

Elite CPA Corp.

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Client Tax Organizer (www.elitecpa.com)

Please complete this Organizer before your appointment.

1. Personal Information

Taxpayer Spouse	Name	Soc. Sec. No.	Date of Birth	Occupation	Work Phone
	Street Address	City	State	ZIP	Home Phone

<u>Taxpayer</u>	<u>Spouse</u>	<u>Marital Status</u>	Will file jointly	<input type="checkbox"/> Yes <input type="checkbox"/> No
Blind <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Married		
Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Single		
Pres. Campaign Fund <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Widow(er), Date of Spouse's Death _____		

2. Dependents (Children & Others)

Name (First, Last)	Relationship	Date of Birth	SS#	Months Lived With You At home	Disabled	Full Time Student	Dependents Gross Income	If not living with you Mark (X)

Please provide for your appointment

- Last year's tax return (new clients only)
- Name and address label (from government booklet or card)

Please answer the following questions to determine maximum deductions

- Are you self-employed or do you receive hobby income? Yes* No
- Did you receive income from raising animals or crops? Yes No
- Did you receive rent from real estate or other property? Yes No
- Did you receive income from gravel, timber, minerals, oil, gas, copyrights, patents? Yes No
- Did you withdraw or write checks from a mutual fund? Yes No
- Do you have a foreign bank account, trust, or business? Yes No
- Do you provide a home for or help support anyone not listed in Section 2 above? Yes No
- Did you receive any correspondence from the IRS or State Department of Taxation? Yes No
- Were there any births, deaths, marriages, divorces or adoptions in your immediate family? Yes No

- All statements (W-2s, 1099s, etc)

- Did you give a gift of more than \$13,000 to one or more people? Yes No
- Did you have any debts cancelled, forgiven, or refinanced? Yes No
- Did you go through bankruptcy proceedings? Yes No
- (a) If you paid rent, how much did you pay? Yes No
(b) Was heat included? _____
- Did you pay interest on a student loan for yourself, your spouse, or your dependent during the year? Yes No
- Did you pay expenses for yourself, your spouse, or your dependent to attend classes beyond high school? Yes No
- Did you have any children under age 18 with unearned income of more than \$950? Yes No
- Did you purchase a new "hybrid", alternative technology vehicle or electric vehicle? Yes No
- Did you install any energy efficiency improvements, or energy property to your residence such as exterior doors or windows, insulation, heat pumps, furnace, central air conditioning or water heaters? Yes No
- Do you have a will or trust? Yes No

11. Other Income

List All Other Income (including non-taxable)
Unemployment Compensation (Attach form 1099-G Form)
Alimony Received _____
Child Support/Payments/Assistance _____
Scholarship (Grants) _____
Unemployment Compensation (repaid) _____
Prizes, Bonuses, Awards (Attach 1099-Misc) _____
W2-G Gambling, Lottery (expenses _____) _____
Unreported Tips/Gratuities _____
Director / Executor's Fee _____
Commissions/Bonuses _____
Jury Duty _____
Worker's Compensation/Loss of Time Payments _____
Disability Income _____
Veteran's Pension _____
Payments from Prior Installment Sale _____
State Income Tax Refund _____
Forgiven Debt, check if due to foreclosure _____
Stimulus Payments Received _____
Others _____

12. Medical/Dental Expenses

List only amounts that have actually been paid during the year. Save all cancelled checks and receipts for a period of at least 3 years. You may round off to the nearest dollar. Do not Duplicate any entry

Medical Insurance Premiums (paid by you) _____
Prescription Drugs _____
Insulin _____
Glasses, Contacts _____
Hearing Aids, Batteries _____
Braces _____
Medical Equipment, Supplies _____
Nursing Care _____
Medical Therapy _____
Hospital _____
Doctor/Dental/Orthodontist _____
Mileage (no. of miles) _____

13. Taxes Paid

Real Property Tax (attach bills) _____
Personal Property Tax _____
Other _____

14. Interest Expense

Mortgage interest paid (attach 1098) _____
Interest paid to individual for your home (include amortization schedule)
Paid to: _____
Name _____
Address _____
Social Security No. _____
Investment Interest _____
Premiums paid or accrued for qualified _____
Mortgage insurance _____

15. Casualty/Theft Loss

For property damaged by storm, water, fire, accident, or stolen.
Location of Property _____

Description of Property _____
Date Acquired _____
Amount of Damage _____
Cost or Basis _____
Insurance Reimbursement _____
Repair Costs _____
Federal Grants Received _____
Fair Market Value - Before _____
Fair Market Value - After _____

16. Charitable Contributions

Church _____
United Way _____
Scouts _____
Telethons _____
University, Public TV/Radio _____
Heart, Lung, Cancer, etc. _____
Wildlife Fund _____
Salvation Army, Goodwill _____
Other _____
Non-Cash _____
Volunteer (no. of miles) _____ @ .14 _____

17. Job-Related Moving Expenses

Date of move _____
Move Household Goods _____
Travel to New Home (no. of miles) _____
Lodging During Move _____

18. Employment Related Expenses That You Paid (Not self-employed)

Dues - Union, Professional _____
Books, Subscriptions, Supplies _____
Licenses _____
Tools, Equipment, Safety Equipment _____
Uniforms (include cleaning) _____
Sales Expense, Gifts _____
Tuition, Books (work related) _____
Entertainment _____
Office in home:
In Square Feet a) Total home _____
b) Office _____
c) Storage _____
Rent _____
Insurance _____
Utilities _____
Maintenance _____

19. Child & Other Dependent Care Expenses

Name of Care Provider	Address	Soc. Sec. No. or Employer ID	Amount Paid

Also complete this section if you receive dependent care benefits from your employer.

20. Business Mileage

Do you have written records? Yes No

Did you sell or trade in a car used for business? Yes No

If yes, attach a copy of purchase agreement

Make/Year Vehicle _____

Date purchased _____

Total miles (personal & business) _____

Business miles (not to and from work) _____

From first to second job _____

Education (one way, work to school) _____

Job Seeking _____

Other Business _____

Round Trip commuting distance _____

Gas, Oil, Lubrication _____

Batteries, Tires, etc. _____

Repairs _____

Wash _____

Insurance _____

Interest _____

Lease payments _____

Garage Rent _____

21. Business Travel

If you are not reimbursed for exact amount, give total expenses.

Airfare, Train, etc. _____

Lodging _____

Meals (no. of days _____) _____

Taxi, Car Rental _____

Other _____

Reimbursement Received _____

22. Investment-Related Expenses

Tax Preparation Fee _____

Safe Deposit Box Rental _____

Mutual Fund Fee _____

Investment Counselor _____

Other _____

Moving Expenses _____

Retirement Contribution _____

23. Estimated Tax Paid

Due Date	Date Paid	Federal	State

24. Other Deductions

If you paid alimony, how much you paid during the year \$ _____

Alimony Paid to _____

Social Security No. \$ _____

Student Interest Paid \$ _____

Health Savings Account Contributions \$ _____

Archer Medical Savings Acct. Contributions \$ _____

25. Education Expenses

Student's Name	Type of Expense	Amount

26. Business/Self employed Income & Expense

(Furnish schedule or details)

If you did not actively or materially participate in earning the income (or loss) listed on #6 & 26

Check the box If applicable

27. Sale of Personal Residence – If yes mark

Attach Copy of Real Estate Closing Papers for Both the Sale

28. Higher Education Expenses – If yes mark

Note: Many of your higher education expenses qualify for special tax credits and deductions. Others may qualify as exclusions from income for tax-free and/or penalty-free withdrawals from you tax deferred savings accounts. Please provide information individually for each student enrolled in a qualified institution.

29. Job Related Education

If yes please provide details Yes No

30. Direct Deposit of Refund

Would you like to have your refund(s) directly deposited into your account?

Yes No

(The IRS will allow you to deposit your federal tax refund into up to three different accounts. If so, please provide the following information.)

ACCOUNT 1

Owner of account

Taxpayer Spouse Joint

Type of account

Checking Archer MSA Savings Traditional Savings Coverdell Education Savings Traditional IRA HSA Savings Roth IRA SEP IRA

Name of financial institution _____

Financial Institution Routing Transit Number (if known) _____

Your account number _____

ACCOUNT 2

Owner of account

Taxpayer Spouse Joint

Type of account

Checking Archer MSA Savings Traditional Savings Coverdell Education Savings Traditional IRA HSA Savings Roth IRA SEP IRA

Name of financial institution _____

Financial Institution Routing Transit Number (if known) _____

Your account number _____

ACCOUNT 3

Owner of account

Taxpayer Spouse Joint

Type of account

Checking Archer MSA Savings Traditional Savings Coverdell Education Savings Traditional IRA HSA Savings Roth IRA SEP IRA

Name of financial institution _____

Financial Institution Routing Transit Number (if known) _____

Your account number _____

To the best of my knowledge the information enclosed in this client tax organizer is correct and includes all income, deductions, and other information necessary for the preparation of this year's income tax returns for which I have adequate records.

Taxpayer

Date

Spouse

Date

WHEN COMPLETE – MAIL – DROP OFF – OR CALL FOR AN APPOINTMENT.