

# Tax Organizer for 2009

## Personal Data

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### Taxpayer

First Name \_\_\_\_\_ MI \_\_\_\_  
 Last Name \_\_\_\_\_  
 SSN \_\_\_\_\_  
 Occupation \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Age \_\_\_\_  
 Blind Y / N  
 If Deceased Enter Date \_\_\_\_\_  
 \$3 to Presidential Election Campaign

### Spouse

First Name \_\_\_\_\_ MI \_\_\_\_  
 Last Name \_\_\_\_\_  
 SSN \_\_\_\_\_  
 Occupation \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Age \_\_\_\_  
 Blind Y / N  
 If Deceased Enter Date \_\_\_\_\_  
 \$3 to Presidential Election Campaign

### Filing Status - Check the appropriate boxes

- |  |   |
|--|---|
| 1. Single <input type="checkbox"/>                                     | 4. Head of Household <input type="checkbox"/>             |
| 2. Married Joint <input type="checkbox"/>                              | 5. Qualifying Widow(er) <input type="checkbox"/>          |
| 3. Married Separate <input type="checkbox"/>                           | 6. Dependent on another Taxpayer <input type="checkbox"/> |
| If Filing Status 3 Lived With Spouse <input type="checkbox"/>          | If Filing Status 4 Child's Name, SSN# _____               |
| If Filing Status 3 Claim Exemption for Spouse <input type="checkbox"/> | If Filing Status 5 Year Spouse Died _____                 |

### Address

Street \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_  
 Home Phone \_\_\_\_\_  
 Fax \_\_\_\_\_  
 County Name \_\_\_\_\_  
 School District \_\_\_\_\_

### Dependents

Name	SSN	DOB	Relation	Months	Type	EIC	CR	Paid

### States and Residency States

Resident States \_\_\_\_\_ Non-Resident States \_\_\_\_\_

# Wages and Other Income

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**Wages, Salary, and Income (Provide W-2's)**

Employer Name	Gross Wages	Federal Withholdings	State Withholdings	Local Withholdings

**Pension, IRA**

Amount	Taxable Amount

**IRA**

Amount	Taxable Amount

**Other Income**

Social Security \_\_\_\_\_ Amount \_\_\_\_\_

Unemployment \_\_\_\_\_ Amount \_\_\_\_\_

Other \_\_\_\_\_ Amount \_\_\_\_\_

Other \_\_\_\_\_ Amount \_\_\_\_\_

State/Local Income Tax Refund \_\_\_\_\_



# Sole Proprietorship

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## Business Information

Business name \_\_\_\_\_ Tax Payer / Spouse / Joint \_\_\_\_\_  
 Principal Business or profession \_\_\_\_\_ Business Code \_\_\_\_\_  
 Employer ID number \_\_\_\_\_  
 Business Street, City, State, Zip \_\_\_\_\_  
 Accounting method cash accrual or other \_\_\_\_\_  
 Specify other method \_\_\_\_\_  
 Started business in this year? \_\_\_\_\_  
 Inventory method cost lower of cost/market \_\_\_\_\_  
 Business use of your home \_\_\_\_\_

## Income

Gross receipts or sales \_\_\_\_\_  
 Returns and allowances \_\_\_\_\_  
 Other Income \_\_\_\_\_  
 Other Income \_\_\_\_\_  
 Other Income \_\_\_\_\_

## Cost of Goods Sold

Inventory at beginning of year \_\_\_\_\_  
 Purchases \_\_\_\_\_  
 Cost of labor \_\_\_\_\_  
 Materials and supplies \_\_\_\_\_  
 Other costs \_\_\_\_\_

## Expenses

Advertising \_\_\_\_\_  
 Bad debts \_\_\_\_\_  
 Car and truck expenses \_\_\_\_\_  
 Commissions \_\_\_\_\_  
 Depletion \_\_\_\_\_  
 Employee benefit programs \_\_\_\_\_  
 Insurance \_\_\_\_\_  
 Mortgage interest \_\_\_\_\_  
 Other interest \_\_\_\_\_  
 Office expense \_\_\_\_\_

Rent/lease machinery/ equipment \_\_\_\_\_  
 Rent/lease business property \_\_\_\_\_  
 Repairs \_\_\_\_\_  
 Supplies \_\_\_\_\_  
 Taxes \_\_\_\_\_  
 Travel \_\_\_\_\_  
 Meals and entertainment \_\_\_\_\_  
 Utilities \_\_\_\_\_  
 Wages \_\_\_\_\_  
 Legal and professional services \_\_\_\_\_  
 Pension and profit sharing plans \_\_\_\_\_

## Other Expenses

Description	Amount