

Sannerud, Savarese and Associates, P.A.
Tax Organizer

Taxpayer Information				
	<u>First & Last Name</u>	<u>SSN</u>	<u>Birthdate</u>	
Taxpayer: (T)	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	
Spouse: (S)	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	
Street Address:	<input style="width: 95%;" type="text"/>			
City, State, Zip	<input style="width: 95%;" type="text"/>			
	<u>Occupation</u>	<u>Home #</u>	<u>Work #</u>	<u>Email Address</u>
Taxpayer:	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Spouse:	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Changes this past year:	<input type="checkbox"/> Moved	<input type="checkbox"/> Separated	<input type="checkbox"/> Sold Home	<input type="checkbox"/> Spouse Deceased
	<input type="checkbox"/> Married	<input type="checkbox"/> Divorced	<input type="checkbox"/> Sold Property	<input type="checkbox"/> Dependent Deceased
				<input type="checkbox"/> Legally blind - you
				<input type="checkbox"/> Leg. blind - spouse

Dependents					
	<u>First & Last Name</u>	<u>SSN#</u>	<u>Birthdate</u>	<u>Grade</u>	<u>Child Care Expenses*</u>
#1	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
#2	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
#3	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
#4	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
#5	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
#6	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

* Please provide name, address, and SSN or ID# for each provider

Please carefully read and complete this entire questionnaire before our tax appointment and verify by signing below.

Completed by: _____

Date: _____

PLEASE NOTE: As a matter of policy and for future reference, this completed questionnaire may be kept on file in our office. If you want a photocopy for your records, please ask for one.

INCOME

Wages/Pensions *Please provide all W-2's & 1099's*

T = Taxpayer, S= Spouse

T / S	Employer's Name	W-2 Box 1 Wages	Pensions/IRA's

Interest Income *Please provide all 1099 Forms.*

T / S	Payer's Name	Amount

Dividend Income *Please provide all 1099 forms.*

T / S	Payer's Name	Amount

Other Income *Please provide all statements.*

Sources	T / S	Payer's Name	Amount
State Tax Refund			
Social Security			
Alimony Received			
Gambling Winnings			
Unemployment			

Adjustments to Income

Sources	T / S	Amount	T / S	Amount
IRA Deduction(s)				
Moving Expenses				
Keogh & SEP Deduction				
Alimony Paid				
Gambling Losses				
Other: _____				

Sales of Stock or Property *Please provide all 1099 Forms.*

Description of Stock or Property	Date Acquired	Date Sold	Cost or Basis	Sale Price

EXPENSES

Medical Expenses Paid (generally must exceed 7.5% of adjusted gross income)			
DO NOT INCLUDE PRE-TAX MEDICAL EXPENSES			
	<u>Amount</u>		<u>Amount</u>
Prescription medicine & drugs	<input style="width: 100%;" type="text"/>	Lab Fees, X-rays, Physical Therapy	<input style="width: 100%;" type="text"/>
Medical & dental insurance premiums	<input style="width: 100%;" type="text"/>	Glasses, hearing aids, batteries	<input style="width: 100%;" type="text"/>
Doctors, Hospitals, Ambulances	<input style="width: 100%;" type="text"/>	Medical Equipment & Supplies	<input style="width: 100%;" type="text"/>
Dentists, Orthodontist	<input style="width: 100%;" type="text"/>	Lodging	<input style="width: 100%;" type="text"/>
Nursing Home, Nursing Care	<input style="width: 100%;" type="text"/>	Auto Miles/Parking (list # of miles)	<input style="width: 100%;" type="text"/>
Psychotherapy, Psychological Counseling	<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>
	<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>
Long-term care insurance premiums:			
	<u>Policy #</u>	<u>Company Name</u>	<u>Amount Paid</u>
Taxpayer	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Spouse	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

Taxes Paid			
	<u>Amount</u>		<u>Amount</u>
Real Estate Taxes:		State Income Taxes :	
Primary Home	<input style="width: 100%;" type="text"/>	Balance Due on Last Year's State Return	<input style="width: 100%;" type="text"/>
Second Home	<input style="width: 100%;" type="text"/>	Extension Payment on LY State Return	<input style="width: 100%;" type="text"/>
Other	<input style="width: 100%;" type="text"/>	Payment on a Prior Year's State Return	<input style="width: 100%;" type="text"/>
Personal Property Taxes	<input style="width: 100%;" type="text"/>	Sales Tax paid on Major Purchases	<input style="width: 100%;" type="text"/>
Vehicle License Tabs	<input style="width: 100%;" type="text"/>		

Estimated Tax Payments (Please provide cancelled checks)				
	<u>Federal Amount</u>	<u>Federal Date Paid</u>	<u>State Amount</u>	<u>State Date Paid</u>
Applied from Prior Year Return	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
First Quarter	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Second Quarter	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Third Quarter	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Fourth Quarter	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

Interest Paid (Please provide all 1098's)		
	<u>Name of Financial Institution</u>	<u>Amount</u>
Home Mortgage Interest:		
Primary Home	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Second Home	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Investment Interest Paid	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

EXPENSES

Charitable Contributions (written verification required for each contribution of \$250 or more)

Not included: political or legislative action contributions, raffle/lottery tickets, or amounts paid for bingo or similar games.

<u>Cash Contributions</u>	<u>Amount</u>	<u>Volunteer Expenses:</u>	<u>Amount</u>
		Auto Miles (# of miles = _____)	
		Parking	
		Phone	
		Supplies	
		Uniforms	
		Travel	

Non-cash Contributions (list fair market value or garage sale value)

<u>Item</u>	<u>Amount</u>	<u>Date</u>

Miscellaneous Expenses (Unreimbursed Employee Expenses)

	<u>Amount</u>		<u>Amount</u>
Dues: Union & Professional		Licenses, Fees, Credentials	
Tax Preparation Fees		Professional Subscriptions	
Safe Deposit Box		Meals & Entertainment (work related)	
Uniforms & Protective Clothing		Travel (work related)	
Work Tools & Equipment		Required Cell Phone/Pager	
Tool Repair & Maintenance		Required Computer/Online Services	
Tool & Equipment Fuel		Required Supplies	
Equipment Rental		Classes & Books for Job Cont. Ed.	
Parking & Tolls		Job Seeking Costs	
Car & Truck Expenses			

Education Expenses K-12 (Uniforms, meals, after school sports not deductible)

Limits per child: K-6: \$1625.00, 7-12: \$2500.00

<u>Sources</u>	<u>Dependent #</u>	<u>Amount</u>	<u>Dep #</u>	<u>Amount</u>	<u>Dep #</u>	<u>Amount</u>	<u>Dep #</u>	<u>Amount</u>
Private school tuition								
Required education materials								
Physical Ed clothing/shoes								
Musical instrument rental/purch.								
Music lessons/Performing Arts								
Tutoring								
After school academics/field trips								
Transportation								
Home computer hardware/software (maximum \$200 per family)								

Education Expenses Post Secondary

	<u>Institution Attended</u>	<u>Yr of College</u>	<u>Tuition + Fees Paid</u>	<u>Grants Recvd</u>
Taxpayer				
Spouse				
Dependent # _____				
Dependent # _____				
Student Loan Interest Paid				

Business Income & Expenses (Schedule C)

Owner of the business: Taxpayer Spouse
 Business Name: _____
 Business Address: _____
 City, State, Zip: _____
 Business Product or Service: _____
 Federal ID #: _____

Accounting Method:
 Cash
 Accrual

Income

Ending Inventory

Sales _____
 Other Income (Description) _____

 Total Income _____

\$ _____

Expenses

Advertising	Wages (W-2)	
Car & Truck Expenses	Payroll Taxes	
Parking Fees & Tolls	Employee Benefits	
Commissions & Fees	Pension/Profit-Sharing Plans	
Contract Labor (1099)	Sales Tax Expense	
Insurance	Property Tax Expense	
Mortgage Interest	Licenses	
Interest - Other	Travel	
Legal & Professional Services	Meals & Entertainment	
Office Expense	Building Rent	
Misc. Supplies	Utilities	
Misc. Repairs & Maintenance	Telephone	
Work Tools & Equipment	Cell Phone	
Tool Repair & Maintenance		
Equipment Rental		
Tool & Equipment Fuel		

Did you sell or purchase any equipment, vehicles, or furniture during the year? Yes No
 If yes, bring the purchase or sale paperwork with you.

Property Description	Purchase/Sales Price	Date Acquired/Sold

Vehicle Information:

Description of Vehicle: _____
 Date Put in Service: _____
 Miles Driven: _____ Business Miles _____ Total Miles

Description of Vehicle: _____
 Date Put in Service: _____
 Miles Driven: _____ Business Miles _____ Total Miles

Did you incur any expense for **business use of your home** during the year? Yes No

If yes, complete the following.

Total area of home _____ Business area of home _____

Mortgage Interest _____
 Real Estate Taxes _____
 Insurance _____
 Repairs & Maintenance _____
 Utilities _____
 Home Improvements _____

Rental Income & Expenses (Schedule E)

If the property was purchased or converted to rental use this year, provide purchase settlement with statement and county tax bill.

Type and Location of each rental property:

A	
B	
C	

	A	B	C
Rental Income			
Advertising			
Auto & Travel			
Cleaning & Maintenance			
Commissions			
Insurance			
Legal & Professional Fees			
Management Fees			
Mortgage Interest			
Other Interest			
Repairs			
Supplies			
Taxes			
Telephone			
Utilities			
Bad Debts			
Wages & Salaries			
Number of Days Used Personally			

Improvements & Replacements: (include furniture, appliances, carpet, drapes, major repairs or improvements)
Provide a list with description, date of purchase or completion, and cost for each item.

Vehicle Information:

Description of Vehicle:

Date Put in Service:

Miles Driven: Business Miles Total Miles

NOTES