

2007	US	Client Organizer	1040
------	----	------------------	------

**Our desire is to provide you with the best possible service!
To help us better serve you, please answer the following
questions. Bring this Client Organizer along with your tax
documents to your scheduled appointment.**

Client Name: _____

Home Phone: _____

Work or Cell Phone: _____

Email Address: _____

Type of Dependent Table
1= Child at home
2= Child not at home
3= Dependent other than child
4= HH only, not a dependent
5= EIC only, not a dependent
Earned Income Credit Table
1= Student age 19 to 23
2= Disabled age 19 and older

Dependents

	Dependent 1	Dependent 2	Dependent 3
First Name			
Last Name			
Date of Birth			
Relationship			
Months Lived at Home			
Type of Dependent (see table)			
Earned Income Credit (see table)			
Claimed By: 1=Self, 2=Other			

Estimated Tax Payments

<u>Quarter</u>	<u>Date Paid</u>	<u>Federal</u>	<u>State</u>
1 st	_____	\$ _____	\$ _____
2 nd	_____	\$ _____	\$ _____
3 rd	_____	\$ _____	\$ _____
4 th	_____	\$ _____	\$ _____

Sale or Disposition of Property

<u>Description</u>	<u>Date Acq.</u>	<u>Date Sold</u>	<u>Gross Sale Price</u>	<u>*Orig. Cost</u>	<u>Profit or Loss</u>
_____	_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____	\$ _____

*Original cost plus dividend reinvestments if any.

Miscellaneous Deductions

Tax Advice/Preparation \$ _____
 Union/Professional Dues \$ _____
 Other (i.e. unreimbursed work, travel,
 job seeking, education, bad debts, work
 related gifts or publications, legal fees relating
 to tax planning, etc.)

Work Clothing/Shoes \$ _____
 Tools for Work \$ _____
 \$ _____
 \$ _____
 \$ _____
 \$ _____

Alimony paid \$ _____
 Regular IRA Contribution:
 Roth IRA Contribution:
 Federal Medical Savings Acct. Contributions:
 Idaho Medical Savings Acct. Contributions:

Yours	\$ _____	Spouse	\$ _____
Yours	\$ _____	Spouse	\$ _____
Yours	\$ _____	Spouse	\$ _____
Yours	\$ _____	Spouse	\$ _____

Child Care Costs

Name and Address of Child Care Providers:

<u>Name</u>	<u>Address</u>	<u>Fed ID # or S.S. Number</u>	<u>Total Paid</u>
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

Auto Expenses

If you think you have auto deduction expenses, we need the following information:

	<u>Car 1</u>	<u>Car 2</u>
1.Miles driven this year	_____	_____
2.Business miles this year	_____	_____
3.Commuting miles this year	_____	_____
4.Total other miles personal	_____	_____
5.Do you have evidence of the above?	_____	_____
6.Is the evidence written?	_____	_____
7.Is the vehicle available for personal use?	_____	_____
8.Is auto available for personal use in off duty hours?	_____	_____
9.Total miles you have driven since purchase	_____	_____

Deductions

Medical & Dental Paid

Please include medical, dental and insurance expenses in the following categories.
Show net paid out of pocket amounts after insurance reimbursements

Medical Prescription Drugs	\$ _____
Medical Costs (Dr., Hospital, etc.)	\$ _____
Travel Costs (lodging, airfare, etc.)	\$ _____
Medical Insurance Premiums	\$ _____
Long Term Care Premiums	\$ _____
Transportation Mileage	_____

Taxes Paid

Residence Real Estate Taxes	\$ _____
Other taxes such as personal property tax, etc.	
Purpose: _____	\$ _____

Interest Paid

<u>Paid to</u>	<u>Purpose</u>	<u>Amount</u>
_____	Home Mortgage	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

Charitable Contributions Paid - Cash

<u>Organization</u>	<u>Amount</u>	<u>Organization</u>	<u>Amount</u>
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____

Out of pocket expenses related to charitable work	\$ _____
Miles driven relating to charitable events	\$ _____

Charitable Contributions - In Kind

Items donated to charitable organizations, I.e., clothing , appliances, household goods, etc.

<u>Date</u>	<u>Item</u>	<u>Value</u>	<u>Organization</u>
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____

2007

General Information

All of the following questions refer to 2007 only.

In each case, if you answer "yes", please provide any pertinent documents. Thank you.

YES NO

- • Did your marital status change during the year?
- • Did your address change during the year?
- • Could you be claimed as a dependent on another person's tax return for 2007?
- • Were there any changes in dependents?
- • Were any of your unmarried children (who might be claimed as dependents) 19 years of age or older in the year 2007.
- • Did you have any children under the age of 14 on January 1, 2008 with interest and dividend income in excess of \$850, or earned income in excess of \$5,350?
- • Did you receive unreported tip income of \$20 or more in any month?
- • Did you receive any distribution from a profit-sharing plan, retirement plan or IRA?
- • Did you receive any disability income?
- • Did you have any foreign income or pay any foreign taxes?
- • Did you start a business or farm, purchase rental or royalty property, or acquire an interest in a partnership, S corporation, trust, or LLC?
- • Did you purchase or dispose of any business assets (furniture, equipment, vehicles, real estate, ect.), or convert any personal assets to business use?
- • Did you buy or sell any stocks, bonds, or other investment property? Specify the sale of any collectibles (e.g. artworks, gems, stamps, coins) and any qualified small business stock.
- • Did you purchase, sell, or refinance your principal home or second home, or did you take out a home equity loan?
- • Did you have any debts canceled or forgiven?
- • Do you want to allocate \$3 to the Presidential Election Campaign Fund?
- • Does your spouse want to allocate \$3 to the Presidential Election Campaign Fund?
- • Did you have an interest in or signature or other authority over a financial account in a foreign country, such as a bank account, securities account, or other financial account?
- • Was your home rented out or used for business?
- • Did you pay interest on a higher education loan or pay tuition and related expenses for any post secondary education?
- • If answered yes to previous question, does student have any felony drug convictions?
- • Have you received any refunds of previously paid college or vocational education expenses?
- • Did you have a medical savings account (MSA) or acquire an interest in an MSA because of the death of the account holder? Or, were you a policyholder who received payments under a long-term care (LTC) insurance contract or received any accelerated death benefits from a life insurance policy?

- • Did you engage the services of any household employees?
- • Did you make or receive gifts valuing \$12,000 or more?
- • Were you a party to a below market interest loan?