



## Tax Organizer Questions

<b>At any time during the year did you have the following?</b>		<b>YES</b>	<b>NO</b>
<b>1</b>	Wages, tips or other compensation?	___	___
<b>2</b>	Interest income?	___	___
<b>3</b>	Dividend income?	___	___
<b>4</b>	Self employment income?	___	___
<b>5</b>	Rental income? (If yes, Attach detail)	___	___
<b>6</b>	Income from S corp., LLC, Partnerships, Estates or Trust?	___	___
<b>7</b>	Social security income?	___	___
<b>8</b>	Distribution from pension/IRA?	___	___
<b>9</b>	Unemployment compensation?	___	___
<b>10</b>	Alimony?	___	___
<b>11</b>	Farm operations?	___	___
<b>12</b>	Gambling winnings/losses?	___	___
<b>13</b>	Miscellaneous income (prizes, awards, jury duty etc...)	___	___
<b>14</b>	Sale of real estate? (Attach closing statements)	___	___
<b>15</b>	Sales of stocks, bonds and other capital gain income?	___	___
<b>16</b>	Are you receiving installment payments on sale of property?	___	___
<b>17</b>	Do you have any household employees?	___	___
<b>18</b>	Do you provide a home for or help support anyone not listed in the dependent section (2)?	___	___
<b>19</b>	Did you pay interest on student loans?	___	___
<b>20</b>	Did you pay tuition expenses for higher education?	___	___
<b>21</b>	Did you make a gift of more than \$11000 to one or more people?	___	___
<b>22</b>	Did you go through bankruptcy proceedings?	___	___
<b>23</b>	Did you receive any notices from the IRS of State Department? If yes, please attach notice(s).	___	___
<b>24</b>	Do you have a home mortgage? If, yes did you refinance your home this year?	___	___
<b>25</b>	Do you use a portion of your home exclusively for a business? If yes, Total sq ft. _____ Office sq ft. _____	___	___
<b>26</b>	Did you itemize deductions last year and receive a state refund?	___	___
<b>27</b>	Did you give over \$500 in non cash contributions to charity?	___	___
<b>28</b>	Did you have out of pocket expense or use personal auto on the job?	___	___
<b>29</b>	Did you make estimated tax payments for the current year?	___	___
<b>30</b>	Did you contribute to an IRA , SEP, Keogh, Simple retirement plan?	___	___
<b>31</b>	Did you pay child or dependent care expenses? (attach detail)	___	___
<b>32</b>	Can you be claimed as a dependent by someone else?	___	___
<b>33</b>	Did you pay for private or employer sponsored health insurance on you or you dependent children?	___	___
<b>34</b>	Did you pay long-term care insurance premiums?	___	___
<b>35</b>	If you qualify, do you want to file your returns electronically at no charge?	___	___
<b>36</b>	Please provide me with a 5 digit pin for the electronic signature> Taxpayer _____ Spouse _____	___	___
<b>37</b>	Do you want your refund directly deposited to your bank account?	___	___
<b>38</b>	Do you want the federal balance due if any, drafted from your account? If yes to <b>37</b> or <b>38</b> , attach copy of voided check.	___	___
<b>39</b>	May the IRS discuss this return with the preparer (Deborah A. Groce)?	___	___



**11. Other Income**

List All Other Income (including non-taxable)  
Alimony Received \_\_\_\_\_  
Child Support \_\_\_\_\_  
Scholarship (Grants) \_\_\_\_\_  
Unemployment Compensation (repaid) \_\_\_\_\_  
Prizes, Bonuses, Awards \_\_\_\_\_  
Gambling, Lottery: expenses \_\_\_\_\_  
Unreported Tips \_\_\_\_\_  
Director / Executor's Fee \_\_\_\_\_  
Commissions \_\_\_\_\_  
Jury Duty \_\_\_\_\_  
Worker's Compensation \_\_\_\_\_  
Disability Income \_\_\_\_\_  
Veteran's Pension \_\_\_\_\_  
Payments from Prior Installment Sale \_\_\_\_\_  
State Income Tax Refund \_\_\_\_\_  
Other \_\_\_\_\_  
Other \_\_\_\_\_

**12. Medical/Dental Expenses**

Medical Insurance Premiums (paid by you) \_\_\_\_\_  
Prescription Drugs \_\_\_\_\_  
Insulin \_\_\_\_\_  
Glasses, Contacts \_\_\_\_\_  
Hearing Aids, Batteries \_\_\_\_\_  
Braces \_\_\_\_\_  
Medical Equipment, Supplies \_\_\_\_\_  
Nursing Care \_\_\_\_\_  
Medical Therapy \_\_\_\_\_  
Hospital \_\_\_\_\_  
Doctor/Dental/Orthodontist \_\_\_\_\_  
Mileage (no. of miles) \_\_\_\_\_

**13. Taxes Paid**

Real Property Tax (attach bills) \_\_\_\_\_  
Personal Property Tax \_\_\_\_\_  
Other \_\_\_\_\_

**14. Interest Expense**

Mortgage interest paid (attach 1098) \_\_\_\_\_  
Interest paid to individual for your home (include amortization schedule) \_\_\_\_\_  
Paid to:  
Name \_\_\_\_\_  
Address \_\_\_\_\_  
Social Security No. \_\_\_\_\_  
Investment Interest \_\_\_\_\_

**15. Casualty/Theft Loss**

For property damaged by storm, water, fire, accident, or stolen.  
Location of Property \_\_\_\_\_  
Description of Property \_\_\_\_\_  
Amount of Damage \_\_\_\_\_  
Insurance Reimbursement \_\_\_\_\_  
Repair Costs \_\_\_\_\_  
Federal Grants Received \_\_\_\_\_

**16. Charitable Contributions**

Church \_\_\_\_\_  
United Way \_\_\_\_\_  
Scouts \_\_\_\_\_  
Telethons \_\_\_\_\_  
University, Public TV/Radio \_\_\_\_\_  
Heart, Lung, Cancer, etc. \_\_\_\_\_  
Wildlife Fund \_\_\_\_\_  
Salvation Army, Goodwill \_\_\_\_\_  
Other \_\_\_\_\_  
Non-Cash \_\_\_\_\_  
Volunteer (no. of miles) \_\_\_\_\_

**17. Job-Related Moving Expenses**

Date of move \_\_\_\_\_  
Move Household Goods \_\_\_\_\_  
Travel to New Home (no. of miles) \_\_\_\_\_  
Lodging During Move \_\_\_\_\_

**18. Employment Related Expenses That You Paid (Not self-employed)**

Dues - Union, Professional \_\_\_\_\_  
Books, Subscriptions, Supplies \_\_\_\_\_  
Licenses \_\_\_\_\_  
Tools, Equipment, Safety Equipment \_\_\_\_\_  
Uniforms (include cleaning) \_\_\_\_\_  
Sales Expense, Gifts \_\_\_\_\_  
Tuition, Books (work related) \_\_\_\_\_  
Entertainment \_\_\_\_\_  
Office in home:  
In Square a) Total home \_\_\_\_\_  
Feet b) Office \_\_\_\_\_  
c) Storage \_\_\_\_\_  
Rent \_\_\_\_\_  
Insurance \_\_\_\_\_  
Utilities \_\_\_\_\_  
Maintenance \_\_\_\_\_

## 19. Child & Other Dependent Care Expenses

Name of Care Provider	Address	Soc. Sec. No. or Employer ID	Amount Paid

Also complete this section if you receive dependent care benefits from your employer.

## 20. Business Mileage

Do you have written records?  Yes  No

Did you sell or trade in a car used for business?  Yes  No

If yes, attach a copy of purchase agreement

- Make/Year Vehicle \_\_\_\_\_
- Date purchased \_\_\_\_\_
- Total miles (personal & business) \_\_\_\_\_
- Business miles (not to and from work) \_\_\_\_\_
- From first to second job \_\_\_\_\_
- Education (one way, work to school) \_\_\_\_\_
- Job Seeking \_\_\_\_\_
- Other Business \_\_\_\_\_
- Round Trip commuting distance \_\_\_\_\_
- Gas, Oil, Lubrication \_\_\_\_\_
- Batteries, Tires, etc. \_\_\_\_\_
- Repairs \_\_\_\_\_
- Wash \_\_\_\_\_
- Insurance \_\_\_\_\_
- Interest \_\_\_\_\_
- Lease payments \_\_\_\_\_
- Garage Rent \_\_\_\_\_

## 21. Business Travel

If you are not reimbursed for exact amount, give total expenses.

- Airfare, Train, etc. \_\_\_\_\_
- Lodging \_\_\_\_\_
- Meals (no. of days \_\_\_\_\_ ) \_\_\_\_\_
- Taxi, Car Rental \_\_\_\_\_
- Other \_\_\_\_\_
- Reimbursement Received \_\_\_\_\_

## 22. Investment-Related Expenses

- Tax Preparation Fee \_\_\_\_\_
- Safe Deposit Box Rental \_\_\_\_\_
- Mutual Fund Fee \_\_\_\_\_
- Investment Counselor \_\_\_\_\_
- Other \_\_\_\_\_

## 23. Estimated Tax Paid

Due Date	Date Paid	Federal	State

## 24. Other Deductions

Alimony Paid to \_\_\_\_\_  
 Social Security No. \_\_\_\_\_ \$ \_\_\_\_\_  
 Student Interest Paid \_\_\_\_\_ \$ \_\_\_\_\_

## 25. Education Expenses

Student's Name	Type of Expense	Amount

Residence:  
 Town \_\_\_\_\_ County \_\_\_\_\_  
 Village \_\_\_\_\_ School District \_\_\_\_\_  
 City \_\_\_\_\_

To the best of my knowledge the enclosed information is correct and includes all income, deductions, and other information necessary for the preparation of this year's income tax returns for which I have adequate records.

\_\_\_\_\_ Date \_\_\_\_\_  
 \_\_\_\_\_ Date \_\_\_\_\_