

Tax Organizer

SECTION 1: Personal Information

TAX PAYER INFORMATION (Please print clearly)

Last Name _____ First Name _____ M.I. _____ SS# _____
 Occupation _____ Date of Birth _____
 Taxpayer E-mail Address _____
 Work Phone _____ Cell Phone _____ Home Phone _____
 Address _____
 City _____ State _____ Zip _____

SPOUSE INFORMATION

Last Name _____ First Name _____ M.I. _____ SS# _____
 Occupation _____ Date of Birth _____
 Spouse E-mail Address _____
 Work Phone _____ Cell Phone _____ Home Phone _____

FAMILY DEPENDENTS

Please list all persons who lived in your home and anyone living outside of your home that you supported during the year.

Name	Social Security No.	Birth Date	Relationship (Son, Daughter)	Months person lived with you during the year	Did you provide more than 50% support for person?

SECTION 2: Tax Return Checklist

- NEW CLIENTS ONLY: Copy of prior year Federal and State Income Tax Returns**
- W-2** (wages), **W-2G** (gambling winnings), **1099-INT** (interest), **1099-DIV** (dividends) **1099-R** (pensions and IRA distributions), Schedules K-1 from partnerships, S-corporations, estates and trusts. **1099-B** (proceeds from broker or barter transactions involving stocks and bonds. If any sales are reported, we will need dates purchased and cost basis).
- 1099-G** (state income tax refunds, unemployment). Please also make note of any taxable income where 1099s were not received, such as alimony.
- 1098** (mortgage interest), **1098-T** (school tuition)
- 5498-SA** (contributions to health savings accounts), **1099-SA** (distributions from health savings accounts)
- BUSINESS OWNERS: Business income and expenses** (attach summary)
- RENTAL PROPERTY OWNERS: Rental income and expenses** (attach summary)
- Schedule K-1s** from partnerships, estates and trusts, or S corporations

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FILING STATUS (check one)

- Single
- Married Filing Jointly
- Married Filing Separately
- Head of Household
- Qualified Widower / Surviving Spouse
(with dependent child)

INCOME

- Taxpayer-Wages from your job \$ _____
- Spouse-Wages from your job \$ _____
- Interest Income \$ _____
- Taxpayer-Social Security received \$ _____
- Spouse-Social Security received \$ _____
- Lottery / Prizes \$ _____
- Alimony received \$ _____
- Federal income tax refund (last year) \$ _____
- State income tax refund (last year) \$ _____

OTHER INCOME

- Unemployment \$ _____
- Interest Received \$ _____
- Sales of Assets \$ _____
- Gambling Winnings \$ _____
- Gambling Losses \$ _____
- Self Employment \$ _____
- Jury Duty Pay \$ _____
- Pensions or Annuities \$ _____
- Day Care Provider \$ _____
- Tips \$ _____
- Other (Name) \$ _____
- Other (Name) \$ _____

TAXES PAID

- Real estate taxes paid on your home \$ _____
- Auto Registration (all vehicles) \$ _____
- State taxes paid \$ _____
- Other taxes paid \$ _____

MEDICAL EXPENSES

- Prescriptions \$ _____
- Health Insurance Premiums \$ _____
- Doctors \$ _____
- Dentist \$ _____
- Hospital \$ _____
- Laboratory / X-Rays \$ _____
- Glasses & Eye Exams \$ _____
- Hearing Aids & Batteries \$ _____
- Long Term Care Insurance \$ _____
- Hearing Aids & Batteries \$ _____
- Prosthetic Appliances \$ _____
- Therapy \$ _____
- Insurance Reimbursements listed above .. \$ _____
- Other (Name) \$ _____
- Other (Name) \$ _____
- Lodging for medical purposes \$ _____
- Miles driven for medical \$ _____

CHARITABLE CONTRIBUTIONS

CASH CONTRIBUTIONS

- Church \$ _____
- Payroll deductions \$ _____
- Other (Name) \$ _____
- Other (Name) \$ _____
- Other (Name) \$ _____
- Contributions, non-receipted \$ _____

NON CASH-CONTRIBUTIONS

- Salvation Army / Goodwill Industries \$ _____
- Other (Name) \$ _____
- Other (Name) \$ _____
- Other (Name) \$ _____
- Miles driven for charity \$ _____

INTEREST PAID

- Mortgage interest paid on home \$ _____
- HELOC Interest paid on home \$ _____
- Student loan interest \$ _____
- Other interest paid \$ _____

OTHER DEDUCTIONS /CREDITS

- Union Dues \$ _____
- Dues-Professional organizations \$ _____
- Employment Agencies \$ _____
- Safety deposit box \$ _____
- Job tools and job supplies \$ _____
- Uniforms \$ _____
- Other (Name) \$ _____

MISCELLANEOUS

- Auto Expenses (Job use only) \$ _____
- Business Meals and Entertainment \$ _____
- Dues & Subscriptions (Trade Journals) \$ _____
- Educator Expenses \$ _____
- Employment Agency Fees \$ _____
- Income Tax Preparation \$ _____
- IRA or Keogh Plan Fees \$ _____
- Job Hunting Expenses \$ _____
- Mutual Fund Fees \$ _____
- Safe Deposit Box Fees \$ _____
- Safety Equipment \$ _____
- Small Tools (Estimated life 1 year or less) \$ _____
- Telephone (Job use only) \$ _____
- Travel (Excluding Meals & Entertainment) \$ _____
- Uniforms (Not General Wear) \$ _____
- Uniforms, Laundry & Cleaning \$ _____
- Union Dues & Professional Dues \$ _____
- Vocational Supplies \$ _____
- Other (Name) \$ _____

ADJUSTMENTS TO INCOME

- Alimony (Paid to) \$ _____
- Social Security Number \$ _____
- IRA Contributions / Penalty-early withdrawal \$ _____
- Child Care Expense (No. of Children _____) \$ _____
- Medical Savings Account \$ _____

PETER F. CORRAO, L.L.C.
BOOKKEEPING & TAX SERVICE



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Letter of Engagement

Thank you for choosing this office to prepare your tax return. This letter confirms the terms of my engagement with you and outlines the nature and extent of the services I will provide.

I will prepare your federal and state tax returns for the current tax year from the information you furnish to me. It is your responsibility to provide me with all the information required for the preparation of complete and accurate returns. I will not audit or otherwise verify the data you submit, although I may ask you to clarify some of it. You, therefore, specifically confirm to me that all items have been disclosed to me and that you have written records to support all items claimed (receipts, cancelled checks, diaries, log books, etc.).

Since the final responsibility for the completeness and accuracy of the returns is yours, you agree to review them carefully to fully acquaint yourself with all items contained therein to ensure that there are no omissions or misstatements, before you sign them.

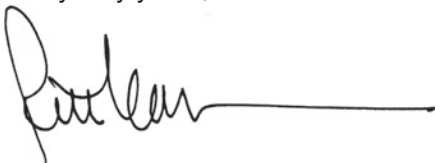
It is important for you to know that the law imposes a penalty if a taxpayer makes a substantial understatement of tax liability. You should also know that the IRS audit procedures will almost always include questions on deductions that require strict documentation such as travel and entertainment expenses, and business usage of autos and computers. In preparing your returns, I rely on your representations that I have been informed of all bartering transactions and that you understand and have complied with the documentation requirements for your expenses and deductions.

My fee for tax services is based on the number of forms prepared and the complexity of those forms. I expect to be paid in full upon the completion of the return. Any unpaid invoices over 90 days will be referred for collection.

Any material you furnish for use in preparing your returns will be returned to you at the completion of your returns. If the returns are examined by taxing authorities, requests may be made for supporting documentation. Therefore, I recommend that you retain all pertinent records for at least seven years.

If the tax services and terms outlined above are in accordance with your understanding of our engagement, please sign this letter in the space provided. I appreciate the opportunity to serve you. If you have any questions, need additional information, or if I can be of assistance in any way, please call me.

Very truly yours,



Peter F. Corrao

I (We) have submitted this information on my (our) tax organizer for the sole purpose of preparing my (our) tax return(s). Each item can be substantiated by receipts, cancelled checks, or other documents. This information is true, correct, and complete to the best of my (our) knowledge.

ACCEPTED BY:

By: _____ Date: _____
Taxpayer

By: _____ Date: _____
Spouse

Business Organizer

BUSINESS INFORMATION

Principal Business or Profession _____ Business Code _____
Business Name _____
Business Address _____
City _____ State _____ Zip _____

VEHICLE INFORMATION (used in your business)

VEHICLE #1:

Vehicle Make.....	_____	Is vehicle available when off duty?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Date Placed in Service.....	_____	Is another vehicle available?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Mileage January 1.....	_____	Do you have business use evidence?...	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Mileage December 31.....	_____	Is mileage evidence written?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Business Miles.....	_____			
Commuting Miles.....	_____			

VEHICLE #2:

Vehicle Make.....	_____	Is vehicle available when off duty?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Date Placed in Service.....	_____	Is another vehicle available?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Mileage January 1.....	_____	Do you have business use evidence?...	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Mileage December 31.....	_____	Is mileage evidence written?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Business Miles.....	_____			
Commuting Miles.....	_____			

INCOME

Gross Receipts or Sales\$ _____
Returns and Discounts.....\$ _____
Other Income\$ _____

EXPENSES

Advertising.....	\$ _____	Utilities.....	\$ _____
Car & Truck Expenses.....	\$ _____	Wages.....	\$ _____
Commissions & Fees.....	\$ _____		
Contract Labor.....	\$ _____	Other Expenses (list):	
Depletion.....	\$ _____	_____	\$ _____
Employee Benefit Programs.....	\$ _____	_____	\$ _____
Insurance (other than health).....	\$ _____	_____	\$ _____
Mortgage Interest (paid to banks).....	\$ _____	_____	\$ _____
Other Interest.....	\$ _____	_____	\$ _____
Legal & Professional Services.....	\$ _____	_____	\$ _____
Office Expense.....	\$ _____	_____	\$ _____
Pension & Profit Sharing Plans.....	\$ _____	_____	\$ _____
Rent/Lease (vehicles, equipment).....	\$ _____	_____	\$ _____
Rent/Lease (other business property).....	\$ _____	_____	\$ _____
Repairs & Maintenance.....	\$ _____	_____	\$ _____
Supplies.....	\$ _____	_____	\$ _____
Taxes & Licenses.....	\$ _____	_____	\$ _____
Travel.....	\$ _____	_____	\$ _____
Total Meals & Entertainment.....	\$ _____	_____	\$ _____

Rental Organizer

RENTAL INFORMATION

Property #1 Address _____
 City _____ State _____ Zip _____

Property #2 Address _____
 City _____ State _____ Zip _____

Property #3 Address _____
 City _____ State _____ Zip _____

VEHICLE INFORMATION (used for rental maintenance)

Vehicle Make/Model.....	_____	Available when off duty	<input type="checkbox"/> YES <input type="checkbox"/> NO
Date Placed in Service.....	_____	Another vehicle available.....	<input type="checkbox"/> YES <input type="checkbox"/> NO
Mileage January 1.....	_____	You have evidence.....	<input type="checkbox"/> YES <input type="checkbox"/> NO
Mileage December 31.....	_____	Is it written	<input type="checkbox"/> YES <input type="checkbox"/> NO
Business Miles	_____		
Commuting Miles	_____		

INCOME

	RENTAL 1	RENTAL 2	RENTAL 3
Rents Received (Attach 1099s) ...	\$ _____	\$ _____	\$ _____

EXPENSES

	RENTAL 1	RENTAL 2	RENTAL 3
Advertising Costs	\$ _____	\$ _____	\$ _____
Association Dues	\$ _____	\$ _____	\$ _____
Auto & Travel	\$ _____	\$ _____	\$ _____
Cleaning & Maintenance.....	\$ _____	\$ _____	\$ _____
Commissions.....	\$ _____	\$ _____	\$ _____
Gardening	\$ _____	\$ _____	\$ _____
Insurance	\$ _____	\$ _____	\$ _____
Legal & Professional Fees.....	\$ _____	\$ _____	\$ _____
Licenses & Permits	\$ _____	\$ _____	\$ _____
Management Fees	\$ _____	\$ _____	\$ _____
Miscellaneous	\$ _____	\$ _____	\$ _____
Mortgage Interest.....	\$ _____	\$ _____	\$ _____
Other Interest Paid.....	\$ _____	\$ _____	\$ _____
Painting & Decorating	\$ _____	\$ _____	\$ _____
Painting Supplies (brush, ladder)....	\$ _____	\$ _____	\$ _____
Pest Control	\$ _____	\$ _____	\$ _____
Property Taxes	\$ _____	\$ _____	\$ _____
Plumbing & Electrical.....	\$ _____	\$ _____	\$ _____
Repairs	\$ _____	\$ _____	\$ _____
Supplies	\$ _____	\$ _____	\$ _____
Cleaning Supplies	\$ _____	\$ _____	\$ _____
Tools.....	\$ _____	\$ _____	\$ _____
Telephone.....	\$ _____	\$ _____	\$ _____
Utilities.....	\$ _____	\$ _____	\$ _____
Wages & Salaries.....	\$ _____	\$ _____	\$ _____
Other	\$ _____	\$ _____	\$ _____
Other	\$ _____	\$ _____	\$ _____
Other	\$ _____	\$ _____	\$ _____