

TAX ORGANIZER

- If you are a Minister, please ask for the Minister's page of our Tax Organizer
- If you are a new client, please send copies of '07 & '08 federal & state tax returns

FOR TAX YEAR 2009

Your Name	S.S. # - -	Birthdate / /
Spouses Name	S.S. # - -	Birthdate / /
Mailing Address:		E-mail Address
Filing Status: <input type="checkbox"/> Single <input type="checkbox"/> Married, filling jointly <input type="checkbox"/> Married filing separately <input type="checkbox"/> Head of household <input type="checkbox"/> Widow(er)		
Your Occupation:	Spouse Occupation:	

DEPENDENTS: who received more than half of their support from you

NAME	S.S. #	D.O.B.	RELATIONSHIP	MONTHS IN YOUR HOME IN 2008

Was there anyone else you contributed support, which resides in the U.S., Canada or Mexico?

NAME	S.S. #	D.O.B.	RELATIONSHIP	% SUPPORTED	INCOME OF PERSON
					\$
					\$

CHILD OR DEPENDENT CARE

Did you pay a baby-sitter last year?

QUALIFYING PERSON'S NAME	PROVIDER'S ID#	ADDRESS	AMT. PD.
			\$
			\$
			\$

If your sitter is an adult & works in your home, you are required to file W-2 forms by January 31, 2009

If you want us to prepare these forms contact us right away.

ECONOMIC RECOVERY PAYMENT

This is a one-time payment of \$250 made in 2009 to retirees, disabled individuals, and Supplemental Security Income (SSI) recipients

Did you receive the economic recovery payment? Yes No

Esther Stockwell, CPA Accounting and Tax Service

Certified QuickBooks Pro Advisor

HAITI CHARITABLE CONTRIBUTIONS

Did you make cash contributions to charities providing earthquake relief in Haiti after January 11, 2010 and before March 1, 2010? Yes No
This includes contributions made by text message, check, credit card, or debit card.

ESTIMATED TAXES

CREDIT FROM PRIOR YEAR'S VOUCHER PAYMENTS	FIRST QUARTER (APRIL 15)	SECOND QUARTER (JUNE 15)	THIRD QUARTER (SEPT. 15)	FOURTH QUARTER (JAN. 15)	TOTAL FOR YEAR
Federal \$	\$	\$	\$	\$	\$
State \$	\$	\$	\$	\$	\$

INCOME

Wages, Salaries, Tips, Etc. (Attach W-2s)

Interest income from Seller-Financed Mortgages & Individuals: Attach copies

Interests from Banks & Financial Institutions (Attach copies of 1099 Int)

Dividends: (Attach 1099Div's) **Capital Gain Distributions:** (Attach 1099B's) **Education Distributions:** (Attach 1099Q's)

Nontaxable Distributions: (Attach 1099s)

Did you sell or turn in any U.S. Savings Bonds? YES NO

If yes, please list information: _____

Nontaxable Interest: (Attach Information)

Did you have any foreign bank accounts? YES NO

If yes, please explain _____

Did you have any penalties on Early Withdrawal of Savings Certificates? Yes No

If yes, list or attach information _____

Pensions: (Attach 1099Rs) -- (Answer Yes or No)

Did you serve in a **Combat Zone**? Yes No

Did you **contribute** to your pension plan? Yes No If yes, have you already recovered your contribution? Yes No

Did you have any **Rollovers**? Yes No If yes, Attach 1099 Distribution & Rollover papers

HOMEBUYER CREDIT - Did you purchase a new home? (Attach settlement sheet) Yes No

OTHER INCOME

Estate & Trusts \$ _____ (Attach K-1s)

S-Corporations \$ _____ (Attach K-1s)

Partnerships \$ _____ (Attach K-1s)

Jury Duty \$ _____

Alimony Received \$ _____

Other \$ _____

Did you have any tips that you did not report to your employer? If not reported, how much did you receive? \$ _____

Prizes & Awards \$ _____ State Tax Refund \$ _____ (Attach copy)

Unemployment Compensation \$ _____

Gambling Winnings (Attach W-2 G's) \$ _____

Disability (may qualify for exclusion) \$ _____ (Attach copy)

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Did you receive an Education Distribution? _____

GAINS & LOSSES FROM SALE OF PROPERTY, STOCK, ETC. (Attach 1099 B's)

Description	Date Bought	Date Sold	Sale Price	Cost & Expense	Number of Shares
_____	__/__/__	__/__/__	\$ _____	\$ _____	_____
_____	__/__/__	__/__/__	\$ _____	\$ _____	_____
_____	__/__/__	__/__/__	\$ _____	\$ _____	_____

SALE OF RESIDENCE - Please attach settlement sheet of purchase of new house. Also attach settlement sheet of the old house and list improvements on old house.

OTHER INCOME FROM ANY OTHER SOURCE (Attach 1099 MISC)

Source _____	Amount \$ _____
Source _____	Amount \$ _____
Source _____	Amount \$ _____

SOCIAL SECURITY

How much did you receive? \$_____ How much did your spouse receive? \$_____ (Attach SSA 1099s)

If you paid any individuals or Partnership \$600.00 or more for rent or services for business purposes, you are required to file 1099s prior to January 31, 2010 if you would like us to prepare these, please contact us right away.

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BUSINESS INCOME / BUSINESS EXPENSES (FOR SELF EMPLOYED)

What is the main business activity? _____

Business Name _____

Business Address _____

HOW MUCH IS YOUR GROSS BUSINESS INCOME? \$ _____ (Attach 1099 MISC)

CONTRIBUTIONS TO RETIREMENT PLANS

Do you want to make the maximum allowable Keogh/SEP SIMPLE contribution? (Y/N) Taxpayer \$ _____ Spouse \$ _____

SEP or SIMPLE payments made for this return. Taxpayer \$ _____ Spouse \$ _____

Date Simple IRA Plan established: _____

AUTOMOBILE EXPENSES

Mileage information	Vehicle #1	Vehicle #2	Actual expenses	Vehicle #1	Vehicle #2
Vehicle description	_____	_____	Gas and oil	_____	_____
Date placed in service	_____	_____	Repairs	_____	_____
Cost/Fair market value	_____	_____	Tires, supplies	_____	_____
Lease term, if applicable	_____	_____	Tags, taxes & licenses	_____	_____
Total business miles	_____	_____	Interest	_____	_____
Total commuting miles	_____	_____	Insurance	_____	_____
Total other personal miles	_____	_____	Parking	_____	_____
Total miles this year	_____	_____	Lease payments	_____	_____
Ave round trip daily commute	_____	_____	Other	_____	_____

BUSINESS EXPENSES: (do not attach receipts)

Merchandise	\$ _____	Real Estate Taxes	\$ _____
Costs of Goods	\$ _____	Other Taxes & Licenses	\$ _____
Materials & Supplies	\$ _____	Travel (no meals)	\$ _____
Advertising	\$ _____	Meals & Entertainment	\$ _____
Health Insurance Premium	\$ _____	Telephone	\$ _____
Car & Truck Expense	\$ _____	Wages & Salaries	\$ _____
Commissions	\$ _____	Bank Service Charges	\$ _____
Insurance (other than health)	\$ _____	Tools	\$ _____
Mortgage Interest	\$ _____	Uniforms	\$ _____
Other Interest Paid	\$ _____	Safety Items	\$ _____
Legal & Professional Fees	\$ _____	Freight & Shipping	\$ _____
Office Expenses	\$ _____	Dues & Publications	\$ _____
Rent on Business Property	\$ _____	Laundry & Cleaning	\$ _____
Equipment Rentals	\$ _____	Condo Fees	\$ _____
Repairs	\$ _____	Electricity & Gas	\$ _____
Supplies	\$ _____	Trash	\$ _____
Other	\$ _____	Other	\$ _____

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BUSINESS USE OF HOME

GENERAL

Business Activity	Square Feet Entire House	Square Feet Home Office	Business Use Percent

DEPRECIATION

House	Date Purchased	Total Cost
Land		
Improvements – provide detail		

EXPENSES FOR TOTAL HOUSE

Description	Amount
Property Insurance	
Repairs /Maintenance	
Utilities	

RENTAL & ROYALTY INCOME & DEDUCTIONS

	RENTAL 1	RENTAL 2	RENTAL 3
PROPERTY LOCATION	_____	_____	_____
	_____	_____	_____
PROPERTY TYPE	_____	_____	_____
	_____	_____	_____
PURCHASED DATE	_____	_____	_____
COST OF THE PROPERTY	\$ _____	\$ _____	\$ _____
RENTS RECEIVED (Attach all 1099s)	\$ _____	\$ _____	\$ _____
	\$ _____	\$ _____	\$ _____
RENT EXPENSES			
Advertising Costs			
Association Dues	\$ _____	\$ _____	\$ _____
Auto & Travel	\$ _____	\$ _____	\$ _____
Cleaning & Maintenance	\$ _____	\$ _____	\$ _____
Commissions	\$ _____	\$ _____	\$ _____
Gardening	\$ _____	\$ _____	\$ _____
Insurance	\$ _____	\$ _____	\$ _____
Legal & Professional Fees	\$ _____	\$ _____	\$ _____
Licenses & Permits	\$ _____	\$ _____	\$ _____
Management Fees	\$ _____	\$ _____	\$ _____
Miscellaneous	\$ _____	\$ _____	\$ _____
Mortgage Interest	\$ _____	\$ _____	\$ _____
Other Interest Paid	\$ _____	\$ _____	\$ _____
Painting & Decorating	\$ _____	\$ _____	\$ _____
Painting Equipment (brushes, ladders, etc.)	\$ _____	\$ _____	\$ _____
Pest Control	\$ _____	\$ _____	\$ _____
Plumbing & Electrical	\$ _____	\$ _____	\$ _____
Repairs	\$ _____	\$ _____	\$ _____
Supplies	\$ _____	\$ _____	\$ _____
Cleaning Supplies	\$ _____	\$ _____	\$ _____
Tools	\$ _____	\$ _____	\$ _____
Taxes	\$ _____	\$ _____	\$ _____
Telephone	\$ _____	\$ _____	\$ _____
Utilities	\$ _____	\$ _____	\$ _____
Wages & Salaries	\$ _____	\$ _____	\$ _____
Depreciation (discuss with us)	\$ _____	\$ _____	\$ _____
Other (list)	\$ _____	\$ _____	\$ _____
Other (list)	\$ _____	\$ _____	\$ _____

Did you have any Royalties? _____ If yes, attach information & 1099s.

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DEDUCTIONS

MEDICAL:

	Amount Paid After Insurance	Reimbursement		
Doctors:	\$ _____		Dentures:	\$ _____
Hospitals:	\$ _____		Braces:	\$ _____
Prescriptions:	\$ _____		Wheelchairs:	\$ _____
Dentists:	\$ _____		Prenatal Care:	\$ _____
Eyeglasses:	\$ _____		Postnatal:	\$ _____
Lab fees:	\$ _____		Hearing aids:	\$ _____
Insurance Premiums you paid for Medical:	\$ _____		X-Rays	\$ _____
Insurance Premiums you paid for Dental care:	\$ _____		Transportation & Lodging:	\$ _____
Insurance Premiums for Medicare:	\$ _____			

TAXES:

Did you pay State Taxes last year? _____ How much? \$ _____
Did you pay State Taxes last year for prior years? _____ How much? \$ _____
Did you pay Sales Taxes on Major Purchases last Year? _____ How much? \$ _____

Auto License Fees	\$ _____	Auto Sales Tax	\$ _____
Real Estate Taxes	\$ _____	Property Taxes	\$ _____
Automobile Tags	\$ _____	Personal Property Taxes	\$ _____
Boat Taxes	\$ _____	Other Taxes	\$ _____

Did you buy any cars, boats, motorcycles, R.V.s, trailers, mobile homes, airplanes, etc.? _____ (Attach Information.)

INTEREST:

Home mortgage interest paid to financial institutions (Attach Form 1098)
Home mortgage interest paid to individuals: Name _____ Address _____
Did you refinance your home? (Attach settlement sheet)

	Name	Amount
College Loan Interest	_____	\$ _____
College Loan Interest	_____	\$ _____

CONTRIBUTIONS

Churches	\$ _____	Payroll Deductions	\$ _____
	\$ _____		\$ _____
	\$ _____		\$ _____
	\$ _____		\$ _____
	\$ _____		\$ _____
	\$ _____		\$ _____
	\$ _____		\$ _____
	\$ _____		\$ _____
	\$ _____		\$ _____

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Did you donate any non - cash items such as used household items or clothing? Please list description and value:

MISCELLANEOUS

Union Dues \$ _____
Tax Preparer Fees \$ _____
Audit Fees \$ _____
Books & Publications \$ _____
Safety Deposit Box \$ _____

Investment Expense \$ _____
Adoption Expense \$ _____
Other (list) \$ _____

Alimony Paid: List recipient's name & SSN \$ _____
Professional Dues \$ _____
Tools \$ _____
Uniforms \$ _____
Forfeited Interest Penalty for Premature
Withdrawal \$ _____
Teachers –classroom Supplies & expenses \$ _____
Clothing \$ _____
Other (list) \$ _____

COLLEGE TUITION (TUITION & FEES BUT NOT BOOKS, ROOM OR BOARD)

Name of Student _____
Name of Institution _____
Education Purpose _____
Dates Attended _____

Travel Expense \$ _____
Tuition Expense \$ _____
Supplies Expense \$ _____

Name of Student _____
Name of Institution _____
Education Purpose _____
Dates Attended _____

Travel Expense \$ _____
Tuition Expense \$ _____
Supplies Expense \$ _____

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EMPLOYEE BUSINESS EXPENSE

Did you use your personal vehicle to run errands, chase parts, carry job tools, etc. for your employer? Include Job Hunting.
Please explain: _____

How many miles did you drive for the year? _____ How many miles did you drive for business? _____
Description of vehicle: Make _____ Model _____ Year _____

Did you purchase an automobile last year? _____ (Attach settlement sheet).

Auto License Fee \$ _____ Auto Interest \$ _____ Oil & Lubrication \$ _____ Washing & Polishing \$ _____ Repairs \$ _____ Fuel \$ _____	Auto Sales Tax \$ _____ Parking & Tolls \$ _____ Auto Club \$ _____ Tires, Batteries, Etc. \$ _____ Insurance \$ _____ Other (list) \$ _____
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TRAVEL & EXPENSES OTHER THAN AUTO:

Plane & Rail Fares \$ _____ Taxi & Public Transit \$ _____ Lodging \$ _____ Telephone, Fax, Postage \$ _____ Laundry & Cleaning \$ _____	Bus Fares \$ _____ Car Rentals \$ _____ Meals \$ _____ Tips & Baggage Charge \$ _____ Other (list) \$ _____
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OTHER EXPENSES:

Lunches, Dinners, Etc. \$ _____ Organization Dues \$ _____ Stationary & Postage \$ _____ Long Distance Phone \$ _____	Show & Event Tickets \$ _____ Gifts \$ _____ Basic Phone \$ _____ Other (list) \$ _____
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Did you make any modifications to your home for the handicapped? Please Describe: _____
Cost of modifications \$ _____

Did you move last year? _____ How many miles did you move? _____ Date Moved ____/____/____
 Transportation Cost \$ _____ Storage Cost \$ _____ Travel & Lodging \$ _____
 How much were you reimbursed that was not included in your wages? \$ _____

IRA CONTRIBUTIONS

DATE PAID	ROTH or TRADITIONAL	TAXPAYER	SPOUSE
		\$	\$
		\$	\$
		\$	\$

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DECLARATION:

I have provided the information on this form to the best of my knowledge and hereby declare it is complete and ready for the preparation of my/our income tax returns. Where business deductions shown, I acknowledge having spent these amounts and have kept a log or diary of such activities, pursuant to section 274(a) and can fully substantiate such deductions.

SIGNATURE: husband (must be signed)

DATE

SIGNATURE: wife (must be signed)

DATE