

Individual Income Tax Organizer

Name of Taxpayer	SS# - -
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<i>First</i>	<i>M.I.</i>	<i>Last</i>
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Occupation	Date of birth / /	Are you new to our firm? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Address	City	State	Zip
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County	Home phone ()	Work or cell ()
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Name of Spouse	SS# - -
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<i>First</i>	<i>M.I.</i>	<i>Last</i>
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Occupation	Date of birth / /	Are you new to our firm? <input type="checkbox"/> Yes <input type="checkbox"/> No
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(Enter information below only if different from Taxpayer)

Address	City	State	Zip
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County	Home phone ()	Work or cell ()
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If you moved during 2007, enter your previous address	Date of move / /
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Filing status: Single Married filing jointly Married filing separately Widow(er) Head of Household
 Were you divorced or separated during the year? Yes No Were there any deaths in the family? Yes No
 Have you received any notice from the IRS or state revenue department within the past year? Yes No

Names of dependent children <i>Child's name</i>	Social Security #	Date of birth	Months lived in home in 2007	Relationship	College student?
	- -				
	- -				
	- -				
	- -				

Did any of the children have income above \$850 for the year? Yes No Are any children disabled? Yes No
 Is it anticipated that a different taxpayer will seek to claim a child listed above as their dependent for tax year 2007? Yes No

Other dependents or people who lived with you

Name	Social Security #	Date of birth	Relationship	Income
	- -			
	- -			

If you are due a refund, would you like it directly deposited into your bank account? *Name of bank*

Checking <input type="checkbox"/> Savings <input type="checkbox"/>	Routing transit number	Account number
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Ask your tax preparer for information about depositing a refund into an IRA account, or splitting the deposit into more than one account.

Questions—All Taxpayers

Cross reference to pages in *The TaxBook, 1040 Edition*

"You" refers to both taxpayer and spouse—enter "?" if unsure about a question.

<input type="checkbox"/> Yes <input type="checkbox"/> No	Are either you or your spouse legally blind?	3-7		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you pay or receive alimony in 2007? <i>Paid/Received \$</i>	12-12		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Were any children born or adopted in 2007?	3-14		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Were any children attending college?	12-2		
	<i>Year in college</i>			
	Paid by you: <i>Tuition \$</i>		<i>Student loan interest \$</i>	<i>Books \$</i>
	Paid by student: <i>Tuition \$</i>		<i>Student loan interest \$</i>	<i>Books \$</i>
<i>Other</i>				
<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you pay any tuition for a private school for a dependent or take classes yourself?	12-2		
	<i>Student</i>		<i>Amount paid \$</i>	
	<i>Name and address of school</i>			
<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you pay for child or dependent care so you could work or go to school?	11-3		
	<i>Name of provider</i>		<i>ID #</i>	
	<i>Address</i>		<i>Amount paid \$</i>	
	<i>Name of provider</i>		<i>ID #</i>	
	<i>Address</i>		<i>Amount paid \$</i>	
	<i>Name of child</i>		<i>Expenses \$</i>	
	<i>Name of child</i>		<i>Expenses \$</i>	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you buy or sell a home in 2007? <input type="checkbox"/> Bought <input type="checkbox"/> Sold (provide closing statement)	6-19		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you refinance a mortgage or take a home equity loan? (provide closing statement)	4-11		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you use any mortgage loan proceeds for purposes other than to buy, build, or substantially improve your home?	14-3		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you pay any interest on a boat or RV loan?	4-11		
	<i>Name and address of lender</i>			
<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you pay sales tax on a major purchase in 2007 such as a vehicle, boat, or home?	4-9		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you roll over any amounts from a retirement account in 2007?	13-21		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Will there be any significant changes in income or deductions next year, such as retirement?	15-3		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you have any uninsured loss to your property in 2007?	4-20		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you work from a home office or use your car for business?	5-13		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you sell or transfer any stock or sell rental or investment property?	6-8		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you receive any income from an installment sale?	6-14		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have an ownership interest in any partnerships, corporations, LLCs, or other ventures?	7-4		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you have any investments become worthless in 2007?	6-8		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Were you granted, or did you exercise, any employer stock options during 2007?	6-18		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you make a gift to any individual of \$12,000 or more during the year?	3-19		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you pay anyone for domestic services in your home?	14-1		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you engage in any farming activities?	5-24		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you purchase a new energy-efficient car, truck, or van?	11-12		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you make any new energy efficient improvements to your home, such as new insulation, windows, doors, solar panels, solar water heat, energy-efficient appliances, etc.?	11-11		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you involved in any bankruptcy, foreclosure, or repossession proceedings?	14-10		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you operate your own business?	5-7		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you a member of the military?	14-8		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Were you a citizen of a foreign country or live in a foreign country, or did you receive investment income from a foreign investment or bank account?	14-13		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do either you or your spouse want to designate \$3 to the Presidential Election Campaign fund? (this will not decrease your refund or increase amount owed) <i>Taxpayer</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Spouse</i> <input type="checkbox"/> Yes <input type="checkbox"/> No			
<input type="checkbox"/> Yes <input type="checkbox"/> No	Would you like to allow your tax preparer or another person to discuss your return with the IRS?	3-11		
	<i>Designee's name</i>			
	<i>Phone number ()</i> <i>PIN (any five digits)</i>			
State information <input type="checkbox"/> Full-year resident <input type="checkbox"/> Part-year resident <input type="checkbox"/> Nonresident				
States of residence during 2007 and dates				
School district	Do you rent or own your home? <input type="checkbox"/> Rent <input type="checkbox"/> Own			

Income Worksheet

Provide to your preparer all Forms W-2, 1099-INT, 1099-DIV, 1099-R, 1099-MISC, and other income reporting statements. Do not list dollar amounts for the following forms. Your preparer will report the appropriate amounts.

Indicate "T" for taxpayer, "S" for spouse, "J" for joint

Provide additional statements if more room is needed

Forms W-2—Wage and Tax Statement

T/S	Employer name	T/S	Employer name
	1)		4)
	2)		5)
	3)		6)

Forms 1099-INT—Interest Income

T/S/J	Name of issuer	T/S/J	Name of issuer
	1)		4)
	2)		5)
	3)		6)

Forms 1099-DIV—Dividends and Distributions

T/S	Name of issuer	T/S	Name of issuer
	1)		4)
	2)		5)
	3)		6)

Forms 1099-R—Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, Etc.

T/S	Name of issuer	T/S	Name of issuer
	1)		4)
	2)		5)
	3)		6)

Tax-Exempt Interest (such as municipal bonds—include statement)

Payer	\$	Payer	\$
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Other Income

State tax refund	\$	Unreported tips	\$
Alimony	\$	Other	\$
Unemployment compensation	\$		\$
Social security (taxpayer)—provide SSA-1099 or RRB-1099	\$		\$
Social security (spouse)—provide SSA-1099 or RRB-1099	\$		\$
Business income	Provide details on a separate sheet.	Stock sales	See "Sales and Exchanges Worksheet" below.
Rental income		Sale of other property	

Sales and Exchanges Worksheet

Provide information about sales of stock, real estate, or other property, along with Forms 1099-B, 1099-S, or other supporting statements.

Description of property	Purchase date	Cost/basis	Sell date	Sale price

Notes:

- When stock is sold, you will usually receive Form 1099-B, *Proceeds From Broker and Barter Exchange Transactions*, reporting the proceeds from the sale. However, your statement will not always provide the cost/basis information necessary to compute gain or loss. If the statement does not contain the cost/basis information, you must provide it. You may need to contact your broker for questions about cost/basis of your stock accounts.
- Often, "transfers" of stock or mutual funds within a brokerage account are actually sales of one type of stock and purchase of another. Even if you did not receive any cash from the transaction, you may have taxable gain or loss.
- If your stock dividends are automatically reinvested, the dividends will be taxable even though you did not receive any cash. The transaction is treated as if you had received cash and purchased additional stock. When the stock is sold, the amount reinvested over the years is taken into account. You may need to contact your broker for questions about the amount of reinvested dividends.
- If you sold property other than stock, your taxable gain or loss will be determined by your cost/basis. The cost/basis is usually the original purchase price plus improvements (the cost of repairs and maintenance are not taken into account for cost/basis).

Itemized Deductions Worksheet

Deductions must exceed \$5,350 single, \$10,700 MFJ, \$7,850 HOH, or \$5,350 MFS to be a tax benefit.

Medical Expenses. Must exceed 7.5% of income to be a benefit—include cost for dependents—do not include any expenses that were reimbursed by insurance.

Dentists	\$	Hospitals	\$
Doctors	\$	Insurance	\$
Equipment	\$	Prescriptions	\$
Eyeglasses	\$	Other	\$
Medical miles _____ @ 20¢			

Taxes Paid. Do not include taxes paid for full or partial business or rental-use property, including business use of the home.

State withholding	Reported on W-2
State estimated taxes—paid in 2007	\$
Real estate tax—residence	\$
Real estate tax—other	\$
Personal property taxes	\$
Property tax refund—2007	\$ ()
Other	\$
Other	\$
Balance paid in 2007 from prior year returns (do not include interest or penalties)	\$

*Did you keep receipts for sales tax paid during 2007? Yes No
 Did you purchase a car, plane, boat, or home in 2007? Yes No
 Sales tax paid \$

Interest Paid. Do not include interest paid for full or partial business or rental-use property, including business use of the home. Provide Forms 1098 or lender information and ID numbers.

Main home	\$	Equity loan	\$
Second home	\$	Equity loan	\$
Points	\$	Investment interest	\$

Did you pay a mortgage insurance premium when you purchased your home? Amount \$ _____ Date / /

Charitable Contributions. If over \$500 in noncash charitable contributions, provide details of contributions. New rules require that the taxpayer retain documentation for all cash contributions.

Cash	\$	Noncash contributions (FMV). Clothing or household items must be in good used condition or better.	\$
Charitable mileage		Did you transfer funds from an IRA directly to a charity? <input type="checkbox"/> Yes <input type="checkbox"/> No Amount \$	

Casualty and Theft Losses

If you suffered any sudden, unexpected damage or loss of property, or a theft, provide details to your tax preparer. Yes No

Miscellaneous Itemized Deductions. The following must exceed 2% of income to be a benefit. For use of home, or auto mileage, or other job-related expenses, provide information on a separate sheet.

Were any expenses reimbursed by your employer? Yes No

Dues	\$	Subscriptions	\$
Investment expenses	\$	Supplies	\$
Job education	\$	Tax prep fees	\$
Job seeking	\$	Tools	\$
Legal fees	\$	Uniforms	\$
Licenses	\$	Union dues	\$
Safety equipment	\$	Other	\$

Other Miscellaneous Deductions. The following deductions are not subject to a 2% of income limit.

Gambling losses	\$	Federal estate tax on IRD	\$
Impairment-related expenses	\$	Loss from 2(a), K-1, Form 1065B	\$

Other Deductions or Questions

- Notes:**
- Gambling losses are deductible only up to the amount of gambling winnings reported. A log must be kept to verify losses.
 - Work clothing is not deductible if adaptable for every day wear. Exception for safety equipment such as steel-toe boots.
 - Legal expenses are deductible only if related to producing or collecting taxable income.
 - Expenses to enable physically or mentally impaired individuals to work are generally deductible.

Adjustments Worksheet

Educator expenses. Classroom expenses of teachers, counselors, and principals. Maximum \$250 each (\$500 joint).	\$
Health savings account deduction (HSA).	\$
Self-employed SEP, SIMPLE, and qualified plans. Some contributions for 2007 may be made in 2008.	\$
Self-employed health insurance deduction. For sole proprietors and partners if not eligible for employer coverage.	\$
Penalty on early withdrawal of savings.	\$
IRA deduction. For traditional IRAs. Roth IRAs are not deductible. Some contributions for 2007 may be made in 2008.	\$
Student loan interest deduction. Paid for taxpayers and dependents. Income limits apply.	\$
Tuition and fees deduction. Qualified tuition and fees if not claiming education credits. Income limits apply.	\$
Moving expenses. Job-related move and at least 50 mile increase in commuting distance.	Ask preparer
Business expenses of reservists, performing artists, and fee-based government officials.	Ask preparer

Business Expenses Worksheet

Were you reimbursed for any expenses? Yes No

If so, was the reimbursement reported on Form W-2 or 1099? Yes No

Auto Expenses. Complete the following information on any vehicle for which a deduction is claimed for business, rental, etc.

Year and model	Total mileage for year	Commuting mileage	Business mileage	Date first used for business	Own or lease?	Interest paid on vehicle
1)						
2)						
3)						
4)						

If a vehicle listed above was purchased or sold during the year, provide the information below. Also provide information about sales of other vehicles for which business or rental deductions were taken in a prior year.

Year and model	Purchased in 2007?	Date purchased	Cash paid	Value of trade-in	Sold in 2007?	Date sold	Sale price
1)							
2)							
3)							
4)							

If actual expenses are being used instead of the standard mileage rate, complete the information below.

Fuel	Maintenance	Repairs	Insurance	Car washes	License tabs	Parking/tolls	Other
1)							
2)							
3)							
4)							

Was the vehicle used primarily by a more than 5% owner or related person? Yes No

Is there another vehicle available for personal use? Yes No

Do you have evidence to support the deduction? Yes No

Was the vehicle available during off-duty hours? Yes No

If "Yes," is the evidence written? Yes No

Travel, Lodging, and Meals. Expenses are generally deductible for business travel away from home overnight. Travel expenses are allowed only if the primary purpose of the trip is for business. A standard meal allowance is available based on the number of travel days and location, or actual expenses may be used.

Destination	Dates	Airline or other travel costs	Local transportation	Number of days or actual meal expenses	Lodging	Other

Business Use of the Home. Area of home must be exclusively used for business except for storage or day care. *Note:* Managing rental activities or investments does not qualify for business use of the home.

All Taxpayers		For Day Care Only	
A) Business use area		1) Hours used for day care	
B) Total area of home		2) Total hours in year	8760 hrs.
C) $A \div B =$ Business use percentage	%	3) $1 \div 2 =$ Business percentage	%

Enter below only the expenses paid during the period the home was used for business.

Direct expenses benefit only the business use portion of the home. This includes painting or repairs exclusively for the business area.

Indirect expenses are for keeping up and running the entire home, such as mortgage interest and property taxes.

If you bought or sold your home during 2007, copy this worksheet and fill out for each home.

	Direct	Indirect		Direct	Indirect
Mortgage interest	\$	\$	Repairs and maintenance	\$	\$
Property taxes	\$	\$	Utilities	\$	\$
Insurance	\$	\$	Other	\$	\$

Depreciation of the Home

Lower of cost or fair market value of home	\$	Improvements?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Value of land	\$	Casualty losses in 2007?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Depreciable basis of home	\$	Use as an employee?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Rental Worksheet

Indicate type of rental as "residential" or "nonresidential."

	Property A	Property B	Property C
	Type and location of property:	Type and location of property:	Type and location of property:
	Any personal use? <input type="checkbox"/> Yes <input type="checkbox"/> No	Any personal use? <input type="checkbox"/> Yes <input type="checkbox"/> No	Any personal use? <input type="checkbox"/> Yes <input type="checkbox"/> No
Date placed in service			
Rents received	\$	\$	\$
Expenses			
Advertising	\$	\$	\$
Cleaning and maintenance	\$	\$	\$
Commissions	\$	\$	\$
Insurance	\$	\$	\$
Legal and professional fees	\$	\$	\$
Management fees	\$	\$	\$
Mortgage interest paid to banks	\$	\$	\$
Other interest	\$	\$	\$
Repairs	\$	\$	\$
Supplies	\$	\$	\$
Taxes	\$	\$	\$
Utilities	\$	\$	\$
Other (list)	\$	\$	\$

Property Information

If this is your first year with our firm, please provide a depreciation schedule for all property placed in service before 2007.

Property Purchased. Treat the cost of improvements made to real property as the purchase of a new asset.

Asset	Date purchased	Cost	Date placed in service

Property Sold or Taken Out of Service

Asset	Date sold or taken out of service	Selling price	Trade in?

Estimated Tax Payments — Tax Year 2007

Installment	Date paid	Federal	Date paid	State
First		\$		\$
Second		\$		\$
Third		\$		\$
Fourth		\$		\$
Amount applied from 2006 refund?		\$		\$
Total		\$		\$

Privacy Policy

The nature of our work requires us to collect certain non-public information. We collect financial and personal information from applications, worksheets, reporting statements, and other forms, as well as interviews and conversations with our clients and affiliates. We may also review banking and credit card information about our clients in the performance of receipt of payment. Under our policy, all information we obtain about you will be provided by you or obtained with your permission.

Our firm has procedures and policies in place to protect your confidential information. We restrict access to your confidential information to those within our firm who need to know in order to provide you with services. We will not disclose your personal information to a third party without your permission, except where required by law. We maintain physical, electronic, and procedural safeguards in compliance with federal regulations that protect your personal information from unauthorized access.

Tax Preparation Checklist

Please provide the following documentation:

- All Forms W-2 (wages), 1099-INT (interest), 1099-DIV (dividends), 1099-B (proceeds from broker or barter transactions), 1099-R (pensions and IRA distributions), Schedules K-1 form partnerships, S corporations, estates and trusts, and other income reporting statements, including all copies provided from the payer.
- If you are a new client, provide copies of last year's tax returns.
- The completed Individual Income Tax Organizer. *Note:* If you choose not to fill out the organizer, you must at least answer the "Yes" or "No" questions under "Questions—All Taxpayers."
- Copy of the closing statement if you bought or sold real estate.
- Mileage figures for any automobile expenses claimed, including total mileage, commuting mileage, and business mileage.
- Detail of estimated tax payments made, if any.
- Income and deductions categorized on a separate sheet for business or rental activities.
- List of itemized deductions categorized on a separate sheet for medical, taxes, interest, charitable, and miscellaneous deductions.

Tax Return Preparation

We will prepare your tax return based on information you provide. In the event your return is audited, you will be responsible for verifying the items reported. It is important that you review the return carefully before signing to make sure the information is correct. Unless otherwise stated, the services for preparation of your return do not include auditing, review, or any other verification or assurance.

Contact Us

There are many events that occur during the year that can affect your tax situation. Preparation of your tax return involves summarizing transactions and events that occurred during the prior year. In most situations, treatment is firmly established at the time the transaction occurs. However, negative tax effects can be avoided by proper planning. Please contact us in advance if you have questions about the tax effects of a transaction or event, including the following:

- Pension or IRA distributions
- Significant change in income or deductions
- Job change
- Marriage
- Attainment of age 59½ or 70½
- Sale or purchase of a business
- Sale or purchase of a residence or other real estate
- Retirement
- Notice from IRS or other revenue department
- Divorce or separation
- Self-employment
- Charitable contributions of property in excess of \$5,000

EMPLOYEE BUSINESS EXPENSES

For outside salespersons or individuals not fully reimbursed by employer.

Vehicle mileage (odometer reading)

	Vehicle 1	Vehicle 2
A. End of year		
B. Beginning of year		
1. Business miles		
2. Commuting miles		
3. Personal miles		
4. Total miles driven		

Vehicle expense (if both husband and wife have deductions, use vehicle 1 for husband, 2 for wife)

	Vehicle 1	Vehicle 2	Vehicle 1	Vehicle 2
Gas and Oil				
Washing and lube				
Repairs and maintenance				
Tires/accessories				
Insurance				
Make				
Year				
Model				
Date acq.				
Cost or basis				

Travel expenses - away from home (number of nights _____)

	Husband	Wife	Husband	Wife
Transportation				
Lodging				
Meals and tips				

Other business expenses (must have supportive record for entertainment and gifts)

Entertainment				
Tickets/events				
Postage/freight				
Phone				
Furniture/equipment				
Total of above expenses reimbursed				

Did you purchase any other business equipment during year? Yes ___ No ___
 If yes, provide list of date bought, cost, description and trade-in details.
 I have adequate records and sufficient evidence to support use of vehicles and deductions listed above.
 (Please sign) _____

REFUNDS, CREDITS AND TAXES PAID

	Federal	State	Local
Credit from last year's tax returns			
Cash			
April 15			
June 15			
September 15			
January 15			
Balance due on last year's tax returns			
Cash refund on last year's tax returns			

EARNED INCOME CREDIT

If you have more than two qualifying children, only list the two youngest children.

Child's name (first, initial, and last name)	Birthdate	Relationship	# months lived in your home	Full-time student under age 24?

- Are you a qualifying child for another taxpayer? Yes ___ No ___
- Is there more than one nonspouse adult occupying the home? (if "no", stop) Yes ___ No ___
- If the other adult is not the child's parent or grandparent, did the adult occupy the home the entire year? (if "no", stop) Yes ___ No ___
- Does the other adult treat your child as his/her own child or grandchild? (if "no", stop) Yes ___ No ___
- Is the other adult's income greater than yours? Yes ___ No ___

PARTNERSHIP, ESTATES AND TRUSTS

Enclose your copies of Schedules K-1, returns or other documents. Enter name, address, and federal Employer Identification Number from any partnership, joint venture, limited liability company, S corporation, estate or trust, for which you do not have a Schedule K-1.

QUESTIONS (For yes answers, supply details)

- Were you eligible to be claimed as a dependent on another tax return? Yes ___ No ___
- Were you notified by the IRS, State, or City of any change to any prior year tax return? Yes ___ No ___
- Did you make any gifts of over \$12,000 in value to any individual? Yes ___ No ___
- Did you have living expenses in a foreign country as a result of income earned abroad? Yes ___ No ___
- Do you have any worthless stocks or uncollectible bad debts? Yes ___ No ___
- Did you become disabled during the year? Yes ___ No ___
- Did you receive any reimbursement (medical, insurance) for an expense that was claimed as a deduction on a prior tax return? Yes ___ No ___
- Do you expect any significant changes in income or your tax liability in the coming year? Yes ___ No ___
- Did you receive any income from a source that is not listed in this booklet? Yes ___ No ___
- Do you wish to designate (at no cost to you) \$3,000 of your taxes to the Presidential Campaign? Yes ___ No ___

HOPE & LIFETIME LEARNING CREDITS

Please provide information relating to educational expenses if either of these credits appear to apply to you. The Hope Credit is available for education expenses for students in their first two calendar years of postsecondary education. They must be enrolled at least 1/2 time and cannot have been convicted of dealing or possession of illegal drugs. This is available for amounts paid during the calendar year for classes which begin during the calendar year. The Lifetime Learning Credit is available for education expenses for courses beginning after June 30, 1998 for you, your spouse, or your dependent. The Lifetime Learning Credit is available regardless of the number of years of postsecondary education. For both credits, the institution must be one whose programs lead to a recognized educational credential, such as a Bachelor's degree. Please provide the name of the student, the amount of the tuition paid, the classes taken, and the name of the institution.

CHECK LIST AND CERTIFICATION

Review amounts and details listed in this tax booklet for completeness and include the following items when presenting your information for preparation of your tax returns:

1. This completed Client Organizer
2. The label pages of the tax booklets and envelopes received from the IRS, state and city.
3. All W-2 Forms.
4. Estimated tax forms and mailing envelopes.
5. Partnerships, limited liability companies, joint ventures, S corporations, estate and trust documents.
6. Forms 1099 indicating dividend and interest income.
7. Buy/sell statements to cover stock sales, real estate transactions and installment sales.
8. Copies of sales contracts to determine finance charges.
9. If you are a new client, provide copies of last year's tax returns.
10. Check if payroll reports were filed for household help.
11. Check if you have disability income.
12. Check if you were audited during the past year. Enclose results.

OTHER QUESTIONS OR COMMENTS

Please note any other questions or comments on a separate piece of paper and keep with this booklet.

I have reviewed the information contained in this booklet and to the best of my knowledge it is true, correct, and complete.

(Please Sign) _____

WHEN COMPLETE - MAIL - DROP OFF - OR CALL FOR AN APPOINTMENT.