZIP code _____

Federal employer identification number _____

ACCOUNTING METHOD (Check One) _____ Cash _____ Accrual _____ Other _____

Were you a "material participant" in the operation of this business? _____ Yes _____ No

Is this the first Schedule C filed for this business? _____ Yes _____ No

Are all amounts at risk? _____ Yes _____ No

PART I INCOME

Gross receipts or sales _____

Returns and allowances ()

Other income _____

Total income _____

PART II EXPENSES AMOUNT

Advertising _____

..... _____

Car and truck expenses (see vehicle depreciation organizer) _____

..... _____

Commissions and fees _____

..... _____

Contract labor	_____
Depletion	_____
Depreciation and section 179 expense deduction	_____
Employee benefit programs	_____
Insurance (other than health)	_____
Interest: Mortgage interest (paid to banks, etc.)	_____
Other interest	_____
Legal and professional services	_____
Office expense	_____
Pension and profit-sharing plans	_____
Rent or lease: Vehicles, machinery, and equipment	_____
Other business property	_____
Repairs and maintenance	_____
Supplies	_____
Taxes and licenses	_____
Travel, meals and entertainment: Travel	_____
Meals and entertainment	_____
Utilities	_____
Wages less employment credits	_____
Postage	_____
Telephone (business only)	_____
Expenses for business use of home.....	_____
(list below with other expenses)	

BUSINESS INCOME (cont.)

PART III	COST OF GOODS SOLD	AMOUNT
Inventory Method: Lower of cost or market? _____	Yes _ No	
If no, specify other method: _____		
Was there any change in inventory method?_____	Yes _____ No	
Inventory at beginning of the year.....		_____
Purchases less cost of items withdrawn for personal use.....		_____
Cost of labor (not salary paid to yourself)		_____
Materials and supplies		_____

Other costs

 Inventory at end of the year

PART IV INFORMATION ABOUT YOUR VEHICLE 1 AMOUNTS

Date vehicle was placed in service for business purposes
 Business miles vehicle was driven this year

 Total commuting miles vehicle was driven

 Total other miles vehicle was driven

 Was another vehicle available for personal use? Yes No
 Was this vehicle available for use during off-duty hours? Yes No
 Is there evidence to support your deduction? Yes No
 If ``yes," is the evidence written? Yes No

PART V OTHER EXPENSES (not listed above): AMOUNTS

Miscellaneous (List below)

.....

OFFICE IN HOME

To qualify for an office in home deduction, the area must be used exclusively for business purposes on a regular basis in connection with your employer's business and for your employer's convenience. If you are self-employed, it must be your principal place of business or you must be able to show that income is actually produced there. If business use of home relates to daycare, provide total hours of business operation for the year.

Business or activity for which you have an office	Total area of the house (square feet)	Area of business portion (square feet)	Business percentage

I. DEPRECIATION

	Date Placed in Service	Cost/Basis	Method	Life	Prior Depreciation
House					
Land					
Total Purchase					
Improvements (Provide details)					

II. EXPENSES TO BE PRORATED:

Mortgage interest
 Real estate taxes
 Utilities
 Property insurance

Other expenses - itemize

III. EXPENSES THAT APPLY DIRECTLY TO HOME OFFICE:

Telephone

Maintenance

Other expenses - itemize

Name:

Social Security Number:

Rental Income and Expenses for the Tax Year 2010

If property was purchased/converted to rental this year list on the **Asset Acquisitions Worksheet** .

Property Address

1.			
2.			
3.			
Property	1.	2.	3.
Income: Rents Received			
Expense:			
Advertising			
Association Dues			
Auto and Travel			
Cleaning/Maintenance			
Commissions			
Gardening			
Insurance			
Labor			
Mortgage Interest			
Other Interest			
Professional Fees			
Repairs and Maintenance			
Supplies			
Taxes			
Telephone			
Utilities			
Other:			

List **Improvements** that increase the value of the property on the **Acquisitions and Dispositions Worksheet** and attach.

Vehicle Expenses

Name:

Answer for ALL vehicles.	Vehicle #1	Vehicle #2	Vehicle #3
Vehicle Identification Year			
Vehicle Identification Model			
Date first placed in service			
Business miles driven			
Non-business miles driven			
Interest paid on vehicle loan			
Parking Fees			
Answer these to use Actual Expense Method	Vehicle #1	Vehicle #2	Vehicle #3
Cost of the vehicle			
Weight of the vehicle			
Lease Payments			
Gas & Oil			
Tires			
Repairs & Maintenance			
Vehicle Insurance			
Auto Club			
Registration			
Other auto expense (list)			

