



FULLERTON BUSINESS SERVICE
Tax Organizer

Name _____ S.S.# _____ Occupation _____
 Date of birth _____ Legally Blind? _____ Marital Status _____
 Name _____ S.S.# _____ Occupation _____
 Date of birth _____ Legally Blind? _____ Home Phone _____
 Did your address change? If yes, date of move: _____ Work Phone _____
 Address _____ Cell Phone _____
 E-mail Address _____ Fax Number _____
 E-mail Address _____

E-FILE INFORMATION: Send me my e-file authorization forms via: ___E-mail ___Fax ___I'll pick-up

Would you like **Direct Deposit?** **Withdrawal?**
 If Yes, Bank Routing Number _____ Bank Account Number _____
 Bank Name _____ Account type: ___Checking ___Savings

Would you like your tax refund applied to your 2012 taxes? Yes / No
 If yes, choose One: ___Entire Refund ___1st Qtr Est Pmt only ___Other \$_____

DEPENDENTS:

First & Last Name (Paid 50% of support?)	S.S. #	Relationship	F/T Student?	Date of Birth	Child Care Expense	College Tuition / Books & Comp
_____	_____	_____	_____	_____	\$ _____	\$ _____ / _____
_____ Y / N	_____	_____	_____	_____	\$ _____	\$ _____ / _____
_____	_____	_____	_____	_____	\$ _____	\$ _____ / _____
_____	_____	_____	_____	_____	\$ _____	\$ _____ / _____

Note: Enter Child Care Provider information on bottom of page 3

INCOME: MUST PROVIDE ALL FORMS LISTED BELOW (wages, interest, dividend, mutual funds, Soc. Sec., Pensions, etc.)

W2s	1099 Misc	Interest- 1099INT	Dividends- 1099DIV
List payer and provide form	List payer and provide form	List payer and provide form	List payer and provide form
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

TAX FREE INTEREST/DIVIDEND: MUST PROVIDE BROKER STATEMENTS

OTHER INCOME:

Social Security - Taxpayer Yes- Provide 1099SSA
 Social Security - Spouse Yes- Provide 1099SSA
 Unemployment- Taxpayer Yes- Provide 1099G
 Unemployment- Spouse Yes- Provide 1099G
 Gambling Provide W-2G \$ _____
 Gambling Losses \$ < _____ >
 Alimony Received \$ _____
 Other Income (specify) \$ _____

STOCK , BONDS & MUTUAL FUNDS CAPITAL GAIN TRANSACTIONS (1099-B):

MUST PROVIDE BROKER REALIZED GAIN/LOSS STATEMENTS, COST BASIS OR SIMILAR.

OTHER CAPITAL GAIN/LOSS TRANSACTIONS (LAND, COLLECTIBLES, ETC):

Description	Date Purchased	Date Sold	Sales Proceeds	Cost Basis (includes sale expenses)
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____

IRA CONTRIBUTIONS: Taxpayer \$ _____ Spouse \$ _____
 Mark One: Roth / Traditional Date _____ Mark One: Roth / Traditional Date _____

SELF-EMPLOYED:

SEP/Pension/Simple Contribution \$ _____


MEDICAL EXPENSES:*

Must be 7 1/2 % Gross Income


Prescription Medicines & Drugs \$ _____
Medical Ins. Premiums Paid _____
(not pre-tax or not Medicare premiums)
Medical Miles Driven _____
Long-Term Care Ins. Premiums _____
Taxpayer _____ Spouse _____
Doctors, Dentists, Lab Fees _____
Glasses, Hearing Aid, etc. _____
Other Medical Supplies _____
Hospital and Nursing Home _____
Medical Related Lodging & Airfare _____
Contributions to HSA (provide 1099) _____
Distributions from HSA (provide 1099) _____

*Note - Do not include insurance reimbursements or HSA distrib.

TAXES PAID:

Real Estate (Personal Residence) \$ _____
Real Estate 2nd Home _____
Investment Property _____
Personal Property Tax (ie DMV)  _____
Sales Tax (car, boat or plane) _____

INTEREST PAID: (show rental on enclosed schedule)

Home Mortgage (1st TD)  \$ _____
Must bring all 1098 forms
Home Mortgage (2nd TD,equity line) _____
Home Mortgage (2nd TD,equity line) _____
Home Mortgage Paid to Individual _____
Investment Interest Paid _____
Student Loan Interest _____

CHILD CARE CREDIT: (must give all detail)

Provider 1 Name: _____
Provider 1 Address: _____
Provider 1 Phone: _____
Provider 1 ID# _____
Amount Paid: \$ _____
Provider 2 Name: _____
Provider 2 Address: _____
Provider 2 Phone: _____
Provider 2 ID# _____
Amount Paid: \$ _____

CONTRIBUTIONS: Cash/Check

Must have receipt for each cash donation and every donation of \$250 or more.

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

MISCELLANEOUS DEDUCTIONS: Do not include reimbursed expenses

(Self-Employed Use Supplemental Form For Schedule C) Taxpayer Spouse
Business Travel (Not Meals) _____
Business Meals and Entertainment _____
Cell Phone (Business Use Total Only) _____
Internet (Business Use Total Only) _____
Job Tools and Supplies _____
Job Equipment Purchased (e.g. computer) _____
Union or Professional dues _____
Safe deposit box rental _____
Tax return preparation fees _____
Protective clothing, uniforms, etc. _____
Job Hunting - Expenses _____
Job Hunting - Mileage _____
Continuing Education Tuition _____
Continuing Ed. Other (books, seminars, etc.) _____
Investment Expense (publications, advisory fees paid,
legal fees pertaining to investments) _____
(Do not include job commute)

USE OF AUTO FOR BUSINESS: (Do not include job commute)

Reimbursements Rec'd \$ _____ Taxpayer Spouse
Month/Year car put into service _____
Cost or Fair Market Value \$ _____ \$ _____
Business miles traveled _____
Commute miles traveled + _____
Other Personal Miles + _____
Total for year = _____
Fuel _____
Repairs and Maintenance _____
Auto Insurance _____
Lease Payments _____
Other Auto Expenses (licensing fees, etc.) _____

HOME OFFICE FOR BUSINESS:

Office Sq.Footage _____ House Sq. Footage _____
Utilities \$ _____
Insurance _____
Rent _____
Maintenance _____
Other (HOA, etc.) _____

ALIMONY PAID:

Recipient's Name _____
SS# _____ Amt \$ _____

CONTRIBUTIONS: Other than Cash/Check

If over \$500, will need details to file form 8283

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____
Charitable miles driven _____
Volunteer Expenses (out of pocket) \$ _____

ESTIMATED TAX PAYMENTS

Federal: 04/15/11 \$ _____ 09/15/11 \$ _____
06/15/11 \$ _____ 01/16/12 \$ _____ Total Federal \$ _____

State: 04/15/11 \$ _____ 09/15/11 \$ _____
06/15/11 \$ _____ 12/31/11 01/16/12 \$ _____ Total State \$ _____

Please answer for yourself and your spouse for 2011 (provide additional information if necessary)

- | Yes | No | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | May we provide you with a password protected PDF copy of your tax return in lieu of a paper copy? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you claimed as a dependent on another person's tax return? |
| <input type="checkbox"/> | <input type="checkbox"/> | Were there any changes in dependents? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive unreported tip income of \$20 or more in any month? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive any disability income? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you buy or sell any stock, bonds or other investment property? |
| <input type="checkbox"/> | <input type="checkbox"/> | *Did you purchase, sell or refinance your principal home or second home, or did you take a home equity loan? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you incur any Adoption Expenses in 2011? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive a DISTRIBUTION from a retirement plan (401(k), IRA, etc.)? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you make a CONTRIBUTION to a retirement plan (401(k), IRA, etc.)? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you convert part or all of your traditional IRA, SEP, or SIMPLE IRA to a Roth IRA? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you, your spouse or dependent incur tuition expenses required to attend college, university, or vocational school? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you incur a loss because of damaged or stolen property? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you exercise any work related stock options? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you use your car on the job (other than to and from work)? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you or your spouse want to allocate \$3 (\$6 on joint return) to the Presidential Election Campaign Fund? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you want to allow your preparer to discuss your return with the IRS? |
| <input type="checkbox"/> | <input type="checkbox"/> | Was your home rented out or used for business? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you incur any moving expenses due to a change of employment? |
| <input type="checkbox"/> | <input type="checkbox"/> | Were you notified or audited by either the IRS or a State taxing agency? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you or your spouse make any gifts to an individual that total more than \$13,000, or any gifts to a trust? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you contribute to or take distributions from a health savings account (HSA) this year? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you pay for Health Insurance for any employee(s) who are not family members? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you hire employees after February 3, 2010 who were previously unemployed? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you engage the services of any household employees subject to payroll taxes? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have any foreign bank, securities or other financial accounts with aggregate value exceeding \$10,000.00 at any time? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you purchase a hybrid or electric vehicle or make energy efficient improvements to your home? Please provide details and cost. |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you pay rent for your primary residence in 2011? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have dependent children under age 24 with investment revenue of \$950 or more? |
| <input type="checkbox"/> | <input type="checkbox"/> | Would you like to purchase our Triple Protection Plan Coverage? (See Pg 5 for Details) |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you expect a significant fluctuation in your income, deductions or withholding next year? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you provided ALL your income from ALL sources? If not, please provide a list of any other income. |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you provided ALL your deductions? If you are uncertain about an item then provide details. |

*BRING ESCROW SETTLEMENT STATEMENT TO YOUR PREPARER