**National Society of Accountants**

# Tax Organizer

**The Varrenti Company, Inc.**
**9 N. Five Points Road, 2nd Floor**
**West Chester, PA 19380**

**Phone (610) 696-8722 Fax (610) 696-1384**
**(888) DFG-TAX1**
**www.varrenti.com kathleen@varrenti.com**

**Taxable Year:** ________________

| | Taxpayer | Spouse |
|---|---|---|
| Name: | ______________________ | ______________________ |
| SS No: | ______________________ | ______________________ |
| Birth Date: | ______________________ | ______________________ |
| Email: | ______________________ | ______________________ |
| Occupation: | ______________________ | ______________________ |

Telephone (Cell) (_______)____________________ Telephone (Cell) (_______)____________________
Telephone (Work) (_______)____________________ Telephone (Work) (_______)____________________
Telephone (Home) (_______)____________________ Telephone (Alt) (_______)____________________

**Address:** ___________________________
___________________________________

Since when have you lived here? _____/_____/_____
If you moved <2 years ago, what was your previous address?
______________________________________
______________________________________

Township/Municipality______________________________

**Check One:** Single ______ Married Filing Joint ______ Surviving Widow/Widower _______
Married Filing Separately (Enter Spouse's Name/SS No. Above) ______ Unmarried Head of Household ______

**Dependents:** A personal exemption is disallowed for any dependent unless the social security number is provided on the tax return.

| Name | Birth Date | SS No | # of Months Lived in Your Home In 2011 |
|---|---|---|---|
| | | | |
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| | | | |
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**Wages Income** (Enclose all W-2 Forms)
(T = Taxpayer, S = Spouse)

| Employer's (Name Only) | T or S |
|---|---|
| | |
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| | |
| | |
| | |
| | |

**Retirement Benefits Received/Miscellaneous Income**
(Enclose all 1099 Forms, Including IRA, 401-K, Pension Plan, Profit Sharing Plan, and Social Security)

| Payor Name | T or S |
|---|---|
| | |
| | |
| | |
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**Which Tax Returns Did You File Last Year? Federal ______ State ______ Local ______**
**If you did not file what was the reason? ______________________________________**

**** If we did not prepare your prior year tax returns, please attach copies of all returns filed**

**Answer Carefully. You may have an item of Tax Consequence that should be accounted for in your return.**

Yes No

1. ☐ ☐ If you are due a Federal refund, and you would like the IRS to directly deposit the refund in up to three checking, savings, or retirement accounts provide a VOIDED check for each of the accounts or all of the following: **Deposits to retirement accounts must be for tax year 2012.**

| | Routing # | Account # | Percentage/Amount per account |
|---|---|---|---|
| ☐ Checking ☐ Savings; ☐ Retirement; | _______________________; | _______________________; | _______________ |
| ☐ Checking ☐ Savings; ☐ Retirement; | _______________________; | _______________________; | _______________ |
| ☐ Checking ☐ Savings; ☐ Retirement; | _______________________; | _______________________; | _______________ |

2. ☐ ☐ Did you have a retirement plan withdrawal, rollover or lump-sum distribution during the past year? If yes, include form 1099-R. Were any of the funds withdrawn contributed as a non-deductible contribution? ☐Yes ☐ No What is the cost basis of distribution?________________.
3. ☐ ☐ Did you incur any higher education expenses (tuition and fees) during this tax year on behalf of yourself, your spouse, or a dependent? Please attach all forms 1098-T and documentation of the exact amount paid which may differ from what is on the 1098-T.
4. ☐ ☐ Did you pay any educational loan interest during this tax year? If yes, how much, __________, attach form 1098 E
5. ☐ ☐ Did you sell stock or other investment securities? If yes, please supply Form 1099-B and complete the capital assets sold section on page 4 of the organizer.
6. ☐ ☐ Do you have any worthless securities or uncollectible bad debts? (Bad debts with relatives are usually not deductible.)
7. ☐ ☐ Did you buy or sell a home or other real estate? If yes, please provide closing statements for purchase and/or sale.
8. ☐ ☐ Are you paying child care (nursery school, babysitting, and household help) for your dependent children age 12 or under or a handicapped person in order for you to be gainfully employed, attend school, or look for a job? If yes, complete child care deduction section of organizer on page 4.
9. ☐ ☐ If you checked yes to Question #12, was any portion of your child care expenses paid or reimbursed through an employer sponsored daycare plan? If yes, list amount $___________. **Note:** This amount should agree with amount entered on your W-2 form, Box 10.
10. ☐ ☐ Last year did you qualify for the earned income credit?
11. ☐ ☐ Did you pay or receive alimony during the tax year? If yes, to or from (name) ___________________________. Social Security #_____________________. Amount $___________________.
12. ☐ ☐ Did you receive any tips or gratuities during the year? If yes, how much? ___________ Were all tips reported to your employer? ☐ Yes ☐ No
13. ☐ ☐ Did you travel between more than one job location during any working day, or travel from your residence to any temporary work location?
14. ☐ ☐ Did you move because of a job change? If yes, you may qualify to deduct moving expenses. Provide a detailed list of expenses on page 4 of the organizer.
15. ☐ ☐ Do you have any income from a foreign investment, such as interest earned in a foreign bank account?
16. ☐ ☐ Did either you or your spouse attain the age of 70.5 during the year? If yes, ask about required retirement plan withdrawals.
17. ☐ ☐ Did you receive the first time home buyer tax credit for tax year 2008? __________
18. ☐ ☐ During the past year were there any changes made (federal or state) in any of your previously filed tax returns? If yes, include information.
19. ☐ ☐ Do you wish to designate $3 of your tax to the Election Campaign Fund?
20. ☐ ☐ May the IRS discuss your tax return with The Varrenti Company, Inc. if any questions should arise?
21. ☐ ☐ Do you expect your income or deductions to change dramatically in the following year?
22. ☐ ☐ Did you have income (or loss) on K-1 from Partnership, LLC, S Corp., Estate or Trust? (Provide all K-1's)
23. ☐ ☐ Did you make any energy efficient home improvements to your primary residence that you own or purchase a new hybrid vehicle? If yes, please provide receipts from purchase to get applicable tax credit.
24. ☐ ☐ Have you or your spouse contributed to a Traditional IRA, Roth IRA, SEP, Keogh, Simple, or an employer provided retirement plan such as a 401K?

Self $____________ (circle one) Traditional IRA - Roth IRA – SEP – Keogh – Simple - 401K, Other ________________

Spouse$____________ (circle one) Traditional IRA - Roth IRA – SEP – Keogh – Simple - 401K, Other ________________

25. ☐ ☐ Did you have any casualty or theft losses in 2011? If so, attach itemized list (including original cost and the value on date of loss), insurance information regarding coverage, reimbursement and police report.

**Interest Income** (Enclose all 1099-INT Forms)

| Bank/Brokerage Firm (Name Only) | T or S |
|---|---|
| | |
| | |
| | |
| | |
| | |
| | |

**Dividend Income** (Enclose all 1099-DIV Forms)

| Payer (Name Only) | T or S |
|---|---|
| | |
| | |
| | |
| | |
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| | |

**Please indicate if the above dividends are qualified or nonqualified.**

**Total Municipal Bond Interest Earned: $________**
**Interest Income on Seller Financed Mortgage: $________**
**** Please provide buyer's name, social security number, and address ________________________**

**Taxes paid (do not include tax estimates, tax estimates should be listed on page 4)**

Real Estate – Attach Bills ________________
State and Local Income Tax Paid not listed on W-2s (example: Local Service Tax or per ______________ Capita Tax) *do not include tax estimates here ______________

**Charitable Contributions** (cash, check or items) use C or I
****Items must be in good condition to claim deduction.**

Churches or Synagogues ________________
United Campaign (include payroll deduc.) ________________
Cancer or Heart ________________
Scouts Boy/Girl ________________
M.S/M.D./March of Dimes ________________
Food Shelf ________________
Out-of-Pocket Exp. For Charitable Work ________________
Charitable Mileage on Auto ________________
Vets/Goodwill/Salvation Army, etc ________________
**** Please provide documentation for all contributions**

**Personal Itemized Deductions**

| **Medical** | **Amount** |
|---|---|
| Prescription Drugs | ______________ |
| Medical Insurance Premiums | ______________ |
| Doctors/ Dentists | ______________ |
| Clinic/ Hospitals | ______________ |
| Lab Tests/X-Rays | ______________ |
| Eyeglasses/ Contact Lenses | ______________ |
| Medical Equipment/Supplies | ______________ |
| Medical Long Distance Phone | ______________ |
| Long Term Care Premiums | ______________ |
| Taxi, Bus, etc. | ______________ |
| Other | ______________ |
| Miles Driven for Medical Purposes: | ____________ |

Contributions to a Medical or Health Savings Account this year ______________

**Miscellaneous Deductions Subject to 2% AGI**

Tax Return Preparation Fee……………….…__________
Attorney/Accounting Fees……………………__________
Investment Counsel/Advisory Fees…………...__________
IRA Custodial Fees…………………………...…__________
Safe Deposit Box Rental……………………...__________
Union and Professional Dues…………………__________
Continuing Education ………………………..__________
Other………………………………..……………__________

| **Interest Paid** (Provide Form 1098) | **Bank** | **Primary Residence** | **2nd Home Cabin, etc.** |
|---|---|---|---|
| 1st Mortgage Interest….. | _________ | _________ | _________ |
| 2nd Mortgage Interest… | _________ | _________ | _________ |
| 3rd Mortgage Interest.... | _________ | _________ | _________ |
| Equity/Home Improv … | _________ | _________ | _________ |
| Loan Points/Origin. Fees | _________ | _________ | _________ |
| Investment Interest Paid.. | _________ | _________ | _________ |
| Loan on Boat/RV w/ living accommodations | | | ____________ |
| Mortgage Insurance Premium | ______ | _______ | ________ |

Have you refinanced in the last 5 years? ☐ Yes ☐ No
If yes; Date___________ Amount Refinanced ___________
Principle Balance prior to Refinance__________________
Original Purchase Price of Home________________
Cost of Improvements since purchase________________
Cash taken out at Refinance _______________
** Please provide copy of HUD/Settlement Sheet from Refinance, this document may contain deductible items.
Have you ever refinanced on this mortgage before? If so, the same data is needed for the previous refinance.

**NEW FOR 2011**

Copies of your tax returns, delivery preference:

☐ Paper Copies
☐ Electronic Copies emailed
☐ Electronic Copies uploaded to secure web portal

Please feel free to make more than one choice. If you would like to have an electronic copy uploaded to our secure portal where you can download from, you will need to set up a user name and password for this. We will contact you to provide further instructions.

**Moving Expenses** (Attach All Documentation)
Number of miles from a) Old home to your new workplace __________ b) old home to your old workplace ___________
Date of a) Move_____________ b) Arrival at New Location_________ Cost to Ship/Pack Household Goods __________
Cost to Travel to New Home _______________ Cost of Lodging During Move ______________ Other _____________
Other __________ Other ___________ Reimbursements from employer (on W-2)? ☐ Yes ☐ No Amount _________

**The IRS requires that we file all tax returns electronically. Please select a 5 digit PIN, which can be used to check the status of your federal income tax return online ___________. i.e. 11111**

**Overpayments from prior year tax return applied to current year: Federal __________ State __________**

**Estimated Tax Payments**

| | 1st Quarter Date Paid (due 4/15/2011) | Amount | 2nd Quarter Date Paid (due 6/15/2011) | Amount | 3rd Quarter Date Paid (due 9/15/2011) | Amount | 4th Quarter Date Paid (due 1/15/2012) | Amount | State/ Locality |
|---|---|---|---|---|---|---|---|---|---|
| **Federal** | ________ | ________ | ________ | _______ | ________ | ________ | ________ | _______ | _______ |
| **State** | ________ | ________ | ________ | _______ | ________ | ________ | ________ | _______ | _______ |
| **Local** | ________ | ________ | ________ | _______ | ________ | ________ | ________ | _______ | _______ |

**State and Local Refund Received for 2010:___________ State and Local Taxes Paid for 2010 in 2011:___________**

**Child Care Deductions** (Number of Dependents Qualifying) ________

| Provider's Name and Address (Include Individual's Name and/or Organ's Name) | SS No. or Fed ID | Amount | Childs Name |
|---|---|---|---|
| | | | |
| | | | |

**Capital Assets Sold (Securities, Real Estate, etc.) (Attach Forms 1099B and 1099S)**

| Description of Property | Date Acquired | Date Sold | Sale Price | Cost or Basis | Short or Long Term |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

*If you cannot provide us with written basis information, please give us the name, phone number and email of your broker so we can obtain this information.______________________________________________

**Contributions to College Savings Plan:** Beneficiary Name_______________________SS #_____________
Amt Contributed By Taxpayer _______________Amt Contributed By Spouse _____________

Beneficiary Name _______________________SS #_____________
Amt Contributed By Taxpayer _______________Amt Contributed By Spouse _____________

Beneficiary Name _______________________SS #_____________
Amt Contributed By Taxpayer _______________Amt Contributed By Spouse _____________

**We would appreciate any referrals of family or friends that need assistance in preparation of their tax returns**

| Name | Phone Number | Email |
|---|---|---|
| | | |

**Additional Notes:**________________________________________________________________
________________________________________________________________
________________________________________________________________

**To the best of my knowledge the enclosed information is correct and includes all income deductions and other information necessary for the preparation of this year's income tax returns for which I have adequate contemporaneous records.**

_________________________________________ _________________________
(Taxpayer Please Sign) Date

# Please complete this page if you are a Sole Proprietorship Schedule C filer

**Business Income** (Attach 1099-MISC Forms)
Business Name ____________________
Business Address ____________________
____________________
Federal ID Number ____________________
Principal Business Activity ____________________
Principal Product ____________________
Method Used to Value Inventory ____________________
Accounting Method ☐ Cash ☐ Accrual

**Revenue**
Gross Income……………………… ________
Less Returns/Allowances…………… ________

**Cost of Sales**
Beginning Inventory………………… ________
Purchases…………………………… ________
Cost of Labor……………………… ________
Materials and Supplies……………… ________
Other ____________________....... ________
Ending Inventory…………………… ________

**Deductions**

| | | | |
|---|---|---|---|
| Advertising….. | ________ | Prof Dues & Subs | ________ |
| Bank Fees…… | ________ | Rent…………… | ________ |
| Collection Expense | ________ | Repairs………… | ________ |
| Commissions..... | ________ | Salaries………… | ________ |
| Computer……… | ________ | Supplies……….. | ________ |
| Continuing Education | ________ | Telephone……… | ________ |
| Employee Benefits | ________ | Travel………….. | ________ |
| Freight/Postage… | ________ | Airfare…….. | ________ |
| Gifts…………… | ________ | Auto Rental.. | ________ |
| Insurance……….. | ________ | Hotels……... | ________ |
| Interest-Mortgage | ________ | Meals……... | ________ |
| Interest-Other….. | ________ | Parking…… | ________ |
| Internet………… | ________ | Taxi/Tolls… | ________ |
| Janitorial & Cleaning | ________ | Other………… | ________ |
| Laundry……….. | ________ | Other………… | ________ |
| Legal & Acct. Fees | ________ | Other………… | ________ |
| Meals & Entertainment. | ________ | (Provide Information) | |
| Payroll – Gross Wages | ________ | Taxes | ________ |

**Business Use of Home**
Total Area of Home: ________sq. ft.
Nature of Business Activity Performed in Home: ____________________
Was Another Office Available to You Outside The Home? ☐ Yes ☐ No
Home Utilities
Gas and Electric ____________________
Sewer ____________________
Water ____________________
Mortgage Interest ____________________
Real Estate Taxes ____________________

Total Area Used for Business ________sq. ft.
Date of purchase of home ____________________
Price of home ____________________
Homeowners Insurance ____________________
Association Fee ____________________
Cleaning ____________________
Repairs and Maintenance ____________________
Other Expenses ____________________
Other Expenses ____________________

**Auto Expense** (Business Use) Make/Model/Year Car 1 ____________________ Car 2 ____________________
Purchase Price/Date ____________________ ____________________

| **January through June** | **Car 1** | **Car 2** |
|---|---|---|
| Total Miles Driven………………….. | ________ | ________ |
| Personal Mileage…………………… | ________ | ________ |
| Business Miles Driven……………… | ________ | ________ |

| **July through December** | **Car 1** | **Car 2** |
|---|---|---|
| Total Miles Driven………………….. | ________ | ________ |
| Personal Mileage…………………… | ________ | ________ |
| Business Miles Driven……………… | ________ | ________ |

| | **Car 1** | **Car 2** |
|---|---|---|
| Business Use %…………………….. | ________ | ________ |
| Written Records Available?…..…. | Y/N | Y/N |
| Is Another Vehicle Available | | |
| For Personal Use?..………………… | Y/N | Y/N |
| Average Daily Commuting………… | ________ | ________ |

| **Actual Automobile Expense……….** | **Car 1** | **Car 2** |
|---|---|---|
| Gas & Oil…………………………… | ________ | ________ |
| Insurance…………………………….. | ________ | ________ |
| Licenses……………………………… | ________ | ________ |
| Repairs/Maintenance …..……………… | ________ | ________ |
| Tires, Tire Repair ……………………….. | ________ | ________ |
| Wash ………………………………… | ________ | ________ |
| Lease payments……………………..... | ________ | ________ |
| Other ____________________.... | ________ | ________ |

**Depreciable Assets**

| Description | Date Purchased | Cost | Description | Date Purchased | Cost |
|---|---|---|---|---|---|
| ________ | ________ | ________ | ________ | ________ | ________ |
| ________ | ________ | ________ | ________ | ________ | ________ |
| ________ | ________ | ________ | ________ | ________ | ________ |

# Un-Reimbursed Employee Business Expenses

| | | | |
|---|---|---|---|
| Advertising | ______ | Repairs/Maintenance | ______ |
| Bank Fees | ______ | Telephone | ______ |
| Computer | ______ | Tools, Supplies, Equipment | ______ |
| Education | ______ | **Travel Expenses** | |
| Entertainment | ______ | Air Fares | ______ |
| Gifts | ______ | Auto Rentals | ______ |
| Internet | ______ | Meals and Tips | ______ |
| Laundry/Dry Cleaning | ______ | Entertainment | ______ |
| Meals | ______ | Garage/Parking | ______ |
| Office Expenses | ______ | Taxi/Tolls | ______ |
| Postage/Shipping | ______ | Hotels | ______ |
| Prof Dues & Subscriptions | ______ | Other | ______ |

**Business Use of Home**

Total Area of Home: ______ sq. ft.

Nature of Business Activity Performed in Home: ______

Was Another Office Available to You Outside The Home? ☐ Yes ☐ No

Home Utilities

- Gas and Electric ______
- Sewer ______
- Water ______

Other Expenses ______

Total Area Used for Business ______ sq. ft.

Date of purchase of home ______

Price of home ______

Homeowners Insurance ______

Association Fee ______

Cleaning ______

Repairs and Maintenance ______

Other Expenses ______

**Automobile Expense** (Employee Business Use) Make/Model/Year Car 1 ______ Car 2 ______

Purchase Price/Date ______ ______

| **January through June** | **Car 1** | **Car 2** |
|---|---|---|
| Total Miles Driven | ______ | ______ |
| Personal Mileage | ______ | ______ |
| Business Miles Driven | ______ | ______ |

| **July through December** | **Car 1** | **Car 2** |
|---|---|---|
| Total Miles Driven | ______ | ______ |
| Personal Mileage | ______ | ______ |
| Business Miles Driven | ______ | ______ |

| | **Car 1** | **Car 2** |
|---|---|---|
| Business Use % | ______ | ______ |
| Written Records Available? | Y/N | Y/N |
| Is Another Vehicle Available For personal use? | Y/N | Y/N |
| Average Daily Commuting Miles | ______ | ______ |

| **Actual Automobile Expense** | **Car 1** | **Car 2** |
|---|---|---|
| Gas & Oil | ______ | ______ |
| Insurance | ______ | ______ |
| Licenses | ______ | ______ |
| Repairs/Maintenance | ______ | ______ |
| Lease Payments | ______ | ______ |
| Other | ______ | ______ |

**Rental Income (Attach 1099 Forms)**

Property Description ______

| | | | |
|---|---|---|---|
| Gross Income/Rent | ______ | Mortgage Interest | ______ |
| Advertising | ______ | Other Interest | ______ |
| Auto & Travel | ______ | Repairs | ______ |
| Cleaning & Maint | ______ | Supplies | ______ |
| Commissions | ______ | Taxes | ______ |
| Insurance | ______ | Utilities | ______ |
| Professional Fees | ______ | Other | ______ |

**Rental Income (Attach 1099 Forms)**

Property Description ______

| | | | |
|---|---|---|---|
| Gross Income/Rent | ______ | Mortgage Interest | ______ |
| Advertising | ______ | Other Interest | ______ |
| Auto & Travel | ______ | Repairs | ______ |
| Cleaning & Main. | ______ | Supplies | ______ |
| Commissions | ______ | Taxes | ______ |
| Insurance | ______ | Utilities | ______ |
| Professional Fees | ______ | Other | ______ |

**Rental Income (Attach 1099 Forms)**

Property Description ______

| | | | |
|---|---|---|---|
| Gross Income/Rent | ______ | Mortgage Interest | ______ |
| Advertising | ______ | Other Interest | ______ |
| Auto & Travel | ______ | Repairs | ______ |
| Cleaning & Maint | ______ | Supplies | ______ |
| Commissions | ______ | Taxes | ______ |
| Insurance | ______ | Utilities | ______ |
| Professional Fees | ______ | Other | ______ |

**Rental Income (Attach 1099 Forms)**

Property Description ______

| | | | |
|---|---|---|---|
| Gross Income/Rent | ______ | Mortgage Interest | ______ |
| Advertising | ______ | Other Interest | ______ |
| Auto & Travel | ______ | Repairs | ______ |
| Cleaning & Main. | ______ | Supplies | ______ |
| Commissions | ______ | Taxes | ______ |
| Insurance | ______ | Utilities | ______ |
| Professional Fees | ______ | Other | ______ |