

2004 TAXPAYER ORGANIZER

THIS EASY-TO-USE ORGANIZER HAS BEEN PREPARED TO ASSIST YOU IN COLLECTING INFORMATION FOR YOUR 2004 INDIVIDUAL INCOME TAX RETURN.

ENTER THIS YEAR'S INFORMATION IN THE AREA PROVIDED ON THE ATTACHED PAGES. IF YOU NEED MORE SPACE, PLEASE USE THE BACK OF THE PAGES. PLEASE LINE THROUGH ANY PREPRINTED DATA THAT DOES NOT APPLY TO THE CURRENT YEAR. IF NECESSARY, PLEASE ATTACH ADDITIONAL SHEETS WITH PERTINENT FACTS THAT MAY NOT HAVE BEEN REQUESTED IN THIS ORGANIZER.

IF YOU HAVE ANY QUESTIONS, PLEASE MAKE NOTE OF THEM WITHIN THE BOOKLET SO THAT WE CAN DISCUSS THEM WHEN WE PREPARE YOUR TAX RETURN.

PLEASE PROVIDE ALL RECORDS AND NECESSARY INFORMATION REQUESTED, INCLUDING:

- W-2's for wages, salaries, tips and pensions
- 1098's for mortgage interest paid to financial institutions
- 1099's for interest, dividends, state tax refunds and other payments
- K-1's from partnerships, estates, trusts and s-corporations
- Additional correspondence from tax agencies, if any

USING THIS ORGANIZER WILL ASSIST YOU IN COMPILING COMPLETE AND ACCURATE TAX DATA THAT WILL MAKE IT POSSIBLE TO TAKE FULL ADVANTAGE OF ALL ALLOWABLE DEDUCTIONS.

GENERAL INFORMATION

CLIENT _____

ALL OF THE FOLLOWING QUESTIONS REFER TO 2004 ONLY.
 IN EACH CASE, IF YOU ANSWER "YES", PLEASE PROVIDE ANY PERTINENT DOCUMENTS. THANK YOU.

Did your marital status change during 2004?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Is your income tax return to be mailed to an address other than the one shown on the cover sheet?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If "Yes", indicate address: _____				

Would you like to have your tax return filed electronically?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If you are unmarried, did a relative or child live with you in your home?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Were there any births or deaths in your household or did any children cease to be your dependents in 2004?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Did any of your dependent children under age 14 have unearned income over \$1,500?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Did you pay more than half the cost of supporting a parent?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Did you maintain a household for a child who was either under age 17 or a student under age 24, or did you have an adult disabled dependent?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Did you incur child care expenses in 2004?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Did you make cash contributions of over \$250 at any one time to a charitable organization?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If "Yes", please obtain documentation from the organization verifying the contribution and attach.				
Did you contribute property (other than cash) with a value of more than \$250 to a charity?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Did you receive any interest income from an installment sale?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Did you convert any traditional IRA funds to a Roth IRA in 2004?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Did you buy, sell, or trade any assets during the year?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If "Yes", please provide information concerning the disposition of the assets.				
Did you buy, sell, or trade any bonds during the year?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If "Yes", please attach a copy of your broker's advice letter.				
Did you cash any series EE or I U.S. bonds that were issued after 1989 and paid qualified higher education expenses? If "yes", attach details	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Are you or your spouse unable to participate in any gainful activity?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Do you own a vacation home that was rented to someone else at any time during the year?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Did you pay wages of \$1,000 or more in any calendar quarter this year to any one household employee?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Did you have any educational expenses in connection with employment profession, trade or business?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Did you pay any educational expenses for a dependent child?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Did you receive any alimony or separate maintenance payments?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If "Yes", please indicate the amount you received \$ _____				
Did you make any alimony or separate maintenance payments?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If "Yes", please indicate recipient's social security number _____ and amount paid \$ _____				
Did you have a premature withdrawal of a savings certificate?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If "Yes", please indicate the amount you received \$ _____				
Did you have any moving expenses for 2004?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If "Yes", please attach a statement listing these expenses.				
Disability payments received in 2004, if any	Self	\$ _____	Spouse	\$ _____

PERSONAL DATA

CLIENT _____

PLEASE ADD, CHANGE, OR DELETE ANY INFORMATION THAT IS NECESSARY TO UPDATE YOUR FILE FOR 2004.

	FIRST NAME AND INITIAL	LAST NAME (Spouse if different)	TITLE	SOCIAL SECURITY NO.
Taxpayer				
Spouse				
Street Address ..			Apt No	
City			County	
State			ZIP Code	IRS
TP e-mail address				
SP e-mail address				
TELEPHONE NUMBERS				
	TAXPAYER	Day or Evening	SPOUSE	Day or Evening
Home phone ...				
Work phone				
Cell phone				
Fax				

	TAXPAYER	SPOUSE
Occupation		
Date of birth		
Over age 65	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Blind	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Permanently and totally disabled	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
If died this year, enter date of death		
Hope Education expense		
Lifetime Education expense		
Contribute \$3 to Presidential Election Campaign Fund	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes

FILING STATUS

Enter the number that corresponds with the filing status chosen:
(1 - 2 - 3 - 4 - 5)

- 1 = Single
 - Claimed as a dependent on another person's return.
 - Taxpayer claimed as dependent of someone else but qualifies for Education Credit
- 2 = Married Filing Jointly
 - Spouse is claimed as a dependent on another person's return
 - Spouse claimed as dependent of someone else but qualifies for Education Credit
- 3 = Married Filing Separately
 - Dual status alien
 - Taking standard deduction
 - Itemizing required for Schedule A
 - Claiming spouse as a dependent
 - Didn't live with spouse entire year
- 4 = Head of Household

Qualifying person's name, social security number and relationship should be listed on the Dependent Information sheet.
- 5 = Qualifying Widow(er) with Dependent Child

Year spouse died (2002 or 2003) _____

BANK INFORMATION

Routing number	
Type of account: C = Checking S = Savings	
Account number	

DEPENDENT INFORMATION

CLIENT _____

PLEASE ADD, CHANGE, OR DELETE ANY INFORMATION THAT IS NECESSARY TO UPDATE YOUR FILE FOR 2004.

	DEPENDENT #1	DEPENDENT #2	DEPENDENT #3	DEPENDENT #4
First Name & Initial.				
Last Name if Diff . . .				
Birthdate				
Soc Sec Number . . .				
Relationship.				
# Months in Home.				
Disabled	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
College Student . . .	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
*Ineligible for CTC.	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Child Care Expense				
Hope Educ Expense				
Lifetime Educ Exp . .				
** Status Code . . .				
(See Codes below)				

	DEPENDENT #5	DEPENDENT #6	DEPENDENT #7	DEPENDENT #8
First Name & Initial.				
Last Name if Diff . . .				
Birthdate				
Soc Sec Number . . .				
Relationship.				
# Months in Home.				
Disabled	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
College Student . . .	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
*Ineligible for CTC.	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Child Care Expense				
Hope Educ Expense				
Lifetime Educ Exp . .				
** Status Code . . .				

	DEPENDENT #9	DEPENDENT #10	DEPENDENT #11	DEPENDENT #12
First Name & Initial.				
Last Name if Diff . . .				
Birthdate				
Soc Sec Number . . .				
Relationship.				
# Months in Home.				
Disabled	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
College Student . . .	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
*Ineligible for CTC.	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Child Care Expense				
Hope Educ Expense				
Lifetime Educ Exp . .				
** Status Code . . .				

* An entry in this box disallows Child Tax Credit for this child.

Number of children listed above who lived at home (default)	
Number of children listed above who did not live at home due to divorce or separation	
Number of other dependents listed above	

** Status Codes: 0 = Claimed 1 = Not claiming child this year 2 = Not claimed but child qualifies for EIC 3 = Not claimed but qualifying child for Head of Household 4 = Not claimed but qualifies for Depn Care Benefits (DCB)	5 = Not claimed but qualifies for both EIC and HOH 6 = Not claimed but qualifies for both EIC and DCB 7 = Not claimed but qualifies for HOH and DCB 8 = Not claimed but qualifies for all three 9 = Claimed but ineligible for EIC
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