

**INDIVIDUAL
TAX ORGANIZER**

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TAXPAYER INFORMATION

	First Name and Initial	Last Name	Social Security Number	Date of Birth	Daytime/Work/Cell Phone
Taxpayer					
Spouse					
Address _____		City _____		State _____	Zip _____
E-mail _____					
Filing Status: <input type="checkbox"/> Single <input type="checkbox"/> Married Filing Joint <input type="checkbox"/> Married Filing Separate <input type="checkbox"/> Head of Household					

May the IRS or other taxing authority discuss the return with the preparer? **Y N**
 Is the taxpayer claimed as a dependent on someone else's tax return? **Y N**

Taxpayer Spouse

Are you considered legally blind per IRS regulations? **Y N** **Y N**
 Do you want to contribute to the Presidential Election Campaign Fund? **Y N** **Y N**

DEPENDENTS

First Name and Initial	Last Name	Social Security Number	Date of Birth (Mo/Da/Yr)	Relationship to Taxpayer	Months Lived in Your Home	Yes or No	Yes or No

Is dependent disabled?

Did dependent have income over \$XXXX?

ELECTRONIC FILING

If you qualify for electronic filing, would you like to file the return electronically with the IRS? **Y N**
 Would you like your return prepared and filed electronically when you have a balance due? **Y N**
 Would you like your federal return filed electronically only if your refund is greater than a certain dollar amount? **Y N**
 If yes, enter amount here

If you qualify, would you like to file your state return electronically? **Y N**
 If you file more than one state, do you want to file all of them electronically? **Y N**

The IRS has implemented a program to allow taxpayers to e-file without mailing a signature document. In order to participate, please provide a 5-digit self-selected Personal Identification Number (PIN).

Self-selected PIN:
 Taxpayer PIN _____
 Spouse PIN _____

INCOME

Salaries and Wages	Please provide all Forms W-2
Interest	Please provide all Forms 1099-INT
Dividends	Please provide all Forms 1099-DIV
Capital Gains	Please provide all Forms 1099-B and 1099-S
Pensions/IRA Distributions	Please provide all Forms 1099-R
State Tax Refund	Please provide all Forms 1099-G
Unemployment Compensation	Please provide all Forms 1099-G
Social Security Benefits	Please provide all Forms SSA-1099
Stimulus Rebate received in 2008	Please provide Notice 1378 (received at time of payment)
Alimony Received	Payor _____ Payor's SSN _____ Amount _____

INCOME FROM PARTNERSHIPS, S-CORPORATIONS, TRUSTS, ETC.

Please provide all Schedules K-1

ADJUSTMENTS TO INCOME

Alimony Paid Payee _____ Payee's SSN _____
 Amount _____

IRA Contributions Taxpayer _____ Spouse _____

Moving Expenses

Student Loan Interest (Please provide Form 1098-E and/or 1098-T)

Tuition Fees for Higher Education (Please provide Form 1098-T or other statements)

DEDUCTIONS

Medical and Dental Expenses:

Prescription medicines and drugs _____
 Total medical insurance premiums paid (excluding Medicare premiums) _____
 Long-term care expenses _____
 Total insurance reimbursement _____
 Numbers of miles traveled for medical care _____
 Lodging _____
 Doctors, dentists, etc. _____
 Hospitals _____
 Lab fees _____
 Eyeglasses and contacts _____
 Taxpayer long-term care insurance premiums paid _____
 Spouse long-term care insurance premiums paid _____

Other Medical Expenses:

_____ _____
 _____ _____
 _____ _____

Taxes Paid:

Real estate taxes _____
 Personal property taxes paid (include vehicle license fees/DMV) _____
 General sales taxes paid on specific "large" items _____

Other Taxes Paid:

_____ _____
 _____ _____
 _____ _____

Home Mortgage Interest Paid (Please provide all Forms 1098):

Paid To	Did You Receive Form 1098?		Amount
	Yes	No	

DEDUCTIONS (continued)

Contributions – You are required to have written documentation from the donee organization to substantiate contributions of \$250. Clothes and household items donated must be in good, used condition or better in order to be deductible unless the item donated is worth more than \$500 and you have the item's value appraised. Please provide copies of all receipts and appraisals.

Cash Contributions:

Organization	Amount

Noncash Contributions:

Organization	Description of Property	Fair Market Value

Miscellaneous Itemized Deductions:

- Union and professional dues _____
- Tax preparation fees _____
- Professional subscriptions _____
- Hobby expense (to extent of income) _____
- Safe deposit box fee _____
- Uniforms and protective clothing _____
- Work tools _____
- Gambling losses (to extent of winnings) _____
- Estate taxes _____

Other Itemized Deductions:

Child/Dependent Care Expenses:

Provider Name: _____

Address: _____

City, State and ZIP code: _____

Social Security Number or Employer ID Number: _____

Total Expenses incurred and paid in _____

Qualifying Persons for Child/Dependent Care Expenses:

First Name and Initial	Last Name	Social Security Number	Expenses

ESTIMATED TAX PAYMENTS

Federal	Date Paid	Amount Paid
Overpayment from prior year		
1 st Quarter		
2 nd Quarter		
3 rd Quarter		
4 th		
State	Date Paid	Amount Paid
Overpayment from prior year		
1 st Quarter		
2 nd Quarter		
3 rd Quarter		
4 th Quarter		

MISCELLANEOUS QUESTIONS

If any of the following items pertain to you or your spouse for the year _____, please circle the appropriate answer and include all pertinent details.

- Were there any births, adoptions, marriages, divorces, or deaths in your immediate family during the year? Y N
- Are any of your unmarried children, who might be claimed as dependents, 19 years of age or older? Y N
- Do you have any dependent children with interest, dividend, and/or capital gain income? Y N
- Can you be claimed as a dependent on another person's tax return? Y N
- Did you or your spouse "roll over" a retirement plan distribution into another plan? Amount: _____ Y N
- Did you or your spouse receive any disability income during the year? Amount: _____ Y N
- Did you purchase, sell, or refinance your principal home or your second home, or obtain a home equity loan during the year? If yes, please attach escrow papers. Y N
- Did you sell any stocks, bonds, or other investment property during the year? If yes, please attach a list detailing description, date acquired, date sold, sales price, cost or basis, and expense of sale for each item. Y N
- Did you pay any one household employee cash wages; withhold federal income tax during at the request of any household employee; or pay cash wages in any calendar quarter to household employees? Y N
- Did you use your car on the job (other than to and from work)? Y N
- Does anyone owe you money which has become uncollectible? Y N
- Did you incur moving expenses during the year due to a change of employment? Y N
- Did you or your spouse work out of town for part of the year? Y N
- Did you incur a loss because of damaged or stolen property? Y N
- Did you have an interest in or signature authority over a bank or brokerage account in a foreign country, or were you a grantor of or transferor to a foreign country? Y N
- Were you audited by either the Internal Revenue Service or the State taxing agency during the year? Y N