

## Income Tax Data Organizer 2013

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

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

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

Please check the appropriate space

Mail completed returns     
  Call for pick up of returns

## Income Tax Data Organizer 2013

### Income Tax Payments

	Federal			State		
	Date Paid	Check #	Amount Paid	Date Paid	Check #	Amount Paid
<b>2013 Estimated Payments</b>						
Applied from 2012						
1st Quarter (4/15/13)						
2nd Quarter (6/17/13)						
3rd Quarter (9/16/13)						
4th Quarter (1/15/14)						
<b>Miscellaneous Payments</b>						
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 \_\_\_\_\_









## Income Tax Data Organizer 2013

### 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
<b>Employer's name</b>		
Do you have evidence to support your deductions (auto & business)?		
If so, is the evidence written? _____		
<b>Automobile Questions</b>		
Year, make and model _____		
Date acquired _____		
Amount paid _____		
Date placed in service for business use _____		
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

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

## Income Tax Data Organizer 2013

### 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.		





## Income Tax Data Organizer 2013

### 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)		

## Income Tax Data Organizer 2013

### 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) \_\_\_\_\_

**Income Tax Data Organizer  
2013**

**Itemized Deductions**

*Medical Expenses*

Medical insurance premiums paid	_____	_____
Prescription drugs	_____	_____
Doctors, dentists, nurses, hospitals, etc.	_____	_____
Auto mileage for medical	_____ *.24	_____
	_____	_____
Glasses, contact lenses, etc.	_____	_____
Other medical expenses	_____	_____
	_____	_____
Medical insurance reimbursements	_____	_____
	Subtotal of Medical	_____
	10% 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	_____	_____
	_____	_____
	_____	_____

## Income Tax Data Organizer 2013

### 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.

	<i>Lender</i>	
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	



## Income Tax Data Organizer 2013

### Other Deductions

#### *Contributions to a Keogh, IRA or SEP*

Note: If you have not already made the 2013 contribution to your IRA, the final day for doing so is April 15, 2014.

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

## Income Tax Data Organizer 2013

**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 EA 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 \$14,000 to any person during the year?
- 28 \_\_\_\_\_ Did you receive gifts of more than \$14,000 from a foreign person or other foreign source during the year?
- 29 \_\_\_\_\_ During 2013 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 2013?
- 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 2013?
- 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?

## Income Tax Data Organizer 2013

### Schedule of changes for 2014 tax estimate

If you anticipate significant changes to your income or deductions for 2014, as compared with 2013, please indicate the changes below. This will enable us to calculate whether your withholding and/or estimated tax payments should be adjusted for 2014. We will assume anything not noted will be approximately the same as it was in 2013.

If you feel your income, deductions, and tax withholding will be approximately the same for 2014, there is no need to complete this schedule.

<b>Changes to Income</b>	<b>Increase (Decrease)</b>
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	_____ -
<b>Changes to Deductions</b>	
Medical expenses	_____
Real estate taxes	_____
Mortgage interest	_____
Contributions	_____
Other deductions	_____
	_____
Total increase/decrease in deductions	_____ -
<b>Change in number of exemptions</b>	_____
<b>2014 income tax withholding, estimated increase/decrease</b>	
Federal	_____
California	_____

