Accounting & Tax Pros, Inc.
4600 N Pershing Ste C, Stockton (209) 948-3159

ORGANIZER Tax Year 2009

Taxpayer Information

Personal Information

	First name	Initial	Last name	Social Security Number
Taxpayer				
Spouse				

Street Address	Apt. Number

City	State	Zip Code

General	**Taxpayer**	**Spouse**
Occupation	______________________	______________________
Date of birth	_____/_____/_____	_____/_____/_____
Disabilities	Blind _____ Deaf _____	Blind _____ Deaf _____
Date of death	_____/_____/_____	_____/_____/_____

	Home	Business	Fax
Taxpayer Telephone	(______)	(______)	(______)
Spouse Telephone	(______)	(______)	(______)

***E-Mail Address** ______________________________ **(We send out periodical tax newsletters and tax updates)**

X if you authorize taxing authority to discuss return with paid preparer .... _____

Filing Status - Form 1040 - U.S. Citizen or Resident Alien

Indicate **X** for marital status at 12/31:

- Single .... _____
- Married, filing jointly .... _____
- Married, filing separately .... _____
- Head of household .... _____
- Widow .... _____
- If nonresident alien spouse, check here. .... _____

Dependent Children under 24 and full time students OR dependents that made little money in 2008 (ask)

First name	MI	Last Name	Social Security Number	Date Of Birth

If you have more than 4 dependents please attach additional sheet

Information for Direct Deposit of Refund (1 ½ to 2 week average return)
attach a voided check(s) We can split deposits into 2 accounts

ITEMIZED DEDUCTIONS / CREDITS

If You Have Any Questions Or Concerns About The Following Pages Please Call Us

MEDICAL & DENTAL	AMOUNT
Medicines and Prescription Drugs	$
Doctors, Dentists, Nurses, Hospitals	$
Eyeglasses/Contact Lenses	$
Hearing Aids/Batteries	$
Other Medical Expenses	$
Other Medical Expenses	$
Medical Insurance Premiums	$
Long Term Care Ins. $3980 per person max	$
Cobra Insurance Payments	$
Miles Driven to Dr/Dentist/Hospital/Rx/Etc	mi.

TAXES YOU PAID	AMOUNT			
Real Estate Taxes on Home	$			
Sales Tax Paid on New Car	$			
Personal Property Taxes (boat, mob. home)	$			
Auto License(s); # of autos______; TOTAL	$			
Estimated Taxes Paid:				
	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr
Fed: Amount:	$	$	$	$
Date Pd:				
State: Amount:	$	$	$	$
Date Pd:				

CHARITABLE CONTRIBUTIONS *	
Cash or Check Contributions:	**AMOUNT**
Church/Temple	$
United Way	$
Red Cross	$
Cancer/Heart Fund	$
Boy/Girl Scouts	$
Other	$
Other	$
Other	$
Other Than Cash: clothing, furniture,...	**VALUE**
Goodwill	$
Salvation Army	$
Other	$
Other	$
Other	$
Charitable Travel:	mi.
	$
	$
*MUST HAVE RECEIPTS IN WORK	

INTEREST YOU PAID	AMOUNT
Home Mortgage 1st Loan *	$
Home Mortgage 2nd Loan *	$
Mortgage Ins (if bought in 2008 or 2009)	$
*** Attach Form 1098-mortgage statement**	
Home Mortgage Points Paid:	
(A) For purchase or improvements	$
(B) For refinance	$
(1) length of loan (loan term)	yrs.
Attach closing escrow statement for purchase, sales, or Refinance	
Investment Interest (margin interest)	$

CHILD CARE CREDITS	AMOUNT
Total child care expenses paid	$
Child Care Organization's/Person's Information:	
(A) Name:	
(B) Address:	
(C) Tax ID No./Soc. Sec. No.:	
(D) Telephone (reqd for State Return)	
*If more than one provider attach additional sheet	

MISCELLANEOUS DEDUCTIONS	AMOUNT
Unreimbursed Employee Business Expense:	Attach detail
Union and Professional Dues	$
Automobile (if used for job only – no commuting):	
Auto Mileage TOTAL	mi.
Auto Mileage Business	mi.
Auto Mileage Commuting	mi.
Auto Expenses (gas, oil, insurance, etc.)	$
Auto Loan Interest	$
Auto Lease Payments	$
Cost of Auto	$
Date Purchased	
Job Seeking Costs	$
Tax Return Preparation Fee Paid in 2008	$
Investment Expense, Management Fees, etc.	$
Safe Deposit Box	$
Gambling Losses-only to extent of winnings	$
Other	$
Other	$

Miscellaneous Questions

If we do not have copies of your Federal and State income tax returns for 2009 please include them with this Organizer.

Indicate **X if:**

1. You would like to file your tax return electronically, if possible .... _____

2. You would like to have any overpayment of federal tax refunded.. _____

3. You would like to have any overpayment of federal/state tax applied to your 2009 estimated tax ..... _____

4. During 2009, you received any notices or settled any examinations concerning your prior years' Federal, State, Local, or Foreign tax returns. If so, attach copies of notices....................... _____

5. You or your spouse made any gifts (not charitable contributions) in excess of $12,000 to any one donee during the year. If so, provide details on a another sheet .... _____

6. You received grants of stock options from your employer or disposed of any stock acquired under a qualified employee stock purchase plan.. _____
   If so, provide details on a continuation sheet and copies of documentation.

7. You exercised any stock options during 2009. If so, provide details on a continuation sheet............. _____

8. You received any payments from a pension or profit-sharing plan this year or expect to receive next year.. _____
   If so, provide details on another sheet and attach statements from the plan.

9. You received a Form 1099-DIV that includes dividends you received as a nominee; that is, in your name, but the dividends actually belong to someone else... _____

10. You had income from rental property that is not listed elsewhere in this organizer .... _____
    If yes and a form is not attached please call us for worksheet.

11. In 2009, if you are on Social Security or a government retiree did you received the $250.00 ……. _____
    stimulus check

12. In 2010 do you expect your income to change if so please explain .... ……….. _____

13. You had a foreign bank account, securities account or signature authority over such an account at any time during 2009. If so, provide details on a continuation sheet................................. _____

14. You paid household employee wages of $1,500 or more or withheld federal income tax In 2009. If so**,** provide details on an additional sheet .... _____

15. You sold your primary residence this year. .... _____
    If so, please attach copies of closing statements from the original purchase and from this sale

16. You sold your secondary residence this year. If so, please attach copies of closing statements from the original purchase and from this sale... _____

17. You moved in connection with your employment in 2009 .... _____
    Where you moved to.. ____________________________
    When you moved ………………………………………………………________________________
    If so, attach copies of documentation of expenses incurred related to the relocation (e.g. shipping, travel, lodging, meal expenses, etc). Also provide on a continuation sheet the number of miles from old residence to old work place and to new work place.

18. You incurred any non-business bad debts.. _____
If so, provide the following details on a continuation sheet:
• A description of the debt, including the amount and the date it became due,
• The name of the debtor, and any business or family relationship between you and the debtor,
• The efforts you made to collect the debt, and
• Why you decided the debt was worthless.

19. You incurred any casualty or theft losses in 2009... _____
If so, provide details on another sheet - date of loss, type of property, type of loss, fair market value before and after the loss, the date the property was acquired, and any insurance proceeds received.

20. You paid mortgage interest on a loan where the proceeds were not used to buy, build or improve your new home.. _____

21. You received a corrective distribution from a deferred compensation plan such as a 401(k) plan. If so, please provide related documents and details .... _____

22. During 2009, did you pay Sales Tax on the purchase of 'big ticket' items such as a car or boat? If so, please provide detail………………………………………………………………………..._____

24. During 2009 did your home go through a foreclosure? If so please be sure to bring documents and a 1099-C form if you received.

	INCOME **Attach the following 2009 forms and information as applicable**
1	**W-2s From employers**
2	**1099s** for Dividends, Interest, and Sales Note: If any sales are reported, we will need dates purchased and cost basis
3	**1099s** for Social Security, Retirement Distributions, State Refunds, Misc. Income, Gambling Winnings, Distributions from Qualified Education Programs, etc. Please also make note of any taxable income where 1099s were not received, such as alimony.
4	**Business income and expenses** (attach summary)
5	**Rental income and expenses** (attach summary)
6	**Schedule K-1s** from partnerships, estates and trusts, or S corporations (if you do not receive in Jan or Feb it is ok, we can get started on your taxes until you receive. K-1s are allowed to be extended)
7	**Amount of out of state purchases. ATTN: INTERNET SHOPPERS – they got us.** The Franchise Tax Board is now collecting USER tax on out of state purchases made in 2008. The user tax is intended to protect California vendors who would otherwise be at a competitive disadvantage when out of state vendors make sales to CA residents without charging taxes. The use tax is the same as the buyers local sales tax rate **Please provide the amount of your purchase that did not charge you a tax. $_____________________**
8	**Copy of 2007 Federal and State Income Tax Returns** (if not already provided to us).

IF YOU NEED ANY ADDITIONAL FORMS SUCH AS BUSINESS EXPENSE FORMS FOR SMALL BUSINESSES OR RENTAL WORKSHEETS AND THEY ARE NOT INCLUDED
PLEASE CALL US AND WE WILL SEND OUT VIA FAX, EMAIL, OR MAIL.