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INCOME TAX DATA ORGANIZER

Please complete this Data Organizer and include it with your INCOME TAX information. Include deductions and bills that you actually paid during the tax year. Remember to keep receipts and cancelled checks claimed by you as deductions for a period of at least three years to comply with Federal and State tax and audit regulations. As an *Enrolled Agent – a federally licensed tax professional* – my office will strive to gather the most information possible in order to prepare an accurate tax return.

If we may be of assistance to you in preparing this form, please contact us.

PERSONAL INFORMATION

Name	SS #	Birthdate	Occupation		Work Phone
Street Address/City	School District	County	State	Zip	Home Phone

Pres. Campaign (\$3)	Taxpayer ___ Yes ___ No	Spouse ___ Yes ___ No	Marital Status ___ Single
Blind	___ Yes ___ No	___ Yes ___ No	___ Married File Joint
Claimed as dependent on another return	___ Yes ___ No	___ Yes ___ No	___ Married File Sep

DEPENDENT CHILDREN

Name	SS #	Birth date	Relationship

OTHER DEPENDENTS

Name	Relationship	Support by you	Support by others	Months in home	Dep. gross inc
		\$	\$		\$
		\$	\$		\$
		\$	\$		\$

ESTIMATED TAX PAYMENTS

	01/15/10		04/15/10		06/15/10		09/15/10		01/15/11	
	Date	Amt	Date	Amt	Date	Amt	Date	Amt	Date	Amt
Federal										
State										
Local										

Prior Year Balance Due: Federal \$ _____ State \$ _____ Local \$ _____

Prior Year Refund: Federal \$ _____ State \$ _____ Local \$ _____

Schedule A – Itemized Deductions:

MEDICAL/DENTAL EXPENSES

Medical Ins./Long Term Care Ins _____
Prescription Drugs & Insulin _____
Doctor, Dentist, Orthodontist, Etc. _____
Eyeglasses, Hearing Aids & Batteries _____
Hospitals & Ambulance _____
Nursing Care & Medical Therapy _____
Auto Mileage (No. of Miles) _____
Other Medical Travel Expense _____
Other Medical Expenses _____
Ins. Reimbursement Received _____

REAL ESTATE & PERSONAL TAXES

School District Property Taxes – Home _____
School District Prop Taxes- Vacation Home _____
County Property Taxes – Home _____
County Property Taxes – Vacation Home _____
Other Property Taxes _____
Occupation Tax - Taxpayer _____
Occupation Tax – Spouse _____
Other Personal Taxes _____
Occ. Privilege _____
Sales Taxes Paid – Actual _____
Sales Taxes Paid – Big Ticket Items _____

INTEREST EXPENSE

Mortgage Interest Paid (Attach 1098) _____
Home Equity Loan Interest Paid _____
Interest paid to individual for you home _____
Paid To:
Name _____
Address _____
Social Sec. No _____
Investment Interest _____
Student Loan Interest _____

CHARITABLE CONTRIBUTIONS

(List name of donee for cash amounts over \$3000 or non-cash amounts over \$500)
Church _____
United Way, Heart, Lung, Etc. _____
Other _____
Non-Cash (Fair Market Value) _____
Charitable Auto Miles (No. of Miles) _____

EMPLOYMENT RELATED EXPENSES YOU PAID (NOT SELF-EMPLOYED)

Enter Amounts for which you were not reimbursed:
Dues – Professional, Union _____
Books, Subscriptions, Supplies _____
Tools, Equipment, Safety Equipment _____
Uniforms (include cleaning) _____
Meals & Entertainment _____
Other _____

BUSINESS TRAVEL (NOT SELF-EMPLOYED)

If you were not reimbursed by employer for exact amount give total expenses.

Airfare, Train, Etc. _____
Lodging _____
Taxi, Car Rental _____
Meals (No. of Days____) _____
Other _____
Reimbursement by Employer _____

VEHICLE BUSINESS MILEAGE

Do you have written records? ___ Yes ___ No

Make/Year Vehicle _____

Date Purchased _____

Total Miles (personal & business) _____

Business Miles (Not commuting) _____

Round Trip Commuting Miles for year _____

Interest _____

Lease Payments _____

Parking & Tolls _____

If you keep records for "actual" expenses, give total for Gas, Oil, Repairs, etc. _____

HOME-OFFICE EXPENSES

Total Sq. Ft. of Home _____

Sq. Ft. Used for Business _____

Rent _____

Insurance _____

Maintenance, i.e. lawn care, paint, etc. _____

Repairs – Business Portion _____

Utilities _____

If you have not previously provided:

Purchase Price of Home & Improv. _____

Date of Purchase _____

INVESTMENT – RELATED EXPENSES

Tax Preparation Fee _____

Safe Deposit Box Rental _____

Mutual Fund Fees _____

IRA Maintenance Fees – Paid by You _____

Investment Counselor _____

Penalty for Early Withdraw From Savings _____

CHILD-CARE EXPENSES

Name of Provider _____

Address _____

Soc. Sec. No. or EIN _____

Name of Child Cared For: _____

Amount _____

Name of Provider _____

Address _____

Soc. Sec. No. or EIN _____

Name of Child Cared For: _____

Amount _____

Reimbursement Under Employer Plan _____

RENTAL INCOME

OTHER INCOME

Description & Address of Property	Property 1	Property 2	Property 3	List All Other Income	Amount
INCOME	\$	\$	\$	Unemployment	\$
Gross Rents				State/Local Tax Ref	
EXPENSES				Lottery/Gambling Winnings	
Advertising				Commissions	
Auto & Travel				Unreported Tips	
Cleaning & Maint				Director's Fees	
Comms & Fees				Executor's Fees	
Insurance				Prizes, Bonuses, Awards	
Legal/Prof				Alimony Received	
Mortgage Int.				Child Support Received	
Other Interest				Farming (Attach Detail)	
Repairs				Installment Sale Payments	
Supplies				Jury Duty	
Taxes				Scholarships & Fellowships	
Utilities				Worker's Compensation	
Improvements				Disability Income	
Other (Identify)				Royalties	
				Other	
				Other	

SCH C INCOME

SCH C INCOME

Gross Receipts	\$	Gross Receipts	\$
EXPENSES		EXPENSES	
Advertising		Advertising	
Auto & Travel	See page 3	Auto & Travel	See page 3
Cleaning & Maint		Cleaning & Maint	
Comms & Fees		Comms & Fees	
Depreciation		Depreciation	
Empl Bene Prog		Empl Bene Prog	
Insurance		Insurance	
Legal/Prof		Legal/Prof	
Mortgage Int.		Mortgage Int.	
Other Interest		Other Interest	
Office Expense		Office Expense	
Rent		Rent	
Repairs, Maint		Repairs, Maint	
Supplies		Supplies	
Taxes & Licenses		Taxes & Licenses	
Utilities		Utilities	
Wages		Wages	
Other (Identify)		Other (Identify)	

