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ORGANIZER

For Your Income Tax Return Information For Tax Year 2009

Taxpayer Information

Personal Information

First name	Initial	Last name	Social Security Number	
				Taxpayer
				Spouse

Street Address	Apt. Number

City State Zip Code County	Foreign Country/Province

	Home	Business	Fax
Taxpayer Telephone	(_____) ______________	(_____) _________________	(_____) _____________
Spouse Telephone	(_____) ______________	(_____) _________________	(_____) _____________

E-Mail Address ____

X if you want your tax return mailed to a different address. (Provide details on a continuation sheet.) .... _____

X if you authorize taxing authority to discuss return with paid preparer...... Federal. . . _____ State. . . ______

Filing Status - Form 1040 - U.S. Citizen or Resident Alien

Indicate **X** for marital status at 12/31:

Single.. _____

Married, filing jointly .... _____

Married, filing separately .... _____

Head of household (Unmarried and providing more than half the cost of a home for a dependent or unmarried child)... _____

Widow (widower), as of 2007 or later, who maintained a home as the principal place of residence for a dependent child, stepchild, adopted child or foster child... _____

If nonresident alien spouse, check here. .... _____

Head of Household

Indicate the name of the qualifying child who is not a dependent____

Social security number of qualifying child.. _______________________________

General	**Taxpayer**	**Spouse**
Occupation…………………………………	__________________________	______________________________
Date of birth………………… …………………………	_____/_____/_____	……………….._____/_____/_____
Disabilities………………………………………	Blind _____ Deaf _____	……………Blind _____ Deaf _____
	Other ________________	…………...Other ________________
Contribute to Presidential Campaign Fund…………	Yes _____ No _____	……………Yes _____ No _____
Date of death…… ……………………….…………	_____/_____/_____	……………….._____/_____/_____

Information for Direct Deposit of Refund (attach a voided check)

Routing number ____________________________ (should be 9 digits)

Account number ____________________________

Account type: Refunds will be deposited into your checking account. For savings account deposit mark..____

Dependent Information

Dependents

In general, individuals may not be claimed as a dependent, unless:

1) they were a U.S. citizen or a U.S. legal resident, **and**
2) you provided over half of their total support in 2009, **and**
3) they had gross income of less than $3,650, **or**, the individual was your child, **and**
   a. Your child was under age 19 at the end of 2009, **or**
   b. Your child was under age 24 at the end of 2009 **and** was a student.

A= Indicate: **T**=Taxpayer, **S**=Spouse, **J**-Joint
B= Dependency relationship (child, grandchild, etc.)
C= No. of months lived in your home in 2009, or B=born, D=died
D= Child care expenses incurred and paid in 2009

A	First Name	Last Name	Soc Sec No.	Date of Birth	B	C	D

Miscellaneous Information

In this section, taxpayer may refer to your minor child.

Indicate: **X** if taxpayer can be claimed as a dependent on another's return ....______

Computation of Tax for Minor Children with Investment Income

This section should be completed for children with investment income who are filing their own return and may be taxed at their parent's effective tax rate.

If your minor child has siblings who are also under age 18 (under 24 if a full-time student) at the end of 2009 and have unearned income, enter their names below. If we are not preparing the siblings returns, then also please provide their 2009 unearned income.

		----- 2009 Unearned Income -----			
First Name	Last Name	Interest & Ordinary Dividends	Qualified Dividends	Net Capital Gain	Investment Interest Expense

Parent's Election to Report Child's Interest and Dividends

This section should be completed for children with investment income which may be reported on the parent's return.

First Name	Last Name	Interest	Tax-exempt Interest	Dividends. Indicate if qualified.	Capital gains. indicate Long or Short Term

	INCOME **Attach the following forms and information as applicable**
1	**W-2s**
2	**1099s** for Dividends, Interest, and Sales Note: If any sales are reported, we will need dates purchased and cost basis
3	**1099s** for Social Security, Retirement Distributions, State Refunds, Misc. Income, Gambling Winnings, Distributions from Qualified Education Programs, etc. Please also make note of any taxable income where 1099s were not received, such as alimony.
4	**Business income and expenses** (attach summary)
5	**Rental income and expenses** (attach summary)
6	**Schedule K-1s** from partnerships, estates and trusts, or S corporations
7	**Copy of 2008 Federal and State Income Tax Returns** (if not already provided).
8	**Return signed Engagement Letter**
	ADJUSTMENTS TO INCOME
9	**Traditional IRA Contributions for 2009** (must be made by April 15, 2010): Check if you want us <u>to calculate maximum allowable</u> <u>or</u> Actual Amount <u>you contributed</u> Taxpayer: _____ ______________ Spouse: _____ ______________
10	**Roth IRA Contributions for 2009** (must be made by April 15, 2010): Check if you want us <u>to calculate maximum allowable</u> <u>or</u> Actual Amount <u>you contributed</u> Taxpayer: _____ ______________ Spouse: _____ ______________
11	**SEP/Simple, Etc., Plan Contributions** (must be made by extended due date of Tax Return): Check if you want us <u>to calculate maximum allowable</u> <u>or</u> Actual Amount <u>you contributed</u> _____ ______________

ADJUSTMENTS TO INCOME (continued)	
12	**Tuition for College Education:** For Whom: ________________________ Amount: ______________ For Whom: ________________________ Amount: ______________
13	**Alimony paid:** $______________ Recipient's Soc. Security No.: ______________________
14	**Moving Expenses:** $________________
15	**Student Loan Interest Paid:** $________________ (Attach supporting documentation)
16	**Penalty for Early Withdrawal of Saving:** $_________________
17	**Teacher's Unreimbursed Classroom Expenses (max. $250):** $_______________

ITEMIZED DEDUCTIONS / CREDITS

MEDICAL & DENTAL	AMOUNT
Medicines and Prescription Drugs	
Doctors, Dentists, Nurses, Hospitals	
Eyeglasses/Contact Lenses	
Hearing Aids/Batteries	
Other Medical Expenses	
Other Medical Expenses	
Medical Insurance Premiums	
Long Term Care Ins. Premium-Taxpayer	
Long Term Care Ins. Premium-Spouse	
Miles Driven to Dr/Dentist/Hospital/Rx/Etc	mi.

TAXES YOU PAID	AMOUNT
Real Estate Taxes on Home *	
Taxes on Unimproved R.E. (land)	
Personal Property Taxes (boat, mob. home)	
Auto License(s); # of autos______; TOTAL	
Estimated Taxes Paid:	

	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr
Fed: Amount:	$	$	$	$
Date Pd:				
State: Amount:	$	$	$	$
Date Pd:				

CHARITABLE CONTRIBUTIONS	
Cash or Check Contributions:	**AMOUNT**
Church/Temple	
United Way	
Red Cross	
Cancer/Heart Fund	
Boy/Girl Scouts	
Other	
Other	
Other	
Other Than Cash: clothing, furniture,...	**VALUE**
Goodwill	
Salvation Army	
Other	
Other	
Other	
Charitable Travel:	mi.
AZ School Tax Credit – public school	
-- attach receipt	
AZ School Tax Credit – private school	
-- attach receipt	
AZ Working Poor Credit	

INTEREST YOU PAID	AMOUNT
Home Mortgage 1st Loan *	
Home Mortgage 2nd Loan *	
Home Mortgage 3rd Loan *	
*** Attach Form 1098-mortgage statement**	
Home Mortgage Points Paid:	
(A) For purchase or improvements	
(B) For refinance	
(1) length of loan (loan term)	yrs.
Attach closing escrow statement for purchase, sales, or refinance	
Investment Interest (margin interest)	

CHILD CARE CREDITS	AMOUNT
Total child care expenses paid	
Child Care Organization's/Person's Information:	
(A) Name:	
(B) Address:	
(C) Tax ID No./Soc. Sec. No.:	

MISCELLANEOUS DEDUCTIONS	AMOUNT
Unreimbursed Employee Business Expense:	Attach detail
Union and Professional Dues	
Automobile (if used for job):	
Auto Mileage TOTAL	mi.
Auto Mileage Business	mi.
Auto Mileage Commuting	mi.
Auto Expenses (gas, oil, insurance, etc.)	
Auto Loan Interest	
Auto Lease Payments	
Cost of Auto	
Date Purchased	
Job Seeking Costs	
Tax Return Preparation Fee	
Investment Expense, Management Fees, etc.	
(only if paid with funds outside of retirement accounts)	
Safe Deposit Box	
Gambling Losses-only to extent of winnings	
Other	
Other	

Miscellaneous Questions

If we do not have copies of your Federal and State income tax returns for 2008 please include them with this Organizer.

Indicate **X if:**

1. You would like to file your tax return electronically, if possible. (See E-File authorization form)...... _____
2. You would like to have any overpayment of federal tax refunded .... _____
3. You would like to have any overpayment of federal/state tax applied to your 2010 estimated tax...... _____
4. During 2009, you received any notices or settled any examinations concerning your prior years' Federal, State, Local, or Foreign tax returns. If so, attach copies of notices....................... _____
5. You or your spouse made any gifts (not charitable contributions) in excess of $13,000 to any one donee during the year. If so, provide details on a continuation sheet.............................. _____
6. You or your spouse made any gifts in trust for any amount .... _____
   If so, provide a copy of the trust instrument and provide details on a continuation sheet.
7. You received grants of stock options from your employer or disposed of any stock acquired under a qualified employee stock purchase plan.. _____
   If so, provide details on a continuation sheet and copies of documentation.
8. You exercised any stock options during 2009. If so, provide details on a continuation sheet .... _____
9. You disposed of any corporate bonds for which you paid other than the principal amount (i.e., discount or premium). If so, provide details on a continuation sheet .... _____
10. You loaned money for an interest rate less than the market rate of interest .... _____
    If so, provide details on a continuation sheet.
11. You received any payments from a pension or profit-sharing plan this year or expect to receive next year .... _____
    If so, provide details on a continuation sheet and attach statements from the plan.
12. You received a Form 1099-DIV that includes dividends you received as a nominee; that is, in your name, but the dividends actually belong to someone else .... _____
    If so, indicate X if a 1099-DIV was prepared to transfer the dividend to the proper recipient and indicate the amount on the Dividend Income organizer page .... _____
13. You had income from rental property that is not listed elsewhere in this organizer............................ _____
    If so, please provide details of income, expenses, and the acquisition dates and cost of the property and any equipment, furniture, fixtures, and appliances.
14. In 2009, you purchased a new alternative-powered vehicle (e.g. hybrid-fuel, fuel-cell, advanced lean burn diesel vehicle) that was not intended for resale. If so, please provide details.……….. _____

15. You had a foreign bank account, securities account or signature authority over such an account at any time during 2009. If so, provide details on a continuation sheet .... _____

16. You paid household employee wages of $1,700 or more or withheld federal income tax in 2009. If so, provide details on the continuation sheet... _____

17. You sold your primary and/or secondary residence this year. If so, please attach copies of closing statements from the original purchase and from the sale... _____

18. You refinanced a mortgage during 2009. If so, please attach copies of closing statements and terms of the new mortgage…………………………………………………………………..._____

19. You purchased a primary or secondary residence(s) this year. If so, please attach copies of closing statements from the purchase... _____

20. You made energy efficiency improvements to a home. If so, please provide details…………………_____

21. You moved in connection with your employment in 2009.. _____
Where you moved to.. ___________________________
When you moved .... _______________________
If so, attach copies of documentation of expenses incurred related to the relocation (e.g. shipping, travel, lodging, meal expenses, etc). Also provide on a continuation sheet the number of miles from old residence to old work place and to new work place.

22. You incurred any non-business bad debts .... _____
If so, provide the following details on a continuation sheet:
- A description of the debt, including the amount and the date it became due,
- The name of the debtor, and any business or family relationship between you and the debtor,
- The efforts you made to collect the debt, and
- Why you decided the debt was worthless.

23. You have written substantiation for all employee business expenses (e.g., travel and entertainment expense) .... _____
You should keep the following in a safe place:
- Date, place, and amount of expense
- Actual receipts for expenses in excess of $75
- Name and business affiliation of persons entertained
- Business purpose of expense
- Documentation of the business discussed before, during and after the entertainment
- Receipts for hotel, airline, and other travel expense

24. You incurred any casualty or theft losses in 2009 .... _____
If so, provide details on a continuation sheet - date of loss, type of property, type of loss, fair market value before and after the loss, the date the property was acquired, and any insurance proceeds received.

25. You paid mortgage interest on a loan where the proceeds were not used to buy, build or improve your new home.. _____

26. You received a corrective distribution from a deferred compensation plan such as a 401(k) plan. If so, please provide related documents and details .... _____

27. During 2009, did you pay Sales Tax on the purchase of 'big ticket' items such as a car or boat? If so, please provide details……………………………………………………………………….._____

CONTINUATION SHEET

Page Reference	Notes