

2009 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:	Cell 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.

Did you receive an Economic Recovery Payment (\$250) in 2009?

Those receiving social security (including SSI), railroad retirement benefits or veteran’s benefits for any month during November or December 2008 or January 2009 should have been issued a check by the US Treasury (not IRS).

Taxpayer Yes received \$250 No. **Spouse** Yes received \$250 No.

Government Retiree Credit?

Did you receive a government (US, State or Local) pension or annuity for work that was not covered by social security? Qualifying individuals must be ineligible for an economic recovery payment (see above) from the VA, SSA, or RRB.

Taxpayer Yes No. **Spouse** Yes No.

\$_____ Amount of Real Estate Taxes paid in 2009 (include here and on page 6).

\$_____ Amount of Sales Tax paid on the purchase of a qualified motor vehicle (February 17, 2009 thru December 31, 2009 – Include a copy of the Invoice (include here and on page 6)).

DEPENDENTS

1) Qualifying Child or 2) Qualifying Relative

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.

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: If under 24 – Amount of Unearned Income: \$ _____ *			
Dependents Gross Income \$ _____		Amt. of support you provided? \$ _____	

*** Unearned Income is investment income (interest, dividends, etc.).**

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: If under 24 – Amount of Unearned Income: \$ _____ *			
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: If under 24 – Amount of Unearned Income: \$ _____ *			
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: If under 24 – Amount of Unearned Income: \$ _____ *			
Dependents Gross Income \$ _____		Amt. of support you provided? \$ _____	

Please copy this page if more than 4 dependents

Please enclose the following forms:

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

#

Enclosed:	<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.

Income From Any/All Other Sources:

Please list here any income you received not listed elsewhere in this organizer:

Name of Payer (Employer, Bank, Brokerage Firm, etc.):	Type of Payment:	Amount of Payment:
	Scholarship (Grants)	\$
	Tips (unreported to your employer)	\$
	Commissions	\$
	Disability Income	\$
	Alimony Received	\$
	Prizes, Bonuses, Awards (not included in your W-2)	\$
	Director's Fees, Jury Duty	\$
NEW 2008 and later =====>	Tax Exempt Interest not reported on a Form 1099 (please list):	
	1)	\$
	2)	\$
	3)	\$
	4)	\$
	5)	\$
	Other Income:	
Needed for various calculations:	Child Support (usually non-taxable)	\$
	Worker's Compensation (usually non-taxable)	\$
	Veteran's Pension (usually non-taxable)	\$
Other Income not listed elsewhere:	(list):	
	1)	\$
	2)	\$
	3)	\$
	4)	\$

New beginning in 2009: Sale of Principal Residence converted from a former Rental Property or Vacation Home into a Principal Residence. Please note, the American Housing Rescue and Foreclosure Prevention Act of 2008 states for sales that occur after 2008, a portion of the gain from the sale of a Principal Residence allocated to periods of nonqualified use (any period after 2008 during which the property is not used as a Principal Residence, for example, Rental Property), is not eligible for the Section 121 exclusion of gain on the sale of a Principal 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. Medicare D premiums		\$
d. Qualified long-term care premiums		\$
e. Self-employed health insurance Note: 2009 - 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:		XXXXXXXX
9a. Miles driven for medical purposes (Jan. 1 – Dec. 31)	_____ miles	
9b. Multiply the number of miles on line 9a by .24 cents/mile	\$	
9c. Other medical transportation costs not included on line 9b, for example: ambulance fees	\$	
9c. 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.		\$
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
2008 Estimated Payment – Voucher #4 (due 1/15/09)	/ /20__	\$
2008 Balance Due paid in 2009	/ /20__	\$
2009 Estimated Payment – Voucher #1 (due 5/ 1/09)	/ /20__	\$
2009 Estimated Payment – Voucher #2 (due 6/15/09)	/ /20__	\$
2009 Estimated Payment – Voucher #3 (due 9/15/09)	/ /20__	\$
Total withholding from W-2 (preparer use only)		\$
Total deductible in 2009 (preparer use only)		\$
2009 Estimated Payment – Voucher #4 (due 1/15/10)	/ /20__	\$
Sales Tax deduction (<input type="checkbox"/>- actual or <input type="checkbox"/>- per table)		\$
Additions to Table amount (any motor vehicle, boat, mobile home, etc.). If unsure please call. Enclose Receipts/Invoice.		\$
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?
- Yes, No – Did you pay **Qualified Mortgage Insurance Premiums** to the VA, FHA, RHA or a private mortgage insurance company in **2009** Provide information/statements.

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

Interest paid on Education Loans (2009 limit \$2,500 – subject to phase out)	
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
<u>Please note beginning 1/1/2007 you must have a bank record or a written communication from the recipient, showing their name, and the date and amt.</u>	
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
Gifts by cash or check (\$250 or more per gift – you must have a statement from the organization) – list:	
	\$
	\$
	\$
Charitable Mileage: January 1 – December 31, 2009- 14¢ X _____ miles =	\$
Note: The mileage rate for charitable miles is set by statute and not subject to change by the IRS.	
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):	
MUST BE IN “GOOD” USED CONDITION OR BETTER AFTER 8/17/2006	
Date of Contribution:	/ /2009
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: Condition:	\$
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):	
MUST BE IN "GOOD" USED CONDITION OR BETTER AFTER 8/17/2006	
Date of Contribution:	/ /2009
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: Condition:	\$
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):	
MUST BE IN "GOOD" USED CONDITION OR BETTER AFTER 8/17/2006	
Date of Contribution:	/ /2009
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: Condition:	\$
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):	
MUST BE IN "GOOD" USED CONDITION OR BETTER AFTER 8/17/2006	
Date of Contribution:	/ /2009
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: Condition:	\$
Method used to determine Fair Market Value (possibly Thrift Shop Value):	

Please be sure and fill in the Name, Address, City, State, Zip, and Description above. Also, please be sure your receipt from the charitable organization for donated goods is in sufficient detail to describe the donated property, 1 box/2 bags, is not sufficient. Indicate what was donated. If using an attached sheet to describe – have the organization sign and date the attached sheet. Also if at all possible please take photographs of your donated goods (highly recommended).

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 2002-2009: 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 (Per Child separately):

Child or Dependent's Name:	Amount paid this provider for this Child or Dependent
1)	\$
2)	\$
3)	\$
4)	\$
	\$
	\$

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

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.

NEW – American Opportunity Credit (old Hope Credit):

Under the American Recovery and Reinvestment Act, more parents and students will qualify over the next two years for a new tax credit, the American Opportunity Credit, to pay for college expenses. The new credit **modifies the existing Hope Credit for tax years 2009 and 2010**, making the Hope Credit available to a broader range of taxpayers, including many with higher incomes and those who owe no tax. It also **adds required course materials (Books) to the list of qualifying expenses** and allows the credit to be claimed for **four post-secondary education years instead of two**. Many of those eligible will qualify for the maximum annual credit of \$2,500 per student. The full credit is available to individuals whose modified adjusted gross income is \$80,000 or less, or \$160,000 or less for married couples filing a joint return. The credit is phased out for taxpayers with incomes above these levels. These income limits are higher than under the existing Hope and Lifetime Learning Credits.

Lifetime Learning Credit:

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 \$10,000 of qualified expenses for a maximum of **\$2,000 per return. No Books allowed.**

Tuition and Fees Deduction (Form 1040, Page 1):

Education expenses for qualified higher education are deductible as an adjustment to income on line 34 of Form 1040. This may be more advantageous than using the credits or any other means of deducting education related expenses. No Books allowed.

Midwestern Disaster Area:

There is an increased education credit for students attending school in the Midwestern disaster area. The disaster area includes parts of Arkansas, Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Missouri, Nebraska and Wisconsin. The key is where the student attends school and not where the family lives.

Federal Taxes You Paid:

Federal Income Taxes	Date Paid	Amount
2009 Estimated Payment – Voucher #1 (due 4/15/09)	/ /20__	\$
2009 Estimated Payment – Voucher #2 (due 6/15/09)	/ /20__	\$
2009 Estimated Payment – Voucher #3 (due 9/15/09)	/ /20__	\$
2009 Estimated Payment – Voucher #4 (due 1/15/10)	/ /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:		

Questions, Comments, or Other Information

Important Questions

Yes * No 1) Did you install any residential energy improvements for which you are entitled to receive a credit?

Nonbusiness energy property credit. 30% of the costs paid or incurred in 2009 for any qualified energy efficiency improvements and any residential energy property. The credit is limited to a total of \$1,500 for 2009 and 2010.

Qualified energy efficiency improvements - insulation material or system that is specifically and primarily designed to reduce heat loss or gain of a home, Exterior windows (including skylights), Exterior doors, Any metal or asphalt roof that has appropriate pigmented coatings or cooling granules specifically and primarily designed to reduce heat gain of the home.

Residential energy property - Certain heat pump water heaters; electric heat pumps; central air conditioners; natural gas, propane, or oil water heaters; and stoves that use biomass fuel, Qualified natural gas, propane, or oil furnaces; and qualified natural gas, propane, or oil hot water boilers, Certain advanced main air circulating fans used in natural gas, propane, or oil furnaces.

Residential energy efficient property credit. You may be able to take a credit of 30% of your costs of qualified solar electric property, solar water heating property, fuel cell property, small wind energy property, and geothermal heat pump property. The credit amount for costs paid for qualified fuel cell property is limited to \$500 for each one-half kilowatt of capacity of the property.

Yes * No 2) Did you make a 2010 donation to a fund for Haiti relief that you wish to deduct on your 2009 return?

Cash, not goods or services, after January 11, 2010, and before March 1, 2010. Telephone receipt ok for documentation.

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 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), **24¢ per mile (January 1 – December 31, 2009)**, etc.
- Yes * No Did you sell a **personal residence**, vacation home, land, or other real estate this year?
- Yes* No Did you purchase a **personal residence**, vacation home, land, or other real estate this year? Please bring your Settlement Sheet. If a **First-Time Home Buyer** please call.
- 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 **IMPORTANT - Do you have any foreign accounts (bank, securities, trusts, business, etc.)?**
See Form TD F 90-22.1 at <http://www.irs.gov/pub/irs-pdf/f90221.pdf>
- Yes No Have you received any correspondence from the IRS, or from any state taxation authority (i.e. Va. Dept. of Taxation)? If yes, please provide a copy.
- Yes No Were there any births, deaths, marriages, divorces, or adoptions in your immediate family?
- Yes No Did you give a **gift of more than \$13,000** to anyone during the year?
- Yes * No Did you have expenses related to adopting in **2009**?

IMPORTANT QUESTIONS - Please answer (continued).

- Yes * No Did you open or make a contribution to **any IRA** or other **tax deferred investment** plan in **2009** or thru April 15, **2010**? If yes, please call. Contribution Limits for **2009** - \$5,000 + an additional \$1,000 if age 50 or older by year-end. (Note: **2010** - \$5,000 + 1,000 if age 50.)
- Yes * No Did you take a distribution from **any IRA** or other **tax deferred investment** plan in **2009**? If yes, please call. Yes * No Did you make a Charitable Contribution from your IRA?
- Yes * No Did you or your employer make contributions to your Medical Savings Account (**MSA**) for **2009**?
- Yes * No Did you receive benefits under a **long-term care insurance** contract, death benefit, or a viatical settlement?
- Yes * No Did you pay anyone **\$1,700** or more to work at your home (housecleaning, yard work or other domestic help) during **2009**? If yes, please call. Note: **\$1,700 for 2010**.
- 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 to your **2010** estimate?
- Yes* No **NEW - Did you purchase a new motor vehicle for which you are entitled to receive a credit or an addition to the Standard Deduction for non-itemizers?**
- Yes* No **NEW - Are/were you a first-time home buyer that must repay the credit either in 15 equal installments (beginning in 2010) or due to selling the home or converting it to business or rental property?**
- Yes No Were you subject to a Forclosure or Abandonment of property in 2009 (receive a Form 1099-A)?
- Yes No Were you subject to a Cancellation of Debt in 2009 (receive a Form 1099-C)?
- Yes No Did you make a contribution to a Virginia College Savings Plan? Amount? _____.

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

Or, indicate another designee:

Designee's Name: _____

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

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

Third Party Designee

If you want to allow your preparer, a friend, family member, or any other person you choose to discuss your **2009** 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 digits the designee chooses as his or her personal identification number (PIN).

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 **2010** tax return. This is **April 15, 2011**, 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 "American Recovery and Reinvestment Act of 2009 (ARRA)" extended the 50% bonus depreciation allowance for the purchase of certain new property thru December 31, 2009. These provisions are only for your Federal Income Tax return. **Virginia has not adopted this provision.** If you elect the bonus 50% depreciation you will have two (2) different depreciation schedules; one for your Federal return and another for your Virginia return, and an extra charge will apply. Please indicate if you wish to take the additional 50% bonus depreciation on your Federal return ONLY.

Yes – I elect, if I qualify, to take the additional **50%** depreciation on my Federal return only and have two different depreciation schedules. I agree to be charged extra for the additional work and depreciation schedules.

Accounting and Tax Center, Inc.

6173 Burnham Road

Roanoke, Virginia 24018

(540) 774-7400

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 other return(s) 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.

In accordance with the January 3, 2008 Treasury Department and Internal Revenue Service Final Regulations and a related Revenue Procedure, we will not release or disclose your tax information to anyone not properly authorized by you or as permitted by regulation or as required by law. If you would like for us to disclose your information to anyone, we must have your written approval on file before releasing your information. Our general policy is to release information only to you our customer. Thank you for understanding.

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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