Tax Deduction Locator & IRS Trouble Minimizer

Department of the Treasury

U.S. Individual Income Tax Return

Internal Revenue Service

# SAVE TIME - READ THIS FIRST

Filing Status

Election Campaign

This organizer is designed to assist and remind you of information that is needed to prepare your tax return. The goal is not to overlook anything so you can maximize your legal deductions, comply with government reporting requirements, and avoid problems with the IRS after the return is filed.

1040

Label

Taxes are complicated and the rules change constantly. This organizer was designed specifically for the 2013 tax year and certain items may not apply to other years. Although care has been taken to accommodate most taxpayers' needs, please note questions that are related to issues not included here under "Questions You May Have" in Section D5.

Section Categories - To help you collect your information quickly, this organizer is organized into four general areas. Information required from:

- everyone Sections A1 A13 (Pages 2 & 3)
- those who have relocated, sold their home, made home energy improvements or have debt relief income - Sections D1 - D4 (Page 4)

The instructions provided in the header of each section will help you determine if you are required to complete the information in that section. Before proceeding, please take a moment to review the purpose of the SPECIAL MARKERS used throughout this organizer.



Your tax information from the prior year is automatically transferred to this year's tax return. Therefore, not all taxpayer data and contact info needs to be recorded. The marker signifies that returning clients need only enter data in that section if it has changed since the prior year or if there is new information.



This marker notes areas where the IRS can match the entry on their computer and incomplete or incorrect information can trigger government correspondence or, worse yet, an office audit. Pay particular attention to sections or individual entries with this symbol.



This flag symbol denotes areas where a deduction or item of income is to be treated differently when computing the alternative minimum tax (AMT). The AMT is another way of computing your tax liability, which applies more restrictive limits on certain deductions and preference income. If higher than the regular tax, the AMT applies.



This marker indicates payments that may require the issuance of a 1099 if the annual amount paid to an individual is \$600 or more. Failure to file 1099s can lead to a loss of the tax deduction for that expense and failure to timely file the forms with the IRS and furnish copies to payees can result in substantial penalties.

# YOUR TAX APPOINTMENT

Please complete and sign this organizer prior to your appointment.

- Please call to schedule your appointment. Try to call early before the calendar is booked up.
- Please mail the completed organizer to this office prior to your appointment.
- O Please mail the completed organizer along with required documentation, W2s, 1099s, 1098s, K-1s, etc., to this office so your return can be prepared by correspondence.

• Your tax appointment is scheduled for:

Day: \_

Date: Time:\_\_\_

Please notify this office promptly if you are unable to keep this appointment.

### If you are a new client, be sure to provide a copy of last year's tax return.

# **Referrals are Always Appreciated.**

If you know someone who would like a tax appointment, please have them call this office. Do not be concerned that your business, personal or financial matters will be discussed with clients whom you refer. All client information is treated in the utmost confidence.

# **TAXPAYER INFORMATION**

The information on this page is required for every taxpayer. Please review each section on this page and report items that are applicable to you, your spouse or dependents.

A1 - TAXPAYER INFORMATION Returning clients can skip this section except for char	nges.	A6 - INCOME & ADJUSTMENTS	You	Spouse
Filer Name (Must Match SS Admin)		W-2 Wages – Please provide W-2 forms (retain copy "C" for your re		Spouse
		Partnership, Trust or S-Corporation K-1s (provide complete K-1 cop	ies)	
Social Security No.  Occupation	Birth Date / / ○ ✓ If Legally Blind	Were you the beneficiary of an inheritance? If so, please verity with executor or trustee if you will be receiving a K-1.	• Yes	O Yes
•		State Tax Refund (provide 1099-G)		
Contact Phone	O Day O Evening	Social Security or RR (provide SSA-1099 or RRB-1099)		
E-Mail Address		Pension Income (provide all 1099-Rs)		
Spouse Name		Alimony Received (IRS matches with alimony paid)		
(Must Match SS Admin) 🚺 Social Security No. 📬	Birth Date / /	Alimony Paid (provide name and SSN below) Paid to:	SS#:	
Occupation	O ✓ If Legally Blind	Tips (not included in W-2)		
Contact Phone	O Day O Evening	Unemployment Compensation (provide 1099-G)		
E-Mail Address		Gambling Winnings (provide W-2Gs)		
<b>A2 - ADDRESS</b> Returning clients can skip this section except for char	naes.	A7 - IRA & SE PLANS	You	Spouse
		Retirement Plan with your Employer?	• Yes	O Yes
Street	Ant/Linit No	Did you or your apound convert a traditional IDA into a		

Returning clients can skip this section except for char	iges.	
Street		Apt/Unit No
City	State	Zip
Home Phone Number		

		ES <u>FOR 2013</u> rr the effective date.
O Married	/	O Moved

	/		/
O Separated	/	O Home Sold	/
O Divorced	/	O Spouse Deceased	/
• Retired	/	O Dependent Deceased	/

## A4 - ESTIMATED TAXES PAID

This office cannot assume that all estimated taxes were paid as originally scheduled or on time. Therefore, please enter the amounts and dates of payment or provide proof of payments. Incorrect amounts will result in IRS correspondence after the return is filed.

Payment & Due	Date	Date Paid	Federal	State
Applied from Las	t Year's Refund			
First Quarter	April 15, 2013			
Second Quarter	June 17, 2013			
Third Quarter	Sept. 16, 2013			
Fourth Quarter	Jan. 15, 2014			

A5 - REFUND DIRECT DEPOSIT Complete this section to have your refund automatically deposited into your bank account. Doing so will speed up the refund and eliminate the danger of a check being lost or stolen. Direct deposit can be allocated to up to 3 separate accounts. Entries for only one account are provided below. If you wish to make multiple deposits, please provide the additional account information and how you wish to allocate the refund.					
Bank Routing Number (Exactly 9 Digits)					
Account Number (include hyphens - omit spaces & special characters – 17 digits max)					
✓ Account Type: ○ Checking ○ Savings Allocation:					

A7 - IRA & SE PLANS	<u> </u>	
	You	Spouse
Retirement Plan with your Employer?	O Yes	• Yes
Did you or your spouse convert a traditional IRA into a Roth IRA during 2013?	O Yes	O Yes
Traditional IRA, Keogh & SEP Plans		
Contributions		
Withdrawals (1099-R) <sup>(1)</sup>		
Rollovers (2) (3)		
Basis (Total of prior year non-deductible contributions)		
Roth IRA		
Contributions		
Withdrawals (1099-R) (1)		
Rollovers (2) (3)		
(1) Show reason if under age $59^{1/2}$ (2) Must be reported even if not t (3) Rollovers from Traditional to a Roth IRA may be taxable.	axable unless direct	ly "transferred"

# A8 - SPECIAL QUESTIONS & INFORMATION

Coverdell Education Account Contribution	
Coverdell Education Account Distribution (provide 1099-Q)	
Qualified Tuition Plan (Sec. 529) Distribution (provide 1099-Q)	
Student Loan Interest paid (provide 1098-E)	
HSA Distributions (provide 1099-SA)	
Adoption Expenses O ✓ If "special needs child"	
CAUTION – Review the following questions carefully. There are severe penalties with failing to report an interest or signature authority over a foreign bank a Please call our attention to any dealings related to foreign accounts and inhere	account.
I v If you or your spouse have signature authority or are named as a co-owner on a bank account in a foreign country even if the funds are not yours.	r O
$\checkmark$ If you received an inheritance from someone in a foreign country.	0
✓ If you or spouse have a foreign bank account (over \$10,000)	0
✓ If you or your spouse received a distribution from, or were the grantor, or transferor to, a foreign trust	O
✓ If at any time during the year you or your spouse held an interest in a foreign financial asset	О
✓ If you have been denied Earned Income Credit by the IRS	0
✓ If you have been re-certified for the Earned Income Credit	0
<ul> <li>✓ If you bought, sold, or gifted real estate in 2013.</li> <li>If you have, please call in advance to discuss what documents are needed</li> </ul>	<b>O</b>
✓ If you made a gift of money or property to any individual in excess of \$14,000 (\$28,000 for joint gifts by a married couple)	0
$\checkmark$ If you employ household workers	0
$\checkmark$ If you sold jewelry, gold, coins, or other precious metals during the year	0
$\checkmark$ If you wish to contribute to the Presidential campaign fund: ${f O}$ You	O Spouse

# **ADDITIONAL INFORMATION**

The information on this page is required for every taxpayer. Please review each section on this page and report items that are applicable to you, your spouse or dependents.

<b>A9 - DEPENDENTS</b> Retu since the other info is on file. Ent					Son, D for Daugh			
First Name	Last Name (If Different)	Social Security # (Mandatory)	¥		f you are NOT the Months in Home (Your Home)		stodiai pa 1 Date	ne age of 18 √ if Student
				0		/	/	О
				0		/	/	0
				0		/	/	0

# A10 – INTEREST INCOME

IRS matches payer and amount. Always use the payer name listed on 1099 even if not the original source

Caution: All interest must be reported even if tax-free!

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Name of Payer Please provide all forms 1099INT and 10990ID (Entries are not needed when 1099s are provided)	Banks, Credit Union, Corp Bonds, etc.	Seller Financed Mortgages	Direct U.S Obligations Savings Bonds, T-Bills, etc. (State Tax-Free)	Home State Municipal Bonds (Generally Tax-Free)	<b>Other State</b> (Federal Tax-Free)
		Note: Seller financed			
		mortgages require the			
		name, SS# and address			
		of the payer. See the			
		special line below.			
Payer Name:	SS#:		Address:		
Forfeited Interes	t		Federal Tax Withho	ding on Interest & Dividends	

## A11 - DIVIDEND INCOME

IRS matches payer and amount. Always use payer name listed on 1099 even if not the original source. Some institutions use substitute 1099s and caution must be used in separating the various types of dividends. Please bring broker statements.

Name of Payer – Please provide all forms 1099DIV (Entries are not needed when 1099s are provided)	Foreign Taxes Paid	Ordinary	Qualified Dividends "	Capital Gains	Source U.S. Obligations <sup>(2)</sup>	Taxable to State Only	Non-Taxable State & Federal

(1) Qualified dividends receive special tax treatment and are included in the "Ordinary Dividends" total. (2) Includes income from savings bonds, T-Bills, etc., which are state tax-free.

### A12 – INVESTMENT SALES

IRS matches gross proceeds from sales using the 1099-B. All transactions must be reported even if there is no profit. If broker provides a summary of transactions, bring it and skip this section. For home sales, see Section D1.



(1) The basis from which gain is determined may not be the original cost and must account for stock splits, reverse splits, mergers, reinvested dividends, wash sales, etc.

#### A13 – CHILD OR DEPENDENT CARE EXPENSES

Care must enable you to work (or search for work) or attend school FULL-TIME. Care must be for a child under age 13 or an individual who is physically or mentally incapable of self care. It you are a student, also see section C4. IRS matches employer provided care benefits and income reporting of care provider.



${f O}$ If you have employer provided dependent care benefits 🚺		Provider's SSN or Employer ID#	Payments MUST Be Allocated By Child/Dependent			
		MANDATORY unless it is an exempt	Child/Depnd.'s Name	Child/Depnd.'s Name	Child/Depnd.'s Name	
Paid To	Address & Phone Number	organization. Check circle if exempt.				
		0				
		0				
		0				

# **RELOCATION, HOME SALE, DEBT RELIEF, ENERGY CREDITS**

## D1 – HOME SALE

If you sold your home, abandoned it, or lost it to foreclosure, the disposition may need to be reported. If you received a 1099-S, it is very important that you provide it. If you abandoned the home or lost it to foreclosure, see Section D4.

## **D3 – MOVING DEDUCTIONS**

To qualify for a moving expenses deduction, the distance to the new job from the old home must be at least 50 miles farther than to the old job from the old home.

O  $\checkmark$  If employer reimbursed any amount of moving expense or home sale assistance and provide the reimbursement statement from the employer (Form 3903 or a substitute statement)

			provide the reimbursement statement from the	employer (Form 3903 or a substitu	ute statement)
Address of Home Sold			A - Miles from Old Residence to New Job		miles
Date Purchased	/ /		B - Miles from Old Residence to Old Job		miles
Purchase Price (including purchase escrow costs)			A minus B – if less than 50 miles, stop: no deduction allowed Commercial Mover		miles
Gain Deferred from a Home Sale made prior to 5/7/1997 This generally does not apply to individuals who have previously sold a home after 5/6/1997. If it applies, bring the Form 2119 for the year of the last home sale prior to 5/7/97.			Truck Rental Trailer Rental	(up to 30 days) Rental Fuel Costs Highway Tolls	
Improvements to Home Sold (not maintenance)			Lodging en route (no meals)	Airfare	
Date of Sale (Please bring final closing escrow	/ /		# of owned vehicles driven to new home	Auto Travel	miles
Sales Price statement. This document will have the information needed for these entries.) Sales Expenses			Boxes/Tape/Supplies Other:	Other: Other:	
<ul> <li>✓ If you owned and used the home as your primary residence for two of the prior five years (counting back from the sale date)</li> <li>✓ If your spouse (if married) owned and used the home as his/her primary residence for two of the prior five years</li> <li>If owned and used less than two years, give reason for sale:</li> </ul>			<b>D4 – DEBT RELIEF &amp; FORECLOSURE</b> If you had debt totally or partially forgiven, you may be required to report debt relief income. This includes real estate mortgages, credit card debt, vehicle loans, etc. Debts discharged in bankruptcy are not included. Please call the office in advance to discuss what additional documentation may be required.		
✓ If the home was ever used for business (such as a rental, home office or day care center)		0	O ✓ If you had any amount of credit card debt forgiven and provide a copy of the 1099-C you received from the financial institution		
		0	$\odot$ $\checkmark$ If you abandoned your home and provide a copy of the 1099-A and/or the 1099-C you received from the financial institution (also complete Section D1 home sale information)		
$\checkmark$ If the home was acquired by tax-deferred (Sec 1031) exchange after 10/22/04		0	$\circ$ $\checkmark$ If your home was foreclosed upon or you sold it under a "short sale" agreement with the		
$\checkmark$ If you (and spouse if married) have excluded gain from the sale of a prior residence within two years of the date of sale of this residence		О	lender and provide a copy of the 1099-A and/or the 1099-C you received from the financial institution (also complete Section D1 home sale information)		
$\checkmark$ If the home was inherited (including from a deceased spouse)		0			
$\checkmark$ If the home was not used as your primary residence for any period after 2008		0	D5 – QUESTIONS YOU MAY	HAVE	
$\checkmark$ If you previously claimed the new or long time resident home	owner credit	0			
<b>D2 – HOME ENERGY CREDITS</b> Enter only items certified by the manufacturer to meet ( energy standards.					
<b>Energy-Efficient Property</b> – QUALIFIED solar electric generation fuel cell property, wind energy property, and geothermal heat pur TAXPAYER LOCATED WITHIN THE U.S. $\circ$ $\checkmark$ If primary residu	mps for a RESIDENCE (				
Description of Property		Cost			
			11		

### **D6 - SIGNATURE**

To the best of my knowledge, all the information contained within this document is true, correct and complete

Filer's Signature

Date