

1040

US

Miscellaneous Questions

If any of the following items pertain to you or your spouse
please check the appropriate box and provide additional information if necessary.

- | Yes | No | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Did your marital status change during the year? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did your address change during the year? |
| <input type="checkbox"/> | <input type="checkbox"/> | Could you be claimed as a dependent on another person's tax return? |
| <input type="checkbox"/> | <input type="checkbox"/> | Were there any changes in dependents? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive unreported tip income of \$20 or more in any month? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive any disability income? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you buy or sell any stocks, bonds or other investment property? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you purchase, sell, or refinance your principal home or second home, or did you take a home equity loan? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you make any residential energy-efficient improvements or purchases involving solar, wind, geothermal or fuel cell energy sources? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive a distribution from or make a contribution to a retirement plan (401(k), IRA, etc.)? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you transfer or rollover any amount from one retirement plan to another retirement plan? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you convert part or all of your traditional, SEP, or SIMPLE IRA to a Roth IRA this year? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you, your spouse, or a dependent incur any tuition expenses that are required to attend a college, university, or vocational school? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you incur a loss because of damaged or stolen property? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you use your car on the job (other than to and from work)? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you want to electronically file your tax return? |
| <input type="checkbox"/> | <input type="checkbox"/> | May the IRS discuss your tax return with your preparer? |
| <input type="checkbox"/> | <input type="checkbox"/> | Was your home rented out or used for business? |
| <input type="checkbox"/> | <input type="checkbox"/> | Were you notified or audited by either the Internal Revenue Service or the State taxing agency? |
| <input type="checkbox"/> | <input type="checkbox"/> | Were you (or your spouse) the beneficiary of COBRA premium assistance for any month during this year? |

1040 US Tax Organizer

Simon, Spinelli & Ciambone CPA's, PA
 900 Hwy 71 Suite 4
 Spring Lake Heights, NJ 07762
 Telephone number: 732-974-2200
 Fax number: 732-974-8015
 E-mail address:

Tax Return Appointment

Date:
 Time:
 Location:

This tax organizer will assist you in gathering information necessary for the preparation of your tax return. Please enter all pertinent information for the tax year you are organizing for. If you have attached a government form for an item, check the box and do not enter an amount.

CLIENT INFORMATION

Taxpayer

Spouse

First name and initial.....		
Last name.....		
Title/suffix.....		
Social security number.....		
Occupation.....		
Date of birth (m/d/y).....		
Date of death (m/d/y).....		
1-blind.....		
Home phone.....		
Work phone.....		
Work extension.....		
Cell phone.....		
E-mail address.....		

Address	In care of.....	
	Street address.....	
	Apartment number.....	
	City.....	
	State.....	NJ
	ZIP code.....	

DEPENDENTS

Dependent No.

Dependent No.

First name.....		
Last name.....		
Title/suffix.....		
Date of birth (m/d/y).....		
Social security number.....		
Relationship.....		
Months lived at home.....		

WAGES, SALARIES AND TIPS

Employer Name:

This year's amount

Attach Forms W-2	
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INTEREST INCOME

Payer Name:

Attach Forms 1099-INT	
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Please enter all pertinent information for the tax year you are organizing for. If you have attached a government form for an item, check the box and do not enter an amount.

DIVIDEND INCOME

Payer Name:

This year's amount This year's amount

<input type="checkbox"/> Attach Forms 1099-DIV	_____
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PENSION AND IRA INCOME

Payer name:

Attach Forms 1099-R

GAMBLING WINNINGS

Payer name:

Attach Forms W-2G

Total gambling losses.....
 Winnings not reported on Form W-2G.....

_____	_____
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OTHER GOVERNMENT FORMS - INCOME

- Form 1099-B - Sales of stock (also include transaction history).....
- Form 1099-MISC - Miscellaneous income.....
- Form 1099-K - Merchant card and third party network payments.....
- Form 1099-S - Sales of real estate (also include closing statements).....
- Form 1099-G - State tax refunds.....

Attach Forms 1099

Attach Forms 1099

Taxpayer:

- Form SSA-1099 - Social security benefits.....
- Form 1099-G - Unemployment compensation.....

Attach Forms 1099

Spouse:

- Form SSA-1099 - Social security benefits.....
- Form 1099-G - Unemployment compensation.....

Attach Forms 1099

MISCELLANEOUS INCOME

Alimony received.....
 Spouse: Alimony received.....

_____	_____
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Other:

_____	_____
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RETIREMENT PLAN CONTRIBUTIONS

Taxpayer:

- Traditional IRA contributions (1=maximum).....
- Roth IRA contributions (1=maximum).....
- Self-employed SEP, SIMPLE, & qualified plan contributions (1=maximum)

_____	_____
_____	_____
_____	_____

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Please enter all pertinent information for the tax year you are organizing for. If you have attached a government form for an item, check the box and do not enter an amount.

RETIREMENT PLAN CONTRIBUTIONS (Continued)

Spouse:	This year's amount	This year's amount
Traditional IRA contributions (1=maximum).....		
Roth IRA contributions (1=maximum).....		
Self-employed SEP, SIMPLE, & qualified plan contributions (1=maximum)		

OTHER GOVERNMENT FORMS - DEDUCTIONS

<input type="checkbox"/> Form 1098-E - Student loan interest.....	Attach Forms 1098	
<input type="checkbox"/> Form 1098-T - Tuition and related expenses.....		

ADJUSTMENTS TO INCOME

Taxpayer:		
Self-employed health insurance premiums.....		
Educator expenses.....		
Expenses from rental of personal property.....		
Other adjustments to income:		

Alimony Paid - Recipient name & SSN

Spouse:		
Self-employed health insurance premiums.....		
Educator expenses.....		
Expenses from rental of personal property.....		
Other adjustments to income:		

Alimony Paid - Recipient name & SSN

MEDICAL AND DENTAL EXPENSES

Prescription medicines and drugs.....		
Doctors, dentists and nurses.....		
Hospitals and nursing homes.....		
Insurance premiums.....		
Taxpayer Long-term care premiums.....		
Spouse Long-term care premiums.....		
Insurance reimbursements.....		
Out-of-pocket lodging and transportation expenses.....		
Number of medical miles.....		
Other:		

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Tax Organizer

Please enter all pertinent information for the tax year you are organizing for. If you have attached a government form for an item, check the box and do not enter an amount.

NONCASH CONTRIBUTIONS

Note: No deduction is allowed for contributions of clothing and household items that are not in good used condition or better.

In addition, a deduction for any item with minimal monetary value may be denied.

The tax year's amount The tax year's amount

MISCELLANEOUS DEDUCTIONS

Union and professional dues.....

Tax return preparation fee.....

Safe deposit box rental.....

Investment expenses.....

Estate tax, section 691(c).....

Unreimbursed employee expenses:

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Other:

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