



"Taxes Made Easy" TAX ORGANIZER

3 Easy Steps

1. Complete the Questions on the pages that follow.

Go ahead... answer the questions and fill out the info completely, wherever appropriate

It's easier than you think, won't take you long, & will go a long way to help us to minimize your taxes!

2. Enclose/Attach the appropriate tax documents:

- Prior Year Tax Return (if we did not prepare it)
- W-2 Forms
- 1099s (Interest/Dividends, 1099-Misc, etc)
- 1098s (Mortgage Interest statements)
- K-1 Forms (if applicable)
- HUD-1 Statement for any Rental Property purchased in the current tax year

3. Authorize the "Client Agreement" (separate doc) and enclose retainer for our professional fees



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Section 1 Personal Info

DID WE PREPARE YOUR RETURN LAST YEAR? YES NO

If YES -and if there were no births, adoptions, marriages, deaths, divorces - Skip this part, Go to Section 2

If NO - Fill in this Section completely

First Name _____ M.I. _____ Last Name _____
Soc Sec # _____ Date of Birth _____ Occupation _____
Street _____ City _____ Zip _____
Cell Phone _____ Other Phone _____ Email _____

Spouse Name _____ M.I. _____ Last Name _____
Spouse SS# _____ Date of Birth _____ Occupation _____

Child 1 _____ M.I. _____ Last Name _____
Soc Sec # _____ Date of Birth _____
Live with you 12 months? Yes _____ No _____
If over 18, full-time student? Yes _____ No _____

Child 2 _____ M.I. _____ Last Name _____
Soc Sec # _____ Date of Birth _____
Live with you 12 months? Yes _____ No _____
If over 18, full-time student? Yes _____ No _____

Child 3 _____ M.I. _____ Last Name _____
Soc Sec # _____ Date of Birth _____
Live with you 12 months? Yes _____ No _____
If over 18, full-time student? Yes _____ No _____

Child 4 _____ M.I. _____ Last Name _____
Soc Sec # _____ Date of Birth _____
Live with you 12 months? Yes _____ No _____
If over 18, full-time student? Yes _____ No _____

Section 2

IF YOU GET A REFUND, and want it DIRECT DEPOSITED, please provide bank info:

Routing #: _____ Account #: _____

Anchor Accounting & Tax, Inc.

Tel: 757-312-0098 / Fax: 757-842-6552 / anchoraccountingandtax.com / 1109 Eden Square Office Park, Chesapeake, VA 23320



Section 3

Did you make QUARTERLY ESTIMATED TAX PAYMENTS this year? YES NO

NOTE: "Estimated Taxes" are payments made over and above (1.) Payroll Taxes, or (2.) Withholding Taxes from your paychecks

If YES, tell us the amounts and dates. If NO, move on to Section 4!

Table with columns for Federal and State, rows for Date and Amount \$.

Section 4

Itemized Deductions (Fill in this section completely.)

Medical Expenses:

Prescriptions \$: Other Co Pays \$: Private (not Group) Health Ins.\$: Long Term Care Premiums \$: Medical Miles Driven:

Charitable :

Cash\$: Non-Cash\$: Charity Miles Driven:

Car Taxes:

Car 1: Car 2: Car 3:

Non-Reimbursed Employee Expenses:

Union/Assoc Dues \$: Office Supplies \$: Meals and Entertainment \$: Uniforms \$: Employee Miles Driven: Tax Return Prep Fees \$:

Section 5

Other Really Important Stuff (Please answer yes or no to each question)

Yes No Did you receive a distribution from an IRA or retirement plan (1099-R)? Rolled over? Yes No Did you sell any stocks, mutual funds, or other securities? If yes, enclose all 1099-B Forms ! Yes No Did you open a Traditional IRA, or a Roth IRA during the year? Yes No Did you pay or receive alimony during the year? Child support? Yes No Did you have any interest in, or signature authority over a bank, securities, or other financial account or trust in a foreign country during the year? Yes No Did you own any foreign assets or have foreign income, pay any foreign taxes, or file any foreign information reporting or tax return forms during the year? Yes No Were there any births, adoptions, marriages, divorces, or deaths in your family?



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- Yes_____ No_____ Are any of your unmarried children 19 years of age or older?
- Yes_____ No_____ Did any of your children have interest or dividend income of \$950 or more or total investment income of \$1900 or more?
- Yes_____ No_____ Do you have a medical savings account (MSA)?
- Yes_____ No_____ Did you pay an individual or organization to care for a dependent under 13 in order to enable you to go to school or work on a full time basis?
- Yes_____ No_____ Did you pay an individual to perform in-home health care services ?
- Yes_____ No_____ Did you incur job-hunting expenses or employment agency fees?
- Yes_____ No_____ Did you have moving expenses during the year due to a change in employment?
- Yes_____ No_____ Did you have any debts, including mortgages, canceled or forgiven?
- Yes_____ No_____ Does anyone owe you money in a business-related transaction that has become uncollectible?
- Yes_____ No_____ Did you purchase, sell or refinance your principal residence or a second home?
- Yes_____ No_____ Did you incur a casualty loss due to damaged or stolen property?
- Yes_____ No_____ Did you make any gifts either outright or in a trust?
- Yes_____ No_____ Were you granted, or did you exercise, any stock options?

Section 6 DID YOU OWN ANY RENTAL REAL ESTATE ? YES NO _____

If NO, move on to next section! If YES, please complete all info below

NOTE: If you own more than two rental properties, copy and use additional sheets

Street _____ City _____ Zip _____

(Check one) : Single Family Residence : Multi Unit

How many days was property rented? _____ Personal Use days (if any): _____

Income _____

Rent received: \$ _____ x 12 = \$ _____
Per month Per Year

Expenses:

- \$ _____ Advertising \$ _____ Travel \$ _____ Cleaning
- \$ _____ Maintenance \$ _____ Commissions \$ _____ Insurance
- \$ _____ Legal / Professional \$ _____ Management Fees \$ _____ Mortgage Interest
- \$ _____ Property Taxes \$ _____ Supplies \$ _____ Utilities
- \$ _____ Home Owners Association \$ _____ Home Owners Warranty

\$ _____ Total Expenses

Month and Year this property was purchased -or- converted to rental: _____

Fair Market Value of property when purchased or converted: _____



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Section 7 Business: DID YOU OPERATE A BUSINESS -or- RECEIVE A 1099-MISC ? YES NO If NO, skip all the pages that follow. If YES, complete all info below

Business Name: _____ EIN Number: _____

Mark one: Sole Prop: Partnership: LLC - Sole Owner: LLC Multi-Member: S Corp: C Corp:

Type of accounting method used: Cash Accrual

Owner #1

First Name: _____ M.I.: _____ Last Name: _____

Street: _____ City: _____ Zip: _____

Soc Sec No.: _____

% ownership, beg of yr: _____ % ownership, end of yr: _____

Did you start or purchase this business this tax year? Yes No

Were total sales and/ or total assets over \$250,000 during the year? Yes No

Did you materially participate in the operation of this business? Yes No

If you have a loss for the year, is all your investment at risk? Yes No

Owner #2

First Name: _____ M.I.: _____ Last Name: _____

Street: _____ City: _____ Zip: _____

Soc Sec No.: _____

% ownership, beg of yr: _____ % ownership, end of yr: _____

Owner #3

First Name: _____ M.I.: _____ Last Name: _____

Street: _____ City: _____ Zip: _____

Soc Sec No.: _____

% ownership, beg of yr: _____ % ownership, end of yr: _____

Owner #4

First Name: _____ M.I.: _____ Last Name: _____

Street: _____ City: _____ Zip: _____

Soc Sec No.: _____

% ownership, beg of yr: _____ % ownership, end of yr: _____



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Business Home Office Deduction

Do you use an area in your home exclusively and regularly for business (*ie., office or storage*)?

If "yes", complete the following:

Square Footage of Office / Storage Area: _____ Square Footage of Entire Home: _____

\$ _____ Annual Utilities Costs \$ _____ Annual Repair / Maintenance Costs

\$ _____ Annual Rent (if applicable) \$ _____ Annual Property Insurance Cost

\$ _____ Cost of Second Phone Line

Inventory

Inventory, Beginning of Year: \$ _____

Add: Purchases \$ _____

Subtotal \$ _____

Less: inventory End of Year \$ _____

Cost of Goods Sold \$ _____

Income and Expenses (*Profit and Loss*)

Either provide a Profit and Loss statement.... or a QuickBooks file or simply fill in the following totals:

Income: Gross Receipts or Sales \$ _____

Less: Cost of Goods Sold \$ _____

Gross Profit \$ _____

Expenses:

\$ _____ Advertising	\$ _____ Payroll Processing	\$ _____ Bank Charges
\$ _____ Postage	\$ _____ Commissions & Fees	\$ _____ Printing
\$ _____ Dues & Subscriptions	\$ _____ Rents	\$ _____ Equipment Rental
\$ _____ Repairs	\$ _____ Insurance	\$ _____ Subcontractors*
\$ _____ Job Materials	\$ _____ Supplies	\$ _____ Legal & Professional
\$ _____ Property Taxes	\$ _____ Licenses & Permits	\$ _____ Travel & Lodging
\$ _____ Meals & Entertain	\$ _____ Utilities	\$ _____ Office Expense
\$ _____ Wages and Salaries*	\$ _____ Officer Compensation	\$ _____ Payroll Tax Expense

Did your business make payments totaling \$600 or more this tax year a Subcontractor?

(which requires you to file a Form 1099) Yes _____ No _____

If "yes" did or will you file all required Forms 1099? Yes _____ No _____

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Fixed Assets (Purchases & Disposals)

Did you acquire or dispose of computers, furniture, trailers, tools, equipment? - or - Did you do a "Build Out" of retail or office space? If 'yes' fill in this section:

Item Description	Date Purchased	Purchase Price	Date Sold	Selling Price
_____	_____	\$ _____	_____	\$ _____
_____	_____	\$ _____	_____	\$ _____
_____	_____	\$ _____	_____	\$ _____
_____	_____	\$ _____	_____	\$ _____
_____	_____	\$ _____	_____	\$ _____
_____	_____	\$ _____	_____	\$ _____
_____	_____	\$ _____	_____	\$ _____
_____	_____	\$ _____	_____	\$ _____
_____	_____	\$ _____	_____	\$ _____
_____	_____	\$ _____	_____	\$ _____

Business Car & Truck Expense

Vehicle 1

Make: _____

Model: _____

Year: _____

Date you placed into service: _____

Business Miles: _____

Commuting Miles: _____

Personal Miles: _____

Vehicle 2

Make: _____

Model: _____

Year: _____

Date you placed into service: _____

Business Miles: _____

Commuting Miles: _____

Personal Miles: _____