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2011 Tax Organizer

Call to schedule your Appointment: Day _____ Date _____ Time _____ Drop off

Taxpayer		Spouse	
Name _____	SSN _____ Birthday _____	Name _____	SSN _____ Birthday _____
Occupation _____	Address _____	Occupation _____	Direct Deposit My Refund to
City _____ ST _____ Zip _____	Home Ph _____ Cell _____	Bank _____ (CK / Sav)	Rtn # _____ Acct # _____
Contact Information		Contact Information	
Filing Status <input type="checkbox"/> Single <input type="checkbox"/> MFJ <input type="checkbox"/> HOH <input type="checkbox"/> MFS <input type="checkbox"/> Other _____			

(New Clients: Please bring a copy of last year's tax return. Who can we thank for referring you? _____)

DEPENDENTS

Name (First Last) <small>(exactly as shown on Soc. Sec. card)</small>	Soc. Sec. No.	Birthday	Relationship <small>(student? Y/N)</small>	Months in Home	Tuition Pd.
			Y/N		
			Y/N		
			Y/N		
			Y/N		

TAX DOCUMENTS ENCLOSED

<small>(√ or # enclosed)</small>	Taxpayer	Spouse
Wages W2 <input type="checkbox"/> Employment change this year		
Pensions and IRAs 1099R <input type="checkbox"/> Deferred Roth IRA conversion in 2010		
Social Security 1099SSA		
Interest Income 1099INT		
Dividend Income 1099DIV		
Unemployment and State Tax Refunds 1099G		
Gambling Winnings W2G (see page 2 for gambling losses)		
Sales of Capital – 1099B (<input type="checkbox"/> enclose broker statement & see page 4)		
<input type="checkbox"/> Estate, <input type="checkbox"/> Trust <input type="checkbox"/> S-Corp <input type="checkbox"/> Partnership Income K-1		
<input type="checkbox"/> Rents, <input type="checkbox"/> Royalties <input type="checkbox"/> Prizes, <input type="checkbox"/> Self Employment – 1099MISC (see page 3)		
Mortgage Interest 1098 (see page 2)		
Tuition Expense – 1098T		
Other 1099s – <input type="checkbox"/> 1099A, <input type="checkbox"/> 1099C, <input type="checkbox"/> 1099LTC, <input type="checkbox"/> 1099Q, <input type="checkbox"/> 1099OID		

ITEMIZED DEDUCTIONS

MEDICAL

Medical / Dental Ins (not Pre-Tax)	
Long Term Care Insurance	
Medicare Insurance	
Other Insurance	
DR & DDS co-pay	
X-Ray, Labs, Hospital	
Assisted Living/Nursing Home	
Prescriptions	
Hearing Aids & Supplies	
Eye care & Supplies	
Medical Supplies	
Smoking, Weight Loss, Rehab Prog	
(Less Insurance Reimbursements)	
Total Medical \$	
Medical Miles (# miles* ____ / ____)	

TAXES

AZ Tax Paid	
State Tax Paid	
Auto License	
Pers Prop Tax – Mobile Home	
Real Estate Tax	
Sales Tax on Large Purchases	
Non-taxable income for increased Sales Tax deduction (□Adoption Subsidy, □Foster Care, □Child Support, □VA Disability)	

INTEREST

Home Mortgage <input type="checkbox"/> 1098	
Home Equity Loan <input type="checkbox"/> 1098	
P M I	
2'nd Home/Motor Home	
Mortgage <input type="checkbox"/> No 1098	
Name _____	
SSN _____	
Address _____	
<input type="checkbox"/> Points on Refi	
<input type="checkbox"/> Margin Interest	
<input type="checkbox"/> Other Investment Interest	

\$ CONTRIBUTIONS \$

House of Worship	
Aid for Working Poor <input type="checkbox"/> AZ321	
Public School <input type="checkbox"/> AZ 322	
Private Tuition Aid <input type="checkbox"/> AZ323	
Military Family Relief <input type="checkbox"/> AZ340	

NON-CASH CONTRIBUTIONS

Charity Miles (# Miles _____)	
Total **	

(** If over \$500 additional detail required)

ESTIMATED TAXES PAID

Due	Date Pd	Federal	Arizona	State ____
April				
June				
Sept				
Jan				

MISCELLANEOUS

Investment Acct Fees	
Investment Publications	
Professional Fees	
Casualty & Theft	
Gambling Losses (<=winnings)	
Education & Training	
Tax Prep	
Safety Deposit Box	
Job Search	
Moving Expenses (Job Related)	

EMPLOYEE BUSINESS EXPENSE

	Taxpayer	Spouse
Educator Expenses		
Union/Prof. Dues		
Uniforms		
Tools & Equip		
Prof. Publications		
Supplies		
Travel		
Meals & Ent		
Auto Miles: Total		
Business *	/	/
Commuting		

*separate miles as (pre 6-30 / post 7-1)

SELF EMPLOYMENT INCOME

	\$ Amount	\$ Amount
Business Name		
EIN (if available)		
Owner (<input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse) <input type="checkbox"/> LLC	<input type="checkbox"/> T <input type="checkbox"/> S <input type="checkbox"/> LLC	<input type="checkbox"/> T <input type="checkbox"/> S <input type="checkbox"/> LLC
Home Office?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Gross Receipts & Sales		
Purchases of Inventory		
EOY Ending Inventory		
Advertising		
Auto Yr: Make:		
Gas, Oil Mtce \$ Miles: Total		
Interest Pd \$ Business *	/	/
License/Reg \$ Commuting		
Contract Labor		
Insurance (not health)		
Insurance (SE Health)		
Interest (not auto)		
Legal, Professional, Tax Prep		
Office Expense		
Rent – Equipment		
Rent – Building		
Repairs & Maintenance		
Supplies		
Taxes & License		
Travel		
Meals & Entertainment		
Utilities & Telephone		
Wages		
Payroll Taxes		
Business Assets purchased/sold this year?	<input type="checkbox"/> list attached	<input type="checkbox"/> list attached

**separate miles as (pre 6-30 / post 7-1)*

RENTALS/ROYALTIES

Property Description	1	2	3
Gross Rents /Royalties			
Advertising			
Auto (# miles*)	/	/	/
Cleaning			
Insurance – Hazard			
Insurance – Mortgage (PMI)			
Mortgage Interest <input type="checkbox"/> 1098 <input type="checkbox"/> no 1098			
Mortgage Interest <input type="checkbox"/> 1098 <input type="checkbox"/> no 1098			
Other Interest			
Legal / Accounting			
Management Fees			
Repairs / Maintenance			
Supplies			
Tax Prep			
Taxes –Real Estate			
Taxes - Other			
Travel			
Bank / Collection Fees			
Telephone & Utilities			
Association Fees			
Other			
Improvements made this year?	<input type="checkbox"/> list attached	<input type="checkbox"/> list attached	<input type="checkbox"/> list attached
If new/sold-provide closing docs	<input type="checkbox"/> purch. <input type="checkbox"/> sale	<input type="checkbox"/> purch. <input type="checkbox"/> sale	<input type="checkbox"/> purch. <input type="checkbox"/> sale

NOTES

GAINS & LOSSES FROM SALES OF REAL ESTATE, PERSONAL PROPERTY & COLLECTIBLES

(New for 2011: IRS Requires Form 1099B Broker Statements for all sales of Stocks, Bonds, and Mutual Funds)

Description	Buy Date	Cost	Sell Date	Sale Price

(Provide closing documents (both purchase and sale) for any Real Estate transactions)

OTHER INCOME AND ADJUSTMENTS

	Taxpayer	Spouse
Tips not Reported to Employer		
Grants - Scholarships		
Jury Duty payments received		
Alimony Received (not including child support)		
Alimony Paid: Name _____ SSN _____ Address: _____		
Student Loan Interest Paid		
IRA Deposit <input type="checkbox"/> done by 12/31 <input type="checkbox"/> will do by 4/15 <input type="checkbox"/> advise me		
Roth IRA Deposit <input type="checkbox"/> done by 12/31 <input type="checkbox"/> will do by 4/15 <input type="checkbox"/> advise me		
Keogh/SEP Deposit <input type="checkbox"/> done by 12/31 <input type="checkbox"/> will do by 4/15 <input type="checkbox"/> advise me		
<input type="checkbox"/> Energy Credit		
<input type="checkbox"/> Adoption Credit <input type="checkbox"/> Special Needs (<input type="checkbox"/> Adoption Order <input type="checkbox"/> Subsidy Agreement)		
Other (please specify)		

CHILD & DEPENDENT CARE

Provider _____	Provider _____
SSN/EIN _____ Amount Pd \$ _____	SSN/EIN _____ Amount Pd \$ _____
Address _____	Address _____
For Dependent(s) _____	For Dependent(s) _____

OTHER ITEMS YOU'D LIKE TO COVER

Thank you for your continued business. We look forward to seeing you soon!