

**CATHERINE E. THOMAS CPA**

**TAX ORGANIZER**

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**CLIENT NAME:** \_\_\_\_\_

**PHONE NUMBER:** \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_

**SOURCES OF INCOME FOR 2009**

Check all that apply.

- |   |   |
|---|---|
| <input type="checkbox"/> Wages                          | <input type="checkbox"/> Jury duty                              |
| <input type="checkbox"/> Tips                           | <input type="checkbox"/> Gambling winnings                      |
| <input type="checkbox"/> Self-employment                | <input type="checkbox"/> Awards or settlements                  |
| <input type="checkbox"/> Social Security                | <input type="checkbox"/> Unemployment                           |
| <input type="checkbox"/> Disability /Long Term Care     | <input type="checkbox"/> Alimony                                |
| <input type="checkbox"/> Pension or profit-sharing plan | <input type="checkbox"/> IRA/other retirement plan distribution |
| <input type="checkbox"/> Trusts or estates              | <input type="checkbox"/> Other                                  |

**PERSONAL EVENTS**

Did any of the following occur in 2009? If so, give date(s), names and Social Security Numbers.

- Marriage
- Divorce
- Separation from Spouse
- Death of Spouse or Dependents
- Birth of a child
- Adopted a child or began adoption process
- Fostered a child in your home

**TAX PREPARATION & PLANNING GOALS & CONCERNS**

Please use the area below to note any concerns or goals you have regarding tax preparation or planning. (Getting the maximum refund and zero tax liability are assumed!)

## CATHERINE E. THOMAS CPA

Please read the following items and **check the ones applicable to your situation**. If you are unsure about an item, mark the **Not Sure** column. Feel free to write any additional information or comments on this page or at the area designated at the end of this organizer.

Yes	No	Not sure	
<b>General Information</b>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are you or do you have any dependents who are neither US citizens or residents?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you adopt or start process of adopting a child?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you provide over half the support for person(s) besides your dependent children? (ex: parents, siblings, grandchildren)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are you a teacher or educator at a K-12 school?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are you being claimed as a dependent by another person?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you pay any childcare or dependent care expenses?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are you permanently disabled?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Did you make any energy related upgrades/improvements to your residence?</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Did you receive a \$250 stimulus check in 2009? (retirees/disabled)</b>
<b>Tax Questions</b>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Were you notified by the IRS this year, of changes to a prior year's return?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you pay any estimated income taxes? (Federal or State)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Were there any changes to a prior year's income, deductions, or credits that would require filing an amended return?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you receive a state-income tax refund?
<b>Employment Questions</b>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Were you self-employed?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you change jobs or take a new job?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you pay any health insurance premiums with pre-tax money?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Were you covered or eligible for coverage by an employer's health plan?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you participate in a Health Savings Acct (HSA) or Flexible Spending Acct (FSA)?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you contribute to or are you eligible to participate in an employer's retirement plan? (401k, 403b, 457b)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you incur any expenses for your job that were not reimbursed by your employer? (education, travel, mileage, etc)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you receive any reimbursement from your employer for education, adoption or childcare expenses?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you receive or do you own any stock options?
<b>Other Expenses</b>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you buy a NEV or other electric powered vehicle?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you have any casualty (fire, accident, flooding) or theft losses?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you pay for any tuition for you, your children or grandchildren?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Did you purchase a new vehicle/boat in 2009 or make any other large purchases?</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you pay any alimony or spousal support (not child support)?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you take out or make payments on a student loan?

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Yes	No	Not sure	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you employ and pay someone \$1,300 or more in 2009 to care for your children or disabled dependents in your home, clean or provide other personal services in or around your home and that person does not work for a company or agency?

**Investment Questions**

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you own rental property?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Did you sell or purchase a principal residence?</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you sell or purchase any land?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you refinance a mortgage or take out a home equity loan?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you pay your mortgage to a former owner of your residence?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you contribute to a Health Savings Account?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you contribute to an Education Savings Account or 529 plan? <i>(these are college savings/education savings vehicles)</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you contribute to an IRA or Roth IRA for the 2009 tax year?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you own any stocks, bonds or mutual funds in 2009?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did any stocks you own become worthless?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Do you trade options or commodities?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are you the grantor or owner of any trusts?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are you the grantor of any debts that you consider uncollectible?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you own any interest in a REMIC? (Real Estate Mortgage Investment Conduit)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you receive any foreign income or pay any foreign taxes?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you receive interest from a bank or financial account in a foreign country?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Were you the grantor or transferor to a foreign trust?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you receive the proceeds from an installment sale to a relative?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you sell any property or equipment on installment?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you barter your goods or services with someone else?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you make a loan at an interest rate below market rate?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you make gifts of over \$13,000 to an individual?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you have any children <24 who received more than \$1,800 in investment income?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you start a business, purchase a farm or acquire interests in a partnership or S-corporation?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you own any investments that are not specifically covered in the above questions?

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**INCOME**

Please assemble the following information related to income received

- r W2's for wages
- r 1099's for dividends, interest, state income tax refunds, unemployment, misc. income, retirement plan distributions, pensions, original issue discount (bonds), capital gains and security sales
- r RRB-1099, SSA-1099 for Social Security and Railroad Retirement
- r K1's for partnership, trust, estate, S-corporations
- r Alimony (support) received – not child support (give SSN and name of payer as well)
- r List of prizes won and value
- r Amount of settlements or awards
- r Amount of scholarships and fellowships
- r Other income not contained in above documents

**INVESTMENTS**

Please assemble the following documents related to investments

- r Purchase date & cost information for stocks, bonds and mutual funds sold
- r Copies of year end statements for stocks, mutual funds, IRAs, 401k, 403b & annuity accounts
- r Copies of the purchase and sale orders/confirmations of stocks, bonds and mutual funds made in 2009 (if not included in year end statement)
- r Tax Year 2009 contributions to IRAs (amount, for whom, and what IRA)
  - o Forms 5498 or year end IRA statement should contain this information
  - o Amounts contributed between 01/01/09 and 4/15/09
- r Settlement statement from the purchases and sales of property
- r Copy of stock option agreement(s) & latest statement

**EXPENSES**

Please gather the following information related to expenses. If copies of invoices have the information needed, you may substitute that instead of filling in this form.

**Childcare**

Child	Amount paid	Provider's name and address	Provider's EIN/SSN

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**Medical**

(include all paid out-of-pocket as Arizona does not have the 7.5% of AGI threshold of the federal government)

**Do not need to break down – categories are to help trigger items to include.**

- Health Insurance Premiums (paid-out-of-pocket) \_\_\_\_\_
- Co-pays \_\_\_\_\_
- Dentist fees \_\_\_\_\_
- Doctor fees \_\_\_\_\_
- Lab fees \_\_\_\_\_
- Prescription drugs & insulin \_\_\_\_\_
- Eyeglasses & contact lenses \_\_\_\_\_
- Lodging required for medical care \_\_\_\_\_
- Nursing or home health care \_\_\_\_\_
- Cost of improvements to home for medical purposes (e.g. wheel chair ramps) \_\_\_\_\_
- Other (e.g. stop smoking or weight loss programs if doctor prescribed) \_\_\_\_\_
  
- Miles driven for medical purposes** \_\_\_\_\_

**r** Long term care insurance premiums

**Interest**

- r** Mortgage interest (usually Form 1098s)
- r** Home equity loan or line of credit interest
- r** Investment interest paid

**Taxes**

- r** Real estate taxes (if not taken out of escrow)
- r** Vehicle taxes (VLT amount)
- r** Any other personal property taxes (boat, trailer, etc.)
- r** Sales tax paid on vehicles purchased

**Education related**

- r** Education expenses (tuition, books, supplies, fees, computers)
- r** Student loan interest paid
- r** Educators<sup>1</sup>: amounts paid for classroom supplies
- r** Contributions to a 529 college savings plan
- r** Withdrawals from 529 college savings plan

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<sup>1</sup> An educator is defined as a K-12 teacher, instructor, counselor, principal, or aide in a school for at least 900 hours during a school year.  
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**Charity**

“Cash” donations (credit card, checks also count as “cash”). Written acknowledgement from the charity is required for any single donation of \$250+.

**May include 2010 donations made to qualified Haitian Relief charities on 2009 tax return (donation made by March 1, 2010)**

Charity	Donation Amount	Did you receive anything of value in return for your contribution? If so, describe with an estimated value.

**Non-cash charitable contributions (e.g. Goodwill). Note: must be in “good” condition.**

Charity	Fair Market Value	Description of Contribution

Appraisal fees for large non-cash contributions \_\_\_\_\_  
 Out-of-pocket expenses for volunteer activities \_\_\_\_\_

**Miles driven for charitable purpose** \_\_\_\_\_

**Alimony (spousal support) paid**

Do NOT include child support payments. IRS also requires the Social Security Number of the recipient.

Amount Paid \_\_\_\_\_ SSN of recipient \_\_\_\_\_

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**Moving** (if moved more than 50 miles from old residence to take a new job)

Mileage from old residence to new job	_____
Mileage from new residence to new job	_____
# vehicles driven from old residence to new	_____
Moving or trucking company	_____
Supplies (e.g. boxes, packaging tape)	_____
Moving insurance	_____
Storage area rental (30 days prior and after)	_____
Travel (e.g. airfare to new home)	_____
Lodging (during move)	_____
Amount reimbursed by company (if any)	_____
Dates of move	_____

**Casualty or Theft Losses**

Description of property damaged or stolen	_____
Date of casualty or loss	_____
Cost of property	_____
Fair Market Value of property before casualty or loss	_____
Fair Market Value of property after casualty or loss (if loss = \$0)	_____
Amount spent in repairs to get property into same condition as before casualty	_____
Amount of eligible insurance or other reimbursements	_____
Appraisal fees	_____

**Other Misc. Expenses**

typically these costs are only deductible in amounts exceeding 2% of your adjusted gross income. So you may not want to include this information if you do not think you will exceed this amount

Tax advice or preparation fees or tax preparation software/books	_____
Subscriptions to investment publications	_____
Safety deposit box fee	_____
Amounts paid to financial or investment advisors	_____
IRA set up or administration fees	_____
Union dues	_____
Job-seeking expenses (resume preparation, mileage)	_____
Un-reimbursed employer expenses	_____
Uniform expenses including cleaning	_____
Safety and protective clothing or gear	_____
Education/courses	_____
Travel	_____
Meals and entertainment	_____
Mileage ( <i>e.g. to another job site, between offices, etc.</i> )	_____
Trade magazine subscriptions	_____
Professional organization dues	_____

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**RETURN PREPARATION AND DELIVERY OPTIONS**

By default, we e-file<sup>2</sup> all eligible returns. You still are provided a hard copy of your tax returns for your files. However, if you do NOT wish to e-file your tax returns, please note that here.<sup>3</sup>

Do NOT e-file my tax returns

**HOW TO HANDLE REFUND OR PAYMENT**

**Refunds**

Direct Deposit

Routing Number	
Account Number	
Checking or Savings Acct	

Check

**Payments**

Send in check with 1040-V (payment voucher)

ACH Payment<sup>4</sup>

Routing Number	
Account Number	
Checking or Savings	
Date to pay	

Credit Card payment<sup>5</sup>

Internet payment<sup>6</sup>

**Comments or Additional Information**

<sup>2</sup> E-filing is the filing of your tax returns electronically. E-filed returns are processed faster with fewer errors. This means quicker refunds and less contact with the IRS. Plus, the IRS acknowledges receipt of IRS e-filed returns that gives taxpayers proof of filing. The electronic payment option lets you file early and either electronically schedule a payment for a future date (paying by direct debit) or delay out-of-pocket expenses (paying by credit card).

<sup>3</sup> There is an additional fee of \$15 if returns eligible for e-filing are NOT e-filed.

<sup>4</sup> The electronic payment option lets you file early and either electronically schedule a payment for a future date (paying by direct debit) or delay out-of-pocket expenses (paying by credit card).

<sup>5</sup> An additional fee is charged by the credit card processor.

<sup>6</sup> An additional fee is charged by the internet payment processor.