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Individual Income Tax Organizer 2009

This Tax Organizer is designed to help you identify the information needed to prepare your 2009 tax returns. The Organizer will help you put together your information and remind you of items you may be able to deduct. Please feel free to add any notes, questions or suggestions.

Please enter your 2009 information in the designated areas on the worksheets. If you need to include additional information, you may use the back of a worksheet or add an additional page. When possible, prior year's information is included for your information. If a prior year amount is not included, you do not need to enter these amounts.

The Miscellaneous questions will help complete your tax returns.
Please provide detailed information if you answer 'Yes' to any of these questions.

Please provide the following information:

- Last year's tax return (new clients only)
- Original Form(s) W-2
- Schedule(s) K-1 from partnerships, S-corporations, estates or trusts
- Documentation of pension or other compensation
- Form(s) 1099 or statements reporting dividend, interest, retirement income
- Form(s) 1098 mortgage interest and copies of real estate tax bills, etc.
- Legal documents pertaining to the close of sale or purchase of real property

Why is this information important? Because you save \$34 in taxes for every \$100 in deductible items (if you are in the 28% Federal and 5.75% State income tax brackets). You will also save money by lowering your tax preparation fee when you have your tax information in an organized format. It also helps ensure accuracy and completeness.

If you have any questions, please feel free to contact us. We look forward to seeing you soon.

Name _____

General Questions

Please check the appropriate box and if possible, include details..

Yes No

- | | | | |
|--------------------------|--------------------------|----|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1 | Did your marital status change since last year? |
| <input type="checkbox"/> | <input type="checkbox"/> | 2 | Are there any changes in your dependents from last year? |
| <input type="checkbox"/> | <input type="checkbox"/> | 3 | Did you have any children under 19 (or 24 if a full time student) who received more than \$950 in investment income? |
| <input type="checkbox"/> | <input type="checkbox"/> | 4 | Do you have any dependents that are not US residents or citizens? |
| <input type="checkbox"/> | <input type="checkbox"/> | 5 | Did you incur any adoption expenses in 2009? If yes, have you filed for an adoption credit in a previous year? |
| <input type="checkbox"/> | <input type="checkbox"/> | 6 | Did you purchase or sell a principal residence? (Include copy of HUD-1 Settlement Statement) |
| <input type="checkbox"/> | <input type="checkbox"/> | 7 | Did you refinance a mortgage or take out a home equity loan?
If yes, Date _____ Points Paid: \$ _____ Loan Term: _____ years |
| <input type="checkbox"/> | <input type="checkbox"/> | 8 | Did you receive payments from an IRA, pension or profit sharing plan? |
| <input type="checkbox"/> | <input type="checkbox"/> | 9 | Did you exercise any stock options? If yes, please include final paystub from employer & exercise confirmations. |
| <input type="checkbox"/> | <input type="checkbox"/> | 10 | Did you have an interest in or signature authority over a financial account in a foreign country? |
| <input type="checkbox"/> | <input type="checkbox"/> | 11 | Did you receive income from a foreign source or pay taxes to a foreign government? |
| <input type="checkbox"/> | <input type="checkbox"/> | 12 | Were either you or your spouse in the military (Active/Reserve/National Guard)? |
| <input type="checkbox"/> | <input type="checkbox"/> | 13 | If self employed, were you or your spouse covered under an employer's health plan at another job? |
| <input type="checkbox"/> | <input type="checkbox"/> | 14 | Did you make gifts of more than \$13,000 to any one person? |
| <input type="checkbox"/> | <input type="checkbox"/> | 15 | Did you pay any student loan interest? |
| <input type="checkbox"/> | <input type="checkbox"/> | 16 | Did you pay any educational tuition or fees for you or a dependent? |
| <input type="checkbox"/> | <input type="checkbox"/> | 17 | Did you receive any unemployment benefits? |
| <input type="checkbox"/> | <input type="checkbox"/> | 18 | Did you purchase a new motor vehicle after Feb 16, 2009 and before Jan 1, 2010? (Include copy of purchase contract) |
| <input type="checkbox"/> | <input type="checkbox"/> | 19 | Did you make any energy efficient improvements to your main home in 2009? |
| <input type="checkbox"/> | <input type="checkbox"/> | 20 | Were any contributions made to a traditional or Roth IRA for 2009? Do you plan to before 4-15-2010? |
| <input type="checkbox"/> | <input type="checkbox"/> | 21 | Did you convert a traditional IRA to a Roth IRA? |
| <input type="checkbox"/> | <input type="checkbox"/> | 22 | <u>If you are due a refund, how do you want to receive it?</u> |
| | <input type="checkbox"/> | a | Direct deposit (please tape a voided check on the next page) |
| | <input type="checkbox"/> | b | Check sent to you in the mail |
| | <input type="checkbox"/> | c | Apply to next year's estimated payments |

State Tax Questions

Yes No

- | | | | |
|--------------------------|--------------------------|---|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1 | Virginia residents: Did you purchase more than \$100 in goods during 2009 from out-of-state companies that did not charge you sales tax? If yes, please list total cost of goods \$ _____. |
| <input type="checkbox"/> | <input type="checkbox"/> | 2 | Did you make any contributions to a Virginia or other state 529 college savings plan?
If yes, please provide year-end statement. |

Financial Questions

Yes No Not Sure

- | | | | | |
|--------------------------|--------------------------|--------------------------|---|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1 | Are you concerned with your retirement plan's performance or investment choices? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2 | Do you have a comprehensive plan for all of your retirement funds (401(k), IRA, etc.)? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4 | Are you concerned about whether you have the right amount of life insurance to provide for your family? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5 | Do you have a plan for covering the cost of long term care? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 6 | Are the beneficiary designations on your retirement plans and insurance products up to date? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7 | Are you comfortable with the current investments in your portfolio? |

I would also like to discuss or review:

- | | | |
|--|--|---|
| <input type="checkbox"/> IRAs | <input type="checkbox"/> College Funding | <input type="checkbox"/> Life Insurance |
| <input type="checkbox"/> Mutual Funds | <input type="checkbox"/> Retirement Income | <input type="checkbox"/> Long-Term Care |
| <input type="checkbox"/> Portfolio Management Programs | | |

TAX ORGANIZER

Basic Taxpayer Information

	First Name	Initial	Last Name	Social Security No.
Taxpayer				
Spouse				

	Occupation	Date of Birth	Check if			Circle
			Disabled	Blind	Dependent of Another	Presidential Election Contrib.?
Taxpayer						Yes or No
Spouse						Yes or No

Street Address		Phone Res:	
City, State & Zip		Phone Work:	
		Phone Other:	

Filing Status 1 - Single; 2 - Married filing joint; 3 - Married filing separate; 4 - Head of Household; 5 - Qualifying Widower

Dependent Information

	Name (first, initial, and last name)	Date of Birth	Social Sec. No.	Relationship	Months in home
1					
2					
3					
4					
5					
6					

Wages and Salaries

	Employer Name	Wages (Box 1)	Federal Tax Withheld	State Tax Withheld
1				
2				
3				
4				
5				
6				
	TOTAL			

Interest Income

	Source	Amount (Box 1)
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
	TOTAL	

Dividend Income

	Source	Ordinary (Box 1a)	Qualified (Box 1b)
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
	TOTAL		

Gains or Losses from Sales of Stocks, Securities or Other Assets

(or attach spreadsheet with these details)

	Kind of Property and Description (include number of shares)	Date acquired	Date sold	Total Sales Price	Total Cost
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
			TOTAL		

Other Income

		Current Year Taxpayer	Current Year Spouse
1	Taxable refunds of state and local income taxes		
2	Alimony received		
3	Business income or (loss) - Schedule C		
4	Other gains or (losses) - Form 4797		
5	Total IRA distributions		
6	Total pensions and annuities		
7	Rents and royalties, trusts, S corporations, partnerships - Schedule E		
8	Farm income or (loss) - Schedule F		
9	Unemployment compensation		
10	Total social security benefits		
11	Tips		
12	Child care taxable benefits		
13	Prizes and awards		
14	Scholarships and fellowships		
15	All other income not provided for in this organizer		

Adjustments to Income

		'x' for Roth IRA	Current Year Taxpayer	Current Year Spouse
1	Your IRA deduction			
2	Spouse's IRA deduction			
3	Educator expenses (teachers)			
4	Student loan interest			
5	Tuition and fees deduction			
6	Health savings account deduction			
7	Moving expenses			
8	Self-employed SEP, SIMPLE, and qualified plans			
9	Penalty on early withdrawal of savings			
10	Alimony paid			

Itemized Deductions

		Current Year Amount
1a	Medical and dental expenses (other than long-term care premiums)	
1b	Long-term care premiums Taxpayer Spouse	
2	Real estate taxes	
3	Personal property taxes (Car tax - decals not considered tax)	
4	Other taxes	
5	Home mortgage interest and points reported on Form 1098	
6	Home mortgage interest not reported on Form 1098 Name: Address: SSN:	
7	Home mortgage points not reported on Form 1098	
8	Investment interest paid	
9	Gifts to charity by cash or check List on following page	
10	Gifts to charity other than by cash or check* * If noncash contributions are more than \$500, please complete the noncash contribution page.	
11	Mileage driven to charitable activities	miles
12	Casualty and theft losses - Form 4684	
13	Unreimbursed employee expenses (Self-employed use Page 8)	
	Travel expenses (exclude meals)	
	Meals and entertainment	
	Parking and tolls (enter other vehicle information on Page 7)	
	Telephone used for employer's business (allocate cost)	
	Professional organization or union dues	
	Educational expenses required to maintain your job	
	Office in home required by employer	
	Tools and equipment	
	Safety and protective clothing	
	Uniform costs	
	Professional journals subscriptions	
	Job seeking costs	
	Other	
14	Other expenses	
	Investment expenses	
	Tax preparation fees	
	Safe deposit box rental	
	Other	
15	Other miscellaneous deductions	

Child or Dependent Care Expenses

	Name	Paid To Address	Social Security or ID Number	Amount Paid
1				
2				
3				
4				

Child Name _____ Amount \$ _____

Child Name _____ Amount \$ _____

Child Name _____ Amount \$ _____

Child Name _____ Amount \$ _____

Federal and State Estimated Taxes Paid

Federal Estimates

	Enter Payment Information	Filer and/or Joint Payments		Spouse Only Payments	
		Date Paid	Amount	Date Paid	Amount
1	Overpayment from last year				
2	First quarter payment				
3	Second quarter payment				
4	Third quarter payment				
5	Fourth quarter payment				
6					
7					

State Estimates

Enter two-letter state abbreviation **State** _____ **State** _____ **State** _____

	Enter Payment Information	Date Paid	Amount	Date Paid	Amount	Date Paid	Amount
1	Applied From Last Year's Refund						
2	First quarter payment						
3	Second quarter payment						
4	Third quarter payment						
5	Fourth quarter payment						
6	Prior years 4th qtr paid in current yr						
7							
8							

Job-Related Moving Expenses

(50 miles distance test)

Number of miles from your old home to your new workplace

	miles
--	-------

Number of miles from your old home to your old workplace

	miles
--	-------

Expenses:

Transportation and storage expenses for moving household goods and personal belongings

Travel expenses incurred while moving from the old home to the new home

Total

Employer reimbursement of moving expenses

NOTE: The following items are no longer deductible as moving expenses after 12/31/93:

- 1) Meals.
- 2) Costs of making an exploratory househunting trip or the costs of temporary lodging.
- 3) Expenses incurred in selling an old residence, or in buying a new one.

Self Employed Business Income and Expenses

1	Name of business (A)				
	Address of business (A)				
2	Name of business (B)				
	Address of business (B)				
		Business A		Business B	
		Prior Year	Current Year	Prior Year	Current Year
3	Gross receipts or sales	0		0	
4	Returns and allowances	0		0	
5	Inventory at beginning of year	0		0	
6	Cost of merchandise purchased	0		0	
7	Cost of labor	0		0	
8	Materials and supplies	0		0	
9	Other costs	0		0	
10	Inventory at end of year	0		0	
11	Advertising	0		0	
12	Car and truck expenses	0		0	
13	Commissions and fees	0		0	
14	Depletion	0		0	
15	Depreciation	0		0	
16	Employee benefit programs	0		0	
17	Insurance (not health)	0		0	
18	Mortgage interest	0		0	
19	Other interest	0		0	
20	Legal and professional services	0		0	
21	Office expense	0		0	
22	Pension and profit-sharing plans	0		0	
23	Rent or lease: machinery/equipment	0		0	
24	Rent or lease: other business property	0		0	
25	Repairs and maintenance	0		0	
26	Supplies	0		0	
27	Taxes and licenses	0		0	
28	Travel	0		0	
29	Meals and entertainment	0		0	
30	Utilities	0		0	
31	Wages	0		0	
32	Other:	0		0	
33		0		0	
34		0		0	
35		0		0	
36		0		0	
37		0		0	
38		0		0	
39	New equipment purchases	Date	Cost	Did you trade-in any	Was this financed?
	Description	Purchased		equipment? Y / N	If yes, enter amount
40	Did you dispose of any equipment?				

Charity - Contributions by cash or check

Charitable Organization		Current Year Amount
1		1
2		2
3		3
4		4
5		5
6		6
7		7
8		8
9		9
10		10
11		11
12		12
13		13
14		14
15		15
16		16
17		17
18		18
19		19
20		20
21		21
22		22
23		23
24		24
25		25
TOTAL		

Charity - Noncash contributions

(Appraisal required if greater than \$5,000)

If the total noncash contributions are greater than \$500, complete the following or attach spreadsheet with same details:

	Name and Address of the Organization	Description of Property
A	Name Address	
B	Name Address	
C	Name Address	
D	Name Address	
E	Name Address	

Note: If the fair market value for an item is \$500 or less, you do not have to complete columns (2), (3), and (4)

	1. Date of the Contribution	2. Date Acquired month / year	3. How Acquired	4. Original Cost	5. Fair Market Value F. M. V.
A					
B					
C					
D					
E					

Income or Loss from Rentals and Royalties Properties 1 - 3

1	Address of Property 1
2	Address of Property 2
3	Address of Property 3

		Property 1	Property 2	Property 3			
		Current Year	Current Year	Current Year			
1	Was property used for personal purposes for more than the greater of 14 days or 10% of the total days rented at fair rental value?						
		Yes or No	Yes or No	Yes or No			
2	Total rents received						
3	Total royalties received						
4	Advertising expenses						
5	Auto and travel						
6	Cleaning & maintenance						
7	Commissions						
8	Insurance						
9	Legal & professional fees						
10	Management fees						
11	Mortgage interest paid						
12	Other interest						
13	Repairs						
14	Supplies						
15	Taxes						
16	Utilities						
17	Other:						
18							
19							
20							
21							
22	Expenses disallowed for vacation home						
23	Amortization						
24	New equipment purchases:	Date		Did you trade-in	Amount	Finance Term	Interest
Description		Purchased	Cost	any equipment?	Financed	(Months)	Rate