

TAX ORGANIZER

GENERAL QUESTIONS

Please check if "YES" and provide documentation, if possible.

- | | |
|--------------------------|--|
| <input type="checkbox"/> | 1. Did your marital status change? |
| <input type="checkbox"/> | 2. Were you notified by the IRS of changes to a prior year's return? |
| <input type="checkbox"/> | 3. Are you being claimed as a dependent by another person? |
| <input type="checkbox"/> | 4. Were there any changes in dependent information from the prior year? |
| <input type="checkbox"/> | 5. Did you have any children under the age of 14 who received more than \$1400 in investment income? |
| <input type="checkbox"/> | 6. Do you have dependents who are neither U.S. citizens nor U.S. residents? |
| <input type="checkbox"/> | 7. Did you provide over half of the support for another person (or persons) during the year? |
| <input type="checkbox"/> | 8. Did you sell or purchase a principal residence? |
| <input type="checkbox"/> | 9. Did you receive payments from a pension or profit sharing plan? |
| <input type="checkbox"/> | 10. Did you receive any distributions from an IRA or other qualified plan? |
| <input type="checkbox"/> | 11. Did you receive any disability income? |
| <input type="checkbox"/> | 12. Did you receive any foreign income or pay any foreign taxes? |
| <input type="checkbox"/> | 13. Did you receive interest from a bank account or other financial account based in a foreign country? |
| <input type="checkbox"/> | 15. Did you pay nondeductible dues to an association that was involved in political lobbying? |
| <input type="checkbox"/> | 16. If you or your spouse are self-employed, are either of you covered under an employer's health plan at another job? |
-
- | | |
|--------------------------|---|
| <input type="checkbox"/> | 17. Did you incur any non-business bad debts? |
| <input type="checkbox"/> | 18. Did you receive proceeds from an installment sale made to relatives? |
| <input type="checkbox"/> | 19. Did you make a loan at an interest rate below market rate? |
| <input type="checkbox"/> | 20. Did you make gifts of over \$10,000 to an individual? |
| <input type="checkbox"/> | 21. Were there any changes in to a prior year's income, deductions, or credits that would require filing an amended return? |
-
- | | |
|--------------------------|---|
| <input type="checkbox"/> | 22. Did your employer pay premiums on life insurance in excess of \$50,000? |
|--------------------------|---|

BUSINESS AND INVESTMENT QUESTIONS

- | | |
|--------------------------|--|
| <input type="checkbox"/> | 1. Did you receive stock from a stock bonus plan with your employer? |
| <input type="checkbox"/> | 2. Did you buy or sell any bonds? |
| <input type="checkbox"/> | 3. Did you surrender any U.S. Savings bonds? |
| <input type="checkbox"/> | 4. Did you suffer a casualty, theft or condemnation? |
| <input type="checkbox"/> | 5. Did you start a business, purchase a rental property or farm, or acquire interests in partnerships or S-corporations? |
-
- | | |
|--------------------------|---|
| <input type="checkbox"/> | 6. Did you own any investments for which you were not personally "at-risk?" |
| <input type="checkbox"/> | 7. Did you own any interest in a Real Estate Mortgage Investment Conduit (REMIC)? |
| <input type="checkbox"/> | 8. Did you sell any property or equipment on installment? |
| <input type="checkbox"/> | 9. Did you incur any business-related educational expenses? |
| <input type="checkbox"/> | 10. Did you incur any travel and entertainment expenses? |
| <input type="checkbox"/> | 11. Did you purchase any special fuels for non-highway use? |
| <input type="checkbox"/> | 12. Did you own a diesel-powered vehicle? |