

SKALLY'S TAX SERVICE

Phone: 651-298-1188

TAX ORGANIZER

Fax: 651-228-1952

NEW CLIENTS – COMPLETE THIS SECTION

****PRIOR CLIENTS – COMPLETE THIS SECTION ONLY IF SOMETHING HAS CHANGED****

	Taxpayer	Spouse
Social Security Number		
First Name & Middle Initial		
Last Name		
Occupation		
Date of Birth		
Work or Cell Phone Number		
Home Phone Number		
Address		
City, State & Zip Code		
Email address		

DEPENDENT INFORMATION

****PRIOR CLIENTS – COMPLETE THIS SECTION ONLY IF SOMETHING HAS CHANGED****

Dependent's Name	Birth Date	Soc. Sec. Number	Relationship	Months lived in your home	College student?	Disabled?

- Is there anyone living in your household who is not your spouse or dependent child?
- If you have children under age 24 with *unearned* income (i.e. interest, dividends, stock sales) in excess of \$1900 we recommend that you have us do their tax return in conjunction with yours.

WE NEED THE FOLLOWING INFORMATION TO COMPLETE YOUR TAX RETURNS

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| <ul style="list-style-type: none"> <input type="checkbox"/> NEW CLIENT - copy of last year's return and social security cards for you, your spouse and your children <input type="checkbox"/> W2S and ALL 1099 FORMS - interest, dividends, stock sales, property sales, and unemployment <input type="checkbox"/> 1099R FORMS for IRA/Pension/Annuity Income if you withdrew from your IRA – bring the values of all regular IRA accounts at the end of the year <input type="checkbox"/> SSA FORMS – for Social Security benefits you received during 2009 <input type="checkbox"/> ECONOMIC RECOVERY PAYMENT – we need to know the amount you received <input type="checkbox"/> W2G or 1099 – GAMBLING INCOME - sent to you by the casino or other organizations <input type="checkbox"/> K-1 FORMS - from Partnerships, LLCs, Estates, Trusts and Sub-S Corporations <input type="checkbox"/> IF YOU RECEIVED <u>OR</u> PAID SPOUSAL MAINTENANCE – we need the amount received <u>or</u> if you paid - we need the recipient's name and social security number | <ul style="list-style-type: none"> <input type="checkbox"/> CLOSING STATEMENTS (HUD statement, settlement statement) - if you bought, sold, or refinanced a home or other real estate bring the closing statements <input type="checkbox"/> HEALTH SAVINGS ACCOUNT DISTRIBUTIONS– bring distribution forms 1099-SA <input type="checkbox"/> NONTAXABLE INCOME – amount of Workers Comp, Veterans Benefits, Welfare Benefits, Scholarships, Grants and any other income <input type="checkbox"/> MOVING EXPENSES – if you moved 50 miles or more to a new job location – provide expenses paid for transportation, storage, travel, lodging <input type="checkbox"/> ADOPTION DURING 2009 – expenses paid during 2009 and any employer provided benefit amount <input type="checkbox"/> ALTERNATIVE MOTOR VEHICLE / ELECTRIC VEHICLE – date of purchase, model, year, cost <input type="checkbox"/> GOVERNMENT CORRESPONDENCE –bring any notices from IRS or State that you received this past year |
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ITEMIZED DEDUCTIONS

MEDICAL EXPENSES

Must Exceed 7 1/2% of Income - Do Not Include Amounts Paid for or Reimbursed By Insurance or Pre-Tax Income

Health Insurance Premiums	
Dental Insurance Premiums	
Contact Lens Insurance Premiums	
Doctors, Dentists, Orthodontists, Chiropractors	
Psychiatrists, Therapists	
Hospitals, Clinics, Anesthesiology, Lab Fees	
Nursing Home Care	
Ambulance Fees	
Treatment for Alcohol or Drug Addiction	
Special Schooling for the Handicapped	
Hearing Aids, Batteries, Repairs	
Prescribed Attire (Support Hose, Shoes, Etc.)	
Eye Glasses, Contact Lenses, Exams	
Prescribed Smoking Cessation Methods	
Prescribed Drugs and Insulin	
Lodging (Limited to \$50/day Per Person)	
Parking, Bus Fare, Taxicabs	
# of Miles Driven for Medical Needs	

LONG TERM CARE INSURANCE

	Husband	Wife
Premiums		
Name of Provider:		
Policy Number		

TAXES

Real Estate Taxes Paid: Home	
2nd Home	
Other	
Minnesota Property Tax Refund Received	()
State Sales Tax Paid:	
- On Cars, Trucks, Motor Homes, Motorcycles (Provide Date of Purchase)	
- On Boats, Airplanes, Home Bldg. Materials	
Vehicle License Tabs	

INTEREST

*Bring 1098 forms from your bank or Mortgage Company
Bring closing statements for any new purchase, sale or refinance
Do not list interest earned here - provide us with 1099s instead*

Name of Bank or Mortgage Company	Amount Paid
Amount of mortgage insurance premium paid on your home purchase or refinance in 2009	
Contract for Deed Interest Paid	Amount Paid
Show Following Information About the Person You Make Your Payments To:	
Name:	Soc. Sec. #
Address:	
Margin Account Interest - Bring Brokerage Account Year End Statement to Interview	

CONTRIBUTIONS

Churches and Synagogues			
AA / Alanon / Alateen			
Alumni Funds / Arts & Science			
Boy Scouts / Girl Scouts			
Cancer Fund / Heart / MS / MD			
Public Radio / TV			
United Way / Red Cross / Food Shelf			
Various Others			
Number of Miles Driven for Volunteer Work e.g. Coaches, Scout Leaders, Choir Members, AA Members, Volunteer Board Members			
Out Of Pocket Volunteer Expenses e.g. Coaching Uniform, Hotel Expense, Air Fare, Meals			
NON-CASH- DONATIONS - Deduct Fair Market Value - Not What You Paid For The Item. Must Be In Good Condition. Provide The Following:			
Organization Name	Donation Date	Items Donated	Market Value

MISCELLANEOUS DEDUCTIONS

*Must Exceed 2% of Income
See Page 4 for Employee Expenses for Auto, Travel, and Entertainment*

Union Dues/Working Dues	
Tax Preparation Fees	
Safe Deposit Box	
Tools/ Job supplies	
Safety Equipment	
Uniforms - Cost / Professional Cleaning	
Business Phone - 2nd Line / Cell Phone	
Job Related Phone Expense - Long Distance, Call Waiting, Call Forwarding, Voice Messaging, Fax	
Job Related Education - Tuition, Fees, Books, Supplies, Workshops, Seminars	
Professional Dues / Licenses	
Professional Journals / Trade Journals	
Malpractice Insurance	
Employment Agency Fees	
Job Seeking Expense - Phone, Resume, Postage, Copies, Mileage	
Gambling Losses to the Extent of Winnings	
Investment Publications	
Costs Relating to Investments - Phone, Fax, Postage	
IRA / SEP / Keogh Fees (Paid Separately)	
Investment, Custodial, Trust Admin. Fees	
Broker Fees for Managed Accounts - (If the Account is an IRA the fees are only deductible if paid from funds outside the IRA)	

PERSONAL CASUALTY & THEFT LOSSES

*Must Exceed 10% of Your Total Income after Insurance Reimbursement
- If You Sustained Such a Loss Call for Details about What to Bring to Your Interview*

MINNESOTA PROPERTY TAX REFUND AND RENT CREDIT

RENTERS - In order to calculate the refund for Renters we need all CRP (Certificate of Rent Paid) forms provided to you by your landlords.

HOMEOWNERS - must provide their 2010 Property Tax Statement from their county. Most taxpayers will receive this statement from their county sometime in March. If you do not have the statement at the time of your interview – send it in when you receive it and we will process that calculation after April 15th. **WE CANNOT USE PROPOSED PROPERTY TAX STATEMENTS.**

Anyone else living in your household who is not your spouse or your dependent? We will need to know their total income.

ESTIMATED TAX PAYMENTS

	FEDERAL			STATE	
	DUE DATE	DATE PAID	AMOUNT	DATE PAID	AMOUNT
<i>4th Qtr. Paid in 2009 for 2008 to State</i>	1 - 15 - 2009				
1 st Qtr. 2009	4 - 15 - 2009				
2 nd Qtr. 2009	6 - 15 - 2009				
3 rd Qtr. 2009	9 - 15 - 2009				
4 th Qtr. 2009*	1 - 15 - 2010				

*Be sure to list the 4th quarter payment for both Federal and State whether you paid it in 2009 or 2010

CHILD AND DEPENDENT CARE EXPENSES

Even if you paid your dependent care expenses through a payroll deduction plan you must provide the following information

	YES	NO
Were dependent care services performed in your home? If yes, you may be required to file W2s on behalf of your provider. Call for more information.		
Were you reimbursed for childcare expense through an employer-sponsored plan?		
If yes, indicate the amount of the reimbursement if it isn't listed on your W2		
Show child care expenses for children under age 13.		
If a child reached age 13 during the year show the expense paid before the child's birthday.		

Name(s) Of Individual/Organization Who Provided Care	Address	Social Security Or Employer ID Number	Amount Paid

If more space is needed, attach a statement. You cannot take credit for amounts paid to your dependents.

HEALTH SAVINGS ACCOUNT (HSA)

Indicate coverage under high deductible health plan	Self Only	Family Coverage
Total HSA contributions for 2009 (do not include employer contributions or rollovers)		
Total HSA distributions for 2009 (bring forms 1099 -SA)		
Number of Months in high deductible health plan in 2009	Amount of annual deductible for the high deductible plan	

ENERGY CREDITS– Check www.energystar.gov to be sure your expenses qualify

Enter total amount of costs for:

Insulation	Advanced Main Air Fan
Exterior Windows/Skylights	Solar Electric Property
Exterior Doors	Solar Water Heating Property
Metal / Qualified Asphalt Roofs	Small Wind Energy Property
Gas, Propane, Oil Furnace	Geothermal Heat Pump
Hot Water Boiler	Qualified Fuel Cell Property

BUSINESS EXPENSE WORKSHEET FOR EMPLOYEES

IF YOU ARE SELF EMPLOYED DO NOT USE THIS WORKSHEET FOR YOUR EXPENSES
USE THE PAGE MARKED "SELF EMPLOYMENT INCOME AND EXPENSES"

AUTOMOBILE EXPENSES

YOU HAVE THE OPTION OF TAKING CENTS PER MILE DEDUCTION FOR YOUR BUSINESS MILES OR CALCULATING THE BUSINESS PERCENTAGE OF ACTUAL EXPENSES FOR YOUR VEHICLE.

LIST INFORMATION SEPARATELY FOR EACH VEHICLE USED FOR BUSINESS.

MILEAGE INFORMATION IS NEEDED FOR BOTH METHODS

Year and Model	Original Purchase Price	Date first used for business	Total Miles driven in 2009	Business Miles (do not include driving back and forth to work)	Job Hunting Miles	Educational Miles (from work to school for class)	1 st to 2 nd Job Miles
1)							
2)							
3)							

IF YOU HAVE RECORDS OF ACTUAL EXPENSES - LIST THE TOTALS HERE FOR EACH BUSINESS VEHICLE

	Gas	Maintenance	Repairs	Insurance	Car Washes	License Tabs	Parking/Tolls	Other	Lease Payments
1)									
2)									
3)									

BUSINESS ENTERTAINMENT EXPENSES

Meals While Entertaining Clients (Business Must Be Discussed)	Business Gifts (Limited to \$25 Per Person)
Tickets To Games, Etc. (Associated With Business Discussion)	Promotional Expenses (Calendars, Pens, Etc.)
Dues (Business Leagues, Public Service Organizations) ~ Dues To Entertainment Facilities Are Not Deductible ~	

BUSINESS TRAVEL EXPENSES

Air Fare	Taxi, Bus, Train Fare	Laundry (While Away On Business)
Lodging	Telephone, Fax, Postage	
Car Rental	Tips, Baggage Charges	

MEALS AWAY FROM HOME - YOU MAY DEDUCT EITHER THE ACTUAL AMOUNT SPENT OR A STANDARD ALLOWANCE

Actual Cost Of Meals Away From Home	
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TO USE THE STANDARD ALLOWANCE LIST THE CITIES YOU WERE IN AND NUMBER OF DAYS IN EACH CITY

CITY	# OF DAYS	CITY	# OF DAYS	CITY	# OF DAYS