

2011	1040	US	Tax Organizer
-------------	-------------	-----------	----------------------

Phillip G. Sinclair, CPA
 1800 Judson Rd, Suite 300
 Longview, TX 75605
 Telephone number: (903) 753-5871
 Fax number: (903) 753-5982
 E-mail address: sinclair@etex.net

Tax Return Appointment

Date:
 Time:
 Location:

This tax organizer will assist you in gathering information necessary for the preparation of your 2011 tax return. Please enter all pertinent 2011 information.

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
 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		

Dependent No.

Dependent No.

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

2011

1040

US

Tax Organizer

Please enter all pertinent 2011 information. If you have attached a government form for an item, check the box and do not enter a 2011 amount.

WAGES, SALARIES AND TIPS

Employer name:

<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____

2011 Amount	2010 Amount
Attach Forms W-2	_____

INTEREST INCOME

Payer name:

<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____

Attach Forms 1099-INT	_____

DIVIDEND INCOME

Payer name:

<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____

Attach Forms 1099-DIV	_____

PENSIONS, IRA AND GAMBLING INCOME

Payer name:

<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____

Attach Forms 1099-R & W-2G	_____

Winnings not reported on W-2G	_____
Total gambling losses	_____

OTHER GOVERNMENT FORMS - INCOME

<input type="checkbox"/>	Form 1099-B - Sales of stock (also include transaction history)
<input type="checkbox"/>	Form 1099-MISC - Miscellaneous income
<input type="checkbox"/>	Form 1099-K - Merchant card and third party network payments
<input type="checkbox"/>	Form 1099-S - Sales of real estate (also include closing statements) .

Attach Forms 1099	
--------------------------	--

<input type="checkbox"/>	Form 1099-G - State tax refunds
--------------------------	---------------------------------------

Attach Forms 1099	
--------------------------	--

Taxpayer:

<input type="checkbox"/>	Form SSA-1099 - Social security benefits
<input type="checkbox"/>	Form 1099-G - Unemployment compensation

Attach Forms 1099	
--------------------------	--

Spouse:

<input type="checkbox"/>	Form SSA-1099 - Social security benefits
<input type="checkbox"/>	Form 1099-G - Unemployment compensation

Attach Forms 1099	
--------------------------	--

MISCELLANEOUS INCOME

Taxpayer: Alimony received

Spouse: Alimony received

Other: _____

_____	_____
_____	_____
_____	_____
_____	_____

2011 1040 US Tax Organizer

RETIREMENT PLAN CONTRIBUTIONS

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

2011 Amount	2010 Amount

OTHER GOVERNMENT FORMS - DEDUCTIONS

Form 1098-E - Student loan interest.....
 Form 1098-T - Tuition and related expenses.....

Attach Forms 1098	
--------------------------	--

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.....
 Long-term care premiums - taxpayer.....
 Long-term care premiums - spouse.....
 Insurance reimbursement.....
 Out-of-pocket lodging and transportation expenses.....
 Number of medical miles.....
 Other: _____

TAXES PAID

State income taxes - 1/11 payment on 2010 state estimate.....
 State income taxes - paid with 2010 state extension.....
 State income taxes - paid with 2010 state return.....
 State income taxes - paid for prior years and/or to other states.....

