Income Tax Data Organizer
2012

Name ______________________________

Address ______________________________

____

		Taxpayer	Spouse
Phone number:	Home	________	________
	Work	________	________
	Cell	________	________
E-Mail Address		________________	
Social Security #		________	________
Date of Birth		________	________
Occupation		________	________

Do you want $3 of your taxes allocated to the Presidential Election Campaign Fund?

____Yes ____No ____Yes ____No

Dependent children

Name	Soc. Sec. #	Date of Birth	(d) daughter (s) son	Months in your home

Other Dependents

Name	Soc. Sec. #	Date of Birth	Relationship	Months in your home

Please check the appropriate space

_____ Mail completed returns _____ Call for pick up of returns

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Income Tax Payments

	Federal			State		
	Date Paid	Check #	Amount Paid	Date Paid	Check #	Amount Paid
2012 Estimated Payments						
Applied from 2011						
1st Quarter (4/17/12)						
2nd Quarter (6/15/12)						
3rd Quarter (9/17/12)						
4th Quarter (1/15/13)						
Miscellaneous Payments						
Other payments						
Other payments						

Wages received (please bring W-2 forms)

T/S	Employer name	Gross Salary	Federal Income Tax w/h	Soc. Sec. w/h	Medicare w/h	State Income Tax w/h	SDI

Total Federal Payments & W/H ____________ Total State Payments & W/H ____________

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Miscellaneous Income

List income or loss from trusts, partnerships, or other sources. Also list income from Social Security, private pensions, and distributions from an IRA, SEP, or Keogh. Bring schedules K-1, forms 1099, etc. to your tax appointment. Add additional pages, if necessary. Forms 1099 relating to Schedule C income, should be included in income on page 10.

Name of Payer

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Sale or exchange of stocks, bonds, or other property

Please bring to your tax appointment all year-end tax statements received from brokerage firms and other financial institutions.

No. of shares & description of property	Date Acquired	Date Sold	Sales Price	Cost	Gain (Loss)
	Totals (we will compute)				

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Interest Income

Bring all 1099 forms with you to your tax appointment. If you received interest from a seller-financed mortgage, please list the name, address, and Social Security number of the payer. Attach additional schedules if necessary.

Taxable Interest Income

Name of Payer	
Total Taxable Interest (we will compute)	

Tax-Exempt Interest Income

Name of Payer	Amount
Total Tax-Exempt Interest (we will compute)	

Did you have any interest or signature authority over a foreign bank, securities or other financial account during the year? If so, a separate form may have to be filed to the U.S. Treasury by June 30, 2013.

YES ☐ NO ☐

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Dividend Income

Name of Payer	Total Ordinary Dividends Box 1a	Qualified Dividends Box 1b	Total Capital Gain Distributions Box 2a	Federal Income Tax Withheld Box 4	Foreign Tax Paid Box 6
Total (we will compute)					

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Business Auto & Employee Business Expenses

Note: You must maintain records to show the amount, date, place, business purpose, and business relationship of all travel and entertainment expenses to be deducted. List employee business expenses in the sections below and on page 8. Also list any employer reimbursements on page 8.

	Taxpayer	Spouse
Employer's name		
Do you have evidence to support your deductions (auto & business)?		
If so, is the evidence written?		
Automobile Questions		
Year, make and model		
Date acquired		
Amount paid		
Date placed in service for business usage		
Total miles driven during the year		
Average round trip commute (in miles)		
Total commuting miles driven during the year		
Total other personal miles driven during the year		
Was another vehicle available for personal usage?		

Automobile Expenses

	Taxpayer	Spouse
Parking fees & tolls		
Gas & oil		
Repairs & maintenance		
Tires, battery		
Insurance		
License		
Auto leasing		
Other		
Other		
Other		
Total Auto Expenses		

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Business Auto & Employee Business Expenses Continued

Employee Business Expenses

		Taxpayer	Spouse
Number of nights spent away from home on business			
Lodging (you must have receipts)			
Transportation away from home			
Meals & entertainment	Total		
	less 50%	-	-
Union dues			
Business supplies			
Professional dues			
Journals & subscriptions			
Professional education			
Business telephone			
Other			
Other			
Other			
	Total Business Expenses		

Reimbursement of Auto & Business Expenses by an Employer

Total employer reimbursements			
Amount of reimbursement included in W-2, 1099, or etc.			

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Business or Professional Income/Expenses (Schedule C)

Business name ______________________

Address ______________________

ID Number ______________________

Nature of business ______________________

Did you materially participate in this business in 2012? ________

Were payments made to any individual for $600 or more, for services? ________

If so, did you file forms 1099 reporting the payments to the payees? ________

Were expenses incurred for a home office? ________

Was this business started or acquired during 2012? ________

If your gross receipts exceed $100,000 and you do not have a seller's permit, ________
have you registered your business with the Board of Equalization?
If not, this is required by April 15, 2013.

Inventory

Beginning of year ________

End of year ________

Details of Equipment acquired for use in this business

Description	Date Acquired	Business Use %	Cost	Approximate Useful life

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Business or Professional Income/Expenses (Schedule C) Continued

Income

Gross receipts or sales	______	______
Other income	______	______
	______	______
Total Income	______	______

Expenses

Advertising	______	______
Auto expenses (complete page 7)	______	______
Commissions	______	______
Contract labor	______	______
Insurance	______	______
Interest on business loans (name of lender________________)		______
Legal & accounting fees	______	______
Meals & entertainment	Total	______
	less 50%	______
Office supplies & postage	______	______
Rent	______	______
Repairs & maintenance	______	______
Telephone	______	______
Travel (complete page 8)	______	______
Utilities	______	______
Wages	______	______
Other expenses	______	______
	______	______
	______	______
	Subtotal of Expenses	______
	Depreciation (we will compute)	______
	Total Expenses	______
	Net Income (Loss)	______

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Rental Income/Expenses

Type of property		
Address		
Percentage owned by others		
Number of days occupied by owner		
Total Days rented if less than full year		
Income		
Rental income received		
Other income received		
Total Income		
Expenses		
Advertising		
Auto miles related to rental		
Cleaning		
Insurance		
Legal & professional		
Management/commission fees		
Mortgage interest		
Property owner's association dues		
Property taxes		
Repairs & Maintenance		
Supplies		
Travel		
Utilities		
Other expenses		
Improvements (please include receipts)		
Subtotal of Expenses		
Depreciation (we will compute)		
Total Expenses		
Net Income (Loss)		

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Itemized Deductions

Medical Expenses

Medical insurance premiums paid ______________________ ____________

Prescription drugs ______________________ ____________

Doctors, dentists, nurses, hospitals, etc. ______________________ ____________

Auto mileage for medical ____________ *.23 ____________

______________________ ____________

Glasses, contact lenses, etc. ______________________ ____________

Other medical expenses ______________________ ____________

______________________ ____________

Medical insurance reimbursements ______________________ ____________

Subtotal of Medical ____________

7.5% of AGI (we will compute) ____________

Net Medical Expenses ____________

Taxes

Please bring DMV and real estate tax bills to your tax appointment.

______________________ ____________

Personal property taxes ______________________ ____________

______________________ ____________

Real estate taxes ______________________ ____________

______________________ ____________

______________________ ____________

______________________ ____________

Other taxes ______________________ ____________

______________________ ____________

____

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Itemized Deductions Continued

Interest Expense

Note: If paid to individuals, you must list their name and address. If the interest is on a seller-financed mortgage, you must also list the individual's social security number. Please bring forms 1098 and other statements received in regards to the interest paid.

	Lender	
Home mortgage - principal residence - 1st mortgage	______	______
Home mortgage - principal residence - 2nd mortgage	______	______
Home mortgage - second home	______	______
Points	______	______
Investment interest	______	______
	______	______
		______
	Total Interest Expense	______

Charitable Contributions

Written substantiation from the charitable organization for all contributions is now required.
Written substantiation consists of a cancelled check, credit card receipt or letter from the charities acknowledging the contribution. You must have received the statement by the final due date to file your tax return (including extensions).

Contributions in cash, including by check, debit or credit cards:

______ ______

______ ______

Contributions other than cash. Please list the charity's name and estimated value of the contribution. If non-cash contributions were over $500, also provide a description of the property donated, the date given, and the original cost. Clothing and household items donated must be in good condition or better.

______ ______

______ ______

______ ______

______ ______

Auto mileage for general charitable work ______ (total miles) *.14 ______

Total Contributions ______

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Itemized Deductions Continued

Miscellaneous

Note: Do not enter employee business expenses here. Enter them on pages 7 and 8.

Safe deposit box		
Tax return preparation and/or advice fees		
Investment fees		
Investment telephone expense		
Investment publications		
Other miscellaneous expense		
	Total Miscellaneous Expenses	
	2% of AGI (we will compute)	
	Net Miscellaneous Expenses	

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Other Deductions

Contributions to a Keogh, IRA or SEP

Note: If you have not already made the 2012 contribution to your IRA, the final day for doing so is April 15, 2013.

T/S	Payee	Amount	Date paid

Are you or your spouse covered by an employer provided retirement plan (401(k), pension plan, etc.)? If so, your IRA deduction may not be allowable. Please indicate if one or both of you are covered by an employer provided plan.

Taxpayer ____________

Spouse ____________

Child Care Expenses

Note: Both spouses must have been working during the year in order to claim child care expenses. You must provide the name, address, social security number or organization identification number, and the amount paid for each child care provider in order to claim the credit.

Name	Address	Organization ID # or Social Security #	Amount Paid

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Please review the following questions carefully and mark any of the items that are applicable. Include the details on page 19 or a separate sheet of paper.

1 _______ Were there any births, adoptions, marriages, divorces, or deaths in your immediate family during the year?

2 _______ Did any of your children have income in excess of $950?

3 _______ Can you be claimed as a dependant on someone else's return?

4 _______ Did you have anyone, other than your children, living with you during the year?

5 _______ Is anyone in your household 65 years of age or older?

6 _______ Did you contribute to the support of anyone not living with you?

7 _______ Were you a non-resident of California at any time during the year?

8 _______ Did you receive any unemployment compensation during the year?

9 _______ Did you pay for any child or dependant care expenses (child must be under the age of 13) during the year? If so, complete page 15.

10 _______ Did you have any household employees during the year? If so, contact Amanda Warner of our office.

11 _______ Did you use your car on the job (other than commuting to and from work)? If so, complete page 7. Please provide copies of the contract for any purchases or sales of automobiles used for your job.

12 _______ Did you receive any distributions or make any contributions to/from your IRA, Keogh, or SEP plan? If so, list distributions on page 3 and contributions on page 15.

13 _______ Did you pay or receive any alimony during the year? If paid, please list your former spouse's last name and social security #.

14 _______ Did you receive or have investments that paid any tax-exempt income? If so, fill out page 5.

15 _______ Did you receive income from any government sponsored retirement plans (for social security, list on page 3)?

16 _______ Does anyone owe you money which has become a "bad debt" or is potentially uncollectable?

17 _______ If self-employed, did you pay anything for medical insurance for yourself, your dependants, and/or employees?

_______ If so, are you or your spouse covered by any employer provided medical plans?

18 _______ Did you make a job related move at anytime during the year?

19 _______ Did you receive a distribution from an employer sponsored annuity, profit sharing or pension plan?

20 _______ Did you pay for any tax and/or investment advice to an attorney, investment advisor, or CPA (other than Blum & Tripp, CPAs)?

21 _______ Do you belong to a professional society or organization (such as a union, management club, engineering society, etc)?

22 _______ Did you incur any unreimbursed educational expenses relating to your employment?

23 _______ Have you made or received any loans that are interest free or carry a below-market interest rate?

24 _______ Did you purchase any special clothing, tools, or equipment required for your job?

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25 _______ Do you use part of your home regularly and exclusively as a principal place of business?

26 _______ Did you incur a theft or loss greater than $500 as a result of fire, storm, or other casualty or receive a payment from insurance related to any of the above? Unless business related, a casualty loss must exceed 10% of your income to be deductible (unless relates to a federally declared disaster).

27 _______ Did you make a gift of more than $13,000 to any person during the year?

28 _______ Did you receive gifts of more than $13,000 from a foreign person or other foreign source during the year?

29 _______ During 2012 did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust?

30 _______ Did you receive any prizes, awards, or gambling winnings?

31 _______ Did you pay any fees or incur expenses in seeking new employment?

32 _______ Did you buy or sell your personal residence or any other real estate during the year? If so please bring the final closing statements to your tax appointment. Also, indicate if you are a first time home buyer.

33 _______ Did you pay a penalty to a bank or other financial institution for premature withdrawal of funds on deposit?

34 _______ Were you granted or did you exercise employee stock options during the year?

35 _______ Have you amended or been notified by the IRS or FTB of an adjustment to any tax return filed in the past three years? If so, please bring the notices to your tax appointment.

36 _______ Did you purchase or sell any bonds during the year? If so, bring the purchase/sales confirmations to your tax appointment.

37 _______ Did you or your spouse receive any disability income during the year?

38 _______ Did you receive an IRS letter warning you not to claim any tax shelter related deductions, losses, or credits?

39 _______ Did you cash any U.S. Savings Bonds during 2012?

40 _______ Did you receive or pay interest with respect to a seller financed mortgage? If so, list name, address, and social security numbers of all people involved. Show on page 5 if interest was received; show on page 13 if interest was paid.

41 _______ Did you or your spouse pay any higher educational expenses during 2012?

42 _______ Have you engaged in any barter transactions or have any other income not reported elsewhere in this organizer?

43 _______ Did you purchase an electric, hybrid or other clean fuel vehicle during the year?

44 _______ If you purchased any products over the internet or from an out of state vendor and did not pay California sales taxes, you can elect to pay the sales or use taxes with your return. Please indicate if you would like to do so and provide a list of the products purchased and their cost.

45 _______ Did you make any large purchases such as motor vehicles or boats? If so list sales tax on page 12.

46 _______ Are you an officer or director of a foreign corporation, or do you own 10% or more of a foreign corporation's stock?

47 _______ Did you make contributions or receive distributions from a health savings account (HSA)?

48 _______ Did you make a Roth IRA conversion during the year?

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Schedule of changes for 2013 tax estimate

If you anticipate significant changes to your income or deductions for 2013, as compared with 2012, please indicate the changes below. This will enable us to calculate whether your withholding and/or estimated tax payments should be adjusted for 2013. We will assume anything not noted will be approximately the same as it was in 2012.

If you feel your income, deductions, and tax withholding will be approximately the same for 2013, there is no need to complete this schedule.

Changes to Income	**Increase (Decrease)**
Salaries	______
Interest & dividends	______
Capital gains/losses	______
Net business income/loss	______
Net rental income/loss	______
	______
Net partnership income/loss	______
Other income/loss	______
	______
	______
Total increase/decrease in income	-
Changes to Deductions	
Medical expenses	______
Real estate taxes	______
Mortgage interest	______
Contributions	______
Other deductions	______
	______
	______
Total increase/decrease in deductions	-
Change in number of exemptions	______

2013 income tax withholding, estimated increase/decrease

Federal	______
California	______

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Notes

Please add any additional information you think will be necessary in the preparation of your income tax returns.