

# INCOME TAX ORGANIZER

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We are at the SW corner Pima and Swan.  
The office is on the **west** end of the building.  
Take the elevator to the second floor then turn right to get to Suite 214.

**INSTRUCTIONS:** Please complete this tax organizer as accurately as possible. For those items you are not sure of, insert a question mark. Remember, each \$100 in deductions overlooked may cost you up to \$55 in taxes. As a recommendation, you may want to segregate your receipts and canceled checks according to the following categories at the same time you fill out this questionnaire. It will then be a simple matter to prepare if and when you get audited. **If you do not have sufficient room below, please attach a separate sheet.**

**\* This Tax Organizer can either be printed out and filled in or filled in on your computer and printed out. \***

	<u>Social Security No.</u>	<u>Occupation</u>	<u>Date of Birth</u>	<u>Blind (Y/N)?</u>
TAXPAYER _____	_____	_____	_____	_____
SPOUSE _____	_____	_____	_____	_____
Address (if changed) _____				
<u>Telephone Numbers</u> Home _____ Work _____ Cell _____				
<u>Email Address</u> Taxpayer _____ Spouse _____				

**Electronic Filing Options** (check yes or no for each option)

1. **E-File federal and state returns**      \_\_\_\_\_ YES or \_\_\_\_\_ NO
  
2. **Email to you your copy of the returns**      \_\_\_\_\_ YES or \_\_\_\_\_ NO
  
3. **Direct Deposit refund(s) to bank account**      \_\_\_\_\_ YES or \_\_\_\_\_ NO

\*If yes to Direct Deposit of refund(s), attach a voided check.\*

## INCOME TAX ORGANIZER

### DEPENDENT CHILDREN (circle if not living at home)

<u>Name</u>	<u>Date of Birth</u>	<u>Social Security No.</u>	<u>Dependents Other Than Children</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If you lived apart from your spouse for the whole year, is your child or grandchild living with you (Y/N)? \_\_\_\_\_

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### THINGS TO BRING OR SEND (indicate how many)

\_\_\_\_\_ W-2's \_\_\_\_\_ K-1's \_\_\_\_\_ 1099's for dividends  
 \_\_\_\_\_ Business Profit and Loss and if available,  
 year-end Balance Sheet  
 \_\_\_\_\_ Last year's Tax Return (if new client)

### INTEREST

<u>Payor</u>	<u>Interest</u>	<u>Attach the</u>
_____	\$ _____	1099's for any
_____	_____	<u>dividends</u>
_____	_____	received
_____	_____	
_____	_____	
Savings Bond Interest	_____	
U.S. Govt. Interest	_____	
Municipal Bond Interest	_____	

### OTHER INCOME

Pension and IRA distributions (attach the 1099's)  
 Social Security (attach the year-end notice)  
 Unemployment Comp. \$ \_\_\_\_\_ received  
 (attach year-end notice if taxes withheld)  
 Barter Income \$ \_\_\_\_\_  
 Debt Forgiveness (you owed) \$ \_\_\_\_\_  
 Alimony Received \$ \_\_\_\_\_  
 Tips Received \$ \_\_\_\_\_  
 Gambling/Lottery Winnings \$ \_\_\_\_\_  
 (attach year-end notice if taxes withheld)  
 Principal Payments from Prior Year  
 Installment Sale(s) \$ \_\_\_\_\_

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### SALE OF REAL ESTATE Did you sell any real estate during the year (Y/N)? \_\_\_\_\_

If so, provide me the **sale** escrow statements (HUD-1). If the property sold is **other than your primary residence** in which you lived in for more than 2 years, also make a list of improvements (including cost) made to the property and provide me the **purchase** escrow statement (HUD-1)

### SALE OF STOCKS OR BONDS (itemize **or** provide me a broker's recap including **original cost**)

<u>Number of Shares and</u>			<u>Total Net Sale</u>	
<u>Name of Stock/Bond</u>	<u>Date Purchased</u>	<u>Date Sold</u>	<u>Proceeds</u>	<u>Total Cost</u>
			(less commission)	(including commission)
			\$ _____	\$ _____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

## INCOME TAX ORGANIZER

<u>RENTAL INCOME</u>	Property "A"	Property "B"	Property "C"	Property "D"
Address	_____	_____	_____	_____
Total Rents (38)	\$ _____	\$ _____	\$ _____	\$ _____

**RENTAL EXPENSES:**

Auto Mileage	_____ mi	_____ mi	_____ mi	_____ mi
Advertising (40)	\$ _____	\$ _____	\$ _____	\$ _____
Insurance (44)	_____	_____	_____	_____
Interest (mortg.) (48)	_____	_____	_____	_____
Interest (other) (49)	_____	_____	_____	_____
Management Fees (47)	_____	_____	_____	_____
Repairs and Maint (50)	_____	_____	_____	_____
Improvements/Major Purchase(s)	_____	_____	_____	_____
Supplies (51)	_____	_____	_____	_____
Property Tax (52)	_____	_____	_____	_____
Utilities (53)	_____	_____	_____	_____
Homeowners Dues	_____	_____	_____	_____
Miscellaneous	_____	_____	_____	_____

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**FOREIGN INVESTMENT** (Form 8938) - Do you have a 10% or larger interest in a foreign corporation, partnership or trust (ie Mexican land trust) or a foreign bank or investment account in excess of \$50,000 (single) or \$100,000 (married)?

(Y/N) \_\_\_\_\_ **If so, highest value during 2012** \$ \_\_\_\_\_

**ESTIMATED TAXES**

	<u>Date Paid</u>	<u>Federal</u>	<u>Arizona</u>		<u>Date Paid</u>	<u>Federal</u>	<u>Arizona</u>
4-15 Payment (3)	_____	(4) \$ _____	(15) \$ _____	9-15 Payment (7)	_____	(8) \$ _____	(19) \$ _____
6-15 Payment (5)	_____	(6) \$ _____	(17) \$ _____	1-15- <del>13</del> Payment (9)	_____	(10) \$ _____	(21) \$ _____

Any substantial change in your *future* income, withholding or deductions?

If so, describe \_\_\_\_\_

**HOUSEHOLD HELP?** babysitting, cleaning, cooking, gardening, etc., in excess of \$1,700 a year? (Y/N)? \_\_\_\_\_

**CHILD OR DISABLED DEPENDENT CARE** paid for care of child(ren) under the age of 13 or a dependent who is physically unable to care for him or herself.

To Whom Paid	Social Security No. or Fed ID	Amount Paid
_____	_____	\$ _____
_____	_____	_____
_____	_____	_____

## INCOME TAX ORGANIZER

**SOCIAL SECURITY** If you are **under** age 66 and receiving **Social Security**, did you have business profits or **wages** in 2012 of more than \$14,640 (Y/N)? \_\_\_\_\_

**QUALIFIED PRODUCTION ACTIVITIES** Does the business you own manufacture, grow, or construct (including architecture and engineering) (Y/N)? \_\_\_\_\_

**GIFT TAX RETURN** Did you make **gifts** of more than \$13,000 to any one individual during the year (Y/N)? \_\_\_\_\_

**IRA, SEP, OR KEOGH CONTRIBUTIONS**

2012 contributions made or to be made to:  
 IRA/Roth IRA/SEP/Keogh Plan (circle applicable)  
 Client \$ \_\_\_\_\_ Spouse \$ \_\_\_\_\_  
 or Maximum Allowed

Amounts **rolled over** in 2012 to a Roth IRA  
 Client \$ \_\_\_\_\_ Spouse \$ \_\_\_\_\_

IRA Distribution? If so, 12-31-11 balance in all IRA Accounts:  
 Client \$ \_\_\_\_\_ Spouse \$ \_\_\_\_\_

**MEDICAL, DENTAL AND HOSPITAL EXPENSES**

Medicare out of Social Sec. Check(s) \$ \_\_\_\_\_  
 Medical, Dental Insurance (7) \_\_\_\_\_  
 Amount to Health Savings Acct \_\_\_\_\_  
**Nursing Home Insurance**  
     - Taxpayer (9) \_\_\_\_\_  
     - Spouse (11) \_\_\_\_\_  
 Travel for Medical Care (12) \_\_\_\_\_ miles  
 Prescription Drugs \_\_\_\_\_  
 Lodging - Medical \_\_\_\_\_  
**Nursing Home Care** \_\_\_\_\_  
 Total Doctor and Dental Hospital \_\_\_\_\_  
 Lab/X-Ray \_\_\_\_\_  
 Eyeglasses/Contacts/Supplies \_\_\_\_\_  
 Ambulance \_\_\_\_\_  
 Hearing Aids/Batteries \_\_\_\_\_  
 Chiropractor \_\_\_\_\_  
 Air Conditioning (medically req'd) \_\_\_\_\_  
 Therapy Pool (medically req'd) \_\_\_\_\_  
 Weight Loss Program (not food) \_\_\_\_\_

Other Medical \_\_\_\_\_

Medical insurance **reimbursement** on any of the above received by you. (13) \$ \_\_\_\_\_

**TAXES PAID BY YOU**

**Vehicle License Fees** (total paid) (20) \$ \_\_\_\_\_

Real Estate Taxes on Your Home (16) \$ \_\_\_\_\_

Real Estate Taxes on Other Property (except rental property listed above) \$ \_\_\_\_\_

**Sales taxes on major purchases** \$ \_\_\_\_\_

Describe \_\_\_\_\_

Trailer and/or Boat Tax (18) \$ \_\_\_\_\_

Foreign Tax Paid (22) \$ \_\_\_\_\_

**INTEREST PAID BY YOU**

	To Whom Paid	Amount
Home-1st Mortgage	_____	\$ _____
Home-2nd Mortgage	_____	\$ _____
2nd Home	_____	(23) \$ _____

Mortgage Insurance Paid in 2012 on Loan That Began After 2006 (36) \$ \_\_\_\_\_

Points Paid on the Origination of a New Loan \_\_\_\_\_ \$ \_\_\_\_\_

**CONTRIBUTIONS - DONATIONS**

**Checks or Cash with Receipts**

\* Cash donations without receipts are not deductible\*

Religious \$ \_\_\_\_\_  
 United Way \_\_\_\_\_  
 AZ Public School \_\_\_\_\_  
     Extracurricular Activities \_\_\_\_\_  
 AZ Scholarship Organization \_\_\_\_\_  
 AZ Working Poor Organization \_\_\_\_\_

Total **All Other** Contributions With Checks or Receipts \$ \_\_\_\_\_

**Clothing/Furniture/etc. – Good or Better Condition**

	Value	Original Cost
Salvation Army	\$ _____	\$ _____
Goodwill	\$ _____	\$ _____
Beacon	\$ _____	\$ _____
_____	(41) \$ _____	\$ _____

**Miles** put on your car to help a charitable organization.

Miles (40) \_\_\_\_\_ miles  
 Organization \_\_\_\_\_

## INCOME TAX ORGANIZER

### MISCELLANEOUS DEDUCTIONS AND CREDITS

Alimony paid \$ \_\_\_\_\_  
 Interest Forfeiture on CD \$ \_\_\_\_\_

Tuition, Fees, and Books (**1<sup>st</sup> four years of post-high school**) \$ \_\_\_\_\_

**Other** Tuition and Fees (post- high school) yours and the kids. \$ \_\_\_\_\_

EE Bond Interest - Educational \$ \_\_\_\_\_  
 Uncollectible Loans or Worthless Securities \$ \_\_\_\_\_

IRA Custodial Fees \$ \_\_\_\_\_

Investment Expenses \$ \_\_\_\_\_  
 Describe: \_\_\_\_\_

Tax Preparation Fee (if not prepared by us) \$ \_\_\_\_\_

Safe Deposit Box \$ \_\_\_\_\_

Gambling Losses (limited to gambling income) \$ \_\_\_\_\_

**ENERGY CREDIT** Energy savings items such as qualified exterior windows and doors, insulation, central air conditioners, heat pumps, water heaters and furnaces. (see [www.energystar.gov](http://www.energystar.gov)) \$ \_\_\_\_\_

**JOB-RELATED EDUCATION EXPENSES** (do not include that to meet **minimum** job requirements or to **qualify for new trade**).

Cost of Tuition, Books, etc. \$ \_\_\_\_\_

**BUSINESS MILEAGE** (do not include to and from work)

Do you have a **mileage log** for the business miles (Y/N)?

	Car #1	Car #2
Total Miles	_____	_____
Business Miles	_____	_____

### BUSINESS VEHICLE EXPENSES (optional)

	Car #1	Car #2
Gas, Oil, Lubrication	\$ _____	\$ _____
Repairs	\$ _____	\$ _____
Insurance	\$ _____	\$ _____
Tires, Supplies, etc.	\$ _____	\$ _____
Lease Payments	\$ _____	\$ _____
Interest on Vehicle	\$ _____	\$ _____
Cost of New Car	\$ _____	\$ _____

### EMPLOYMENT RELATED EXPENSES

	Taxpayer	Spouse
Business Meals <small>*with receipts listing nature of meetings and individuals at meetings*</small>	\$ _____	\$ _____
Teacher supplies	\$ _____	\$ _____
Union/Prof. Dues	\$ _____	\$ _____
Job Related Books, Mags., & Newspapers	\$ _____	\$ _____
Uniform Expense <small>* cost and upkeep*</small>	\$ _____	\$ _____
Small Tools and Supplies for Work	\$ _____	\$ _____
Safety Equip. for Work	\$ _____	\$ _____
Business Long Distance Telephone Calls	\$ _____	\$ _____
Employment Seeking Expense(s)	\$ _____	\$ _____
Other Job Related Expenses (Itemize)	\$ _____	\$ _____
	\$ _____	\$ _____
	\$ _____	\$ _____
	\$ _____	\$ _____

**INCOME TAX ORGANIZER**

**HOME OFFICE EXPENSES:** Only if primary office of business or employment **and** the office area in your home is used **exclusively** for the home office.

Total Home Square Feet (4) \_\_\_\_\_ sq.  
Office Square Feet (3) \_\_\_\_\_ sq.

Rent (21)\$ \_\_\_\_\_ Utilities (25)\$ \_\_\_\_\_  
Insurance (19) \_\_\_\_\_ Repairs (23) \_\_\_\_\_  
Interest (13) \_\_\_\_\_ Taxes (15) \_\_\_\_\_

**OVERNIGHT OUT-OF-TOWN TRIPS**  
(Business and Conventions - must have receipts)

	#1	#2	#3
Where	_____	_____	_____
Purpose	_____	_____	_____
Miles Driven	_____ mi.	_____ mi.	_____ mi.
Airline \$	\$ _____	\$ _____	\$ _____
Lodging \$	\$ _____	\$ _____	\$ _____
Meals \$	\$ _____	\$ _____	\$ _____
Taxi \$	\$ _____	\$ _____	\$ _____
Other \$	\$ _____	\$ _____	\$ _____

Amount Paid by Employer ( \_\_\_\_\_ ) ( \_\_\_\_\_ ) ( \_\_\_\_\_ )

**TEMPORARY OUT-OF-TOWN EMPLOYMENT**

	#1	#2
Where Employed	_____	_____
Employer	_____	_____
Dates Out-of-Town	_____	_____
Miles traveled	_____ mi.	_____ mi.
Cost of Food	\$ _____	\$ _____
Cost of Room	\$ _____	\$ _____

**MOVING EXPENSES** (For work in new location)

Miles Moved (must be over 50 miles) (5) \_\_\_\_\_ miles  
Cost of Moving Household Goods (7)\$ \_\_\_\_\_  
Motels in Route (8)\$ \_\_\_\_\_

**CASUALTY LOSS** Deductible only if casualty loss exceeds 10% of your income:

Storm / Fire / Theft / Car Accident / Other (circle)

	#1	#2
Amount of Loss: \$	\$ _____	\$ _____
Insurance paid: \$	\$ _____	\$ _____

**ARIZONA USE TAX** Cost of item(s) purchased over the internet for which you did not pay Arizona Sales Tax.  
\$ \_\_\_\_\_

# INCOME TAX ORGANIZER

## QUESTIONS: