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Tax Deduction Finder & Problem Solver

Our Tax Organizer is designed to help you maximize your deduction and minimize your problems in preparing and filing your tax return. The organizer is comprised of seven parts, each developed to assist clients in collecting relevant tax information needed to properly prepare your tax return.

Part 1: Required For All Returns - Includes Instructions, Taxpayer Information, Dependents, Estimated Taxes, IRA Activity, Miscellaneous Income and Refund Direct Deposit Information.

Part 2: Dependents, Interest & Dividend Income and Stock Sales

Part 3: Needed If Itemizing Your Deductions - Medical Expenses, Deductible Taxes, Interest Deductions and Child Care Expenses.

Part 4: Needed If Itemizing Your Deductions - Charitable Contributions, Education Expenses, Miscellaneous Deductions and Casualty Losses.

Part 5: Travel Expenses, Away-from-home Expenses, Moving Expenses, Home Sale & Purchase and Office-in-the-home.

Part 6: Rental & Business Income

Part 7: Required For All Returns - Final checklist of documents and records needed.

READ THIS FIRST

This booklet is designed to help you maximize your deductions and minimize problems in preparing and filing your tax return.

Please keep in mind that taxes can be very complicated and even though this booklet will accommodate most taxpayers' needs, if you have a special situation not covered, please list it under "Questions You May Have."

The **"ALERT FLAGS"** designate certain special conditions as follows:



Indicates areas that need to be completed by new clients.



Indicates areas that **MUST** be completed by new clients and only needs to be filled in by existing clients when the information has changed.



The most important flag of all, denotes areas where the IRS has concentrated their computer matching programs. If the information provided is incorrect, it may trigger a service center audit. Pay particular attention to any special instructions in areas with this flag.

NEW CLIENTS TAXPAYER INFORMATION			
Your Name			
Social Security #		Birth Date	
Home Phone		Work Phone	
Occupation			
Spouse Name			
Social Security #		Birth Date	
Home Phone		Work Phone	
Occupation			

CHANGE ONLY ADDRESS & STATUS			
Street			
City		State	ZIP
Status Changes This Year	Dates	Status Changes This Year	Dates
<input type="checkbox"/> Married		<input type="checkbox"/> Dependent Deceased	
<input type="checkbox"/> Separated		<input type="checkbox"/> Sold Home	
<input type="checkbox"/> Divorced		Legally Blind	
<input type="checkbox"/> Moved		<input type="checkbox"/> Filer	
<input type="checkbox"/> Spouse Deceased		<input type="checkbox"/> Spouse	

IRS WATCH ESTIMATED TAXES PAID		Please provide cancelled checks	
Date Due	Date Paid	Federal	State
Applied From Prior Year's Refund			
First Quarter	APRIL		
Second Quarter	JUNE		
Third Quarter	SEPT		
Fourth Quarter	THIS JAN		

IRS WATCH SPECIAL INFORMATION		
** Must be reported even if NOT taxable unless TRANSFERRED	You	Spouse
Employer Pension Plan?	<input type="checkbox"/>	<input type="checkbox"/>
Conventional IRA, Keogh and SEP Plans:		
Contributions		
Withdrawals		
Rollovers**(1)		
Roth IRA: (1) If rolled from a conventional IRA to a Roth IRA the rollover can be taxable.		
Contributions		
Withdrawals		
Rollovers**(1)		
State Tax Refund		
Social Security or Railroad Retirement		
Alimony Received - Matched with Payer		
Tips Received		
Unemployment Received		
Gambling Winnings		
Foreign Bank Account	<input type="checkbox"/>	<input type="checkbox"/>
Do you wish to contribute a portion of your taxes to the Presidential Campaign Fund?	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____		
Other: _____		
<input type="checkbox"/> <input checked="" type="checkbox"/> If you incurred any adoption expenses this year?		
Salaries, Pensions, & Misc Income	Provide W-2s and 1099s	
Partnership & Trust Income	Provide K-1s	
Student Loan Interest Paid		
Education IRA Contribution		
<input type="checkbox"/> <input checked="" type="checkbox"/> If you have been denied earned income credit by the IRS. If so, have you been re-certified? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> <input checked="" type="checkbox"/> If you bought, sold, or gifted real estate last year. If so, please call in advance to discuss what documents are required.		

REFUND DIRECT DEPOSIT		Complete for refund direct deposit
Banking Routing Number:	□ □ □ □ □ □ □ □ □ □	
Account Number:	□ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	
Type:	<input type="checkbox"/> Checking <input type="checkbox"/> Savings	

MEDICAL EXPENSES

To be deducted, medical expenses must exceed 7 1/2% of your adjusted gross income, and then, only the amount that exceeds a 7 1/2% floor is deductible. Example: Your income is \$40,000 for the year, your medical must exceed \$3,000.

Hospital, Medical & Dental Insurance Premiums		Taxi, Bus, Train, Air & Other Travel for Medical Purposes	
Long Term Care Insurance		Lodging for Away-From-Home Medical Purposes	
Medicare Insurance Premiums (not payroll tax)		Auto Travel for Medical Purposes	
Doctors, Dentists (discretionary cosmetic surgery is not deductible)		Parking Fees for Medical Purposes	
Prescription Drugs Only		Telephone - Medical Tolls	
Psychotherapy, Psychological Counseling		Handicapped Placard	
Acupuncture, Chiropractic, Christian Science Practitioners		Handicapped Modification to Home	
Hospital		Special Schooling for Physically or Mentally Handicapped	
Nursing Homes, Nursing Care <input type="checkbox"/> <input checked="" type="checkbox"/> if inhome care for elderly		Physical Therapy	
Lab Fees & X-Rays		Medical Equipment, Supplies, Rentals	
Eye Examination, Glasses		Other: _____	
Hearing Aids, Batteries		Other: _____	
Ambulance, Paramedics		Insurance Reimbursement (only for expenses listed if applicable)	

HOME MORTGAGE INTEREST

		Primary Residence	Second Home
1st TD	Paid to a Bank, S & L, etc.*		
	Paid to an Individual Must List PAYEE Info. Below		
2nd TD	Paid to a Bank, S & L, etc.*		
	Paid to an Individual Must List PAYEE Info. Below		
Home Equity Loan			
Payee Name		SS#	
Address			
* Amounts must agree with Form 1098 issued by the financial institution. If not, check here <input type="checkbox"/> . If Form 1098 was issued in another's SS#, enter that person's name and social security number here:			
Name		SS#	
If the second home is a qualified motor home, boat, etc., list the name of the payee here			
PLEASE ANSWER THE FOLLOWING QUESTIONS:			
<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you refinance during the year? If yes, please provide loan escrow statement.		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Does your home equity loan exceed \$100,000?		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Does the sum of all of your home mortgages exceed \$1,100,000?		

INVESTMENT INTEREST

Vacant land	
Brokerage margin account	
Other: _____	

TAXES

Property taxes on primary home	
Property taxes on second home	
Property taxes on investment property	
Car license fees (personal property tax portion)	
Personal property tax - boat or airplane	
Personal property tax - other	
Balance due on last year's state return	Do Not Include Interest & Penalties
State income tax adjustments	Do Not Include Interest & Penalties
Extension payment on last year's state return	
Taxes paid to another state	State: _____
City, county, local taxes	
Other: _____	

CHILD OR DEPENDENT CARE EXPENSES

Care must enable you to work (or look for work) or attend school FULLTIME. Care must be for a child under 13 or individual who is physically or mentally incapable of self care.

Check here if you have employer provided dependent care benefits.

Paid To	Address	SS# or Employer ID# MANDATORY unless exempt organization	Payments Must Be Allocated By Child		
			Child:	Child:	Child:
		<input type="checkbox"/> <input checked="" type="checkbox"/> Check if exempt			
		<input type="checkbox"/> <input checked="" type="checkbox"/> Check if exempt			

CHARITABLE CONTRIBUTIONS

CASH Written verification is required for contributions of \$250 or more to any one organization.

Church		
Church		
Temple		
Payroll Deduction (filer & spouse)		
United Way		
Cancer Society		
Red Cross		
Heart Fund		
Scouts		
Other:	_____	
Other:	_____	
NON-CASH Provide detailed list of items contributed if total for the year exceeds \$500.		
Salvation Army		
Goodwill Industries		
Veteran Organizations		
Church		
Travel for Charitable Purposes		miles
Out-of-pocket expenses in connection with a charitable organization. Explain: _____ _____ _____		

EDUCATION EXPENSES

Caution: These expenses qualify for tax credits, deductions, and are used to justify certain exclusions and tax or penalty free distributions. They must be segregated by student.

Student:	Column Is For:		
Taxpayer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spouse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependent: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependent: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

FOR TUITION CREDIT ONLY – Half to full Time Students Only - Qualified Educational Instruction

Post Secondary - 1st 2yrs.			
After 1st 2yrs			
Fees - Enrollment/Attendance Only			


OTHER EXPENSES – DO NOT COMPLETE unless qualifying for tax or penalty free IRA distributions, Savings Bond Interest Exclusion, or student loan interest deductions. Similar expenses for continuing education should be entered in different section below.

Books/Supplies			
Room/Board			

CONTINUING EDUCATION EXPENSES – Education for the taxpayer & spouse only if job related

Tuition and Fees			
Seminar Fees, etc.			
Books/Supplies, etc.			
Travel	(list in appropriate area opposite page)		

MISCELLANEOUS DEDUCTIONS

	Alimony	To	
	Paid	SS#	
Attorney Fees (to Protect Taxable Income)			
Union Dues			
Professional Dues			
Continuing Education (job related)	Tuition, Seminar Fees, etc		
	Books, Supplies		
Entertainment & Business Meals (100% of actual cost)			
Gambling Losses (limited to winnings)			
Business Insurance (E & O, malpractice, etc.)			
Investment Publications			
Investment Expenses	Type:		
IRA, KEOGH, SEP Fees Paid (not withheld from account)			
Jobseeking Expenses (in same field)	Employment & Resumé Fees		
	Photocopy & Postage Expense		
	Other		
Licenses, Fees, Credentials, etc.			
Publications, Books, etc., Used in Business			
Safe Deposit Box (to Store Deeds, Bonds, etc.)			
Telephone (Business Calls Only)			
Tools, Supplies, Equipment			
Uniforms - Purchase			
Uniforms - Cleaning			
Other			
Other			

CASUALTY LOSSES (or theft or embezzlement)


To be deducted, the losses must exceed 10% of your adjusted gross income and then only the amount that exceeds the 10% floor is deductible.

Check box if loss was in a Presidentially declared disaster area.

Description of Casualty				
Date of Casualty		/ /		
Insurance Reimbursement				
Description of Property	Date Acquired	Original Cost or Other Basis	Fair Market Value	
			Before Casualty	After Casualty

AUTO MILEAGE

Do not complete any part of this section if your automobile is used only for commuting to and from work and for pleasure.

Check if vehicle provided (owned) by employer 1 2
 Check if any automobile expense reimbursement provided by employer 1 2
 Check if reimbursement included in W-2  1 2

Vehicle Description		Vehicle 1		Vehicle 2	
		<input type="checkbox"/> You	<input type="checkbox"/> Spouse	<input type="checkbox"/> You	<input type="checkbox"/> Spouse
Make or Model					
Date Originally Purchased		/	/	/	/
TOTAL MILES DRIVEN THIS YEAR (include both business & personal)					
BUSINESS MILES DRIVEN	For Employer		mi		mi
	To Professional Meetings		mi		mi
	Between 1st and 2nd Job		mi		mi
	From Job to School		mi		mi
	Jobseeking		mi		mi
	Investment/Tax Preparation		mi		mi
	Rental		mi		mi
	Self-Employed Business		mi		mi
	Temporary Job Sites		mi		mi
	Other: _____		mi		mi
Average Round-Trip Distance to Work (REQUIRED)			mi		mi
Total Commuting for the Year (REQUIRED)			mi		mi

AUTO EXPENSES

Do not complete this section if you are using the government's "standard mileage rate".

Gasoline & Oil		
Repairs, Service, Tires, etc.		
Insurance		
License & Taxes		
Wash, Wax, Auto Club, etc.		
Interest (Applies only to self-employed individuals)		
Lease Payment		
Other: _____		
Employer Reimbursement		

AWAY-FROM-HOME EXPENSES

Check if employer reimbursed any amount  You Spouse

Airfare, Train, etc.		
Auto Rental, Taxi, Bus, etc.		
Meals (enter 100% of expense)		
Lodging (DONOT INCLUDE MEALS)		
Porter, Skycap, Tips, etc.		
Laundry		
Other: _____		

MOVING EXPENSES




Check if employer reimbursed any amount.

Miles from Old Residence to New Job (A)	
Miles from Old Residence to Old Job (B)	
Difference in (A) and (B) (must be 50 miles or more)	
Cost of Commercial Movers	
Truck, Trailer Rental	
Road tolls	
Lodging en route (do not include meals)	
Automobile Travel	
Other: _____	
Other: _____	



HOME SALE-PURCHASE

HOME SOLD	
Address:	
Date Purchased	/ /
Purchase Price (including costs & fees)**	
Gain Deferred from Prior Property or Residence(s)**	
**If you sold a home prior to this one, the information required on these two lines will be on Form 2119 in the year of sale.	
Improvements (not maintenance) on Home Sold	
Date of Sale	/ /
Sales Price (provide closing escrow statement) 	
Sales Expenses (provide closing escrow statement)	
<input type="checkbox"/> <input checked="" type="checkbox"/> if you owned and used the property as your primary residence two of the prior 5 years <input type="checkbox"/> <input checked="" type="checkbox"/> if your spouse owned and used the property as his/her primary residence two of the prior 5 years <input type="checkbox"/> <input checked="" type="checkbox"/> if this residence or any part of this home was rented or used for business purposes. <input type="checkbox"/> <input checked="" type="checkbox"/> if this home was acquired in exchange for a business or investment property after 5/6/97.	


"OFFICE-IN-HOME" EXPENSES

To qualify, an "office in the home" must be used exclusively and on a regular basis (a) as your principal place of business, or (b) by patients, clients, or customers in meeting and dealing with you in a normal course of business. Beginning in 1999, a home office will qualify as your principal place of business if: 1) You use it exclusively and regularly for the administrative or management activities of your trade or business, and 2) You have no other fixed location where you conduct substantial administrative or management activities of your trade or business.

Total Square Feet of Home	
Total Square Feet Used for Office	
Total Square Feet Used for Storage	
Rent	Utilities
Insurance	Condo/Assoc. Dues
Home Repairs	Office Repairs


RENTAL INCOME

Note: If the property was purchased or converted to rental use this year, please provide the purchase settlement statement and a current property tax bill.

Property Number	Type - i.e., Commercial Residential, Equip., etc.	Description or Address	 Rental Income	Number of Days Used Personally	Percent Ownership
1					
2					

EXPENSES

Note: If you have more than 2 rentals, photocopy this page as required. *Indicates payments that may require the issuance of a 1099 if the annual amount is \$600 or more.


Property Number	1	2	Property Number	1	2
Association / Homeowners'Dues			Taxes - Property		
Cleaning & Maintenance Fees*			Taxes - Other		
Commissions / Management Fees*			Telephone (Tolls Only)		
Insurance			Utilities		
Legal & Professional Fees*			Gardener*		
 Mortgage Interest Paid to Banks			Pool Service*		
Other Interest			Painting*		
Repairs: Carpentry, Hardware*			Other: _____		
Electrical* (No Improvements)			Other: _____		
Plumbing*			Other: _____		
Supplies			Other: _____		


CAPITALASSET PURCHASES & IMPROVEMENTS (Business or Rental)

Date	Description of asset or improvement	▲ Used for ▼		Amount (cost)
		Rental #	Business #	

BUSINESS INCOME

*Indicates payments that may require issuance of a 1099 if the annual amount to an individual is \$600 or more.

Business Number	Filer or Spouse	Business Name & EID (if applicable)	 Gross Income	Returns and Allowances	Beginning Inventory	Ending Inventory
1						
2						

Business	1	2	Business	1	2
Merchandise Purchased for Resale			Office expense		
Items Withdrawn for Personal Use			Rent*		
Advertising			Repairs*		
Bank Charges			Taxes		
Commissions*			Entertainment		
Dues & Publications			Telephone		
Freight/Delivery/Postage			Utilities		
Gifts			Wages (W-2)		
Insurance			Seminars		
 Interest - Mortgage			Other: _____		
Interest - Other			Other: _____		
Legal/Professional*			Other: _____		

