

Instructions: Print out this organizer, then complete it and send or fax it to our office.

Tax Organizer For

(Year)

Taxpayer's Name _____

Account-Abilities LLC

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Tax Return Preparer

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TAX RETURN ORGANIZER

TAX YEAR _____

Taxpayer:		
Social Security#:		
Occupation:		
Address:		
Spouse:		
Social Security#:		
Occupation:		
Address:		
PHONE NUMBERS		
Cell	Work	Home
Taxpayer:		
Spouse:		

Filing Status: Single Married Filing Separate Married Filing Joint Head of Household
 Qualifying Widow

Birth Date: Month/Day/Year You: ___/___/___ Spouse: ___/___/___

DEPENDENTS						
Name (First Last)	Income Over \$650? (Y/N)	Date of Birth	Social Security Number	Relationship	Months Lived in Home	Disabled or Blind? (Y/N)

1. Attach a copy of each W2.

Name and Address of Payor	Amount	Name and Address of Payor	Amount

2. Interest Income: Attach 1099's. List non-taxable interest income as well--identify as nontaxable. If you have received interest from a "Seller-Financed" mortgage. Please provide:

Name and Address of Payor	Amount	Name and Address of Payor	Amount

3. Dividend Income: Attach 1099's.

Name of Payor	Amount	Name and Address of Payor	Amount

4. Capital Gains and Losses: Include details of dispositions of any business/rental/farm.

Investment	Date Acquired	Cost/Other Basis	Date Sold	Net Sale Proceeds

5. Pensions, IRS Distributions, Annuities, and Rollovers

Total received....._____

Taxable Amount. Attach all 1099's or other related papers....._____

6. Rents/Royalties, Partnerships, S Corporations, Estates, Trusts

Attach K-1's for all Partnerships/S Corporations/Fiduciaries....._____

7. Unemployment Compensation received....._____

8. Social Security benefits received. Attach annual statement....._____

9. State/Local tax refund(s)....._____

10. Other Income:

Description	Amount

MOVING EXPENSES

Did you sell your primary residence? Yes No

If "Yes" provide a copy of the closing statements of the sale and a copy of the closing statement at the time of your purchase, details of any capital improvements you made during the time you owned the property and any expenses of sale incurred by you. If you have purchased a replacement property, indicate cost and date acquired. If you have previously sold a residence, provide a copy of Form 2119 from your tax return for the year of sale.

MOVING EXPENSES (Con't)

Did you change your state residency? Yes No

If yes provide the following:

Previous Address	
Date of Move	
Distance--Miles	
Costs of move--Describe	

Did you move for work? Yes No

Did your employer reimburse your moving expenses? Yes No

Amount of reimbursement \$ _____

ADJUSTMENTS TO INCOME	
Description	Amount
1. Your IRA deduction	
2. Spouse's IRA deduction	
3. Keogh SEP deduction	
4. Penalty for early withdrawal of savings	
5. Alimony paid--List name and Social Security number	
6. Self-employed health insurance premiums	

ITEMIZED DEDUCTIONS	
Medical and Dental	Amount
1. Out of pocket costs for prescription medicines, drugs, insulin, doctors, dentists, nurses, and medical and dental insurance premiums--including Medicare B paid. (Reduce any insurance reimbursements.)	
2. Transportation and lodging incurred to obtain medical care	
3. Other--hearing aids, eyeglasses, medical devices, etc.	

Taxes Paid	Amount
1. State and local income taxes not listed elsewhere	
2. Real estate taxes not listed elsewhere	
3. Personal property taxes--include owners tax on auto registration	

Interest Paid	Amount
1. Home mortgage interest paid to financial institutions	
2. Home mortgage interest paid to individuals: Name: _____ Address: _____	
3. Points paid on <input type="checkbox"/> purchase <input type="checkbox"/> refinance--include details	
4. Investment interest	
5. Student loan interest	

SELF EMPLOYED (Schedule C)

Business Income and Expense (Sole Proprietorship)

Principle business or profession: _____

Business name: _____

Employer ID number: _____

Business address: _____

City _____ **State** _____ **Zip Code** _____

Business is owned by: Taxpayer Spouse

Accounting method: Cash Accrual

Inventory method: Cost Lower cost or market Other N/A

Did you materially participate in the business? Yes No

Is this the first year of the business? Yes No

Income	Amount	Cost of Goods Sold	Amount
1. Gross receipts or sales		1. Beginning of year inventory	
2. Returns and allowances		2. Purchases	
3. Other income		3. Cost of items used personally	
		4. Cost of labor	
		5. Materials and supplies	
		6. Other costs	
		7. End-of-year inventory	
Expenses	Amount	Expenses	Amount
1. Advertising		21. Other taxes	
2. Bad debts (N/A cash benefits)		22. Licenses	
3. Commissions and fees		23. Travel	
4. Employee benefits		24. Meals and entertainment (in full)	
5. Health insurance		25. Utilities	
6. Other insurance		26. Wages	
7. Mortgage interest		27. Management fees	
8. Other interest		28. Consulting expenses	
9. Legal and accounting fees		29. Payroll services	
10. Allocation of tax prep fees		30. Employee vehicle expense	
11. Office expense		31. Employee mileage reimbursement	
12. Pension and profit sharing plans		32. Client gifts (limited to \$25 each)	
13. Rent, vehicles		33. Education and seminars	
14. Rent, equipment		34. Other (Description)	
15. Rent, building		35.	
16. Repairs & maintenance, building		36.	
17. Repairs & maintenance, equipment		37.	
18. Repairs and maintenance, vehicles		38.	
19. Supplies		39.	
20. Payroll taxes		40.	

If Daycare Facility:

Days used as a daycare facility	
Prior year carryover of un-allowed losses	

Cost of home and improvements and prior depreciation				
Depreciation of home, improvements, furniture, and equipment				
Property	Date Acquired	Cost or Other Basis	Depreciation Method	Prior Depreciation

BUSINESS USE OF HOME

Do you regularly and exclusively use any part of your home for business? Yes No

What is the total area of home? _____

What was the total area of home regularly used for business? _____

What is the estimated percentage of time spent in home office compared to total time spent in this business?

Activity--e.g., 10%, 20% _____

What is the description of work done in home office? _____

What is the description of work done outside of home office? _____

Description	Direct Costs		Indirect Costs
	Benefit Only	Business Portion of Home	
Home insurance			
Repairs & maintenance			
Utilities			
Rent			
Other			

DEPRECIATION				
Property	Date Acquired	Cost or Other Basis	Depreciation	Prior

VEHICLE EXPENSES				
Year, Make, Model	Date placed in Service	Total Miles Driven	Total Business Miles	Total Commuting Miles

RENTAL AND ROYALTY INCOME AND EXPENSES

Property Type: Residential Commercial

Location: Address, State, Zip	

If Vacation Home:

Number of days rented	
Number of days used personally	

Property is owned by: Taxpayer Spouse Joint

Percentage ownership if not 100%: Taxpayer _____% Spouse _____%
 Please indicate if income and expenses below are listed at 100% or your percentage.

Did you live in part of the rental property?
 If yes, what percentage did you occupy as a tenant? _____%
 Check if rented to a related party.

Explain Relation:

Income	Amount		
1. Rental income			
2. Royalties received			
Expenses	Amount	Expenses	Amount
1. Advertising		16. Property taxes	
2. Association dues		17. Utilities	
3. Auto miles driven		18a.	
4. Travel		18b.	
5. Cleaning and maintenance		18c.	
6. Commissions		18d.	
7. Insurance		18e.	
8. Legal and professional fees		18f.	
9. Allocated tax prep fees		18g.	
10. Licenses and permits		18h.	
11. Management fees		18i.	
12. Mortgage interest--(Form 1098)		18j.	
13. Other interest		18k.	
14. Repairs		18l.	
15. Supplies		18m.	

FARM INCOME AND EXPENSES

Principle Product _____

Employer ID Number _____

Accounting Method: Cash Accrual

Check if you materially participated in farm operations: Taxpayer Spouse

Income	Amount
1. Sales of livestock and other resale items	
2. Cost of above	
3. Sales of livestock, produce, etc., you raised	
4. Cooperative distributions (1099-PATR)	
5. Cooperative distributions, taxable portion	
6. Agricultural program payments	
7. Agricultural program, taxable portion	
8. Commodity credit corporation loans	
9. Crop insurance loans	
10. Custom hire	
11. Other	

Expenses	Amount	Expenses	Amount
1. Car and truck expenses		19. Machinery and equipment rental	
2. Chemicals		20. Land rental	
3. Conservation expense		21. Other	
4. Custom hire (machine work)		22. Repairs and maintenance	
5. Employee benefit programs		23. Seeds and plants purchased	
6. Employee health insurance		24. Storage and warehousing	
7. Feed purchased		25. Supplies purchased	
8. Fertilizers and lime		26. Payroll taxes	
9. Freight and trucking		27. Other taxes	
10. Gasoline, fuel, and oil		28. Utilities	
11. Other insurance		29. Veterinary, breeding, medicine	
12. Mortgage interest		30.	
13. Other interest		31.	
14. Labor hired		32.	
15. Legal and professional fees		33.	
16. Allocated tax preparation fees		34.	
17. Pension and profit share plans		35.	
18. Vehicle rental		36.	

DEPRECIATION				
Property	Date Acquired	Cost or Other Basis	Depreciation Method	Prior Depreciation

