

# TAX ORGANIZER

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(If you are a Minister, please ask for the Minister's page of our Tax Organizer)  
 ( If you are a new client, please provide a copy of last years tax return)

**FOR TAX YEAR \_\_\_\_\_**

Your Name	S.S. #     -     -	Birthdate     /     /
Spouses Name	S.S. #     -     -	Birthdate     /     /
Mailing Address	Home Phone Number (     )     -	Work or Cell Phone Number (     )     -
		E-mail Address

### DEPENDENTS

NAME	S.S. #	D.O.B.	RELATIONSHIP

Was there anyone else you contributed support, that resides in the U.S., Canada or Mexico?

NAME	S.S. #	D.O.B.	RELATIONSHIP	% SUPPORTED	INCOME OF PERSON
					\$
					\$

### CHILD OR DEPENDENT CARE

Did you pay a baby-sitter last year?

NAME OF SITTER	S.S. #	ADDRESS	AMT. PD.
			\$
			\$

If your sitter is an adult & works in your home, you are required to file W-2 forms by January 31. If you want us to prepare these forms contact us right away.

### ESTIMATED TAXES

CREDIT FROM PRIOR YEAR'S VOUCHER PAYMENTS	FIRST QUARTER (APRIL 15)	SECOND QUARTER (JUNE 15)	THIRD QUARTER (SEPT. 15)	FOURTH QUARTER (JAN. 15)	TOTAL FOR YEAR
Federal	\$	\$	\$	\$	\$
State	\$	\$	\$	\$	\$

# INCOME

**Wages, Salaries, Tips, Etc.** (Attach W-2s)

**Interest income from Seller-Financed Mortgages & Individuals:**

**Interests from Banks & Financial Institutions** (Attach 1099 Int)

Include all that have your Social Security number on them.

NAME	AMOUNT	NAME	AMOUNT
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____

Did you sell or turn in any U.S. Savings Bonds? YES  NO

If yes, Please list information: \_\_\_\_\_

Nontaxable Interest: (Attach Information)

Did you have any foreign bank accounts? YES  NO

If yes, please explain \_\_\_\_\_

Did you have any penalties on Early Withdrawal of Savings Certificates? YES  NO

If yes, list or attach information \_\_\_\_\_

**Dividends:** (Attach 1099Div's) **Capital Gain Distributions:** (Attach 1099B's) **Education Distributions:** (Attach 1099Q's)

**Pensions:** (Attach 1099Rs) **Nontaxable Distributions:** (Attach 1099s)

Include all that have your Social Security number on them.

NAME	AMOUNT	NAME	AMOUNT
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____

**Exclusions of Reinvested Dividends from Public Utility:** Attach Information. Did you serve in a **Combat Zone?** \_\_\_\_\_

Did you **Contribute** to your pension plan? \_\_\_\_\_ If yes, have you already recovered your contribution? \_\_\_\_\_

Did you have any **Rollovers?** \_\_\_\_\_ If yes, Attach 1099 Distribution & Rollover papers **Alimony:** How much did you receive? \$ \_\_\_\_\_

## OTHER INCOME

Estate & Trusts	\$ _____	(Attach K-1s)	Jury Duty	\$ _____
S-Corporations	\$ _____	(Attach K-1s)	Other	\$ _____
Partnerships	\$ _____	(Attach K-1s)	Other	\$ _____

Did you have any tips that you did not report to your employer? If not reported, how much did you receive? \$ \_\_\_\_\_

Prizes & Awards \$ \_\_\_\_\_ State Tax Refund \$ \_\_\_\_\_ Unemployment Compensation \$ \_\_\_\_\_

Lump Sum Distributions \$ \_\_\_\_\_ (Attach 1099R's) Gambling Winnings (Attach W-2 G's) \$ \_\_\_\_\_

### Gains & Losses from Sale of Property, Stock, Etc. (Attach 1099 B's)

Description	Date Bought	Date Sold	Sale Price	Cost & Expense	Gain or Loss
_____	___/___/___	___/___/___	\$ _____	\$ _____	\$ _____
_____	___/___/___	___/___/___	\$ _____	\$ _____	\$ _____
_____	___/___/___	___/___/___	\$ _____	\$ _____	\$ _____

**SALE OF RESIDENCE** - Please send or bring escrows of purchase & sale of new house. Also list improvements on old house.

### DID YOU HAVE ANY OTHER INCOME FROM ANY OTHER SOURCE?

Source _____	Amount	\$ _____
Source _____	Amount	\$ _____
Source _____	Amount	\$ _____

### SOCIAL SECURITY

How much did you receive? \$ \_\_\_\_\_ How much did your spouse receive? \$ \_\_\_\_\_ (Attach SSA 1099s)

If you paid any individuals or Partnership \$600.00 or more for rent or services for business purposes, you are required to file 1099s prior to February 28th. If you would like us to prepare these, please contact us right away.

**FARM INCOME** - If you had any Farm Income, attach or bring in the information.

**BUSINESS INCOME / BUSINESS EXPENSES (FOR SELF EMPLOYED)**

What is the main business activity? \_\_\_\_\_

Business Name \_\_\_\_\_

Business Address \_\_\_\_\_

**HOW MUCH IS YOUR GROSS BUSINESS INCOME ? \$ \_\_\_\_\_ (Attach 1099 Miscs)**

**HOW MANY MILES DID YOU DRIVE FOR BUSINESS PURPOSES? \_\_\_\_\_**

Merchandise	\$ _____	Real Estate Taxes	\$ _____
Costs of Goods	\$ _____	Other Taxes & Licenses	\$ _____
Materials & Supplies	\$ _____	Travel (no meals)	\$ _____
Advertising	\$ _____	Meals & Entertainment	\$ _____
Bad Debts	\$ _____	Utilities & Telephone	\$ _____
Car & Truck Expense	\$ _____	Wages & Salaries	\$ _____
Commissions	\$ _____	Bank Service Charges	\$ _____
Insurance (other than health)	\$ _____	Tools	\$ _____
Mortgage Interest	\$ _____	Uniforms	\$ _____
Other Interest Paid	\$ _____	Safety Items	\$ _____
Legal & Professional Fees	\$ _____	Freight & Shipping	\$ _____
Office Expenses	\$ _____	Dues & Publications	\$ _____
Rent on Business Property	\$ _____	Laundry & Cleaning	\$ _____
Equipment Rentals	\$ _____	(other)	\$ _____
Repairs	\$ _____	(other)	\$ _____
Supplies	\$ _____	(other)	\$ _____

**INCOME FROM PROPERTY RENTAL**

	RENTAL 1	RENTAL 2	RENTAL 3
<b>Rents Received (Attach all 1099s)</b>	\$ _____	\$ _____	\$ _____
Advertising Costs	\$ _____	\$ _____	\$ _____
Association Dues	\$ _____	\$ _____	\$ _____
Auto & Travel	\$ _____	\$ _____	\$ _____
Cleaning & Maintenance	\$ _____	\$ _____	\$ _____
Commissions	\$ _____	\$ _____	\$ _____
Gardening	\$ _____	\$ _____	\$ _____
Insurance	\$ _____	\$ _____	\$ _____
Legal & Professional Fees	\$ _____	\$ _____	\$ _____
Licenses & Permits	\$ _____	\$ _____	\$ _____
Management Fees	\$ _____	\$ _____	\$ _____
Miscellaneous	\$ _____	\$ _____	\$ _____
Mortgage Interest	\$ _____	\$ _____	\$ _____
Other Interest Paid	\$ _____	\$ _____	\$ _____
Painting & Decorating	\$ _____	\$ _____	\$ _____
Painting Equipment ( brushes, ladders, etc. )	\$ _____	\$ _____	\$ _____
Pest Control	\$ _____	\$ _____	\$ _____
Plumbing & Electrical	\$ _____	\$ _____	\$ _____
Repairs	\$ _____	\$ _____	\$ _____
Supplies	\$ _____	\$ _____	\$ _____
Cleaning Supplies	\$ _____	\$ _____	\$ _____
Tools	\$ _____	\$ _____	\$ _____
Taxes	\$ _____	\$ _____	\$ _____
Telephone	\$ _____	\$ _____	\$ _____
Utilities	\$ _____	\$ _____	\$ _____
Wages & Salaries	\$ _____	\$ _____	\$ _____
Other (list)	\$ _____	\$ _____	\$ _____
Other (list)	\$ _____	\$ _____	\$ _____
Other (list)	\$ _____	\$ _____	\$ _____

## RENTAL INCOME (continued)

What type of property is the rental? (i.e. four bedroom house, warehouse, trailer park, etc.)

RENTAL 1 \_\_\_\_\_ RENTAL 2 \_\_\_\_\_ RENTAL 3 \_\_\_\_\_

When did you purchase your rental property? (Mm/Yy)

RENTAL 1.....\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ RENTAL 2.....\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ RENTAL 3.....\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

How much did the rental property cost you?

RENTAL 1 \$ \_\_\_\_\_ RENTAL 2 \$ \_\_\_\_\_ RENTAL 3 \$ \_\_\_\_\_

Did you have any Farm Rental Income? \_\_\_\_\_ If yes, attach information. Did you have any Royalties? \_\_\_\_\_ If yes, attach information & 1099s. Did you receive an Education Distribution? \_\_\_\_\_

## DEDUCTIONS

### MEDICAL

Medicines \$ \_\_\_\_\_ Drugs \$ \_\_\_\_\_

NAME	Amount Paid After Insurance Reimbursement
Doctors: _____	\$ _____
_____	\$ _____
_____	\$ _____
Dentists: _____	\$ _____
_____	\$ _____
_____	\$ _____
Orthodontists: _____	\$ _____
_____	\$ _____
_____	\$ _____
Practitioners: _____	\$ _____
_____	\$ _____
Transportation & Lodging_	\$ _____

NAME	Amount Paid After Insurance Reimbursements
Specialists: _____	\$ _____
_____	\$ _____
_____	\$ _____
Chiropractors: _____	\$ _____
_____	\$ _____
_____	\$ _____
Clinics: _____	\$ _____
_____	\$ _____
_____	\$ _____
Hospitals: _____	\$ _____
_____	\$ _____
Insurance Premiums (include Medicare)	\$ _____

Prenatal Care	\$ _____
Eyeglasses	\$ _____
X-Rays	\$ _____
Medical Lodging	\$ _____
Therapy Equipment	\$ _____
Medical Supplies & Appliances	\$ _____
Prosthesis Expense	\$ _____
Required Air Conditioning Expense	\$ _____
Repairs & Filters	\$ _____

Postnatal	\$ _____
Hearing Aids	\$ _____
Lab Fees	\$ _____
Bandages	\$ _____
Crutches	\$ _____
Diabetic Expense	\$ _____
Therapy Pool	\$ _____
Electrical Expense	\$ _____
Stop Smoking Expense	\$ _____

### TAXES

Did you pay State Taxes last year? \_\_\_\_\_ How much? \$ \_\_\_\_\_ Did you pay State Taxes last year for prior years? \_\_\_\_\_ How much? \$ \_\_\_\_\_ Did you pay Sales Taxes on Major Purchases last Year? \_\_\_\_\_ How much? \$ \_\_\_\_\_

Auto License Fees	\$ _____
Real Estate Taxes	\$ _____
Irrigation Taxes	\$ _____
Boat Taxes	\$ _____

Auto Sales Tax	\$ _____
Property Taxes	\$ _____
Personal Property Taxes	\$ _____
Other Taxes	\$ _____

Did you buy any cars, boats, motorcycles, R.V.s, trailers, mobile homes, airplanes, etc.? \_\_\_\_\_ (Attach Information.)

## DEDUCTIONS (CONTINUED)

**INTEREST:** (Attach all 1098s)

1ST HOME	NAME	AMOUNT	2ND HOME	NAME	AMOUNT
Mortgages.....	_____	\$ _____	Mortgages.....	_____	\$ _____
2nd Home Mortgage..	_____	\$ _____	2nd Home Mortgage...	_____	\$ _____
Late Charges.....	_____	\$ _____	F.H.A. Charges	_____	\$ _____
Mortgage Insurance...	_____	\$ _____	Real Estate Loan Fees	_____	\$ _____
College Loan Interest	_____	\$ _____	Points .....	_____	\$ _____
College Loan Interest	_____	\$ _____	College Loan Interest	_____	\$ _____

### CONTRIBUTIONS

Churches	\$ _____	Payroll Deductions	\$ _____
Missions	\$ _____	Youth Programs	\$ _____
Evangelists	\$ _____	Muscular Dystrophy	\$ _____
Bazaar	\$ _____	Salvation Army	\$ _____
Public Schools	\$ _____	County Fairs	\$ _____
Jaycees	\$ _____	Boy - Girl Scouts	\$ _____
Heart Fund	\$ _____	Xmas / Easter Seals	\$ _____
Cancer Fund	\$ _____	United Way	\$ _____

Did you donate any non - cash items such as food or used clothing? Please list description and value: \_\_\_\_\_

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### MISCELLANEOUS

Union Dues	\$ _____	Spouse Dues	\$ _____
Tax Preparer Fee	\$ _____	Audit Fees	\$ _____
Extension Fees	\$ _____	Business Dues	\$ _____
Books & Publications	\$ _____	Safety Items	\$ _____
Fire Retardant Clothing	\$ _____	Safety Boots	\$ _____
Protective Eye Wear	\$ _____	Mosquito Spray	\$ _____
Gloves	\$ _____	Work Watch	\$ _____
Tools	\$ _____	Flashlights	\$ _____
Batteries	\$ _____	Water Jugs	\$ _____
Uniforms	\$ _____	Telephone for Business	\$ _____
Cleaning	\$ _____	Protective Headgear	\$ _____
Investment Expense	\$ _____	Sales & Promo Costume	\$ _____
Adoption Expense	\$ _____	Safety Deposit Box	\$ _____
Record Keeping Costs	\$ _____	Safety Glasses	\$ _____
Other ( list )	\$ _____	Other ( list )	\$ _____

### CONTINUED EDUCATION & 1ST TWO YEARS COLLEGE STUDENT CREDIT

<b>Name of Student</b>	_____		
Name of Institution	_____	Travel Expense	\$ _____
Education Purpose	_____	Tuition Expense	\$ _____
Dates Attended	_____	Supplies Expense	\$ _____

<b>Name of Student</b>	_____		
Name of Institution	_____	Travel Expense	\$ _____
Education Purpose	_____	Tuition Expense	\$ _____
Dates Attended	_____	Supplies Expense	\$ _____

## EMPLOYEE BUSINESS EXPENSE

Did you use your personal vehicle to run errands, chase parts, carry job tools, etc. for your employer? Include Job Hunting.  
Please explain : \_\_\_\_\_

How many miles did you drive for the year ? \_\_\_\_\_ How many miles did you drive for business ? \_\_\_\_\_  
Description of vehicle: Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_

Did you purchase an automobile last year ? \_\_\_\_\_ Please enclose purchase papers.

Auto License Fee	\$ _____		Auto Sales Tax	\$ _____
Auto Interest	\$ _____		Parking & Tolls	\$ _____

### OPTIONAL

Oil & Lubrication	\$ _____		Auto Club	\$ _____
Washing & Polishing	\$ _____		Tires, Batteries, Etc.	\$ _____
Repairs	\$ _____		Insurance	\$ _____
Fuel	\$ _____		Other ( list )	\$ _____

### TRAVEL & EXPENSES OTHER THAN AUTO

Plane & Rail Fares	\$ _____		Bus Fares	\$ _____
Taxi & Public Transit	\$ _____		Car Rentals	\$ _____
Lodging	\$ _____		Meals	\$ _____
Telephone, Fax, Postage	\$ _____		Tips & Baggage Charge	\$ _____
Laundry & Cleaning	\$ _____		Other ( list )	\$ _____

### SALES EXPENSE

Lunches, Dinners, Etc.	\$ _____		Show & Event Tickets	\$ _____
Organization Dues	\$ _____		Gifts	\$ _____
Stationary & Postage	\$ _____		Basic Phone	\$ _____
Long Distance Phone	\$ _____		Other ( list )	\$ _____

Did you make any modifications to your home for the handicapped ? Please Describe : \_\_\_\_\_  
Cost of modifications \$ \_\_\_\_\_

Did you move last year? \_\_\_\_\_ How many miles did you move? \_\_\_\_\_ Date Moved \_\_\_\_/\_\_\_\_/\_\_\_\_  
Transportation Cost \$ \_\_\_\_\_ Storage Cost \$ \_\_\_\_\_ Travel & Lodging \$ \_\_\_\_\_  
How much were you reimbursed that was not included in your wages? \$ \_\_\_\_\_

Did you or your spouse contribute to a REGULAR IRA, ROTH IRA, SIMPLE or KEOGH ? \$ \_\_\_\_\_

Do you or your spouse have a retirement plan at work ? \_\_\_\_\_

Did you pay alimony ? \_\_\_\_\_ How much ? \_\_\_\_\_

Recipients Name & S. S. # \_\_\_\_\_

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### DECLARATION :

**I have provided the information on this form to the best of my knowledge and hereby declare it is complete and ready for the preparation of my/our income tax returns. Where business deductions shown, I acknowledge having spent these amounts and have kept a log or diary of such activities, pursuant to section 274(a) and can fully substantiate such deductions.**

\_\_\_\_\_  
**SIGNATURE (must be signed)**

\_\_\_\_\_  
**DATE**