INCOME TAX ORGANIZER
202X

CALIFORNIA REPUBLIC ACCOUNTANCY

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Note: If you have received forms 1099 or W-2 or other tax forms, please include them instead of filling in duplicate information on this form.

	TAXPAYER	SPOUSE
FIRST NAME		
LAST NAME		
SOCIAL SECURITY NUMBER		
DATE OF BIRTH		
HOME PHONE NUMBER		
WORK PHONE NUMBER		
CELL PHONE NUMBER		
EMAIL ADDRESS		
OCCUPATION		

STREET ADDRESS			
CITY, STATE, ZIP CODE			

	DEPENDENT 1	DEPENDENT 2	DEPENDENT 3	DEPENDENT 4
FIRST NAME				
LAST NAME				
SOCIAL SECURITY NUMBER				
DATE OF BIRTH				
RELATIONSHIP				

ESTIMATED TAX PAYMENTS

	DATE PAID	$ PAID TO IRS	DATE PAID	$ PAID TO STATE
OVERPAYMENT APPLIED FROM PRIOR YEAR				
ESTIMATE 1				
ESTIMATE 2				
ESTIMATE 3				
ESTIMATE 4				
EXTENSION PAYMENT				

OTHER INCOME-SOCIAL SECURITY INCOME, ALIMONY, GAMBLING

	TAXPAYER	SPOUSE
SSA INCOME (B0X 5)		
MEDICARE PREMIUMS PAID - NOTE THIS AMOUNT WILL CARRY TO MEDICAL DEDUCTIONS		
ALIMONY RECEIVED		
GAMBLING INCOME (FROM FORM W2G)		

WAGES-TAXPAYER (FORM W2)

EMPLOYER NAME	TAXABLE WAGES (BOX 1)	FEDERAL WITHHOLDING (BOX 2)	SOCIAL SECURITY TAX (B0X 4)	STATE WITHHOLDING (BOX 17)	SDI (BOX 19)

WAGES-SPOUSE (FORM W2)

EMPLOYER NAME	TAXABLE WAGES (BOX 1)	FEDERAL WITHHOLDING (BOX 2)	SOCIAL SECURITY TAX (B0X 4)	STATE WITHHOLDING (BOX 17)	SDI (BOX 19)

INTEREST INCOME (FORM 1099 INT)

PAYEE	BANK INTEREST $	U.S. TREASURY $	MUNI TAX FREE $

DIVIDEND INCOME (FORM 1099DIV)

PAYEE	TOTAL ORDINARY DIVIDENDS (BOX 1A)	QUALIFIED DIVIDENDS (BOX 1B)	TOTAL CAPITAL GAIN DIST. (BOX 2A)	FOREIGN TAX PAID (BOX 6)	TAX EXEMPT MUNICIPAL DIVIDENDS

PENSION/ANNUITY/IRA INCOME-TAXPAYER (FORM 1099R)

PAYEE	CHECK THIS BOX IF THIS IS AN IRA DISTRIBUTION	GROSS DISTRIBUTION (BOX 1)	TAXABLE AMOUNT (BOX 2A)	FEDERAL WITHHOLDING (BOX 4)	STATE WITHHOLDING (BOX 10)

PENSION/ANNUITY/IRA INCOME-SPOUSE (FORM 1099R)

PAYEE	CHECK THIS BOX IF THIS IS AN IRA DISTRIBUTION	GROSS DISTRIBUTION (BOX 1)	TAXABLE AMOUNT (BOX 2A)	FEDERAL WITHHOLDING (BOX 4)	STATE WITHHOLDING (BOX 10)

CAPITAL GAINS AND LOSSES

List Sales of Stocks, Bonds, and Real Property in this section. If you sold real property and had taxes withheld by the State of CA through the sale, you must get Form 597 from your escrow company to claim the withholding tax. If they didn't provide you a form, please contact them to get the form. Note-This was our biggest delay last year in processing tax returns. Many clients came to the appointment without obtaining this form. Please have this form with you. Also, for property sales, please provide closing escrow statement, and purchase escrow statement (if available)

DESCRIPTION/PAYEE	DATE ACQUIRED (NOTE-IF YOU DON'T HAVE EXACT DATE OF PURCHASE, INPUT YOUR BEST GUESSTIMATE) IF MULTIPLE PURCHASES YOU CAN LIST THE WORD "VARIOUS"	DATE SOLD	SALES PRICE (FOR STOCKS, BONDS, MUTUAL FUNDS, LISTED ON FORM 1099B) (NOTE-WE DON'T NEED SHARE QUANTITY AND PRICE PER SHARE INFO.)	PURCHASE PRICE (NOTE-WE DON'T NEED SHARE QUANTITY AND PRICE PER SHARE INFO.)	GAIN OR (LOSS) (DIFFERENCE BETWEEN SALES PRICE AND PURCHASE PRICE)
GOOD EXAMPLE- IBM	VARIOUS	2-28-05	9,800	10,200	(400)
BAD EXAMPLE-IBM (NOTE- PLEASE FOLLOW EXAMPLE ABOVE.	VARIOUS	2-28-05	100 SHARES @ $98 (NOTE-DON'T LIST IN THIS FORMAT)	50 SHARES @ 100; 50 SHARES @104 (NOTE-DON'T LIST IN THIS FORMAT)	(400)

ITEMIZED DEDUCTIONS

MEDICAL PAID

DESCRIPTION	$
PRESCRIPTIONS	
DOCTORS AND DENTIST	
HEALTH CARE INSURANCE	
LONG TERM CARE INSURANCE	
NUMBER OF MEDICAL MILES	
OTHER (PLEASE LIST BELOW)	

TAXES PAID

DESCRIPTION	$
REAL ESTATE TAXES ON PRIMARY RESIDENCE	
REAL ESTATE TAXES ON SECOND RESIDENCE	
SALES TAX ON BIG TICKET ITEMS (CAR, RV, BOAT, ETC)	
DMV REGISTRATION FEES	

INTEREST PAID

INTEREST ON PRIMARY AND SECOND RESIDENCE-PLEASE LIST EACH PAYEE BELOW WITH $ AMOUNT	$
POINTS PAID:	
INVESTMENT INTEREST PAID:	

CASH CONTRIBUTIONS PAID

PAYEE-DESCRIPTION	$
VOLUNTEER EXPENSES-OUT OF POCKET	
NUMBER OF CHARITABLE MILES	

NONCASH CONTRIBUTIONS-($500 OR LESS)

(Note-If total noncash contributions are equal to or less than $500, you don't need to itemize details. Simply input the $ figure you would like to claim, and we will deduct that amount for you. Note-From experience as a former IRS agent, noncash contributions of $500 or less are rarely audited) Generally this is what we recommend that you claim.

DESCRIPTION	$
NONCASH CONTRIBUTIONS	

NONCASH CONTRIBUTIONS-(OVER $500)

(If over $500, you must itemize details of your donations. Ie. Housewares, equipment, furniture, etc.. You must also put down an approximate range of what you paid for the items. Then you must estimate the fair market value (fmv) of the item you donated. I recommend that the fmv of the item should be no more than 20% to 25% of what you paid for the items.) FIRST ONE IS AN EXAMPLE FOR YOU TO FOLLOW

DESCRIPTION	
NAME OF CHARITABLE ORGANIZATION	GOODWILL
ADDRESS OF ORGANIZATION	123 MAIN STREET OCEANSIDE CA 92054
DATE OF CONTRIBUTION	8-5-05
DATE OF PURCHASE	VARIOUS
DESCRIPTION OF ITEMS THAT YOU DONATED	REFRIGERATOR, HOUSEWARES, ETC..
APPROXIMATELY WHAT DID YOU PAY FOR THEITEMS	$1,500
APPROXIMATE FAIR MARKET VALUE OF DONATION	$300

DESCRIPTION	
NAME OF CHARITABLE ORGANIZATION	
ADDRESS OF ORGANIZATION	
DATE OF CONTRIBUTION	
DATE OF PURCHASE	
DESCRIPTION OF ITEMS THAT YOU DONATED	
APPROXIMATELY WHAT DID YOU PAY FOR THEITEMS	
APPROXIMATE FAIR MARKET VALUE OF DONATION	

DESCRIPTION	
NAME OF CHARITABLE ORGANIZATION	
ADDRESS OF ORGANIZATION	
DATE OF CONTRIBUTION	
DATE OF PURCHASE	
DESCRIPTION OF ITEMS THAT YOU DONATED	
APPROXIMATELY WHAT DID YOU PAY FOR THEITEMS	
APPROXIMATE FAIR MARKET VALUE OF DONATION	

UNREIMBURSED EMPLOYEE EXPENSES	TAXPAYER	SPOUSE
MEALS & ENT.		

OTHER EXPENSES	$
TAX PREPARATION FEE FROM LAST YEAR	
SAFE DEPOSIT BOX	
INVESTMENT EXPENSE	
UNION DUES	
GAMBLING LOSSES (YOU CAN ONLY CLAIM LOSSES TO THE EXTENT OF YOUR WINNINGS.	
IF YOU CLAIMED GAMBLING LOSSES ABOVE, PLEASE INPUT THE TOTAL OF THE W2G GAMBLING INCOME YOU RECEIVED	

DESCRIPTION	TAXPAYER	SPOUSE
SELF EMPLOYED HEALTH INSURANCE		
STUDENT LOAN INTEREST		
EDUCATOR EXPENSE		

ALIMONY PAID	
ALIMONY PAID $ AMOUNT	
RECIPIENT NAME (FIRSTAND LAST)	
RECIPIENT SOCIAL SECURITY NUMBER	

TRAVEL		
TELEPHONE		
OFFICE EXP.		
SUPPLIES		
PROFESSIONAL SUBCRIPTIONS		
LIST ANY OTHER ITEMS BELOW:		
AUTO EXPENSE:		
TOTAL MILES DRIVEN		
TOTAL BUSINESS MILES		
PARKING AND TOLLS		
GAS		
REPAIRS		
TIRES		
INSURANCE		
INTEREST		
AUTO LICENSE		
LEASE PAYMENTS		
YEAR/MAKE/MODEL		

DEPENDENT CARE EXPENSE
EDUCATION CREDITS

DEPENDENT CARE PROVIDER #1	
NAME OF PROVIDER	
STREET ADDRESS	
CITY, STATE, ZIP CODE	
IDENTIFICATION NUMBER (SSN# OR EIN#)	
AMOUNT PAID TO PROVIDER	

EDUCATION CREDITS	
$ OF TUITION (FORM 1098T)	
LESS: SCHOLARSHIP OR GRANT $	
IF FOR COLLEGE, WHAT YEAR IN COLLEGE (1^{ST}, 2^{ND}, 3^{RD}, 4^{TH})	

DEPENDENT CARE PROVIDER #1	
NAME OF PROVIDER	
STREET ADDRESS	
CITY, STATE, ZIP CODE	
IDENTIFICATION NUMBER (SSN# OR EIN#)	
AMOUNT PAID TO PROVIDER	

DIRECT DEPOSIT OF REFUND	
IF YOU HAVE A REFUND & WOULD LIKE DIRECT DEPOSIT INTO YOUR CHECKING ACCOUNT, PLEASE PROVIDE THE FOLLOWING (NOTE-IF YOU COULD ATTACH A VOIDED CHECK THAT WOULD BE HELPFUL)	
BANK NAME	
ROUTING # (9 DIGIT NUMBER IN BOTTOM LEFT CORNER OF CHECK	
BANK ACCOUNT NUMBER	

IF YOU HAVE AN EMPLOYER SPONSERED PLAN WHERE YOU HAVE PRETAX DOLLARS DEDUCTED FROM YOUR W2, PLEASE INPUT THE AMOUNT FROM EACH W2 IN THE BOX BELOW. (GENERALLY THIS IS IN BOX 10 OF YOUR W2)

PRETAX DEP. CARE BENEFITS	
FORM W2 BOX 10	
FORM W2 BOX 10	

RENTAL PROPERTY (PLEASE INPUT ADDRESS BELOW)

1	
2	
3	
4	
5	
6	

	1	2	3	4	5	6
INCOME:						
EXPENSES:						
ADVERTISING						
ASSOCIATION DUES						
AUTO & TRAVEL						
CLEANING & MAINTENANCE						
COMMISSIONS						
GARDENING						
INSURANCE						
LEGAL & PROFESSIONAL						
LICENSE & PERMITS						
MANAGEMENT FEES						
MISC.						
MORTGAGE INTEREST (PLEASE LIST EACH INTEREST AMOUNT SEPARATELY, SO WE CAN RECONCILE TO FORM 1098)						
MORTGAGE INTEREST (PLEASE LIST EACH INTEREST AMOUNT SEPARATELY, SO WE CAN RECONCILE TO FORM 1098)						
PAINTING & DECORATING						
PEST CONTROL						
PLUMBING & ELECTRICAL						
REPAIRS						
SUPPLIES						
TAXES-REAL ESTATE						
CITY LICENSE FEE						
TELEPHONE						
UTILITIES						
WAGES & SALARIES						
OTHER EXPENSES (PLEASE LIST BELOW)						
DEPRECIABLE ITEMS (LIST DESCRIPTION, DATE OF PURCHASE, AND AMOUNT)						

SCHEDULE C-BUSINESS INCOME

PRINCIPAL BUSINESS/PROFESSION	
BUSINESS CODE	
BUSINESS NAME	
BUSINESS STREET ADDRESS	
CITY, STATE, ZIP	
EMPLOYER ID# (IF ANY)	

DESCRIPTION	**$**
INCOME: (IF FROM FORM 1099MISC, LIST EACH ONE BELOW)	
COST OF SALES:	
PURCHASES	
COST OF LABOR	
MATERIALS AND SUPPLIES	
EXPENSES: (NOTE-DON'T INPUT ANY AUTO EXPENSE OR HOME OFFICE EXPENSE BELOW IN THIS SECTION)	
ADVERTISING	
BANK CHARGES	
COMMISSIONS	
DUES	
SUBCRIPTIONS	
EMPLOYEE BENEFIT PROGRAM	
INSURANCE (OTHER THAN HEALTH)	
INTEREST EXPENSE	
LAUNDRY AND CLEANING	
LEGAL & PROFESSIONAL	
MISC.	
OFFICE EXPENSE	
OUTSIDE SERVICES	
POSTAGE	
PRINTING	
RENT (MACHINERY & EQUIP.)	
RENT (REAL PROPERTY)	
REPAIRS	
SUPPLIES	
TAXES-PAYROLL	
TELEPHONE	
TRAVEL	
MEALS & ENTERTAINMENT	
UNIFORMS	
WAGES	
OTHER:	

SCHEDULE C-DEPRECIABLE ITEMS, AUTO EXPENSE, & HOME OFFICE EXPENSE

DEPRECIABLE ITEMS (GENERALLY ITEMS LASTING MORE THAN ONE YEAR. IE. FURNITURE, COMPUTER, AUTOMOBILE, ETC…)

DESCRIPTION	DATE OF PURCHASE	$ AMOUNT OF PURCHASE

AUTO EXPENSE

AUTO EXPENSE:	VEHICLE 1	VEHICLE 2
TOTAL MILES DRIVEN		
TOTAL BUSINESS MILES		
PARKING AND TOLLS		
GAS		
REPAIRS		
TIRES		
INSURANCE		
INTEREST		
AUTO LICENSE		
LEASE PAYMENTS		
YEAR/MAKE/MODEL		
VEHICLE COST		

BUSINESS USE OF HOME

Note-If you own your home, please input interest and real estate taxes below. Don't input them again in the itemized deduction section. Any non-business portion of interest and real estate taxes will carry to Schedule A automatically when we input them in our software.

SQUARE FEET OF YOUR OFFICE	
TOTAL SQUARE FEET OF YOUR HOME	
MORTGAGE INTEREST	
REAL ESTATE TAXES	
INSURANCE	
RENT	
REPAIRS AND MAINTENANCE	
GAS, ELECTRIC, WATER AND TRASH	

SALE OF PRIMARY RESIDENCE

Note-If you lived in your home for 2 of the past 5 years you generally don't have to claim the sale of your home on your tax return, unless the gain on your home was greater than $250,000 for an individual or $500,000 for a married couple. There are exceptions to the general rule (ie. You claimed prior depreciation for a business in home deduction. You sold another primary residence within two years of the date of this sale.) Please provide a copy of the final settlement statement for the sale of the residence. If you have the original purchase settlement statement, please provide that as well.

ADDRESS OF PROPERTY SOLD	
DATE SOLD	
DATE PURCHASED	
TOTAL SALES PRICE	
SELLING EXPENSES: INCLUDES: COMMISSIONS, FEES, ETC… (NOTE-TAXES, INTEREST, AND LOAN PAYOFFS ARE NOT SELLING EXPENSES OR PART OF THE COST OF THE HOME)	
ORIGINAL COST OFHOME	
IMPROVEMENTS OVER THE YEARS	

MOVING EXPENSES

NOTE-CAN BE CLAIMED ONLY IF PART OF A RELOCATION FOR WORK PURPOSES. THE NUMBER OF MILES FROM YOUR OLD HOME TO YOUR NEW WORK PLACE MUST BE GREATER THAN 50 MILES FROM YOUR OLD HOME TO YOUR OLD WORK PLACE**.**

MILES FROM OLD HOME TO OLD WORK PLACE	
MILES FROM OLD HOME TO OLD WORK PLACE	
EXPENSES FOR TRANSPORTATION AND STORAGE OF GOODS	
LODGING & TRAVEL (EXCLUDING MEALS)	
GAS/PARKING/TOLLS	