

TAX ORGANIZER

Enclosed is your Tax Organizer for 2010. Your careful completion of this Organizer will help us prepare your return more efficiently and the information provided may lead us into ways of saving you additional money on your taxes.

Last year's information is included on your Organizer in the Prior Year Amount column. This may help you remember the types of income and deductions you reported last year. Please provide detailed information if you answer 'Yes' to any of the General or Business and investment questions on Page 2. Feel free to add any notes, questions or additional pages if needed.

Based upon our experiences last year, we would like to implement the following procedures this year, to expedite your tax preparation. Please:

1. Read this Organizer over before submitting this year's tax information as there have been changes. NOTE: Once again, Illinois requires the PIN (Parcel Identification #) from your real estate tax bill in order to receive credit on your IL return, usually worth a few hundred dollars, so if you are a NEW customer, please remember to bring your actual real estate tax bill, even if you don't itemize your deductions.
2. For those of you that receive many income statements, when you have received all, or at least most, of your documentation (i.e. W-2s, 1099s, etc.) drop them off or mail them to the office with your completed organizer. This will allow us to scan and review these forms at our convenience and see if we need to ask you for any additional documentation before you come to your appointment. It will also limit the time you have to spend in the office while we complete your return as well as limit the need to make repeat trips to our office with information. To be useful, we need this information at least a week before you desire an appointment.

When you arrive for your appointment, please bring (unless we already have it) this completed Organizer and any of the following that apply to you:

We require a copy of Last Year's Return for all NEW taxpayers

- Original Form[s] W-2
- Schedule[s] K-1 from partnerships, S-corporations, estates or trusts
- Information about contributions to a pension or other retirement plan if this is the first year you received income from the plan
- Form[s] 1099 or statements reporting dividend, interest, retirement, or other income
- Form[s] 1098 and copies of real estate tax bills, etc.
- Legal documents pertaining to the closing on the sale, purchase or refinance of any real property.

Please call if we can be of any further assistance to you.

Attestation and Signature:

To the best of my knowledge the enclosed 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.

Sign Here | Taxpayer: _____ Date _____
Spouse (if applicable): _____ Date _____

TAX ORGANIZER

Basic Taxpayer Information

	First Name	Initial	Last Name	Suffix	Social Security No.	Cell Phone:
Taxpayer						
Spouse						

For security, SS# on file is masked

	Occupation	Date of Birth	Age	Check if:		
				Disabled	Blind	Dependent of Another
						Presidential Election Contrib.
Taxpayer						
Spouse						

Street Address _____
 City, State & Zip _____
 E-mail Address _____

School District _____

Home Phone:	_____
Work Phone:	_____
To have your refund direct deposited enter:	
Bank Routing Number	_____
Checking Account Number	_____

Filing Status 1 - Single; 2 - Married filing joint; 3 - Married filing separate; 4 - Head of Household; 5 - Qualifying Widower

Dependent Information

	First Name	Last Name	Social Sec. No.	Relationship	Months in Home	Date of Birth	Disabled or full time student	2010 Gross Income \$
1								
2								
3								
4								
5								
6								

Enter SS# unless masked

Wages and Salaries

If you lost or switched jobs this year or last year, enter, in the column provided, the date you left the firm's employment.

	Employer Name	Wages	Federal Tax Withheld	State Tax Withheld	Local Tax Withheld	Employment Ended (Date)	Comment
1						/ /	
2						/ /	
3						/ /	
4						/ /	
5						/ /	
6						/ /	

Pensions and IRAs

	Payer's Name	Gross Distribution	Taxable Distribution	IRA	Comment (i.e. Rolled over)	Not taken this year-X
1						
2						
3						
4						
5						
6						
7						
8						
9						

General Questions

Please check if "Yes" and provide documentation, if possible.

- | | |
|--------------------------|---|
| <input type="checkbox"/> | 1. Has your marital status changed? |
| <input type="checkbox"/> | 2. Have you been notified by the IRS of changes to a prior year's return, or received any other tax correspondence? |
| <input type="checkbox"/> | 3. Are you being claimed as a dependent by another person? |
| <input type="checkbox"/> | 4. Are there any changes in the dependent information from the prior year? |
| <input type="checkbox"/> | 5. Did you have any children under the age of 19 (or 24 if a full time student) who received more than \$950 in investment income? |
| <input type="checkbox"/> | 6. Do you have dependents who are neither U.S. citizens nor U.S. residents? |
| <input type="checkbox"/> | 7. Did you provide over half of the support for another person (or persons) during the year? |
| <input type="checkbox"/> | 8. Did you purchase or sell a principal residence? |
| <input type="checkbox"/> | 9. Did you receive payments from a pension or profit sharing plan? |
| <input type="checkbox"/> | 10. Did you receive any distributions from an IRA or other qualified plan? |
| <input type="checkbox"/> | 11. Did you receive any disability income? |
| <input type="checkbox"/> | 12. Did you receive any foreign income or pay any foreign taxes? |
| <input type="checkbox"/> | 13. Did you receive interest from a bank account or other financial account based in a foreign country? |
| <input type="checkbox"/> | 14. Were you the grantor of or transferor to a foreign trust? |
| <input type="checkbox"/> | 15. Were either you or your spouse enlisted in the military or National Guard? |
| <input type="checkbox"/> | 16. If you or your spouse are self-employed, are either of you covered under an employer's health plan at another job? |
| <input type="checkbox"/> | 17. Did you claim a First-time Homebuyer Credit for a home purchased in 2008? |
| <input type="checkbox"/> | 18. Did you receive proceeds from an installment sale? |
| <input type="checkbox"/> | 19. Did you make a loan at an interest rate below market rate? |
| <input type="checkbox"/> | 20. Did you make gifts of over \$13,000 to an individual? |
| <input type="checkbox"/> | 21. Were there any changes to a prior year's income, deductions, or credits? |
| <input type="checkbox"/> | 22. Did your employer pay premiums on life insurance in excess of \$50,000? |
| <input type="checkbox"/> | 23. Were any payments made on student loans? |
| <input type="checkbox"/> | 24. Did you pay any educational tuition or fees for you or a dependent? |
| <input type="checkbox"/> | 25. Did you purchase a 'clean fuel' or electric hybrid vehicle in 2010? |
| <input type="checkbox"/> | 26. Did you refinance a mortgage or take out a home equity loan? |
| <input type="checkbox"/> | 27. Were any contributions made to a traditional or Roth IRA for 2010? |
| <input type="checkbox"/> | 28. Did you make any contributions to HSA (Health Savings Account) in 2010? |
| <input type="checkbox"/> | 29. Did you purchase a new motor vehicle after Feb 16, 2009 and before Jan 1, 2010 and pay sales/excise tax on it in 2010? |
| <input type="checkbox"/> | 30. Did you make any energy savings improvements to your home? (i.e. adding insulation, exterior windows or doors, an Energy Star roof, an electric heat pump, central air conditioning, water heater, stove, furnace or circulating fan) Please supply manufacturer's certification that the installed equipment meets qualification standards with your tax materials. |

Business and Investment Questions

- | | |
|--------------------------|--|
| <input type="checkbox"/> | 1. Did you receive stock from a stock bonus plan with your employer? |
| <input type="checkbox"/> | 2. Did you buy or sell any bonds? |
| <input type="checkbox"/> | 3. Did you surrender any U.S. savings bonds OR do you possess any? |
| <input type="checkbox"/> | 4. Did you suffer a casualty, theft or condemnation? |
| <input type="checkbox"/> | 5. Did you start a business, purchase a rental property or farm, or acquire interests in partnerships or S-corporations? |
| <input type="checkbox"/> | 6. Did you own any investments for which you were not personally "at-risk"? |
| <input type="checkbox"/> | 7. Did you own any interest in a Real Estate Mortgage Investment Conduit (REMIC)? |
| <input type="checkbox"/> | 8. Did you sell any property or equipment? |
| <input type="checkbox"/> | 9. Did you incur any business-related educational expenses? |
| <input type="checkbox"/> | 10. Did you incur any travel and entertainment expenses? |
| <input type="checkbox"/> | 11. Did you purchase any fuels for non-highway use? |
| <input type="checkbox"/> | 12. Did you make any contributions to a Keogh or a self-employed SEP, SIMPLE or Qualified plan? |

Interest Income

Please provide copies of all Form 1099-INT or other statements reporting interest income.

* F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint.

*F/S/J Payer	Taxable Interest Income		Tax Exempt Interest		Date Account Closed	Comments
	Prior Year Amount	Current Year Amount	Prior Year Amount	Current Year Amount		
1					/ /	
2					/ /	
3					/ /	
4					/ /	
5					/ /	
6					/ /	
7					/ /	
8					/ /	
9					/ /	
10					/ /	
11					/ /	
12					/ /	
13					/ /	
14					/ /	
15					/ /	
16					/ /	

Dividend Income

Please provide copies of all Form 1099-DIV or other statements reporting dividend income.

* F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint.

*F/S/J Payer	Date Sold Mo/Da	Ordinary Dividends		Qualified Dividends		Capital Gains	
		Prior Year Amount	Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount	Current Year Amount
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							

Income or Loss from Partnerships, S Corporations, and Trusts

	Name	Income	Loss	Other Expenses	Passive (Yes / No)	*P/S/T
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

*P/S/T - enter entity type (P)artnership, (S) Corporation, (T)rust

Gains or Losses from Sales of Stocks, Securities or Other Assets

	Kind of Property and Description	Date acquired	Date sold	Sales Price	Cost or other basis
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					

Other Income

		Prior Year Amount	Current Year Taxpayer	Current Year Spouse
1	Taxable refunds of state and local income taxes			
2	Alimony received			
3	Business income or (loss) - Schedule C			
4	Other gains or (losses) - Form 4797			
5	Rents and royalties - Schedule E pg 1			
6	Farm income or (loss) - Schedule F			
7	Unemployment compensation			
8	Total social security benefits			
9	Tips			
10	Child care taxable benefits			
11	Prizes and awards			
12	Scholarships and fellowships			
13	Other income not provided for in this organizer			
14				
15				
16				

Adjustments to Income

		Prior Year Amount	Current Year Taxpayer	Current Year Spouse
1	Educator expenses			
2	Business expenses of reservists, performing artists and fee-based gov officials			
3	Health savings account deduction			
4	Moving expenses			
5	Self-employed SEP, SIMPLE, and qualified plans			
6	Penalty on early withdrawal of savings			
7	Alimony paid			
8	Your IRA contribution Check to Maximize			
9	Spouse's IRA contribution Check to Maximize			
10	Student loan interest			
11	Tuition and fees deduction			

Itemized Deductions

Based on last year's income, your medical expenses would need to exceed: to be of benefit this year! If you know you won't exceed this amount, forego medical accumulation.			Prior Year Amount	Current Year Amount
1	Enter mileage driven for medical purposes	Prescriptions		
	Health insurance premiums you personally paid (those NOT paid by your employer)			
	Doctor, dental, hospital and lab fees you paid NOT covered by insurance (if needed, attach list)			
	Eyeglasses, contact lenses, hearing aids and other medical equipment and supplies			
	Other medical expense (Describe):			
	Long-term care premiums	Taxpayer	Spouse	
2	Other state and local taxes paid not reported elsewhere in this Organizer			
3	State and local income taxes paid			
4	Real estate taxes Enter your Parcel Identification # (from tax bill):			
5	Other real estate taxes paid on property not considered your principal residence			
6	Other taxes			
7	Home mortgage interest and points reported on Form 1098			
8	Home mortgage interest not reported on Form 1098			
	Name:	Address:	SSN:	
9	Home mortgage points not reported on Form 1098			
10	Qualified mortgage insurance premiums			
11	Investment interest paid			
12	Gifts to charity by check (or cash gifts with receipt) - Show us receipt ONLY if gift is over \$250			
13	Gifts to charity of property (other than by cash or check). Special form needs completion if over \$500.			
14	Mileage driven to charitable activities			
15	Casualty and theft losses - Form 4684			
16	Unreimbursed employee expenses			
	Travel expenses (exclude meals)			
	Meals and entertainment			
	Parking and tolls (enter other vehicle information on Page 7)			
	Telephone used for employer's business (allocate cost)			
	Professional organization or union dues			
	Educational expenses required to maintain your job			
	Office in home required by employer			
	Tools and equipment			
	Uniform and protective clothing			
	Professional journals subscriptions			
	Other (i.e. Job seeking expenses)			
17	Other: Investment expenses			
	Other			
18	Other miscellaneous deductions (i.e. gambling losses) describe and total separately			

Education Expenses

	Student's Name	Type of Expense	Year of School	Amount
1				
2				
3				
4				
5				
6				

Child or Dependent Care Expenses

Persons or Organizations Who Provided the Care			Social Security or ID Number	Amount Paid
	Name	Address		
1				
2				
3				
4				