

Income Tax Organizer

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You are invited to print out this organizer and use it to help you organize your tax information (and make sure you don't miss any important deductions). Whether you do your own tax return, use the services of another CPA firm or use my services, I hope you'll find it useful and informative!

Downloading the Income Tax Organizer:

Download the form. Your web browser may be configured with an Acrobat plug-in to automatically open the file within your browser's window upon download. To download the file directly to disk, right click (click and hold - Macintosh) on the Income Tax Organizer form title link then select "Save Target/Link As..." when presented with a menu. You can then fill out the organizer on your computer or print the form in Adobe Acrobat when you are off-line.

Viewing or Filling Out the Form On-line or in Adobe Acrobat Reader:

This fill-in form allows you to enter information while displayed by an Adobe Acrobat product (3.0 or later) and then print out the completed form and mail or fax it back to us. Fill-in forms give you a cleaner crisper printout. To view, print and complete this fill-in form, you'll need the freely available Acrobat Reader (3.0 or later) software installed on your computer. Acrobat Reader is available free as a download from the Adobe Website <http://www.adobe.com/products/acrobat/readstep.html>. **NOTE: Acrobat Reader does not allow you to save your completed forms to disk.** Since this form is a long document with a lot of information to input, and especially if your computer is known to "crash" frequently, you may prefer to print out the pages of the form that you need and complete it by hand, then fax or mail it to us. The ability to save completed forms is available commercially with the Adobe Acrobat product suite (<http://www.adobe.com/products/acrobat/main.html>) or with Adobe Acrobat Business Tools (<http://www.adobe.com/products/acrbustools/main.html>).

Completing the Form using Adobe Acrobat Reader:

This document is interactive if you are viewing it on-line or in Adobe Acrobat. All of the items in the table of contents are clickable links to the pages they identify. There is an icon at the top and bottom of each page that will bring you back to the Table of Contents. You will also find a list of links at the bottom of each page that will jump you to any page of this document. Select the hand tool from the Acrobat toolbar menu. You can use the hand tool to move the page around so that you can view all the areas on it. Fill in the fields by positioning the hand pointer inside a form field and clicking. The I-beam pointer allows you to type text. The arrow pointer allows you to select a field, a check box, a radio button, or an item from a list. Press Tab to accept the field change and go to the next field. Press Shift + Tab to accept the field change and go to the previous field. Use your mouse to select an area of the form that is not inside a form field before printing your form. This will deselect all form fields. If a form field is active (contains the blinking bar) the contents will not print. If the fill-in form is displayed within your web browser's window be sure to use the printer button on the Acrobat toolbar menu to print the form instead of your web browser's print function.

Some rules about filling out the tax organizer:

Please DON'T use a dollar sign ("\$\$") or a comma (",") when entering amounts. DO use a period (".") to separate dollars from cents. (e.g., two-thousand five-hundred thirty-six dollars and twelve cents should be entered: 2536.12) Documents that you need to provide are noted in **red text** throughout the document. In addition, if you're a new client, please provide your **prior year's tax returns**, both Federal and State.

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PERSONAL INFORMATION

Please fill in the following information about the taxpayer, spouse and dependents

Filing Status:

Single Married Married Filing Separate Head of Household

Taxpayer & Spouse Information:

	Taxpayer		Spouse	
	Yes	No	Yes	No
Disabled				
First Name				
Middle Initial				
Last Name				
Occupation				
Social Security #				
Date of Birth				
Work Phone				
Home Phone				
Cell Phone				
Fax				
e-Mail				
Home Address				
Street				
City, State, Zip				
Mailing Address (if different)				
Street				
City, State, Zip				

Dependent Information:

Name	Date of Birth	Social Security #	Relationship	# Months at Home	Full-time Student?	Disabled?

QUESTIONS

Please check the appropriate box and include all necessary details and documentation.

1. Personal Information:

Yes No

- a) Did your marital status change during the year?
If yes, explain: _____
- b) Did your address change from last year?
- c) Can you be claimed as a dependent by another taxpayer?
- d) Did you change any bank accounts that have been used to direct deposit (or direct debit) funds from (or to) the IRS or other taxing authority during the tax year?

2. Dependent Information:

- a) Were there any changes in dependents from the prior year?
- b) If yes, explain: _____
- c) Do you have any children under age 19 or a full-time student under age 24 with unearned income in excess of \$1,900?
- d) Do you have dependent who must file a tax return?
- e) Do you provide over half the support for any other person(s) during the year?
- f) Did you pay for child care while you worked or looked for work?
- g) Did you pay any expenses related to the adoption of a child during the year?

3. Purchases, Sales and Debt Information: (During the year did you...)

- a) start a new business or purchase rental property?
- b) acquire a new or additional interest in a partnership or S corporation?
- c) sell, exchange or purchase any real estate?
- d) purchase or sell a principal residence?
- e) foreclose or abandon a principal residence or real property?
- f) sell or dispose of any stock?
- g) take out a home equity loan?
- h) refinance a principal residence or second home?
- i) sell an existing business, rental or other property?
- j) incur any non-business bad debts?
- k) have any debts cancelled or forgiven?
- l) purchase a new hybrid, alternative motor or electric motor energy efficient vehicle?
- m) pay any student loan interest?

4. Income Information: (During the year did you...)

- a) have any foreign income or pay any foreign taxes?
- b) receive any income from property sold prior to this year?
- c) receive any lump-sum payments from a pension, profit sharing or 401(k) plan?
- d) make any withdrawals from or contributions to an IRA, Keogh, SIMPLE, SEP or other qualified retirement plan?
- e) make any withdrawals from an education savings or 529 Plan account?
- f) receive any distributions from a Health Savings Account (HAS), Archer MSA or Medicare Advantage MSA this year?
- g) receive any Social Security benefits?
- h) receive any personal representative or trustees fees from an Estate or Trust?
- i) receive any unemployment benefits?

- j) receive any disability income?
- k) receive tip income not reported to your employer?
- l) Did any of your life insurance policies mature, or did you surrender any policies?
- m) Did you cash any Series EE or U.S. Savings bonds issued after 1989?

5. Itemized Deduction Information: (During the year did you...)

- a) incur a casualty or theft loss?
- b) have evidence to substantiate charitable contributions?
- c) make any non-cash charitable contributions (clothes, furniture, etc.)?
- d) donate a vehicle or boat? **(if yes, attach Form 1098-C)**
- e) have an expense account or allowance?
- f) use your car on the job, for other than commuting?
- g) work out of town?
- h) have any expenses related to seeking a new job?
- i) make any major purchases? (cars, boats, etc.)
- j) make any out-of-state purchases (by telephone, internet, mail, in person) that the seller did not collect state sales or use tax?

6. Miscellaneous Information: (During the year did you...)

- a) make gifts of more than \$13,000 to any individual?
- b) have any education expenses?
- c) make any contributions to an education savings or 529 Plan account?
- d) make any contributions to a Health Savings Account (HAS) or Archer MSA?
- e) pay long-term health care premiums for yourself or your family?
- f) pay any COBRA health care coverage continuation premiums?
- g) engage in any bartering transactions?
- h) actively participate in a pension or retirement plan?
- i) retire or change jobs?
- j) incur moving costs because of a job change?
- k) your spouse, or your dependents attend post-secondary school?
- l) pay any individual as a household employee?
- m) make energy efficient improvements to your main home?
- n) have an interest in or signature or other authority over a bank account, securities account or other financial account in a foreign country?
- o) have grantor or transferor authority over a foreign trust?
- p) receive correspondence from the Internal Revenue Service or State Department of Revenue? **(If yes, please bring a copy of all correspondence)**
- q) pay state and/or local real estate property taxes?

Notes:

INCOME

Wages & Salaries (attach W-2 forms)

Taxpayer	Spouse	Employer	Gross Wages	Prior Year

Interest Income (attach 1099-INT forms)

Taxpayer	Spouse	Payer	Total Interest	Prior Year

Dividend Income (attach 1099-DIV forms)

Taxpayer	Spouse	Payer	Total Dividends	Prior Year

Pension Distributions (attach 1099-R forms)

Taxpayer	Spouse	Payer	Total Pension	Prior Year

Retirement Plan Distributions (attach 1099-R forms)

Taxpayer	Spouse	Payer	Total Pension	Prior Year

PARTNERSHIPS & S-CORPORATIONS

(attach K-1 forms(s))

Taxpayer	Spouse	Name	Tax I.D. #

ESTATES & TRUSTS

Taxpayer	Spouse	Name	Tax I.D. #

OTHER INCOME

	Taxpayer	Spouse
Unemployment		
Social Security (attach form(s) SSA-1099)		
Medicare insurance payments deducted from Social Security		
Alimony received (Payer's Social Security Number _____)		
Resident state tax refund(s) (attach 1099-G form(s))		
Other state tax refunds (attach supporting documents)		
Other:		
Other:		
Other:		
Other:		

SALE OF ASSETS

Stock, Bonds, Residence, Autos, Business Equipment, etc.

(attach 1099-B and 1099-S forms, where applicable)

	Description	Date Acquired	Date Sold	Sales Price	Cost	Additions	Expenses of Sale
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							
13.							
14.							
15.							
16.							
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18.							
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20.							
21.							
22.							
23.							
24.							
25.							
26.							
27.							
28.							
29.							
30.							
31.							
32.							

(Attach a separate schedule of additional sales)

SELF-EMPLOYED BUSINESS

General Information	Business #1	Prior Year	Business #2	Prior Year
Whose business?				
Type of business				
Business Name				
Business Address				
City, State, Zip				
Cash Basis or Accrual Basis				
Other Accounting Method (if you're not sure, let's talk)				
First Year?				
Office in your home				

INCOME STATEMENT

Income (attach 1099-Misc forms)				
Gross receipts or sales				
Less: Returns and allowances				
Other Income:				
Other Income:				
Other Income:				

Cost of Goods Sold (Use this section only if you have inventory)				
Inventory at Beginning of the Year				
Inventory at the End of the Year				
Purchases during the year				
Cost of Items for Personal Use				
Materials and Supplies				
Other Inventory Costs:				

Operating Expenses				
Advertising				
Auto & Truck expenses (enter info in Automobile Expenses – page 12)				
Bank charges				
Cell phone				
Commissions and fees				
Computer expenses				
Continuing education				

SELF-EMPLOYED BUSINESS (cont'd)

Operating Expenses (cont'd)	Business #1	Prior Year	Business #2	Prior Year
Contract labor (provide copies of 1099s you issued)				
Dues and memberships				
Employee benefits				
Equipment, Furniture & Software (enter in Asset Acquisitions – page 11)				
Freight and delivery				
Insurance				
Interest expense				
Internet				
Legal and professional fees				
Meals and entertainment (50% deductible)				
Meals and entertainment (100% deduct.)				
Meetings and conventions				
Merchant account fees				
Office supplies				
Postage				
Printing and reproduction				
Rent – Equipment				
Rent – Office space (enter office in home on page 13)				
Repairs and maintenance				
Research / reference materials				
Retirement plan contributions				
Small tools				
Subscriptions				
Supplies				
Taxes and licenses (please provide a breakdown of amount by type of tax)				
Telephone				
Travel				
Utilities				
Uniforms				
Wages (provide copies of W-2s you issued)				
Other:				
Other:				
Other:				
Other:				

SELF-EMPLOYED BUSINESS (cont'd)

BALANCE SHEET

Assets	Business #1	Prior Year	Business #2	Prior Year
Cash in banks				
Petty cash				
Investments				
Accounts receivable				
Inventory				
Loans receivable				

Vehicles				
Buildings				
Equipment & Machinery				
Furniture & Fixtures				
Computers				
Other:				
Other:				

Security deposits				
Goodwill				
Trademarks & Patents				
Other:				

Liabilities

Accounts payable				
Payroll taxes due				
Bank line of credit				
Loans payable				
Other:				
Other:				

Equity

Owner's equity				
Retained earnings				
Other:				

RENTAL INCOME AND EXPENSES

General Information	Property #1	Prior Year	Property #2	Prior Year
Property Description				
Date purchased or converted to rental				

Income				
Rents received				
Security deposits received				
Other Income:				
Other Income:				

Expenses				
Advertising				
Association dues				
Automobile expenses (enter in Automobile Expenses – page 12)				
Cleaning				
Commissions				
Furniture, Bldg Improvements, Appliances (enter in Asset Acquisitions – page 11)				
Gardening				
Insurance				
Labor				
Professional fees				
Miscellaneous				
Mortgage interest				
Other interest				
Repairs and maintenance				
Supplies				
Taxes (please provide a breakdown of this amount by type of tax)				
Telephone				
Utilities				
Other:				
Other:				

ASSET ACQUISITION

for business and/or rental

	Description	Date Placed in Service	Cost	Market Value	Business	Rental
1.						
2.						
3.						
4.						
5.						
6.						
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27.						
28.						
29.						
30.						
31.						
32.						

AUTOMOBILE EXPENSES

General Information	Auto #1	Prior Year	Auto #2	Prior Year
Make and model				
Cost				
Date acquired				

Mileage

Miles (Business #1)				
Miles (Business #2)				
Miles (Rental #1)				
Miles (Rental #2)				
Medical miles				
Charitable miles				
Commuting				
Other personal miles				
Total miles driven				

Actual Expenses

Gas & Oil				
Repairs and maintenance				
Insurance				
License				
Car washes				
Parking				
Lease payments				
Rent-a-car payments				
Auto loan interest				
Other:				
Other:				
Other:				
Other:				
Other:				
Other:				
Other:				
Other:				

HOME EXPENSES

also used for Office in Home

General Information	1 st Residence	Prior Year	2 nd Residence	Prior Year
Street Address				
City, State, Zip				
Total square foot				
Square foot of exclusive business use				
Do you see clients/customer in your home-office?				

Expenses

Mortgage interest (attach 1098 forms)				
Real property taxes (attach tax bill)				
Rent				
Homeowners / renters insurance				
Utilities				
Repairs to office space				
Repairs to other areas of home				
Cleaning				
Gardening				
Other:				
Other:				
Other:				
Other:				
Other:				
Other:				
Other:				
Other:				
Other:				

OTHER PAYMENTS AND DEDUCTIONS

Unreimbursed Employee Business Expenses

	Taxpayer	Prior Year	Spouse	Prior Year
Union dues				
Uniforms				
Travel				
Meals & Entertainment				
Auto Mileage / Expenses (enter in Automobile Expenses – page 12)				
Other:				
Other:				
Other:				

Investment Expenses

Description	Taxpayer	Prior Year	Spouse	Prior Year

Other Payments

	Taxpayer	Prior Year	Spouse	Prior Year
Tax return preparation fee				
Safe deposit box				
Alimony paid (Payee's Social Security #)				
Other:				
Other:				
Other:				

Retirement Contributions

	Taxpayer	Prior Year	Spouse	Prior Year
Traditional IRA				
Roth IRA				
Education IRA				
SIMPLE Plan				
Keogh/Profit Sharing				
Other:				
Other:				

ESTIMATED TAX PAYMENTS

Federal

	Date Paid	Amount
Paid this year for prior year taxes due		
1 st Quarter payment		
2 nd Quarter payment		
3 rd Quarter payment		
4 th Quarter payment		
Paid with application for extension		
Other:		

Resident State

	Date Paid	Amount
Paid this year for prior year taxes due		
1 st Quarter payment		
2 nd Quarter payment		
3 rd Quarter payment		
4 th Quarter payment		
Paid with application for extension		
Other:		

Non-Resident State

	Date Paid	Amount
Paid this year for prior year taxes due		
1 st Quarter payment		
2 nd Quarter payment		
3 rd Quarter payment		
4 th Quarter payment		
Paid with application for extension		
Other:		