

Miscellaneous Information

Name: _____

SSN: _____

Yes No

General Information

Yes	No	1. Were there any changes to your filing status or dependents during 2007?
Yes	No	2. Can you or your spouse be claimed as a dependent by someone else?
Yes	No	3. Did you incur any child care expenses?
Yes	No	4. Did you have a change in residence or job location during the year?
Yes	No	5. Did you move during 2007? From where? _____ Date of move _____
Yes	No	6. Did you reside in more than one state during 2007? If yes, which states _____
Yes	No	7. Did you receive any notices from the IRS or the state taxing agency? If yes, please attach.

Yes No

Income Information

Yes	No	1. Have you received all W-2's from all employers? How many W-2's are attached? _____
Yes	No	2. Did you use your vehicle on the job other than for commuting to work?
Yes	No	3. Did you have an employer-provided vehicle which you drove home or used personally? If so, enter the lease value \$ _____
Yes	No	4. Did you work out of town at any time during the year?
Yes	No	5. Did you earn income from a state other than the state in which you live? If yes, what state and how much? _____
Yes	No	6. Did you or your spouse receive any tips not reported to your (or your spouse's) employer?
Yes	No	7. Did you receive any disability income during the year? \$ _____. Attach 1099R
Yes	No	8. Did you have an interest in or signature over a bank or brokerage account in a foreign country, or were you a grantor of or transferor to a foreign trust?
Yes	No	9. Did you earn interest from, or are you an authorized signature holder on a foreign bank account?
Yes	No	10. Did you have any income from or pay taxes to a foreign country?
Yes	No	11. Did you engage in any bartering transactions during 2007?
Yes	No	12. Did you surrender any U.S. Savings Bonds during 2007?
Yes	No	13. Did you receive any state or local income tax refunds from prior years?
Yes	No	14. Do you or your spouse have any IRA accounts?
Yes	No	15. Did you recharacterize any IRA's this year?
Yes	No	16. Did you or your spouse "roll over" a profit-sharing or retirement plan distribution into another plan?
Yes	No	17. Did you receive a Schedule K-1 from a partnership, S corporation or trust? If so, please attach
Yes	No	18. Did you or your spouse receive any social security benefits during the year? Attach Form(s) SSA-1099.
Yes	No	19. Did you receive any type of prize, award or gambling winnings during 2007?
Yes	No	20. Did you receive any of the following: Unemployment Income, Combat Pay, Jury Duty and/or Alimony or Maintenance Received? If so, what and how much? _____
Yes	No	21. Did you receive any income not shown in this organizer? If so, please list _____
Yes	No	22. Does anyone owe you money which has become uncollectible?

Comments: _____

Miscellaneous Information

Name: _____

SSN: _____

Yes No

Business Information

		1. Did you start a new business or purchase any rental property during 2007?
		2. Have you purchased any business assets (furniture, equipment, etc) or converted any assets to business use? If yes, please list on an attached sheet the date placed in service, cost or basis of asset, business use percentage, etc.
		3. Did you dispose of any business assets (including real estate)? If yes, please list on an attached sheet the date removed from service, selling price and expense of sale
		4. If you owned rental property, what percentage of time did you spend managing your rentals? _____
		5. Did you purchase any gasoline, diesel or special fuels for non-highway business use?

Yes No

Other Information

		1. Were any tuition costs paid during 2007 (even if classes were attended in another year)?
		2. Did anyone in your household attend higher education classes in 2007?
		3. Did you incur a loss due to damaged or stolen property?
		4. Did you purchase, sell or refinance your principal home or your second home or make a home equity loan during the year? If yes, please provide all escrow, closing and other pertinent documentation and information
		5. Did you make any gifts to any one person in 2007 in excess of \$12,000? If so, are you splitting this gift with your spouse?
		6. Did you pay wages to any household employees? (babysitter, housekeeper, nanny, etc)

Information to bring to your appointment:

	Driver's License & Social Security Card (for identity verification)
	Copy of your 2006 income tax return (for comparison and review for all includible information)
	Preprinted IRS label received
	Original W-2's and other statements of income received from employers
	1099's and other statements reporting interest/dividend/miscellaneous income
	Records of other income received (tips, self-employment, SSI, combined bank reporting statements)

To itemize deductions bring receipts and documentation for these types of expenses:

	Prescriptions, First Aid
	State/Local Income taxes
	Mortgage Interest
	Tax Preparation fees
	Gambling losses (up to amount of winnings)
	Cash donations to Charity (Provide all receipts)
	Medical/Dental/Vision expenses and Insurance premiums Mileage and lodging for seeking medical care (but not meals)
	Real Estate and Personal Property Taxes paid in 2007
	Unreimbursed Employee/Work-related expenses (if self-employed, do not include items reported on Schedule C)
	Fair market value of property donated to Charity
	Purchase price of new goods donated or used in volunteer work

Comments: _____

Personal Data

Your Name		SSN	
Spouse's Name		SSN	
Address		Apt no.	
Address			
City	State	ZIP	
County		School District	
Taxpayer phone Daytime:	Ext:	Evening:	Ext: Cell:
Spouse phone Daytime:	Ext:	Evening:	Ext: Cell:
Taxpayer email		Spouse email	
Taxpayer occupation		Spouse occupation	
Your Date of Birth	<input type="checkbox"/> Blind	<input type="checkbox"/> Active military	Do you want \$3 to go to the Presidential Election Campaign Fund? <input type="checkbox"/>
Spouse's Date of Birth	<input type="checkbox"/> Blind	<input type="checkbox"/> Active military	Does your spouse want \$3 to go to the Presidential Election Campaign Fund? <input type="checkbox"/>

Date and time of this year's appointment

Your Dependents

Dependent # 1			Dependent # 2			Dependent # 3		
First name		M.I.	First name		M.I.	First name		M.I.
Last name		Suffix	Last name		Suffix	Last name		Suffix
SSN/ITIN			SSN/ITIN			SSN/ITIN		
Relationship			Relationship			Relationship		
No. of months lived with you			No. of months lived with you			No. of months lived with you		
Age/DOB			Age/DOB			Age/DOB		
Qualifying child care expenses incurred and paid in 2007			Qualifying child care expenses incurred and paid in 2007			Qualifying child care expenses incurred and paid in 2007		
Portion of qualifying expenses provided by your employer			Portion of qualifying expenses provided by your employer			Portion of qualifying expenses provided by your employer		
Hope Credit qualified expenses paid			Hope Credit qualified expenses paid			Hope Credit qualified expenses paid		
Lifetime Learning Credit qualified expenses paid			Lifetime Learning Credit qualified expenses paid			Lifetime Learning Credit qualified expenses paid		
Tuition and Fees Deduction			Tuition and Fees Deduction			Tuition and Fees Deduction		
Minor child with income over \$850? <input type="checkbox"/>			Minor child with income over \$850? <input type="checkbox"/>			Minor child with income over \$850? <input type="checkbox"/>		

Income Taxes Paid

Federal

State

Local

2007 Estimates:	Amount paid	Date paid	Check no.	Amount paid	Date paid	Check no.	Amount paid	Date paid	Check no.
April 17, 2007									
June 15, 2007									
Sept. 17, 2007									
Jan. 15, 2008									
2006 overpayment applied									
2006 Balance due									
2006 Refund									

Child & Dependent Care

Name:

SSN:

Child Care Provider's Social Security Number or Employer ID Number					
Child Care Provider's Name					
Child Care Provider's Address					
Child Care Provider's City State Zip		Child Care Provider's Phone			
Amount Paid in 2007		Amount Paid in 2006			
Child Care Provider's Social Security Number or Employer ID Number					
Child Care Provider's Name					
Child Care Provider's Address					
Child Care Provider's City State Zip		Child Care Provider's Phone			
Amount Paid in 2007		Amount Paid in 2006			
Child Care Provider's Social Security Number or Employer ID Number					
Child Care Provider's Name					
Child Care Provider's Address					
Child Care Provider's City State Zip		Child Care Provider's Phone			
Amount Paid in 2007		Amount Paid in 2006			
Child Care Provider's Social Security Number or Employer ID Number					
Child Care Provider's Name					
Child Care Provider's Address					
Child Care Provider's City State Zip		Child Care Provider's Phone			
Amount Paid in 2007		Amount Paid in 2006			
Child Care Provider's Social Security Number or Employer ID Number					
Child Care Provider's Name					
Child Care Provider's Address					
Child Care Provider's City State Zip		Child Care Provider's Phone			
Amount Paid in 2007		Amount Paid in 2006			

Wages and Salaries

Please attach all W-2(s).

Name:

SSN:

TS Employer's name and address: _____ EIN _____

	2007	2006		2007	2006
Wages, tips, other compensation			State		
Federal income tax withheld			State wages		
Social Security wages			State income tax		
Social Security tax withheld			Locality name		
Medicare wages and tips			Local wages		
Medicare tax withheld			Local income tax		
Social Security tips			State		
Allocated tips			State wages		
Advance EIC payment			State income tax		
Dependent care benefits			Locality name		
Are you a statutory employee?	<input type="checkbox"/>	<input type="checkbox"/>	Local wages		
Are you covered by a retirement plan?	<input type="checkbox"/>	<input type="checkbox"/>	Local income tax		
Did you receive third-party sick pay?	<input type="checkbox"/>	<input type="checkbox"/>			

TS Employer's name and address: _____ EIN _____

	2007	2006		2007	2006
Wages, tips, other compensation			State		
Federal income tax withheld			State wages		
Social Security wages			State income tax		
Social Security tax withheld			Locality name		
Medicare wages and tips			Local wages		
Medicare tax withheld			Local income tax		
Social Security tips			State		
Allocated tips			State wages		
Advance EIC payment			State income tax		
Dependent care benefits			Locality name		
Are you a statutory employee?	<input type="checkbox"/>	<input type="checkbox"/>	Local wages		
Are you covered by a retirement plan?	<input type="checkbox"/>	<input type="checkbox"/>	Local income tax		
Did you receive third-party sick pay?	<input type="checkbox"/>	<input type="checkbox"/>			

Pension, Annuities, Retirement, Etc. Distributions

Please attach all 1099-R(s), SSA statements, etc.

Name:	SSN:
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TS		Payer's name:		Payer's FEIN:
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Address:
City, State, Zip

	2007	2006		
Disability indicator	<input type="checkbox"/>	<input type="checkbox"/>	State	
Report as wages on 1040	<input type="checkbox"/>	<input type="checkbox"/>	State income tax withheld	
Gross distribution			State distribution	
Taxable amount			Local income tax withheld	
Total distribution			Name of locality	
Capital gain			Local distribution	
Federal income tax withheld			State	
Employee contributions or insurance premiums			State income tax withheld	
Distribution code(s)			State distribution	
IRA/SEP/SIMPLE Roth: Y/N <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Local income tax withheld	
Your percentage of total distribution			Name of locality	
			Local distribution	

TS		Payer's name:		Payer's FEIN:
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Address:
City, State, Zip

	2007	2006		
Disability indicator	<input type="checkbox"/>	<input type="checkbox"/>	State	
Report as wages on 1040	<input type="checkbox"/>	<input type="checkbox"/>	State income tax withheld	
Gross distribution			State distribution	
Taxable amount			Local income tax withheld	
Total distribution			Name of locality	
Capital gain			Local distribution	
Federal income tax withheld			State	
Employee contributions or insurance premiums			State income tax withheld	
Distribution code(s)			State distribution	
IRA/SEP/SIMPLE Roth: Y/N <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Local income tax withheld	
Your percentage of total distribution			Name of locality	
			Local distribution	

Social Security Benefit Statement

			2007	2006		2007	2006	
TS		Net benefits			Medicare premiums			Income tax withheld
TS		Net benefits			Medicare premiums			Income tax withheld

Itemized Deductions

Name:		SSN:	
MEDICAL and DENTAL	2007	2006	GIFTS TO CHARITY (attach receipts)
Health insurance premiums			Total gifts by cash or check
Long term care premiums			30% limitation
Medical miles			Charitable miles
Other medical and dental expenses (list):			Other than by cash or check
			Carryover from prior year subject to:
			50% limitation
			30% limitation
			20% limitation
			JOB EXPENSES (list):
TAXES			
State and local income taxes			
Sales tax			
Real estate taxes			
Homestead property			
Personal property taxes			
Other taxes (list):			
INTEREST			Tax preparation fees
Home mort. int. & points on Form 1098			OTHER MISC. DEDUCTIONS (list):
Home mort. int. not on Form 1098			
Name:			
Address:			
SSN/EIN:			
Points not reported on Form 1098			
Investment interest			2% MISCELLANEOUS DEDUCTIONS
Other interest (list):			