

2009 1040 Tax Organizer

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This organizer will assist you in gathering information necessary for the preparation of your 2009 tax return. Please enter all pertinent 2009 information and return to our office. Be sure to attach important tax documents.

CLIENT INFORMATION

Single
 Married filing joint
 Married filing separate
 Widow(er)
 Head of household
 Filing separate and lived with spouse
 Year spouse died _____

	Taxpayer	Spouse
First name and initial		
Last name		
Title/suffix		
Social security number		
Occupation		
Date of birth (m/d/y)		
Date of death (m/d/y)		
Blind?		
Home phone		
Work phone		
Cell phone		
E-mail address		
Physical Address	Street address	
	City, State, Zip	
Mailing Address	Street address	
	City, State, Zip	

REFUND

Apply refund to next year (DEFAULT)
 Direct Deposit refund into my bank account

BANK INFORMATION

Name of Bank	Routing Number	Accounting Number	Checking	Savings

DEPENDENTS

Type of Dependent

1) Child living with taxpayer, 2) Child not living with taxpayer, 3) Dependent other than child

Earned Income Credit

1) Student age 19-23, 2) Disabled age 19 or older

	Dependent 1	Dependent 2
First name		
Last name		
Date of birth (m/d/y)		
Social security number		
Relationship		
Months lived with taxpayer in 2009		
Type of dependent (see above)		
Earned income credit (see above)		
Divorce agreement particulars		

	Dependent 3	Dependent 4
First name		
Last name		
Date of birth (m/d/y)		
Social security number		
Relationship		
Months lived with taxpayer in 2009		
Type of dependent (see above)		
Earned income credit (see above)		
Divorce agreement particulars		

	Dependent 5	Dependent 6
First name		
Last name		
Date of birth (m/d/y)		
Social security number		
Relationship		
Months lived with taxpayer in 2009		
Type of dependent (see above)		
Earned income credit (see above)		
Divorce agreement particulars		

DEPENDENT CARE

1st Child

2nd Child

Child	_____	_____
Name of organization	_____	_____
Address	_____	_____
EIN or SSN	_____	_____
Total amount paid in 2009	_____	_____

Please enter all pertinent 2009 information. Attach all government forms.

WAGES, SALARIES AND TIPS

Attach Forms W-2	Employer Name:		Amount
		_____	_____
		_____	_____
		_____	_____
		_____	_____

INTEREST INCOME

Attach Forms 1099-INT	Payer Name:		
		_____	_____
		_____	_____
		_____	_____
		_____	_____

DIVIDEND INCOME

Attach Forms 1099-DIV	Payer Name:		
		_____	_____
		_____	_____
		_____	_____
		_____	_____

PENSION, IRA, AND GAMBLING INCOME

Attach Forms 1099-R & W-2G	Payer Name:		
		_____	_____
		_____	_____
		_____	_____
		_____	_____
	Total gambling losses	_____	_____

PENSION, IRA, AND GAMBLING INCOME

Attach Forms 1099	<input type="checkbox"/>	Form 1099-B... Sales of stock (also include purchase date and price)	_____
	<input type="checkbox"/>	Form 1099-MISC... Miscellaneous income	_____
	<input type="checkbox"/>	Form 1099-MISC... Miscellaneous income	_____
	<input type="checkbox"/>	Form 1099-S... Sales of real estate (also include closing statements)	_____
	<input type="checkbox"/>	Form 1099-G... State tax refunds	_____
	<input type="checkbox"/>	_____	_____
	Taxpayer:		
	<input type="checkbox"/>	Form SSA-1099... Social security benefits	_____
	<input type="checkbox"/>	Form 1099-G... Unemployment compensation	_____
	Spouse:		
<input type="checkbox"/>	Form SSA-1099... Social security benefits	_____	
<input type="checkbox"/>	Form 1099-G... Unemployment compensation	_____	

Taxpayer Alimony received _____

Spouse Alimony received _____

INTEREST PAID

Amount

Home mortgage interest and points paid:

Attach Forms 1098

Mortgage insurance premiums on POST 12/31/06 contracts

Investment interest (interest on margin accounts)

Passive interest

MISCELLANEOUS DEDUCTIONS

Union and professional dues

Tax return preparation fee for 2007 Form 1040

Safe deposit box rental

Investment expense

Unreimbursed employee expenses

Gambling losses to extent of winnings

Loss on total distribution of a nondeductible IRA

Other state recognized deductions:

CASH CONTRIBUTIONS

Done

Amount

Done

Amount

Volunteer expenses (out-of-pocket)

Number of charitable miles

NON-CASH CONTRIBUTIONS

How Property was Acquired

1) Purchase, 2) Gift, 3) Inheritance, 4) Exchange

Method Used to Determine FMV

1) Appraisal, 2) Thrift shop value, 3) Catalog, 4) Comparable sales, (for other methods see IRS Pub. 561)

	Number 1	Number 2
Charitable organization		
Address		
Property description		
Date donated (m/d/y)		
Date acquired (m/d/y)		
How acquired?		
Donor's cost/basis		
Fair Market Value		
Method used to determine FMV		

	Number 3	Number 4
Charitable organization		
Address		
Property description		
Date donated (m/d/y)		
Date acquired (m/d/y)		
How acquired?		
Donor's cost/basis		
Fair Market Value		
Method used to determine FMV		

	Number 3	Number 4
Charitable organization		
Address		
Property description		
Date donated (m/d/y)		
Date acquired (m/d/y)		
How acquired?		
Donor's cost/basis		
Fair Market Value		
Method used to determine FMV		