Date: _____

❑ e-approval & mail
❑ pick-up

Personal Tax Organizer for 2013 Tax Year™

➔ RETURNING CLIENTS need not provide info. that has remained unchanged, but everyone must fill in shaded areas ➔

Your Name _____
Date of Birth _____
SS# _____ Blind/Disabled? ❑
Job Title _____ **Employer** _____
Work # (____)_____-_____ **Work Fax #** (_____)_____-_____
Cell # (____)____-_____ **e-Mail** _____

Spouse's Name _____
Date of Birth _____
SS# _____ Blind/Disabled? ❑
Job Title _____ **Employer** _____
Work # (____)_____-_____ **Work Fax #** (_____)_____-_____
Cell # (____)____-_____ **e-Mail** _____

Home Address: _____ From_____To _____ **Home #** (____)____-_____
Mailing Address (if different from Home) _____
Landlord's Name, Address & Phone # (if you rent) _____

Marital Status: ❑Single ❑Married ❑Divorced ❑Widowed ❑Domestic Partner **Filing Status:** ❑Single ❑MFJ ❑MFS ❑HoH ❑Qual. Widow(er)
➔ Please provide Marriage License or RDP Certificate if same-sex couple ➔

Name(s) of Dependent(s)	Birthdate	Soc. Sec. # (*required*)	Relationship	# of Months in Home

1. Contribute $3 to **Presidential Campaign Fund**? ❑Yes ❑No
2. Voluntary contributions to **CA's special funds**? ❑Yes ❑No
3. E-deposit **Tax Refund** directly to: ❑Bank *[attach voided check]*
   ❑ Multiple Accts ❑IRA Account ❑Buy I-Bonds
4. **Child Care:** Name of Provider _____
   Provider's Address & Phone # _____
   Childcare benefits received from employer? ❑Yes ❑No
5. **Adoption Expenses?** $_____
6. **Household Help?** Salary Paid $_____
   Worker's Name & SSN: _____
   Employee ❑ Contractor ❑ Form I-9? ❑Yes ❑No
7. **Homebuyer's Credit:** Amt of federal credit in 2008 – 10 $ _____
   Amt of state credit claimed in 2010 $ _____
8. **Alimony** paid? ❑Yes ❑No Amount $_____
   Name & SS # of Recipient: _____
9. **Earn Inc Crdt:** Prvsly claim? ❑Y ❑N Prvsly disallw'd? ❑Y ❑N
10. **Educators (K – 12):** Amt of unreimbursed expenses? $_____
11. **College Exp:** Stdt Name: _____ Tuition: $_____
    Name of School _____ Yr in school _____
    Purpose _____ Req'd by Emplyr? ❑Yes ❑No
    Emplyr assist? ❑Y ❑N Schol'ship? ❑Y ❑N Amt $_____
12. **Gifts:** Did you gift >$14K (cash or other) to anyone? ❑Yes ❑No
13. **1099 Reporting:** Did you pay ≥$600 to someone? ❑Yes ❑No
14. **Sales/Use Tax:** Any out-of-state or internet purch? ❑Yes ❑No
15. **ID Theft:** Did IRS send you a letter or issue new #? ❑Yes ❑No
16. **Debt** cancelled or reduced? ❑Yes ❑No *[attach 1099-A,1099-C]*
17. Did you exchange goods or services for **barter**? ❑Yes ❑No
18. **Health Insurance**? ❑Yes ❑No Exempt? ❑Yes ❑No
19. Wish to allow **Preparer** to discuss return w/ IRS? ❑Yes ❑No

Retirement Plan Contributions & Withdrawals – Plan Type: ❑IRA ❑Spousal IRA ❑Roth IRA ❑SEP ❑KEOGH ❑TSA ❑Company

Amount Contributed.....$_____ Date of Contribution.....___/___/___ Amount Rolled Over.....$_____
Amount Withdrawn.....$_____ Date of Withdrawal.....___/___/___ Tax Withheld from Withdrawal.....$_____
ROTH Conversion? $_____ Date _____ Age 70½ in 2013? ❑Yes ❑No MRD taken in 2013? ❑Yes ❑No
IRA Value on 12/31/13: Yours $_____ Spouse's $_____ IRA established pre-'87 with different CA basis? ❑Yes ❑No

Income

(Please attach all W-2's, 1099's, K-1's, Year-end Statements, Trade Confirmations, Closing Escrow Statements, and other supporting documents)

Wages, Salaries *(attach W-2's)* $_____ Self-employment Inc. *(Expenses on p. 2)* (Bus. Description _____) $_____
Social Security *(attach SSA-1099)* $_____ Pension *(attach 1099-R)* $_____ Alimony (not Child Support) $_____
Disability Income $_____ Unemployment Comp. $_____ State Tax Ref'd *(attach 1099-G)* $_____

Rental Income *(Expenses on p. 2)* $_____ Was home rented for ≤ 14 days? ❑Yes ❑No # of days of personal use _____
Sale of 1º Resid. *(attach 1099-S)* $_____ Installment Sale Income $_____ Description & When _____
Seller-fin. Mortgage Interest $_____ Payor's Name, Address & SSN _____
Gambling, Lottery, or Jury Duty $_____ e-Bay or online Sales $_____ Other Inc.: _____ $_____

Dividends Rcv'd? ❑Yes ❑No Interest Earned? ❑Yes ❑No Tax-Free? ❑ Yes ❑ No Which State? _____

Securities &/or Propty Sold? ❑Yes ❑No *(Provide cost basis info.)* Worthless Securities? ❑Yes ❑No Gold, jewelry, coins, collectibles sold? ❑Yes ❑No

Inheritance Received? ❑Yes ❑No Description (& Amount) of Property Received _____

Foreign Earned Inc? ❑Yes ❑No Distribtn fr forgn trust? ❑Yes ❑No Auth over forgn acct? ❑Yes ❑No Forgn assets owned? ❑Yes ❑No

DEDUCTIONS

➔ Please use blank paper to provide addtl. info. or clarification. NEW CLIENTS must attach last year's tax returns ←

PERSONAL

(only if total over $ 6,100 if Single, $ 12,200 if Married Filing Joint)

Medical Expenses (only if over 10% of AGI; 7.5% if ≥ age 65)

Prescription Medication ..... $_____
Doctors, Hospitals & Clinics ..... $_____
Glasses, Orthodontics, Hearing Aids..... $_____
LT Care Insurance Premiums..... $_____
Travel/Transportation (# of miles)..... _____
Insur. Premiums (Self-employed? ☐Yes ☐No) ..... $_____
Insurance Reimbursements (if any)..... $_____
COBRA Subsidy received? ..... ☐Yes ☐No
HSA Participant? (*attach Forms 5498-SA and 1099-SA*)

Taxes

Real Estate Taxes..... $_____
Auto Registration (VLF only).....$_____
Other (paid to whom? _____) $_____

Interest Paid (*attach escrow stmts & Forms 1098*)

Mortgage Interest paid to bank..... $_____
Paid to individual (Name, Address, & SS #):
_____ $_____
Was home refinanced? ..... ☐Yes ☐No
Use of loan proceeds _____
Points Paid $_____ Term of Loan (# of yrs) _____
Investment Interest (Margin)..... $_____

Casualty Loss (Circle: Earthquake, Fire, Theft, Accident, Other)

Description of Property _____
Cost Basis of Property..... $_____
FMV of Property Before...$_____ After..... $_____
Insurance Reimbursement (if any)..... $_____

Charitable Contrib (*substantiating docs req'd for ALL donations*)

Cash..... $_____
Non-Cash Donations (i.e. Goodwill, Auto) ..... $_____
➔ *provide receipts and itemized list of items donated* ←
Amount of QCD transferred..... $_____
Charitable Miles..... $_____

Miscellaneous (only if over 2% of AGI)

Tax Preparation Fees..... $_____
Safety Deposit Box Rental..... $_____
Investment Subscriptions ..... $_____
IRA & SEP Fees..... $_____
Gambling Losses (only if receipts available)..... $_____

Moving Expenses (only if over 50 miles & for business purposes)

When? _____ Location of orig. home _____
Miles from OLD home to NEW work:..... _____
Miles from OLD home to OLD work: ..... _____
Cost of Shipping Household Effects ..... $_____
Travel & Lodging (not meals)..... $_____
Employer Reimb.? ☐Yes ☐No Amount $_____

ES Taxes Paid	Date	Fed. Amt.	State Amt.
'12 Refund applied to '12 Tax			
4th Qtr '12 paid to State in Jan '13			
1st Quarter '13			
2nd Quarter '13			
3rd Quarter '13			
4th Quarter '13			

*** Verify ES pymts w/ IRS (800) 829-1040 & FTB (800) 852-5711 or online***

BUSINESS

(Check appropriate box & use "A", "E" or "R" to identify expenses below.
Use separate sheet for each spouse or multiple activities)

Description of Activity: _____

☐Self-emplymt (S) ☐Unreimb Employee (E) ☐Rental Exp (R)

Advertising ..... $_____
Cleaning & Maintenance ..... $_____
Dues (union & association)..... $_____
Education (tuition & books) ..... $_____
Fees Paid (legal & professional)..... $_____
Insurance Premiums (business & liability) ..... $_____
Interest Expense on Business Loans ..... $_____
Licenses..... $_____
Office Rent..... $_____
Office Supplies..... $_____
Postage & Freight ..... $_____
Publications & Subscriptions ..... $_____
Repairs..... $_____
Supplies ..... $_____
Taxes Paid (business property) ..... $_____
Telephone ..... $_____
Travel & Lodging ..... $_____
Utilities ..... $_____
Other (please list _____) .... $_____

Equipment Purchases (*attach receipts & indicate if new or used*)

Description of Item: _____
Date of Purchase *(required)*: _____
Amount Paid ..... $_____ ☐ New ☐ Used
Description of Item: _____
Date of Purchase *(required)*: _____
Amount Paid ..... $_____ ☐ New ☐ Used

Automobile Expenses *(if used for business or rental)*

Year & Make of Car..... _____
Year Placed into Service ..... _____
Business Miles _____ Commute Miles _____
Personal Miles _____ Total Miles_____
Actual Expenses (gas, insur., repairs) ..... $_____
Is a written log available? ☐Yes ☐No

Meals & Entertainment

Cost ..... $_____
Receipts? ☐Yes ☐No Business Purp.? ☐Yes ☐No

Office in Home *(used exclusively for business)*

Value of Property (*attach Property Tax Bill*)..... _____
Total Square Feet of Home ..... _____
Square Feet of Office Area..... _____
Utilities ..... $_____
Photo avail.? ☐Yes ☐No Anthr office avail.? ☐Yes ☐No
Elect to use Safe Harbor Rule? ☐Yes ☐No

➔ Client asserts, to the best of his knowledge, that the information provided herein is correct and includes all items of income and deductions for which supporting documentation is available, even if not specifically requested on Organizer.

Client Signature: _____ **Date:** _____

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