

2009 CLIENT TAX ORGANIZER

1. Personal Information *(you do not need to fill out SSN or DOB if we prepared your return last year)*

	Name	Soc. Sec. No.	Date of Birth	Occupation	Cell Phone
Taxpayer					
Spouse					
Email		Home Phone		Work Phone	
Street Address <i>(if no change from last year's return, write "SAME" for all address items)</i>					
City	State	Zip	City/Village/Town	County	School District

	<u>Taxpayer</u>		<u>Spouse</u>		<u>Marital Status</u>
Legally Blind?	Yes No	Yes No	Yes No	Married	Head of Household
Disabled?	Yes No	Yes No	Yes No	Single	Date of Divorce _____ <i>(if divorced in 2009 or later)</i>
\$3 to Presidential Campaign Fund?	Yes No	Yes No	Yes No	Widow(er)	
\$1 to State Campaign Fund?	Yes No	Yes No	Yes No	Date of Spouse's Death _____ <i>(if deceased in 2009 or later)</i>	

Wisconsin Donations: Endangered Resources _____ Packers _____ Breast Cancer _____ Veterans _____
 Multiple Sclerosis _____ Firefighters _____ Prostate Cancer _____ Military Family _____ Second Harvest _____
****your WI tax refund or amount due will change by the amount donated****

2. Dependents *(if you claimed the dependent last year you do not need to fill out the DOB or SSN)*

Not claiming as dependent	Name (First, Last)	Date of Birth	Social Security Number	Relationship	No. Months Lived with You in 2009	Fulltime Student? (over 5 mos)	Gross Income	Disabled?
						yes/no	\$	
						yes/no	\$	
						yes/no	\$	
						yes/no	\$	
						yes/no	\$	

Please provide all tax statements (W-2s, 1099s, 1098s, K-1s, SSAs, etc.) and property tax bills.

1. If you have a refund do you want it deposited directly into your bank account? Yes No
 Bank _____ Savings _____ Checking _____
 Routing No. _____ Account No. _____
 Is this the same bank account your refund was deposited in last year? SAME Account NEW Account
2. May we discuss this return with the IRS and WI on your behalf in the event they contact you? Yes No

Qualified costs (**manufacturer's certification required**) to improve the energy efficiency of your existing main home:

Insulation	\$ _____	Central A/C & Natural Gas/Propane/Oil Water Heater	\$ _____
Exterior Windows/Skylights	\$ _____	Electric Heat Pump Water Heater	\$ _____
Exterior Doors	\$ _____	Natural Gas/Propane/Oil Furnace or Hot Water Boiler	\$ _____
Metal or Asphalt Roofs	\$ _____	Main Air Circulating Fan for Natural Gas/Propane/Oil Furnace	\$ _____
Biomass Stove	\$ _____	Geo-Thermal Heat Pump	\$ _____

3. Wages, Salary Income

Provide W-2s ****only list payers not reported on your provided W2s****

Employer	Wages	Taxpayer	Spouse
	\$		
	\$		
	\$		

4. Interest Income

Provide 1099-INTs

****only list payers not reported on your provided 1099-INTs****

Payer	Amount
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$

During 2009, did you have an interest, signature or other authority over a **financial account in a foreign country**, such as a bank, securities or other financial account? Yes No
 If marked "Yes" you must provide details and possibly report to IRS.

5. Dividend Income

From Mutual Funds & Stocks / Provide 1099-DIVs

****only list payers not reported on your provided 1099-DIVs****

Payer	Amount
	\$
	\$
	\$
	\$

6. Partnership, S-Corp, Trust Income

Provide K-1s

During 2009, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? Yes No
 If marked "Yes" you must provide details and possibly report to IRS.

7. Investments Sold

Stocks, Bonds, Mutual Funds, Partnership interests

Provide 1099-Bs and Gain/Loss Schedules

****only list sales not reported on your provided 1099-Bs and gain/loss schedules****

No. of Shares	Description of Investment	Date Acquired	Date Sold	Sale Price	Cost
		/ /	/ /	\$	\$
		/ /	/ /	\$	\$

8. Property Sold

Provide 1099-S and Closing Statements

Property	Date Acquired	Cost & Improv
Personal Residence	/ /	\$
Cabin/Land	/ /	\$
Other	/ /	\$
	/ /	\$

9. IRA (Individual Retirement Account)

Contributions for Tax Year 2009

	Type (Roth or Traditional)	Amount	Date
Taxpayer		\$	/ /
Spouse		\$	/ /

Amounts Withdrawn / Provide 1099-Rs

****only list payers not reported on your provided 1099-Rs****

Payer	Amount	Rollover/Reinvested?
	\$	Yes No
	\$	Yes No

10. Pension, Annuity and Railroad Retirement Income

Provide 1099-Rs and RRB 1099s

****only list payers not reported on your provided 1099-Rs****

Payer	Amount
	\$
	\$

11. Social Security Income Benefits

Provide SSAs

	Gross Amount	Medicare Withheld
Taxpayer	\$	\$
Spouse	\$	\$

12. Other Income

List all Other Income (including Non-Taxable)

Alimony Received \$ _____

Unemployment (**Provide 1099-Gs**) \$ _____

Gambling Winnings (**Provide W-2Gs**) \$ _____

Gambling Losses (\$ _____)

Jury Duty \$ _____

Payments from Prior Installment Sales \$ _____

Other _____ \$ _____

Other _____ \$ _____

Homestead Credit Claims only:

Child Support/Maint Pymts (court ordered) \$ _____

WI Works (W2) Payments \$ _____

13. Medical and Dental Expenses

Is your entire family covered by a health insurance plan through you or your spouse's work? Yes No

***DO NOT INCLUDE insurance or medical/dental expenses already deducted PRE-TAX from your paycheck by your employer through a FLEX PLAN or paid from your HSA (Health Savings Account).**

Medical and Dental Expenses \$ _____

Other _____ \$ _____

Other _____ \$ _____

Medical Insurance Premiums (taxpayer) \$ _____

Medical Insurance Premiums (spouse) \$ _____

Medicare (taxpayer) \$ _____

Medicare (spouse) \$ _____

Long-Term Care Insurance (taxpayer) \$ _____

Long-Term Care Insurance (spouse) \$ _____

Prescription Drugs \$ _____

Medical Mileage _____ x .24 = \$ _____

14. Health Savings Account

Were all distributions from your HSA account used for only qualified medical expenses? Yes No

Your High Deductible Health Plan covers (for HSA only):

Self-only Family

2009 HSA Contributions You paid \$ _____

2009 HSA Contributions your Employer paid \$ _____

Annual Deductible for your Health Plan \$ _____

Provide 1099-SAs and your HSA account statements.

15. Taxes Paid

Provide Property Tax Bills/Receipts paid in 2009

Real Estate Taxes on Personal Residence \$ _____

Other Real Estate Taxes _____ \$ _____

Other Real Estate Taxes _____ \$ _____

Sales Tax Paid on Autos/Boats/Etc.* \$ _____

**provide a copy of the purchase agreements showing sales tax paid*

16. Interest Expense

Provide 1098s

Mortgage Interest paid \$ _____

Home Equity Loan Interest paid \$ _____

Interest paid to an individual for your home or interest paid on a motor home \$ _____

Paid to: Name _____

Address _____

City, State, Zip _____

EIN# or Soc Sec # _____

Investment Interest Expense \$ _____

17. Charitable Contributions

Church \$ _____

United Way, Heart, Lung, Cancer, Etc. \$ _____

Other _____ \$ _____

Other _____ \$ _____

Other _____ \$ _____

Other _____ \$ _____

Non-Cash Donations:

Charity _____ Items _____

Date _____ Orig. Cost \$ _____ Value \$ _____

Volunteer Mileage _____ x .14 = \$ _____

Other Volunteer Expenses paid by you \$ _____

18. Job-Related Moving Expenses

Date of Move _____

Miles from old home to new workplace _____

Miles from old home to old workplace _____

Expenses: Move Household Goods \$ _____

Lodging During Move \$ _____

Mileage to New Home _____ x .24 = \$ _____

19. Employment-Related Expenses that you paid

Dues - Union, Professional \$ _____

Books, Subscriptions, Supplies \$ _____

Licenses \$ _____

Tools, Equipment, Safety Equipment \$ _____

Uniforms (including cleaning) \$ _____

Meals & Entertainment \$ _____

Other _____ \$ _____

Other _____ \$ _____

Office in Home (used regularly and exclusively for business):

In Square a) Total home _____

Feet b) Office _____

c) Storage _____

Insurance \$ _____ Repairs & Maint. \$ _____

Rent \$ _____ Utilities \$ _____

20. Child & Other Dependent Care Expenses

Child's Name	Name of Care Provider	Address	Soc Sec # or Employer ID#	Amount Paid
				\$
				\$
				\$

Also complete this section if you receive dependent care benefits from your employer.

21. Business Travel

If you are not reimbursed for the exact amount, give total expenses.

Truckers/Days Overnight 1/1-9/30 _____ x 52 = \$ _____
 Truckers/Days Overnight 10/1-12/31 _____ x 59 = \$ _____
 Others/Days Overnight 1/1-9/30 _____ x 39 = \$ _____
 Others/Days Overnight 10/1-12/31 _____ x 46 = \$ _____
 Airfare, Train, Car, Taxi, etc. \$ _____
 Lodging \$ _____
 Meals & Entertainment \$ _____
 Other _____ \$ _____
 Amount reimbursed/paid by Employer-Meals (\$ _____)
 Amount reimbursed/paid by Employer-Other (\$ _____)

22. Business Mileage

Are you claiming business mileage as an employee or self-employed? Employee _____ Self-employed _____
 Do you (or your spouse) have another vehicle available for personal use? Yes _____ No _____
 Do you have written records? Yes _____ No _____
 Make/Year Vehicle _____
 Date Purchased _____
 Personal miles _____
 Commuting miles _____
 Business miles _____ X .55 = \$ _____
 Total miles (bus/pers) _____
 Amount reimbursed/paid by Employer (\$ _____)
 Interest paid on Vehicle (self-employed only) \$ _____
 Gas, Oil, Lubrication (if not using mileage) \$ _____
 Batteries, Tires, etc. (if not using mileage) \$ _____
 Repairs (if not using mileage) \$ _____
 Insurance (if not using mileage) \$ _____
 Lease Payments (if not using mileage) \$ _____
 Other _____ \$ _____

23. Miscellaneous Itemized Deductions

Tax Preparation Fee (not listed elsewhere) \$ _____
 Safe Deposit Box Rental \$ _____
 Investment Expenses \$ _____
 Other _____ \$ _____
 Other _____ \$ _____

24. Estimated Taxes Paid for Tax Year 2009

DO NOT include 2008 estimated tax payments paid in 2009

DO include 2009 estimated tax payments paid in 2009 & 2010

Date Paid	Federal	Date Paid	State
/ /	\$	/ /	\$
/ /	\$	/ /	\$
/ /	\$	/ /	\$
/ /	\$	/ /	\$

25. Other Deductions and Credits

2009 Rent Paid _____ Heat included? Yes _____ No _____
 Teacher (900 hrs) Unreimbursed Expenses \$ _____
 Student Loan Interest (**Provide 1098-Es**) \$ _____
 SEP, Simple IRA Contributions (circle) \$ _____
 Alimony (not child support) paid to _____
 Social Security No. _____ Amount \$ _____

College/Technical School Expenses (Provide 1098-Ts):

**provide the following information separately for each student*

Student's Name _____
 Classification (Fr/So/Jr/Sr): Spring _____ Fall _____
 Tuition and required fees \$ _____
 Books, supplies and equipment \$ _____
 Room and board \$ _____
 Scholarships and grants (\$ _____)
 WI Edvest Contributions (provide stmts) \$ _____
 Edvest/529 Withdrawals (**Provide 1099-Qs**) \$ _____

26. Questions & Other Information

 To the very best of my knowledge the provided information is correct and includes all income, deductions, and other information necessary for the preparation of this year's income tax returns for which I have adequate records.

Signature _____ Date _____

Signature _____ Date _____

Business Income & Expenses

Business Name _____
 Type of Business _____

Business Address _____
 Business is owned by: _____ Taxpayer _____ Spouse _____

Gross Receipts or Sales \$ _____
 mark if the above amount includes all 1099-MISCs received _____
 mark if the above amount includes sales tax collected _____
 Returns and Allowances \$ _____
 Cost of Goods Sold: _____
 Purchases (less cost of items withdrawn for personal) \$ _____
 Cost of Labor (do not include amounts paid to you) \$ _____
 Materials and Supplies \$ _____
 Other Costs _____ \$ _____
 Year End Inventory at 12/31/2009 (at cost) \$ _____
 Other Income _____ \$ _____
 Advertising \$ _____
 Commissions and Fees \$ _____
 Contract Labor 1099s? \$ _____
 Employee Benefits (health ins, medical, etc) \$ _____
 Insurance (not health/life/auto) \$ _____
 Mortgage Interest (Form 1098 or 1099) \$ _____
 Other Interest Expense 1099s? \$ _____
 Legal and Professional Services \$ _____
 Tax Preparation \$ _____

Office Expense \$ _____
 Rent/Lease-Vehicle/Mach/Equip 1099s? \$ _____
 Rent/Lease-Other Property 1099s? \$ _____
 Repairs and Maintenance \$ _____
 Supplies \$ _____
 Sales Tax \$ _____
 Payroll Taxes \$ _____
Provide Property Tax Bills/Receipts paid in 2009
 Property Taxes \$ _____
 Travel \$ _____
 Meals and Entertainment \$ _____
 Utilities \$ _____
 Telephone \$ _____
 Wages (Form W-2 issued) \$ _____
 Other Expenses: _____ \$ _____
 _____ \$ _____
 _____ \$ _____
 _____ \$ _____

**please fill out page 4, section 22
 for auto expenses and business mileage*

Business Property and Equipment Purchased:

New or Used?	Description	Date Purchased	Cost
N / U		/ /	\$
N / U		/ /	\$
N / U		/ /	\$
N / U		/ /	\$
N / U		/ /	\$

Business Property and Equipment Sold/Disposed of:

Description	Date Sold/Disp	Sales Price
	/ /	\$
	/ /	\$
	/ /	\$
	/ /	\$
	/ /	\$

Did you trade in anything on the equipment you purchased? Yes No if yes, provide purchase agreements.

Rental Income and Expenses

Property Address _____
 Rents Received \$ _____
 Advertising \$ _____
 Cleaning and Maintenance \$ _____
 Insurance (not health/life/auto) \$ _____
 Legal and other Professional Fees \$ _____
 Management Fees \$ _____
 Mortgage Interest (Form 1098 or 1099) \$ _____
 Other Interest 1099s? \$ _____
 Repairs \$ _____
 Supplies \$ _____
 Property Taxes \$ _____

Provide Property Tax Bills/Receipts paid in 2009
 Utilities \$ _____
 Business Miles _____ x .55 = \$ _____
 Other Expenses: _____ \$ _____
 _____ \$ _____

Rental Improvements and Equipment Purchased:

New or Used?	Description	Date Purchased	Cost
N / U		/ /	\$
N / U		/ /	\$
N / U		/ /	\$
N / U		/ /	\$

Farm Income and Expenses

FARM INCOME: Farm is owned by: Taxpayer Spouse

Sales of Livestock, Machinery, Equipment and Other Items You Purchased (attach separate sheet if needed):

Asset#	Description	Date Purchased	Date Sold	Sales Price	Cost
		/ /	/ /	\$	\$
		/ /	/ /	\$	\$
		/ /	/ /	\$	\$

Sales of Livestock, Produce, Grains, and Other Products You Raised:

Gross Milk - Farmer's share	\$	Cows	\$
Gross Milk - Employee share (if appl)	\$	Heifers 2 yrs or older	\$
Grain, Hay, Corn, Etc.	\$	Bulls 2 yrs or older	\$
Steers/Calves	\$	Other	\$

Other Income Items:

Patronage Dividends Provide 1099-PATR	\$	Custom Hire (Machine Work) Income	\$
Government Payments Provide 1099-G	\$	mark if the above amount includes all 1099-MISCs received	
Crop Insurance Proceeds Provide 1099	\$	Federal/State gas/fuel tax credit/refund	\$
		Other Income	\$

FARM EXPENSES:

Gallons of gasoline used for farming purposes (do not include vehicles) _____

Chemicals	\$	Payroll Taxes	\$
Custom Hire (Machine Work) 1099s?	\$	Property Taxes	\$
Employee Benefits (health ins, medical, etc)	\$	Provide property tax bills/receipts for 2008 and 2009	
Feed Purchased	\$	Utilities	\$
Fertilizers and Lime	\$	Telephone	\$
Freight, Trucking and Hauling	\$	Veterinary, Breeding and Medicine	\$
Gas, Fuel & Oil (not used in vehicles)	\$	Truck Fuel	\$
Insurance (not health/auto/life)	\$	Other Truck Exp	\$
Crop Insurance	\$	Miscellaneous Help 1099s?	\$
Mortgage Interest (Form 1098 or 1099)	\$	Federal & State Promotions	\$
Other Interest 1099s?	\$	Capital Retains	\$
Wages and Labor (Form W-2 issued)	\$	Car Business Miles _____ x .55 =	\$
Rent/Lease-Vehicles/Machinery/Equip	\$	Tax Preparation	\$
Rent/Lease-Other/Land/Animals 1099s?	\$	Less Personal Consumption	(\$)
Repairs and Maintenance	\$	Other Expenses: _____	\$
Seeds and Plants Purchased	\$		\$
Storage and Warehousing	\$		\$
Supplies Purchased	\$		\$

Farm Machinery, Equipment, Building Improvements and Livestock Purchased (attach separate sheet if needed):

office use only DLFIC?	New or Used?	Description of Item Purchased	Date Purchased	Total Cost	Description of Trade-In (if any) and Depr. Asset #	Cash Paid to Boot
	N / U		/ /	\$		\$
	N / U		/ /	\$		\$
	N / U		/ /	\$		\$
	N / U		/ /	\$		\$
	N / U		/ /	\$		\$
	N / U		/ /	\$		\$
	N / U		/ /	\$		\$
	N / U		/ /	\$		\$

If you traded in anything on the items you purchased, please provide the purchase agreements.