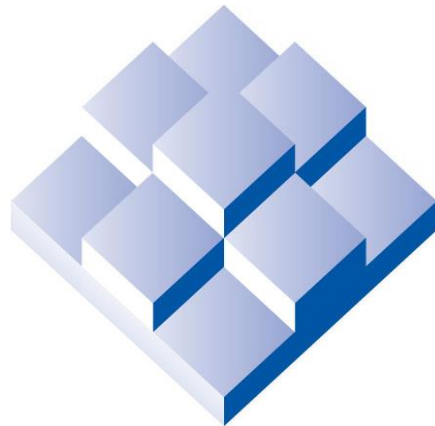


Income Tax Organizer



Roberts Hart
and Company
Certified Public Accountants

**1200 W. Cherry Lane, Suite 100
Meridian, ID 83642**

208-888-6501 office

866-408-1836 fax

www.robertscpa.net

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Income Tax Organizer

1. Personal Information

Last Name	First Name	Soc Sec. No.	Birth Date	Occupation
<u>Taxpayer</u>				
<u>Spouse</u>				
Street Address		City		State Zip
Home Phone	Cell Phone	Email		

Marital Status Married Single Widow(er) Date of Spouse's Death _____

2. Dependents (Children & Others)

Name (Last, First)	Birthdate	SSN	Relationship
1			
2			
3			
4			

Questionnaire

	Yes	No
1. Were you self employed, or did you receive hobby income?	<input type="checkbox"/>	<input type="checkbox"/>
2. Did you receive money from raising animals or crops?	<input type="checkbox"/>	<input type="checkbox"/>
3. Did you receive rent from real estate or other property?	<input type="checkbox"/>	<input type="checkbox"/>
4. Did you <u>buy</u> , <u>sell</u> or <u>refinance</u> a home or other real estate during the tax year?	<input type="checkbox"/>	<input type="checkbox"/>
5. Did you receive money from a retirement plan (e.g. 401k, IRA or Social Security)?	<input type="checkbox"/>	<input type="checkbox"/>
6. Did you receive any correspondence from the IRS?	<input type="checkbox"/>	<input type="checkbox"/>
7. Did you give a gift of more than \$14,000 to one or more people?	<input type="checkbox"/>	<input type="checkbox"/>
8. Did you begin or go through bankruptcy proceedings?	<input type="checkbox"/>	<input type="checkbox"/>
9. Did you have any debt (credit card, mortgage, etc) cancelled or reduced?	<input type="checkbox"/>	<input type="checkbox"/>
10. Did you pay expenses to attend classes beyond high school?	<input type="checkbox"/>	<input type="checkbox"/>
11. Did you pay interest on a student loan for yourself, spouse or dependent?	<input type="checkbox"/>	<input type="checkbox"/>
12. Did you provide a home or help for anyone not listed in Section 2 above?	<input type="checkbox"/>	<input type="checkbox"/>
13. Did you pay daycare expenses?	<input type="checkbox"/>	<input type="checkbox"/>
14. Did you buy a new car during the year?	<input type="checkbox"/>	<input type="checkbox"/>
15. Did you have any out of pocket expenses with your job?	<input type="checkbox"/>	<input type="checkbox"/>
16. Did you exercise or receive any stock options during the year?	<input type="checkbox"/>	<input type="checkbox"/>

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Additional Information and Notes:

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3. INCOME & ADJUSTMENTS

Wages & Salary

Employer Name	Wages (attach W2)

Interest & Dividend Income

Payer	Amount	1099 Rec'd		Capital Gain Distribution
		Yes	No	

Partnership, Trust, Estate Income

Please attach K-1 or Income Tax Letter for each item listed

Payer	T/S/J	Partnership	S Corp	Estate
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Stock, Securities and Other Assets Sales or Exchanges

Please attach brokerage statements, 1099s, closing statements, and any other records available to help properly report these transactions.

Payer	Date Acquired	Date Sold	Sale Price	Cost/Other Basis

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Pension & Annuity Income / IRA Distributions

Please attach all 1099-Rs or other documentation of amounts listed.

Payer	Rollover?	IRA?	Amount

Other Income

	Amount	Tax Withheld
1. Alimony Received		
2. Child Support		
3. Scholarships / Grants		
4. Prizes, Bonuses, Awards		
5. Gambling, Lottery (& Expenses)		
6. Commissions (not already on W-2)		
7. Jury Duty		
8. Worker's Compensation		
9. Disability Income		
10. Payments from Prior Installment Sale		
11. State Income Tax Refund		
12. Social Security Benefits		
13. Unemployment compensation Received		
14. Unemployment Compensation Repaid		
15. Other _____		
16. Other		
17. Other		

Adjustments to Income

	Amount
Health Savings Account Contribution	
SEP, SIMPLE or IRA Contribution (circle one)	
Unreimbursed Classroom Expenses - Teachers	
Moving Expenses	
Student Loan Interest	
Alimony Paid to Ex-Spouse	

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4. Medical / Dental Expenses

	Amount
Medical Insurance Premiums (paid by you)	
Prescription Drugs	
Glasses / Contacts	
Hearing Aids / Batteries	
Dental / Braces	
Medical Equipment / Supplies	
Nursing Care or Therapy	
Hospital	
Doctor / Dentist / Orthodontist	
Medical Miles (Number of Miles) _____	
Cobra assistance premiums	
Long Term Care Insurance Premiums (paid by you)	

5. Taxes Paid / Interest Expense

	Amount
Real Estate Taxes Paid on Personal Residence	
Real Estate Taxes Paid on Other Property (please list)	
Other 1.	
Other 2.	
Other 3.	

Sales Tax Paid	
----------------	--

(please list amounts paid on large items such as boats, auto or motorcycles)

Mortgage Interest Paid on Personal Residence	
Home Equity Loan(s) Interest on Personal Residence	
Other 1.	
Other 2.	
Other 3.	

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6. Charitable Donations

	Amount
Church	
Schools	
Public TV	
Other	
Other	
Other	
Other	
Other	
Other	
Volunteer Miles _____	

Non-Cash Charitable Donations

Description of Property Donated	Donee Name & Address
1	
2	
3	
4	

Date Acquired	Date Donated	Cost Basis	Fair Market Value
1			
2			
3			
4			

7. Miscellaneous Itemized Deductions

Job Related Expenses	Amount
Travel	
Lodging	
Meals & Entertainment	
Car Rental, Taxi	
Union Dues, Subscriptions	
Licenses	
Other	
Reimbursements Received from Employer	

Misc.

Safety Deposit Box Rental	
Investment Expenses	
Tax Preparation Fees	

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8. Employee/Self Employed/Business/Farm & Rental

This worksheet is for taxpayers who are self-employed or have job related expenses

Travel, Meals & Entertainment Expenses

Number of nights away from home: _____

- Travel fares & Tips
- Meals & Entertainment
- Lodging
- Telecommunications
- Cleaning / Laundry
- Other
- Other
- Other

Employee	Self Employed	Rentals		
			Were you reimbursed for any of these expenses? (circle one)	Yes / No
			If yes, is the reimbursement included in your Form W-2? (circle one)	Yes / No

Vehicle Expenses

Vehicle	#1	#2
1) Total miles driven this year		
2) Mileage breakdown of (1) above	Business	
	Commuting	
	Personal	
3) Description of Vehicle		
4) Date vehicle was first used for business		
5) Cost of Vehicle (attach receipt) or Lease Payments =	\$	\$
6) Interest Paid on Vehicle Loan		
7) Parking and Tolls		
8) Gas, Oil Changes		
9) Repairs, Maint, Car Wash		
10) Tires & Supplies		
11) Insurance		
12) Permits & Licenses		
13) Other		
14) Other		

Questions for All Taxpayers Claiming Vehicle Expenses

- 1) Do you have proof to support your deduction? Yes No
If so, is the evidence written? Yes No
- 2) Do you have another vehicle available for your personal use? Yes No
- 3) Do you have an employer provided vehicle that is available for personal use? Yes No
- 4) Were you reimbursed for any of the auto expenses listed above? Yes No
If so, is the reimbursement included in your Form W-2? Yes No
- 5) Do you have a written log of your miles driven last year? Yes No

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9. Educational Expenses

Student's Name	Education Purpose (degree seeking job related)	Name of Institution	Type of Expense (tuition, books, fees, student loan interest)	Amount Paid	Paid by Whom	First 2 years of college? Yes / No

10. Residential Energy Efficiency Expenses

Did you make any improvements to your principal residence during the year to increase energy efficiency such as solar energy systems, fuel cells insulation, exterior windows, including skylights, exterior doors, metal roof coated with heat reduction pigments, qualified electric heat pump water heater, geothermal heat pump, central air conditioning or natural gas, propane or oil water heaters? To qualify for the energy tax credit, the manufacturer must certify that the property meets the IRS requirements to claim the credit (ENERGY STAR label, IECC, etc).

Description of Improvement/Expenditure	Date Placed in Service	Amount

11. Estimated Tax Payments

Due Date	Date Paid	Federal	State
April 15th			
June 15th			
September 15th			
January 15th			
Carry Over from Last Year			

12. Daycare Expense

Name of Care Provider	Address	EIN or Soc Sec. #	Amount Paid

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13. Business Income & Expenses

Business Activity/Product _____

Business Name _____

Total Sales or Revenue \$ _____

Inventory - Beg. of Year \$ _____ End of Year \$ _____

Purchases \$ _____

Expenses

For business property or equipment purchases or sales, provide separate schedule listing date, price/cost, description, etc.

Do you qualify for business use of home? yes no

Business use area (sq ft) _____ Total area of home (sq ft) _____

Use Correct Column	Self Employed	Business Use of Home (100%)
Advertising		XXXXX
Association Dues		
Car/Truck Expenses	see vehicle exp. Worksheet	
Bank Charges		XXXXX
Business Phone/Long Distance Calls		XXXXX
Commissions, Fees Paid		XXXXX
Contract labor		XXXXX
Employee Benefit Program		XXXXX
General Office Supplies Expense		XXXXX
Insurance (not health)		
Insurance (Health)		XXXXX
Interest - Mortgage (Form 1098)		
Interest - Other Interest		XXXXX
Legal & Other Professional Fees		XXXXX
Postage & Freight		XXXXX
Professional Dues & Publications		XXXXX
Rent Paid - vehicle, machine, equip.		
Rent Paid - Other business property		
Repairs & Maintenance		
Supplies (include small hand tools)		XXXXX
Taxes - Real Estate		
Taxes - Other		
Utilities: Electric _____ Heat _____		
Water, Sewer, Trash _____		
Other _____ Total _____		
Wages		XXXXX
Other		
Other		
Other		

Business Use of Home Deduction. If an area of the home is used regularly and exclusively for business a deduction for a portion of mortgage interest, taxes, insurance, utilities and depreciation may be allowed. If business use of the home is established, a mileage deduction for travel between home and other job locations may be allowed. Special rules apply for inventory storage and daycare.

Equipment / Improvements

Items expected to last more than one year.

Provide a separate listing. Do not duplicate in above expense categories. Include description, date purchased and cost. Provide actual receipts if available.

Description	Cost
	\$
	\$
	\$

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14. Rental Income & Expense

1	List the type and location of each Rental Real Estate Property :
A	
B	
C	

2 For each rental real estate property listed on line 1, did you or your family use it during the tax year for personal purposes for more than the greater of:
 ++ 14 days or
 ++ 10% of the total days rented at fair rental value?

	Yes	No
A	<input type="checkbox"/>	<input type="checkbox"/>
B	<input type="checkbox"/>	<input type="checkbox"/>
C	<input type="checkbox"/>	<input type="checkbox"/>

Income	Properties		
	A	B	C
3 Rents Received	3 <input style="width: 80px;" type="text"/>	3 <input style="width: 80px;" type="text"/>	3 <input style="width: 80px;" type="text"/>
Expenses			
4 Advertising	4 <input style="width: 80px;" type="text"/>	4 <input style="width: 80px;" type="text"/>	4 <input style="width: 80px;" type="text"/>
5 Auto & Travel (see vehicle exp. worksheet)	5 <input style="width: 80px;" type="text"/>	5 <input style="width: 80px;" type="text"/>	5 <input style="width: 80px;" type="text"/>
6 Cleaning & maintenance	6 <input style="width: 80px;" type="text"/>	6 <input style="width: 80px;" type="text"/>	6 <input style="width: 80px;" type="text"/>
7 Commissions	7 <input style="width: 80px;" type="text"/>	7 <input style="width: 80px;" type="text"/>	7 <input style="width: 80px;" type="text"/>
8 Insurance	8 <input style="width: 80px;" type="text"/>	8 <input style="width: 80px;" type="text"/>	8 <input style="width: 80px;" type="text"/>
9 Legal & other professional fees	9 <input style="width: 80px;" type="text"/>	9 <input style="width: 80px;" type="text"/>	9 <input style="width: 80px;" type="text"/>
10 Management fees	10 <input style="width: 80px;" type="text"/>	10 <input style="width: 80px;" type="text"/>	10 <input style="width: 80px;" type="text"/>
11 Mortgage Interest	11 <input style="width: 80px;" type="text"/>	11 <input style="width: 80px;" type="text"/>	11 <input style="width: 80px;" type="text"/>
12 Other Interest	12 <input style="width: 80px;" type="text"/>	12 <input style="width: 80px;" type="text"/>	12 <input style="width: 80px;" type="text"/>
13 Repairs	13 <input style="width: 80px;" type="text"/>	13 <input style="width: 80px;" type="text"/>	13 <input style="width: 80px;" type="text"/>
14 Supplies	14 <input style="width: 80px;" type="text"/>	14 <input style="width: 80px;" type="text"/>	14 <input style="width: 80px;" type="text"/>
15 Taxes	15 <input style="width: 80px;" type="text"/>	15 <input style="width: 80px;" type="text"/>	15 <input style="width: 80px;" type="text"/>
16 Utilities	16 <input style="width: 80px;" type="text"/>	16 <input style="width: 80px;" type="text"/>	16 <input style="width: 80px;" type="text"/>
17 Other	17 <input style="width: 80px;" type="text"/>	17 <input style="width: 80px;" type="text"/>	17 <input style="width: 80px;" type="text"/>
18 Other	18 <input style="width: 80px;" type="text"/>	18 <input style="width: 80px;" type="text"/>	18 <input style="width: 80px;" type="text"/>
19 Other	19 <input style="width: 80px;" type="text"/>	19 <input style="width: 80px;" type="text"/>	19 <input style="width: 80px;" type="text"/>
20 Other	20 <input style="width: 80px;" type="text"/>	20 <input style="width: 80px;" type="text"/>	20 <input style="width: 80px;" type="text"/>

Additional Information:

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15. Farm Income & Expense

Principal Product _____

Accounting method: (circle one) Cash or Accrual

Did you "materially participate" in the operation of this business during 2010? (circle one) Yes No

Part A Farm Income - Cash Method; complete parts A & B (Accrual complete parts B & C)

1 Sales of livestock and other items you bought for resale	1		
2 Cost of livestock and other items reported on line 1	2		
3 Subtract line 2 from 1		3	
4 Sales of livestock, produce, grains, and other products you raised		4	
5 Cooperative distributions (Form 1099-PATR) <input style="width: 100px;" type="text"/>		5 Taxable Amount	
6 Agricultural Program payments	<input style="width: 100px;" type="text"/>	6 Taxable Amount	
a CCC Loans reported under election		6	
7 Crop Insurance proceeds		7	
a Amount received in 2010	<input style="width: 100px;" type="text"/>	7a Taxable Amount	
8 Custom hire (machine work) income		8	
9 Other income		9	

Part B Farm Expenses - Cash & Accrual Method

Do not include personal or living expenses such as taxes, insurance or repairs to your home.

10 Car & Truck Expenses: complete vehicle expense sheet	20 Rent or lease	
11 Chemicals	a Vehicles, machinery, and equipment	
12 Custom hire (machine work)	b Other	
13 Feed	21 Repairs and maintenance	
14 Fertilizers and lime	22 Seeds and plants	
15 Freight and Trucking	23 Storage and warehousing	
16 Gas, fuel, oil	24 Supplies	
17 Insurance (not health)	25 Taxes	
18 Interest: Mortgage	26 Utilities	
a Interest: Other	27 Veterinary, breeding and medicine	
19 Labor hired	28 Other expenses	