

2013	1040	US	Tax Organizer
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Tax Return Appointment

Date:
Time:
Location:

This tax organizer will assist you in gathering information necessary for the preparation of your 2013 tax return. Please enter all pertinent 2013 information.

NOTE: If you claim the earned income credit, please provide proof that your child is a resident of the United States. This proof is typically in the form of: school records or statement, landlord or property management statement, health care provider statement, medical records, child care provider records, placement agency statement, social service records or statement, place of worship, Indian tribal office statement, or employer statement.

NOTE: If your child is disabled, please provide one of the following forms of proof of disability: doctor statement, other health care provider statement, or social services agency or program statement.

CLIENT INFORMATION

Taxpayer

Spouse

First name and initial.....		
...Lastname		
...Title/suffix		
...Socialsecuritynumber		
...Occupation		
...Dateofbirth(m/d/y)		
...Dateofdeath(m/d/y)		
.....1=blind		
...Homephone		
...Workphone		
...Workextension		
...Cellphone		
...E-mailaddress		

Address	In care of.....	
	Streetaddress	
	Apartmentnumber	
	City	
	State	
	ZIPcode	

DEPENDENTS

Dependent No.

Dependent No.

First name.....		
...Lastname		
...Title/suffix		
...Dateofbirth(m/d/y)		
...Socialsecuritynumber		
...Relationship		
...Monthslivedathome		

Dependent No.

Dependent No.

First name.....		
...Lastname		
...Title/suffix		
...Dateofbirth(m/d/y)		
...Socialsecuritynumber		
...Relationship		
...Monthslivedathome		

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Please enter all pertinent 2013 information. If you have attached a government form for an item, check the box and do not enter a 2013 amount.

WAGES, SALARIES AND TIPS

Employer name:

<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____

2013 Amount	2012 Amount
Attach Forms W-2	_____

INTEREST INCOME

Payer name:

<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____

Attach Forms 1099-INT	_____

DIVIDEND INCOME

Payer name:

<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____

Attach Forms 1099-DIV	_____

PENSIONS, IRA AND GAMBLING INCOME

Payer name:

<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____

Attach Forms 1099-R & W-2G	_____

Winnings not reported on W-2G	_____
Total gambling losses	_____

OTHER GOVERNMENT FORMS - INCOME

<input type="checkbox"/>	Form 1099-B - Sales of stock (also include transaction history).....
<input type="checkbox"/>	Form 1099-MISC - Miscellaneous income
<input type="checkbox"/>	Form 1099-K - Merchant card and third party network payments.....
<input type="checkbox"/>	Form 1099-S - Sales of real estate (also include closing statements)

Attach Forms 1099	
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<input type="checkbox"/>	Form 1099-G - State tax refunds	Attach Forms 1099
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Taxpayer:

<input type="checkbox"/>	Form SSA-1099 - Social security benefits	Attach Forms 1099
<input type="checkbox"/>	Form 1099-G - Unemployment compensation.....	Attach Forms 1099

Spouse:

<input type="checkbox"/>	Form SSA-1099 - Social security benefits	Attach Forms 1099
<input type="checkbox"/>	Form 1099-G - Unemployment compensation.....	Attach Forms 1099

MISCELLANEOUS INCOME

Taxpayer: Alimony received.....

Spouse: Alimony received.....

Other: _____

_____	_____
_____	_____
_____	_____
_____	_____

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RETIREMENT PLAN CONTRIBUTIONS

Taxpayer: Traditional IRA contributions (1=maximum).....
 Roth IRA contributions (1=maximum).....
 Self-employed, SEP, SIMPLE, & qualified plan contributions (1=maximum).....
 Spouse: Traditional IRA contributions (1=maximum).....
 Roth IRA contributions (1=maximum).....
 Self-employed, SEP, SIMPLE, & qualified plan contributions (1=maximum).....

2013 Amount	2012 Amount

OTHER GOVERNMENT FORMS - DEDUCTIONS

Form 1098-E - Student loan interest.....
 Form 1098-T - Tuition and related expenses.....

Attach Forms 1098	
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ADJUSTMENTS TO INCOME

Taxpayer:
 Self-employed health insurance premiums.....
 Educator expenses.....
 Other adjustments to income:

 Alimony paid - Recipient name & SSN.....

Spouse:
 Self-employed health insurance premiums.....
 Educator expenses.....
 Other adjustments to income:

 Alimony paid - Recipient name & SSN.....

MEDICAL AND DENTAL EXPENSES

Prescription medicines and drugs.....
 Doctors, dentists and nurses.....
 Hospitals and nursing homes.....
 Insurance premiums.....
 Long-term care premiums - taxpayer.....
 Long-term care premiums - spouse.....
 Insurance reimbursement.....
 Out-of-pocket lodging and transportation expenses.....
 Number of medical miles.....
 Other: _____

TAXES PAID

State income taxes - 1/13 payment on 2012 state estimate.....
 State income taxes - paid with 2012 state extension.....
 State income taxes - paid with 2012 state return.....
 State income taxes - paid for prior years and/or to other states.....

