

Accounting and Tax Center, Inc.

6173 Burnham Road

Roanoke, Virginia 24018

(540) 774-7400

2003 Tax Organizer

| | Name (First, M.I., Last) | S.S.# (See Note 1) | Date of Birth | Occupation | Work Phone |
|-----------------|-----------------------------|-----------------------|------------------|------------|------------|
| Taxpayer | | | | | |
| Spouse | | | | | |
| Address: | | | | | |
| | | | | | |
| City: | | State: | | Zip: | |

Do you live in a City or County – Name of City or County? _____

| | |
|-----------------|--|
| E-mail Address: | |
| Home Phone: | |

Marital Status
and Filing Status:

- Single Head of Household
 Married filing jointly Married filing separately

Are you divorced? Yes, No. If yes, date divorce became final? ___/___/___.

Are you a widow(er)? Yes, No. If yes, date of spouse's death? ___/___/___.

Blind: Taxpayer? Yes, No. Spouse? Yes, No.

Disabled: Taxpayer? Yes, No. Spouse? Yes, No.

\$3.00 to Presidential Campaign? Taxpayer? Yes, No. Spouse? Yes, No.

DEPENDENTS

Number 1:

| Name (First, M.I., Last) | Relationship (son, daughter, grandson, stepson, foster son) | S.S.# (See Note 1) | Date of Birth |
|---|---|--|---------------|
| | | | |
| Full Time Student? <input type="checkbox"/> Yes, <input type="checkbox"/> No. | | Number of months lived with you this year? _____ | |
| U.S. Citizen? <input type="checkbox"/> Yes, <input type="checkbox"/> No. | | | |
| Disabled? <input type="checkbox"/> Yes, <input type="checkbox"/> No. | | Is Dependent filing a joint return? <input type="checkbox"/> Yes, <input type="checkbox"/> No. | |
| If Dependent works: | | | |
| Dependents Gross Income \$ _____ | | Amt. of support you provided? \$ _____ | |

Note 1 – Please bring Social Security Cards if you are a new customer.

Note 2 – Please bring last year's tax returns if you are a new customer.

DEPENDENTS (Continued)

Number 2:

| | | | |
|---|--|--|---------------|
| Name (First, M.I., Last) | Relationship (son, daughter, grandson, stepson, foster son) | S.S.# (See Note 1) | Date of Birth |
| | | | |
| Full Time Student? <input type="checkbox"/> Yes, <input type="checkbox"/> No. | Number of months lived with you this year? _____ | | |
| U.S. Citizen? <input type="checkbox"/> Yes, <input type="checkbox"/> No. | | | |
| Disabled? <input type="checkbox"/> Yes, <input type="checkbox"/> No. | Is Dependent filing a joint return? <input type="checkbox"/> Yes, <input type="checkbox"/> No. | | |
| If Dependent works: | | | |
| Dependents Gross Income \$ _____ | | Amt. of support you provided? \$ _____ | |

Number 3:

| | | | |
|---|--|--|---------------|
| Name (First, M.I., Last) | Relationship (son, daughter, grandson, stepson, foster son) | S.S.# (See Note 1) | Date of Birth |
| | | | |
| Full Time Student? <input type="checkbox"/> Yes, <input type="checkbox"/> No. | Number of months lived with you this year? _____ | | |
| U.S. Citizen? <input type="checkbox"/> Yes, <input type="checkbox"/> No. | | | |
| Disabled? <input type="checkbox"/> Yes, <input type="checkbox"/> No. | Is Dependent filing a joint return? <input type="checkbox"/> Yes, <input type="checkbox"/> No. | | |
| If Dependent works: | | | |
| Dependents Gross Income \$ _____ | | Amt. of support you provided? \$ _____ | |

Number 4:

| | | | |
|---|--|--|---------------|
| Name (First, M.I., Last) | Relationship (son, daughter, grandson, stepson, foster son) | S.S.# (See Note 1) | Date of Birth |
| | | | |
| Full Time Student? <input type="checkbox"/> Yes, <input type="checkbox"/> No. | Number of months lived with you this year? _____ | | |
| U.S. Citizen? <input type="checkbox"/> Yes, <input type="checkbox"/> No. | | | |
| Disabled? <input type="checkbox"/> Yes, <input type="checkbox"/> No. | Is Dependent filing a joint return? <input type="checkbox"/> Yes, <input type="checkbox"/> No. | | |
| If Dependent works: | | | |
| Dependents Gross Income \$ _____ | | Amt. of support you provided? \$ _____ | |

Number 5:

| | | | |
|---|--|--|---------------|
| Name (First, M.I., Last) | Relationship (son, daughter, grandson, stepson, foster son) | S.S.# (See Note 1) | Date of Birth |
| | | | |
| Full Time Student? <input type="checkbox"/> Yes, <input type="checkbox"/> No. | Number of months lived with you this year? _____ | | |
| U.S. Citizen? <input type="checkbox"/> Yes, <input type="checkbox"/> No. | | | |
| Disabled? <input type="checkbox"/> Yes, <input type="checkbox"/> No. | Is Dependent filing a joint return? <input type="checkbox"/> Yes, <input type="checkbox"/> No. | | |
| If Dependent works: | | | |
| Dependents Gross Income \$ _____ | | Amt. of support you provided? \$ _____ | |

Please enclose the following forms:

Before the check box indicate the number of each type of document enclosed.

#

| <u>Enclosed:</u> | <u>Form #</u> | <u>Form Description</u> |
|------------------|---|--|
| _____ | <input type="checkbox"/> W-2 | Wage and Tax Statement. <ul style="list-style-type: none">• Wage Statement from your employer(s). |
| _____ | <input type="checkbox"/> W-2G | Certain Gambling Winnings. <ul style="list-style-type: none">• Statement from Virginia Lottery, Casinos, etc. If you had Gambling Losses please report those on page 9. |
| _____ | <input type="checkbox"/> 1099-INT | Interest Income. <ul style="list-style-type: none">• Statement from Bank, Brokerage Firm, Insurance Co., etc. |
| _____ | <input type="checkbox"/> 1099-DIV | Dividends and Distributions. <ul style="list-style-type: none">▪ Statement from Mutual Funds, Companies in which you own stock, etc. |
| _____ | <input type="checkbox"/> 1099-B | Proceeds From Broker and Barter Exchange Transactions. <ul style="list-style-type: none">▪ Statement from Mutual Funds, Brokerage Firm, etc. * Please provide Date of Purchase(s), Cost or Other Basis information for investments sold. |
| _____ | <input type="checkbox"/> 1099-R | Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc. <ul style="list-style-type: none">▪ Statement from Mutual Funds, Brokerage Firm, Bank, Employer Retirement Fund, etc. * Please provide Basis Information, if any. Employer or Insurance Company statements with information on cost or contributions to plan. Provide Last Form 8606 filed, if any. |
| _____ | <input type="checkbox"/> SSA 1099, | Social Security or Railroad Retirement. |
| _____ | <input type="checkbox"/> RRB 1099 | |
| _____ | <input type="checkbox"/> 1099-G | Certain Government and Qualified State Tuition Program Payments. <ul style="list-style-type: none">▪ Statement for: State Income Tax Refund Unemployment Compensation Qualified State Tuition Program Payments |
| _____ | <input type="checkbox"/> 1099-S | Proceeds From Real Estate Transactions. <ul style="list-style-type: none">▪ Statement from Settlement Attorney, Loan Company, Bank, etc. * Please provide Date of Purchase(s), Cost or Other Basis information for Real Estate sold. Enclose Settlement Sheet from when you purchased and when you sold the residence. |

Medical and Dental Expenses You Paid:
 (*=Limited to the excess over 7.5% of your Adjusted Gross Income)

| | | |
|--|---|------------|
| 1. Prescription medications | | \$ |
| 2. Health insurance premiums: | | \$ |
| a. Insurance Premiums for medical care, other than self-employed health insurance | | |
| b. Medicare B premiums | | \$ |
| c. Qualified long-term care premiums | | \$ |
| d. Self-employed health insurance Note: 2003 - 100% - page 1, 1040 | Enter 100% of premiums here: \$ | |
| 3. Fees for doctors, dentists, etc. | | \$ |
| 4. Fees for hospitals, clinics, etc. | | \$ |
| 5. Lab and x-ray fees | | \$ |
| 6. Expenses for qualified long-term care | | \$ |
| 7. Eyeglasses and contact lenses | | \$ |
| 8. Medical equipment and supplies | | \$ |
| 9. Medical transportation expenses: | | \$ |
| a. Miles driven for medical purposes | | |
| Multiply the number of miles on line 9a by 12 cents/mile | X .12 | |
| b. Total | \$ | |
| c. Other medical transportation costs not included on line 9a, for example: ambulance fees | \$ | |
| d. Total medical transportation expenses (lines 9b and 9c) | | \$ |
| 10. Lodging for medical purposes (up to \$50 per night per person) | | \$ |
| 11. Other medical and dental expenses (list): | | \$ |
| a. | | \$ |
| b. | | \$ |
| c. | | \$ |
| d. | | \$ |
| e. | | \$ |
| f. | | \$ |
| g. | | \$ |
| h. | | \$ |
| i. | | \$ |
| j. | | \$ |
| k. | | \$ |
| l. | | \$ |
| m. | | \$ |
| n. | | \$ |
| 12. Total of medical and dental expenses (add lines 1 – 11) | | \$ |
| 13. a. Less: insurance reimbursement for any expenses listed | | - \$ |
| b. Less: medical savings account (MSA) distributions | | - \$ |
| 14. Total deductible medical and dental expenses | | *\$ |

State and Local Taxes You Paid:

| State and Local Income Taxes | Date Paid | Amount |
|---|-----------|--------|
| 2002 Estimated Payment – Voucher #4 (due 1/15/03) | / /20 | \$ |
| 2002 Balance Due paid in 2003 | / /20 | \$ |
| 2003 Estimated Payment – Voucher #1 (due 4/15/03) | / /20 | \$ |
| 2003 Estimated Payment – Voucher #2 (due 6/15/03) | / /20 | \$ |
| 2003 Estimated Payment – Voucher #3 (due 9/15/03) | / /20 | \$ |
| Total withholding from W-2 (preparer use only) | | \$ |
| Total deductible in 2003 (preparer use only) | | \$ |
| 2003 Estimated Payment – Voucher #4 (due 1/15/04) | / /20 | \$ |
| Real Estate Taxes (enclose statements or bills) | | \$ |
| Personal Property/Automobile (enclose statement or bills) | | \$ |
| Other (list and enclose statements or bills): | | \$ |
| | | \$ |
| | | \$ |

Interest You Paid:

 1098 **Mortgage Interest Statement. [ENCLOSE]**

| | | |
|--|----------|----|
| 1 st Mortgage: | Paid to: | \$ |
| | | \$ |
| 2 nd Mortgage (Home Equity): | | \$ |
| | | \$ |

| | |
|--|----|
| Mortgage interest paid to an individual (no Form 1098) | \$ |
| Paid to – Name: | |
| Address: | |
| | |
| Social Security Number: | |
| Points paid – not on a Form 1098 | \$ |
| Investment Interest Paid | \$ |
| | \$ |

- Yes, No – Did you **refinance your home** this year? If yes, enclose Settlement Sheet.
- Yes, No - Does the amount of debt secured by your home exceed the Fair Market Value of your home?
- Yes, No – Were Home Mortgage debt proceeds used for any purpose besides the acquisition, construction, or improvement of your main or second home?

1098-E **Student Loan Interest Statement. [ENCLOSE]**

| | |
|--|----|
| Interest paid on Education Loans (2003 limit \$2,500 – subject to phase out) | |
| In 2002 – 2003 the 60 Month Rule no longer applies. | |
| Paid To: | \$ |
| | |
| | \$ |

Investment Interest and Other Interest Paid:

| | |
|-----------------------------|----|
| Investment Interest Paid | \$ |
| Other Interest Paid (list): | |
| | \$ |
| | \$ |

Gifts to Charity:

| Gifts by cash or check (less than \$250 per gift) – list: | Amount |
|--|---------|
| | \$ |
| | \$ |
| | \$ |
| | \$ |
| | \$ |
| | \$ |
| | \$ |
| | \$ |
| | \$ |
| | \$ |
| | \$ |
| Gifts by cash or check (\$250 or more per gift – you must have a statement from the organization) – list: | |
| | \$ |
| | \$ |
| | \$ |
| | \$ |
| | \$ |
| Charitable Mileage: 14¢ X _____ miles = | \$ |
| | |
| Gifts by other than cash or check if this total is over \$500 (Form 8283): | |
| 1. Name of Organization: | |
| Address: | |
| City, State, Zip | |
| Description of Property Contributed (possibly clothing, appliances, furniture, etc.): | |
| | |
| Date of Contribution: | / /2003 |
| Date (mo./yr.) you acquired property (possibly various): | / |
| How you acquired property (possibly purchased, inherited, etc.): | |
| Donor's cost or adjusted basis: | \$ |
| Fair Market Value: | \$ |
| Method used to determine Fair Market Value (possibly Thrift Shop Value): | |

Gifts to Charity (continued):

| | |
|---|---------|
| Gifts by other than cash or check (continued): | |
| 2. Name of Organization: | |
| Address: | |
| City, State, Zip | |
| Description of Property Contributed (possibly clothing, appliances, furniture, etc.): | |
| | |
| Date of Contribution: | / /2003 |
| Date (mo./yr.) you acquired property (possibly various): | / |
| How you acquired property (possibly purchased, inherited, etc.): | |
| Donor's cost or adjusted basis: | \$ |
| Fair Market Value: | \$ |
| Method used to determine Fair Market Value (possibly Thrift Shop Value): | |
| | |
| 3. Name of Organization: | |
| Address: | |
| City, State, Zip | |
| Description of Property Contributed (possibly clothing, appliances, furniture, etc.): | |
| | |
| Date of Contribution: | / /2003 |
| Date (mo./yr.) you acquired property (possibly various): | / |
| How you acquired property (possibly purchased, inherited, etc.): | |
| Donor's cost or adjusted basis: | \$ |
| Fair Market Value: | \$ |
| Method used to determine Fair Market Value (possibly Thrift Shop Value): | |
| | |
| 4. Name of Organization: | |
| Address: | |
| City, State, Zip | |
| Description of Property Contributed (possibly clothing, appliances, furniture, etc.): | |
| | |
| Date of Contribution: | / /2003 |
| Date (mo./yr.) you acquired property (possibly various): | / |
| How you acquired property (possibly purchased, inherited, etc.): | |
| Donor's cost or adjusted basis: | \$ |
| Fair Market Value: | \$ |
| Method used to determine Fair Market Value (possibly Thrift Shop Value): | |
| | |

Job Expenses and Most Other Miscellaneous Deductions:

(subject to 2% of AGI limitation)

Yes, No – Did you have travel related to your job that was not reimbursed by your employer?
If yes, please call.

| | |
|---|----|
| Union Dues | \$ |
| Dues to Professional Organizations | \$ |
| Subscriptions to Professional Journals | \$ |
| Protective Clothing, Safety Equipment, Uniforms and Cleaning | \$ |
| Small Tools and Supplies needed for your job | \$ |
| Physical Exams required by your employer | \$ |
| Educational Courses/Classes | \$ |
| Job Hunting and Employment Agencies expenses | \$ |
| Occupational License and taxes | \$ |
| Business Gifts (limited) | \$ |
| Entertainment (including meals) (limited) | \$ |
| Home Office (call if you work out of your home) | \$ |
| | |
| Tax Preparation Fees | \$ |
| | |
| Expenses related to managing, protecting, producing or collecting taxable income, such as; Safe Deposit Box Rental, Legal (not personal) and Accounting Fees, Clerical help and Office Rent, Custodial Fees or Mutual Fund Fee, and Investment Advice (Itemize) | \$ |

Other Miscellaneous Deductions:(not subject to 2% of AGI limitation)

| | |
|--|----|
| Gambling Winnings Reported to you on Form W-2G | \$ |
| Gambling Winnings Not Reported to you on Form W-2G | \$ |
| Gambling Losses | \$ |
| | |
| Other (itemize) | |
| | \$ |
| | \$ |

Teacher's Classroom Expenses:

Only for 2002-2003: Classroom expenses (up to \$250) for qualified educators are deductible as an adjustment to income on line 23 of Form 1040. Please provide a listing and keep your receipts.

Yes No Are you a Kindergarten through grade 12 teacher, instructor, counselor, principal, or aide that has spent at least 900 hours during the school year as an educator for a school that provides kindergarten through grade 12 education as determined under state law?

| | |
|--|----|
| | \$ |
| | \$ |
| | \$ |
| | \$ |
| | \$ |

Child and Dependent Care Expenses:

Provider Number 1

Name of Care Provider: _____

Address: _____

Social Security Number or Employer I.D. Number _____

*

(* = Attach a copy of a completed **W-10** or a copy of any **other source** of the information listed on the W-10.)

Amounts Paid This Provider:

| Child or Dependent's Name: | Amount paid this provider for this Child or Dependent |
|----------------------------|---|
| | \$ |
| | \$ |
| | \$ |
| | \$ |
| | \$ |
| | \$ |

Provider Number 2

Name of Care Provider: _____

Address: _____

Social Security Number or Employer I.D. Number _____

*

(* = Attach a copy of a completed **W-10** or a copy of any **other source** of the information listed on the W-10.)

Amounts Paid This Provider:

| Child or Dependent's Name: | Amount paid this provider for this Child or Dependent |
|----------------------------|---|
| | \$ |
| | \$ |
| | \$ |
| | \$ |
| | \$ |
| | \$ |

☐ 1098-T – Tuition Payments Statement. [ENCLOSE]

New in 2002: Education expenses for qualified higher education are deductible as an adjustment to income on line 26 of Form 1040. This may be more advantageous than using the credits or any other means of deducting education related expenses.

Hope and Lifetime Learning Credits:

The Hope Credit is available for educational expenses for students in their first two calendar years of post secondary education. They must be enrolled at least 1/2 time and cannot have been convicted of dealing or possession of illegal drugs. This is available for amounts paid during the calendar year for classes which began during the calendar year. Limit: 100% of first \$1,000 of qualified expenses and 50% of the next \$1,000 for a maximum of \$1,500 per each student.

The Lifetime Learning Credit is available for educational expenses for courses beginning after June 30, 1998 for you, your spouse, or your dependent. The Lifetime Learning Credit is available regardless of the number of years of post secondary education. Limit: 20% of the first \$5,000 of qualified expenses for a maximum of \$2,000 per return for 2003.

Please **provide the Form 1098-T** received from the educational institution. Also please provide the name of the student and the **amount of expenses paid (itemized)**. Please note, there is a coordination of Credit requirement so if you have questions, please call.

Federal Taxes You Paid:

| Federal Income Taxes | Date Paid | Amount |
|--|-----------|--------|
| 2003 Estimated Payment – Voucher #1 (due 4/15/03) | / /20 | \$ |
| 2003 Estimated Payment – Voucher #2 (due 6/15/03) | / /20 | \$ |
| 2003 Estimated Payment – Voucher #3 (due 9/15/03) | / /20 | \$ |
| 2003 Estimated Payment – Voucher #4 (due 1/15/04) | / /20 | \$ |
| Total withholding from W-2 (preparer use only) | | \$ |
| Other (list and enclose statements or bills): | | \$ |
| | | \$ |

Alimony You Paid:

| Paid To: | Social Security Number | Amount |
|----------|------------------------|--------|
| Name: | | \$ |
| Address: | | |
| | | |
| | | |
| | | |

IMPORTANT QUESTIONS - Please answer.

- Yes * No Can you or your spouse be claimed as a dependent by another taxpayer?
- Yes * No Can any dependent be claimed as a dependent by another taxpayer?
- Yes * No Did you receive any Social Security benefit payments in 2003?
- Yes * No Are you **self-employed** (trade, business, etc.)? Call and request our **Business Tax Record Book**.
- Yes * No Did you receive **rental income** - real estate or other property? Call and request our **Rental Tax Record Book**.
- Yes * No Did you receive income from copyrights, patents, or oil, gas, and mineral properties, or gravel or timber?
- Yes * No Did you receive income from farming - livestock or crops?
- Yes * No Did you receive income from a Partnership, Estate, Trust, or S-Corporations? If yes, attach **Form(s) K-1**.
- Yes * No Did you suffer a casualty or theft loss this year?
- Yes * No Did you **move** this year? Note: transporting household goods, storage 30 days, lodging (not meals), **12¢** per mile, etc.
- Yes * No Did you sell a **personal residence**, vacation home, land, or other real estate this year?
- Yes No Did you receive a distribution or have a withdrawal from a mutual fund or write checks on a mutual fund?
- Yes No Did you receive **unreported tip income** of \$ 20 or more in any month?
- Yes No Did you engage in any **bartering** transactions?
- Yes No **Did you have any income from any source not listed in this organizer?**
- Yes No Did you provide a home for or support anyone not listed in dependents section?
- Yes No Did you purchase a new diesel-powered highway vehicle?
- Yes No Did you have **foreign**: income, bank account, securities account, trust or business?
- Yes No Have you received any correspondence from the IRS, or from any state taxation authority (i.e. Va. Dept. of Taxation)?
- Yes No Were there any births, deaths, marriages, divorces, or adoptions in your immediate family?

IMPORTANT QUESTIONS - Please answer (continued).

- Yes No Did you give a **gift of more than \$ 11,000** to anyone during the year?
- Yes * No Did you have expenses related to adopting in 2003?
- Yes * No Did you open or make a contribution to **any IRA** or other **tax deferred investment** plan in 2003 or thru April 15, 2004? If yes, please call. Contribution Limits for 2003 - \$3,000 + an additional \$500 if age 50 or older by year-end.
- Yes * No Did you take a distribution from **any IRA** or other **tax deferred investment** plan in 2003? If yes, please call.
- Yes * No Did you or your employer make contributions to your Medical Savings Account (**MSA**) for 2003?
- Yes * No Did you receive benefits under a **long-term care insurance** contract?
- Yes * No Did you have an accelerated death benefit under a life insurance contract or from a **viatical settlement** provider?
- Yes * No Did you pay anyone \$1,400 or more to work at your home (housecleaning, yard work or other domestic help) during 2003? If yes, please call.
- Yes No **Do you wish to file your Federal return electronically? If yes, you are authorizing the release of your tax return information to our third party processor. See Privacy Policy.**
- Yes No **Do you wish to file your state (Virginia or other states) return electronically? ? If yes, you are authorizing the release of your tax return information to our third party processor. See Privacy Policy.**
- Yes No Do you wish to have your **refund**, (Federal and State), if any, **direct deposited** to either a checking or savings account?

If yes please provide a VOIDED check/deposit slip or the following information:

Name of the banking institution: _____

Type of account: Checking Savings

Account Number: _____

- Yes No Do you wish to have any **refund**, if any, **applied** to your 2004 estimate?
- Yes No Were you affected by the events of September 11? The IRS is providing special relief to those affected by 9-11.

*** Additional information is required if you answer yes to this question - Please contact us before your appointment.**

IMPORTANT QUESTIONS - Please answer (continued).

Yes No Do you wish to authorize a Third Party Designee or your paid preparer to discuss your return with the IRS (see below)? **See Privacy Policy.**

If Yes, enter:

Designee's Name: _____

Phone Number including area code: (_____) _____ - _____

PIN Number selected by the individual (5 digits): ____ ____ ____ ____ ____

OR, if you want your preparer to be your Third Party Designee, Check Here: _____

Third Party Designee:

If you want to allow a friend, family member, or any other person you choose to discuss your 2003 tax return with the IRS, check the "Yes" box in the "Third Party Designee" area of your return. Also, enter the designee's name, phone number, and any five numbers the designee chooses as his or her personal identification number (PIN). **But** if you want to allow the paid preparer who signed your return to discuss it with the IRS, just enter "**Preparer**" in the space for the designee's name. You do not have to provide the other information requested.

If you check the "Yes" box, you, and your spouse, if filing a joint return, are authorizing the IRS to call the designee to answer any questions that may arise during the processing of your return. You are also authorizing the designee to:

- Give the IRS any information that is missing from your return,
- Call the IRS for information about the processing of your return or the status of your refund or payment(s),
- Receive copies of notices or transcripts related to your return, upon request, and
- Respond to certain IRS notices about math errors, offsets, and return preparation.

You are not authorizing the designee to receive any refund check, bind you to anything (including any additional tax liability), or otherwise represent you before the IRS. If you want to expand the designee's authorization, see **Pub. 947**.

The authorization will automatically end no later than the due date (without regard to extensions) for filing your 2004 tax return. This is April 15, 2005, for most people. If you wish to revoke the authorization before it ends, see **Pub. 947**.

If you select your preparer, be aware representation work is not included in the cost of the return preparation. You will be billed separately for any representation work resulting from this authorization.

Attention Business Owners and Rental Property Owners

The "Job Creation and Workers Assistance Act of 2002" provides for an additional 30% depreciation allowance for certain new property acquired and placed in service after September 10, 2001. The "Jobs and Growth Tax Relief Reconciliation Act of 2003" provides for an additional 50% depreciation allowance for certain new property acquired and placed in service after May 5, 2003. These provisions are only for your Federal Income Tax return. Virginia has not adopted either of these provisions. If you elect the additional 30% or 50% depreciation you will have two (2) different depreciation schedules; one for your Federal return and another for your Virginia return. Please indicate if you wish to take the additional 30% or 50% depreciation on your Federal return.

Yes — I elect, if I qualify, to take the additional **30%** depreciation on my Federal return only and have two different depreciation schedules.

Yes — I elect, if I qualify, to take the additional **50%** depreciation on my Federal return only and have two different depreciation schedules.

Please note, we may ask you for additional clarification of the data you submit. However, we do not audit or verify any data provided, and our work does not include procedures designed to detect unreported income or other irregularities, should any exist. You have the final responsibility for your income tax returns and therefore you should review them carefully before filing.

Your tax returns are subject to examination by federal and state taxing authorities. In the event of such an examination, you will be required to provide documentation which supports the items of income and deduction. If you are examined, we will represent you before the taxing authorities, if you wish. Our fee for preparing your returns does not include any services which we may perform during the course of an examination.

The Internal Revenue Service and Virginia Department of Taxation or other state taxing authorities do impose significant penalties on you and your tax advisors if your return includes controversial or unsupported items which produce a tax understatement. Therefore, it is imperative that you provide us with all information pertaining to your income and deductions so that we can prepare accurate tax returns.

Income tax returns are prepared according to tax laws and they are not equivalent to financial statements prepared in accordance with generally accepted accounting principles.

If there are other tax returns you expect us to prepare, please inform us by noting so above in the Questions, Comments or Other Information section. Unless otherwise requested, we are only preparing Income Tax Returns and ARE NOT performing any Financial or Estate Tax Planning or return preparation.

To the best of my (our) knowledge the above information and enclosed documents are correct and include all income, deductions, and other information necessary for the preparation of this year's income tax returns. I (we) have sufficient and adequate records to support all items.

I (we) further acknowledge receipt of Accounting and Tax Center, Inc.'s Privacy Policy - Disclosure of Nonpublic Personal Information and am aware of the authorizations for release contained in this organizer.

Please signify your understanding of the above by signing and dating below. We can not prepare your return(s) unless signed below by all parties.

Taxpayer

Date

Spouse

Date

Privacy Policy Disclosure of Nonpublic Personal Information

Accounting and Tax Center, Inc. values your privacy.

In regards to Accounting, Tax Return Preparation, Tax Advice, Tax Extensions, Taxpayer Representation, and other accounting or tax related services/matters:

Categories of Information We Collect:

We collect nonpublic personal information about you from the following sources:

- Information we receive from you on applications, tax preparation worksheets/organizers, other documents we use in preparing your accounting documents and/or tax returns, or other forms;
- Information about your transactions with us or others; and
- Possibly information we receive from a consumer reporting agency.

Categories of Information We Disclose and Parties to Whom We Disclose:

We do not disclose any nonpublic personal information about our customers or former customers to anyone, except as permitted by law or authorized by you. If you request your tax return(s) to be **electronically filed**, we do use a third party to transmit your returns to the Internal Revenue Service and Virginia Department of Taxation and other state taxing agencies, and by so requesting you are authorizing us to release information to those agencies and third party processors. If you authorize us as a **Third Party Designee**, you are authorizing us to release information about your tax return and its preparation to taxing authorities.

Please note if you would like for us to be able to discuss your tax information with anyone other than yourself (e.g. a family member, or others) please ask for a Release Form, we are prohibited by law from discussing your information with anyone other than the taxpayer(s) and others you authorize.

Confidentiality and Security:

We restrict access to nonpublic personal information about you to those officers, directors, and employees who need to know that information to provide products or services to you. We maintain physical, electronic, and procedural safeguards that comply with federal regulations to guard your nonpublic information.

If you have any questions or concerns, please contact us at:

Mail:

Accounting and Tax Center, Inc.
6173 Burnham Road
Roanoke, VA 24018

Phone:

(540) 774-7400

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