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This Client Information tax organizer is designed to help you accumulate information and remind you of the items we need to prepare your tax returns. Please complete your tax organizer and return it at your earliest convenience.

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### >>>> Due Dates

Date	Description	Purpose
Jan. 15	Estimated Taxes	Final installment of prior year estimated tax
Jan. 31	Information Returns	Annual 1099 forms must be furnished to recipients
Feb. 28	Information Returns	Annual 1099 forms must be filed with the IRS/FTB
Mar. 15	Corporations	Due date for calendar year income tax returns & \$800 corporate state tax
		Due date to file application for automatic six-month extension
Apr. 15	Individuals	Due date for income tax returns or to file application for automatic extension
		Due date for Roth and Traditional IRA contributions
		1st quarter estimate due for calendar year
	Partnerships	Due date for income tax returns or to file application for automatic extension
	LLCs	Due date for income tax returns or to file application for automatic extension
		Due date for \$800 LLC tax & LLC fee (if applicable) to California
	Trusts	Due date for income tax returns or to file application for automatic extension
	Corporations	Due date for \$800 tax to California
Jun. 15	Individuals	2nd quarter estimate due for calendar year
Jul. 31	Retirement Plans	Due date for filing Form 5500 for qualified plans
Sep. 15	Individuals	3rd quarter estimate due for calendar year
	Corporations	Last day for filing calendar year income tax returns
	Partnerships	Last day for filing calendar year income tax returns
	LLCs	Last day for filing calendar year income tax returns
	Trusts	Last day for filing calendar year income tax returns
Oct. 15	Individuals	Last day for filing calendar year income tax returns

	Taxpayer	Spouse
<b>First name (required entry)</b>		
<b>Last name (required entry)</b>		

**PROVIDE DATA BELOW IF YOU ARE A NEW CLIENT OR IF INFORMATION HAS CHANGED FROM LAST YEAR.**

Filing Status (see below)

1 = single, 2 = married filing jointly, 3 = married filing separate, 4 = head of household,

	Taxpayer	Spouse
Social security number		
Occupation		
Date of birth (m/d/y)		
Street address		
Apartment number		
City		
State		
Zip Code		

	Taxpayer	Spouse
Home phone		
Work phone		
Work extension		
Mobile phone		
Fax number		
E-mail address		

	Dependent #1	Dependent #2
First name		
Last name		
Date of birth (m/d/y)		
Social security number		
Relationship		
Mo's lived at home, if not 12		
Type of dependent (see below)		

- 1 = child living w/taxpayer
- 2 = child not living w/taxpayer
- 3 = dependent other than child
- 4 = head of household only, not a dependent

**READ THIS NOTE BEFORE PROCEEDING!**  
**PROVIDE THE FORMS LISTED BELOW FOR REVIEW.**  
**THEY WILL BE RETURNED TO YOU UPON COMPLETION OF THE TAX RETURN.**

Form Name/Number	Form Description
W2	Wages
W2-C	Corrected Wages
W2-G	Gambling Winnings
Form 1098	Mortgage Interest
Form 1098-C	Gross proceeds Auto Donation
Form 1098-E	Student Loan Interest
Form 1099-B	Proceeds from Broker Transactions (stocks, bonds, mutual funds)
Form 1099-INT	Interest Earned
Form 1099-DIV	Dividends Earned
Form 1099-A	Acquisition or Abandonment of Secured Property
Form 1099-C	Cancellation of Debt
Form 1099-G	Unemployment
	State Tax refunds
Form 1099-MISC	Rents - box 1
	Royalties - box 2
	Other Income - box 3
	Non-Employee Compensation - box 7
	Medical and Health Care payments - box 8
Form 1099-OID	Original Issue Discount
Form 1099-Q	Education distributions
Form 1099-R	Retirement Plan Distributions
Form 1099-S	Real Estate transactions
Form 5498-SA	Health Savings Account contributions
Form SSA-1099	Social Security benefits
Form 1099-SA	Health Savings Account distributions
Schedule K-1	Partnerships & LLC's
	Estates & Trusts
	S Corporations
All other tax related forms	
>>>>	<b>Tax Related Documents</b>

**Provide the following documents for review. All original documents will be returned to you.**

Document	Description/Comments
Previous year tax return	Provide copy if not prepared by our office
Closing settlement statements	Provide copies for purchase/sale/exchange/refinance of real property
Realized Gains & Losses	Provide statement(s) from financial institutions for asset sales
Average Cost Basis	Provide statement(s) from financial institutions for asset sales
Auto Acquisition	Provide copy of purchase or lease agreement if auto has business use
Noncash donations	If the aggregate total for non-cash contributions are <b>in excess of \$500</b> for the year, provide receipts for all donations made. Make sure the fair market value is listed on the receipt.
All other tax related documents	



**>>>> Medical & Dental Expenses**

Prescriptions, medicine and drugs	
Doctors	
Dental	
Hospitals and nursing homes	
Insurance premiums (see note below)	

**NOTE: Do not include if paid with pre-tax money thru your employer as it is not deductible.**

Long term care premiums - Taxpayer	
Long term care premiums - Spouse	
Insurance reimbursement (enter as a positive number)	

Lodging and transportation:	
Out-of-pocket expenses (parking, tolls, lodging, etc.)	
Number of miles driven <b>for medical reasons only</b>	
Acupuncture	
Chiropractor	
Glasses, contacts, eye care supplies	
Homeopathy	
Physical therapy	
Supplies	
Therapy	
X-ray, lab fees	

Other expenses (list below):	

**>>>> Taxes Paid**

Real estate taxes - principal residence	
Real estate taxes - land	
Real estate taxes - 2nd residence (see note below)	

**NOTE: do not include property taxes paid on rental properties here. See page 20.**

Auto license fee (see note below)	
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**NOTE: Provide for non-business use automobiles only, for business use automobiles use page 14.**

Sales tax paid on purchase of auto/boat/motorcycle	
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**>>>> Mortgage Interest paid on your Primary and/or 2nd residence (rental property see page 20)**

Provide the following information about loans taken for the purchase of your primary & 2nd residence.

**Do not include information on home equity or line of credit loans here, see next page.**

Name of Lender	Mortgage Interest per Form 1098 box 1	2nd Residence?	
		Check box	
		Check box	
		Check box	
		Check box	

**>>>> Mortgage Interest paid (continued)**

Home Equity or Line of Credit loans - Provide the following info for loans taken for your primary & 2nd residence:

Name of Lender	Mortgage Interest per Form 1098 box 1	2nd Residence?
		Check box
		Check box
		Check box
		Check box

Home mortgage interest paid to an individual:

Payee's name

Payee's social security number

Payee's street address

Payee's city, state, ZIP

Amount paid


**>>>> Mortgage Insurance (PMI)**

If you purchased or refinanced a personal residence in 2007 or later, and you are paying for private mortgage insurance list the amount paid for the calendar year.

PMI paid

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**>>>> Charity - Cash Contributions - Receipts not required for review**

Organized religion

Charitable organizations

Non-profit organizations

Educational organizations

Volunteer expenses (out-of-pocket))

Number of charitable miles


**>>>> Charity - Noncash Contributions - Receipts may be required for review, see below**

If the aggregate total for non-cash contributions **does not exceed \$500** for the year, enter the amount below.

Total non-cash contributions for the year

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**If the aggregate total for non-cash contributions are in excess of \$500 for the year, provide receipts for all donations made. Make sure the fair market value is listed on the receipt.**

**>>>> Investment Expenses**

Investment publications

Financial software

Financial advisor and/or management fees

Pension plan custodial fees


**>>>> Miscellaneous Deductions**

Safe Deposit box rental

Income Tax Preparation


These are expenses related to your job as an employee. Do not include amounts your employer reimbursed you for or paid directly. If you are a partner, include expenses you paid on behalf of partnership. If you are self-employed, see page 8.

**Which person are these expenses for? Taxpayer = 1, Spouse = 2**

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Meals and entertainment		Postage		
Travel: air fare		Printing		
auto rental & gas		Rent - vehicles & equipment		
ground transportation		Repairs		
lodging		Storage media		
meals (see note below)		Supplies		
Advertising		Taxes (business,sales)		
Bank charges (biz acct only)		Telephone:office		
Business gifts/limit \$25 per person		home (business only)		
Commissions		cell (business only)		
Continuing education		Tools		
Contract labor		Transportation (bus,taxi etc.)		
Copying		Utilities (not home office)		
Delivery & freight		Website design		
Domain name registration		Website hosting		
Dues/Fees/Licenses		Other expenses (list below)		
Film & processing				
Graphic design				
Insurance (business only)				
Magazines/Newspapers				
Office expense				
Office/storage rent (outside the home)		Books		
On-line access & DSL		Music/Film library (CD's, DVD's, download fees)		

Note: Travel meals, provide a list of cities & number of days in each for business, we will calculate the IRS per diem.

>>>> **Depreciable Assets - List purchases made in calendar year only**

Description of Property	Date Placed into Service	Cost or Basis

>>>> **Amortizable Assets / Software - List purchases made in calendar year only**


**>>>> Sole Proprietorship or Single Member LLC #1 Income and Expenses**

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Name of Taxpayer	
Principal Business/Profession	
Business name, if different than Form 1040	
Business address, if different than Form 1040	
City, State & Zip, if different than Form 1040	
Employer Identification Number, if applicable	
Is this the first year of business? Check if yes	<input type="checkbox"/>

**Gross Income from self-employment**

**Gross income from self-employment includes all income reported on 1099-MISC boxes 1, 2, 3, 7, & 8 & all other self-employment income received in the calendar year that was not reported on official forms. DO NOT INCLUDE INCOME FROM W2 FORMS OR UNEMPLOYMENT AS PART OF GROSS RECEIPTS.**

**Schedule C Expenses**

Advertising		Admissions	
Bank charges (biz acct only)		Business gifts/limit \$25 per person	
Commissions		Computer tech support	
Contract Labor		Continuing education	
Delivery & freight		Copying	
Insurance (business only)		Domain name registration	
Interest on business debt		Dues/Fees/Licenses	
Office expense		Fax line	
Outside Services		Film & processing	
Postage		Graphic design	
Printing		Magazines & newspapers	
Rent - vehicles & equipment		On-line access & DSL	
Office/storage rent (outside the home )		Payroll processing fees	
Repairs		Storage media	
Supplies		Transportation (BART, local bus & taxi)	
Taxes (business & sales)		Website design	
Telephone home (business only)		Website hosting	
cell (business only)		Other expenses (list below)	
Tools			
Travel: air fare			
auto rental & gas			
ground transportation			
lodging			
meals (see note below)			
Meals & Entertainment (local)			
Utilities (outside the home)		Books	
Wages (see note below)		Music/Film library (CD's, DVD's, download fees)	

Note: For wages paid to employees, provide Form W-3, 940-EZ , DE-7.

Note: For travel meals provide a list of cities & number of days in each for business, we will calculate the IRS per diem.





**>>>> Sole Proprietorship or Single Member LLC #2 Income and Expenses**

**10**

Name of Taxpayer	
Principal Business/Profession	
Business name, if different than Form 1040	
Business address, if different than Form 1040	
City, State & Zip, if different than Form 1040	
Employer Identification Number, if applicable	
Is this the first year of business? Check if yes	<input type="checkbox"/>

**Gross Income from self-employment**

**Gross income from self-employment includes all income reported on 1099-MISC boxes 1, 2, 3, 7, & 8 & all other self-employment income received in the calendar year that was not reported on official forms. DO NOT INCLUDE INCOME FROM W2 FORMS OR UNEMPLOYMENT AS PART OF GROSS RECEIPTS.**

**Business expenses**

Advertising		Admissions	
Bank charges (biz acct only)		Business gifts/limit \$25 per person	
Commissions		Computer tech support	
Contract Labor		Continuing education	
Delivery & freight		Copying	
Insurance (business only)		Domain name registration	
Interest on business debt		Dues/Fees/Licenses	
Office expense		Fax line	
Outside Services		Film & processing	
Postage		Graphic design	
Printing		Magazines & newspapers	
Rent - vehicles & equipment		On-line access & DSL	
Office/storage rent (outside the home )		Payroll processing fees	
Repairs		Storage media	
Supplies		Transportation (BART, local bus & taxi)	
Taxes (business & sales)		Website design	
Telephone home (business only)		Website hosting	
cell (business only)		Other expenses (list below)	
Tools			
Travel: air fare			
auto rental & gas			
ground transportation			
lodging			
meals (see note below)			
Meals & Entertainment (local)			
Utilities (outside the home)		Books	
Wages (see note below)		Music/Film library (CD's, DVD's, download fees)	

Note: For wages paid to employees, provide Form W-3, 940-EZ , DE-7.

Note: For travel meals provide a list of cities & number of days in each for business, we will calculate the IRS per diem.

**>>>> Depreciable Assets - List purchases made in the calendar year only**

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Depreciable assets are considered to be tangible personal property having a life of more than one year and an average cost of more than \$30 i.e. furniture, office equipment, computer hardware, etc.

Description of Property	Date Placed into Service	Cost or Basis

**>>>> Amortizable Assets / Software - List purchases made in the calendar year only**

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Amortizable assets are considered to be intangible personal property that must be capitalized and amortized over a period of years i.e. software, CD production costs, start up expenditures


**Vehicle #1**

**Vehicle #2**

Description of vehicle (model/year)

Description of vehicle (model/year)

**MILEAGE INFORMATION -**

**READ THIS NOTE BEFORE PROCEEDING!**

**ENTER BOTH TOTAL AND BUSINESS MILES DRIVEN.**

**THE DEDUCTION CANNOT BE CALCULATED WITHOUT BOTH MILEAGE FIGURES.**

**Total Miles**

**Jan. 1 - Dec. 31**



**Business Miles**

Taxpayer

Spouse

Employee

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Sole Prop #1

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Sole Prop #2

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Partnership/LLC

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Rental Property

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Taxpayer

Spouse

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**Operating Expenses**

Gasoline, lube, oil

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Repairs

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Tires

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Insurance

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Tow club fees

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Car wash

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Auto registration

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Interest on auto loan

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Lease payments

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**Parking & Tolls**

Taxpayer

Spouse

Employee

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Sole Prop #1

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Sole Prop #2

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Partnership/LLC

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Rental Property

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**Acquisition of Vehicle - List purchases for calendar year only**

If vehicle was acquired in the calendar year provide a copy of the sales and/or lease agreement

If vehicle was acquired from private party provide the following:

Date of Purchase

Purchase Price

**READ THIS NOTE BEFORE PROCEEDING!**

**EXPENSES SHOULD BE BASED UPON THE ENTIRE YEAR, NOT PER MONTH.  
 ENTER THE EXPENSES AT 100%. DO NOT PRO-RATE THEM FOR BUSINESS USE.  
 EACH HOME OFFICE LOCATION SHOULD BE ENTERED SEPARATELY.**

Location #1	Location #2
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Which business activity is this for?  |   
 Sole Prop #1 = 1, Sole Prop #2 = 2, Employee = 3, Partner= 4

Taxpayer or Spouse?  |   
 Taxpayer = 1, Spouse = 2

**Allocation of Business Use**

**THE CALCULATION FOR DETERMINING THE BUSINESS USE PERCENTAGE IS BASED UPON EITHER  
 (A) TOTAL LIVING SPACE & BUSINESS USE SQUARE FOOTAGE OR ...  
 (B) TOTAL NUMBER OF ROOMS & BUSINESS NUMBER OF ROOMS**

Business room(s) or space  |   
 Entire home  |

**Indirect Expenses**

	enter on page 6 & 7		enter on page 6 & 7
Mortgage Interest	enter on page 6 & 7		enter on page 6 & 7
Property Taxes	enter on page 6		enter on page 6
Insurance	<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>
Rent (for the year)	<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>
Gas & Electric	<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>
Trash Pickup	<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>
Water Service	<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>
Alarm Service fees	<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>
Association Dues	<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>
Janitorial	<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>
Painting	<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>
Repairs (see note)	<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>

Note: Enter repairs that affect the entire residence including the office. Do not include repairs that are not for the office.

**Direct Expenses**

Direct expenses are for the business part of your home only. They include expenses incurred for the specific areas or room(s) used solely for business.

Description of expense:	Cost		Description of expense:	Cost
<input style="width: 95%;" type="text"/>	<input style="width: 80%;" type="text"/>		<input style="width: 95%;" type="text"/>	<input style="width: 80%;" type="text"/>
<input style="width: 95%;" type="text"/>	<input style="width: 80%;" type="text"/>		<input style="width: 95%;" type="text"/>	<input style="width: 80%;" type="text"/>
<input style="width: 95%;" type="text"/>	<input style="width: 80%;" type="text"/>		<input style="width: 95%;" type="text"/>	<input style="width: 80%;" type="text"/>

>>>> Traditional or Roth IRA

Which plan? Traditional IRA = 1, Roth IRA = 2  
 IRA contributions you made or expect to make  
 If you want to fund the maximum enter an "X" in the box.

Taxpayer	Spouse

**SEP-IRA, SIMPLE IRA, 401(k) Profit Sharing Plans**

**Self-Employed Individuals only. Do not enter information if you are an employee.**

Which plan do you have? Enter an "X" in the box.  
 SEP-IRA  
 SIMPLE IRA  
 401(k) Profit Sharing Plan  
 How much did you contribute or are planning to contribute?  
 If you want to fund the maximum enter an "X" in the box.


>>>>> Health Savings Account

Do you have a Health Savings Account? 1= yes

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>>>> Moving Expenses (if you moved due to a change in the location of your job)

If you moved into or out of the state, provide the date of move  
 Miles from old home to new work place  
 Miles from old home to old work place  
 Expenses for transportation and storage of household goods:  
 Moving company  
 Storage  
 Supplies  
 Truck rental  
 Gas for rental vehicles  
 Lodging and travel (excluding meals):  
 Lodging and travel (excluding automobile)  
 Parking and tolls  
 Gas and oil  
 Storage  
 Supplies  
 Truck rental  
 Gas for rental vehicles  
 Miles driven to new home


>>>> Alimony Paid

Recipient's name  
 Recipient's social security number  
 Amount paid


**>>>> Dependent Care Credit**

Name of provider		
Street address		
City, state, ZIP code		
Identification number (SSN or EIN)		
Amount paid to care provider		
Which child was care provided for?		
How many weeks in daycare?		
Telephone number (required by CA)		

Name of provider		
Street address		
City, state, ZIP code		
Identification number (SSN or EIN)		
Amount paid to care provider		
Which child was care provided for?		
How many weeks in daycare?		
Telephone number (required by CA)		

Name of provider		
Street address		
City, state, ZIP code		
Identification number (SSN or EIN)		
Amount paid to care provider		
Which child was care provided for?		
How many weeks in daycare?		
Telephone number (required by CA)		

Name of provider		
Street address		
City, state, ZIP code		
Identification number (SSN or EIN)		
Amount paid to care provider		
Which child was care provided for?		
How many weeks in daycare?		
Telephone number (required by CA)		

Name of provider		
Street address		
City, state, ZIP code		
Identification number (SSN or EIN)		
Amount paid to care provider		
Which child was care provided for?		
How many weeks in daycare?		
Telephone number (required by CA)		

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>>>> **Education Credit**

Please complete the information below if you paid for qualified education expenses in the calendar year for you, your spouse, or your dependents enrolled in an accredited postsecondary institution i.e. college.

**Person and expenses qualifying for the Education Credits**

1=taxpayer, 2=spouse, 3=child

If child, provide name

Qualifying tuition and fees paid

First four years of undergraduate education? Enter an "x" if yes


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>>>> **Energy Efficient Property Credit**

Provide the cost for the following energy efficient improvements on your primary residence:

Insulation systems that reduce heat loss or gain

Exterior Windows

Exterior Doors

Metal and asphalt roofs

Biomass fuel stoves

Advanced main circulating fan

Qualified natural gas, propane, or oil furnace or hot water heater

Electric pumps and central air conditioners


Solar electric property costs

Solar water heating property costs


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>>>> **Credit for Qualified Alternative Motor Vehicles**

The credit is available for both purchasers and lessors. You must be the original owner.

List the model name, model year, and date of purchase of qualified vehicle purchased or leased below.

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Some vehicle manufacturers no longer qualify.





**>>>> Rental Property**

**18**

Property #1 Location

Property #2 Location

Percentage of ownership if not 100%

Tenants % of the building if not 100%

**Rents received**

List indirect and direct expenses separately below. Direct expenses are 100% applicable to the rental property. Indirect expenses are for the operating and maintaining of the entire building. The indirect column should be used for buildings that are not solely occupied by tenants - for example, a duplex where you live in one unit and rent the other.

**Expenses**

Direct Indirect

Direct Indirect

Advertising				
Association dues				
Travel meals				
Travel - all other				
Cleaning and maintenance				
Commissions				
Gardening & Landscaping				
Insurance				
Legal and professional fees				
Licenses and permits				
Management fees				
Mortgage interest				
Interest paid security deposit				
Painting and decorating				
Pest control				
Plumbing and electrical				
Repairs				
Supplies				
Telephone				
Taxes - real estate				
Gas & Electric				
Bank Charges				
Office expenses				
Security deposit refund				
Trash Pickup				
Water Service				
Other Expenses (list below)				

**>>>> Depreciable Assets - List purchases made in calendar year only**

Description of Property	Prop 1 or 2?	Date of Purchase	Purchase Price

**PROVIDE ADDITIONAL INFORMATION AND/OR SUPPORTING DETAILS NOT PROVIDED ELSEWHERE.**