



Donahue Accounting Consultants, PLLC Angela M. Donahue, CPA

IMPORTANT INFORMATION - READ FIRST !!

The following Tax Organizer leads you through a step-by-step process that guarantees we can **get you credit for all of your legally deductible expenses**. It should ask you about most of your financial transactions during the year. But, we welcome any additional information you would like to send. It is impossible to have too much information when doing your tax return.

To complete your Tax Organizer, start with this page and continue all of the way through to the end. **Even if some questions don't seem to apply to you, read them completely, because they may remind you of something that can help increase your refund.** Be sure to include the documents that each question says are mandatory, and any other information you feel will help prepare your return.

Once you have completed the organizer, send your package and **\$100 deposit** to us for professional preparation.

Send your tax organizer and all information to:

DONAHUE ACCOUNTING CONSULTANTS, PLLC
ANGELA M. DONAHUE, CPA - Tax Preparation
P O Box 55595
Little Rock, AR 72215

If you need help with this organizer, or have questions about tax preparation or fees, contact us at: (501) 219-9195.

Deadlines:	If you intend to file by:	Have your package to us by:
	April 15th	March 19th
	August 15th	July 25th
	October 15th	October 1st

HOURS OF OPERATION: *By Appointment for Personalized Service*



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.1 Personal Information

	Taxpayer:	Spouse:
Last Name (on SS Card)		
First Name		
Middle Initial		
Social Security #		
Occupation		
Date of Birth		
Work Phone		
Extension		
FAX number - Home		
FAX number - Work		
Home Phone		
eMail address		
Address		
City		
State		
Zip Code		
County		
School District Name		
School District #		

Filing Status: (Circle)

Single Married Filing Joint Married Filing Separately Head of Household

Dependents:

First Name	MI	Last Name	Date of birth	Soc.Sec. #	Relationship	How Long

Others, attach additional page.

	Taxpayer	Spouse
\$3 to Presidential Election Fund? (Circle)	Yes No	Yes No
Are you permanently & totally disabled? (Circle)	Yes No	Yes No
Are you legally blind? (Circle)	Yes No	Yes No
Are you a dependent of someone(such as parent)?	Yes No	Yes No
If deceased, date of death:	_____	_____



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B. Sources of Income checklist (Please CHECK)

Wages -Attach **all** W-2 forms.

Self-employment -1099s

Interest/Dividends - Enclose all 1099 INT/DIV forms.

Partnership/Corporation Income -K-1 forms

Pension/IRA/Investment Distributions - 1099-R, W-2P, and 1099-B Forms.

Capital Gains -

Please include **all** statements that show:

purchase prices/dates **sale prices/dates** **dividends**

Unemployment compensation - Enclose statement.

Social Security Benefits - Enclose statement.

State Income Tax Refund - Enclose Statement (1099G)

Real Estate Sales -Send Closing Statements (purchase and sale). Plus list the major improvements and fixing-up expenses while property was owned.

Military - Enclose a copy of Leave & Earning Statement from last day of this tax year.

Do you have any income for which you did not receive a statement?

(Circle) NO YES Source Amount \$ _____ Type \$ _____

ENCLOSE ANY OTHER DOCUMENTS YOU RECEIVED REFLECTING INCOME

C. Credits **FEDERAL QUARTERLY ESTIMATED TAX** payments for this year: (Not Withholdings)

Amount Paid: 4/15/09 \$ _____ 6/16/09 \$ _____
 9/15/09 \$ _____ 1/15/10 \$ _____

Payment (if any) made with **form 4868**, Extension Request \$ _____

STATE QUARTERLY ESTIMATED TAX payments for this year: (Not Withholdings)

Amount Paid: 4/15/09 \$ _____ 6/16/09 \$ _____
 9/15/09 \$ _____ 1/15/10 \$ _____

Payment (if any) made with **State Extension** Request \$ _____

D. TAX REDUCTION Questions

1. Do you **OWN** a **BUSINESS**?

TYPE: (Circle) self-employed contractor home based business, even part-time

If you have more than one business – complete questions 1,2 & 3 for each business (**USE BACK**)

Federal ID # _____ Date started: ____/____/____

Business owner: _____ Business Name: _____

Business Address: _____ Main Product or Service: _____

Did you work on this business at least 2 hours per week? YES NO



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2. Did you use a portion of your home as an office for the business listed above? YES NO

Number of business hours spent in office per week: _____

Number business hours **out of** office per week: _____

Is the **management** function of the business performed in the home office? YES NO

Do you **meet** customers there? YES NO

Is the home office where **money changes hands** in your business? YES NO

Are the tasks performed in the home office "**Primary Business Functions**"? YES NO

Was this area used **regularly and exclusively** for business? YES NO

If **yes**, or **IF YOU STORED INVENTORY, TOOLS, or DISPLAYED PRODUCT SAMPLES** in your house complete the following:

BUSINESS USE PERCENTAGE CALCULATOR:

1) Enter the **total square footage** of your home, include your basement and garage only if they are used for business. _____

2) Enter the **sq foot** of the area that you use **regularly and exclusively** as an office. _____

3) Enter the **sq. foot** of any room other than your office, including basement or garage, in which you **store inventory or product** samples and **DO NOT** use this space more than occasionally for personal purposes. (Examples: basement used for nothing else, not even laundry; formal dining room used only at Christmas and Thanksgiving) _____

4) Enter the **sq. foot** of the footprint of the space **ACTUALLY OCCUPIED** by any inventory or product samples that are kept in **other rooms** used on a regular basis for personal purposes (kitchen, bathroom, etc.) _____

Was your home used for **childcare** business? YES NO

If yes: # Hours per day ____ _ # Days per week _ # Weeks this tax year ____



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If you own (or are buying) your home, answer the following:

Cost of home (purchase price, including land, plus improvements)			\$ _____
Land value on day of purchase	\$ _____	Mortgage Int. you paid	\$ _____
Purchase Date	\$ _____		
Real estate tax	\$ _____	Homeowner's insurance	\$ _____
Mortgage insurance	\$ _____	Repairs and Maintenance	\$ _____
Annual cost of utilities:(Electricity, Gas, Water, NO TELEPHONE)			\$ _____

If you are renting your home, answer the following:

Annual Rent	\$ _____	Repairs and Maintenance	\$ _____
Annual cost of utilities:(Electricity, Gas, Water, NO TELEPHONE)			\$ _____

3. Business Income and Expenses

*If this business is a corporation or partnership, **do not use** this section. Go to **Business Organizer**.*

Gross Receipts and Sales (Total income for this tax year)	\$ _____
Returns & Allowances (Refunds to customers)	\$ _____
Beginning Inventory (If any) (Always 0 in first year of business)	\$ _____
Purchases of items to resell as they are	\$ _____
Personal Use Items	\$ _____
Cost of Contract Labor (Not Employee Wages)	\$ _____
Cost of Materials that went into your finished product	\$ _____
Ending Inventory	\$ _____



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Business Expenses-*Only enter expenses into 1 category, do not double-enter. If unsure how to classify, place in "other expenses" with description.

Advertising	\$ _____	Rent of Vehicles/Equip	\$ _____
Bad debts (Accrual only)	\$ _____	Rent of property (no home)	\$ _____
Commissions Paid By you	\$ _____	Repairs & Maintenance (no home or auto)	\$ _____
Medical Reimbursement Plan	\$ _____	Supplies	\$ _____
Education Reimbursement Plan	\$ _____	Taxes & Licenses (no home/auto)	\$ _____
Employee Reimbursements	\$ _____	Travel Expense*	\$ _____
Insurance(no health, home/auto)	\$ _____	Meals & Entertainment*	\$ _____
Interest (except home or auto)	\$ _____	Utilities (other than home)	\$ _____
Legal/Professional	\$ _____	Phone (business only)	\$ _____
Office expense	\$ _____	Wages (Paid by business/W-2's filed)	\$ _____
Pension plans	\$ _____	Other	\$ _____

*(Requires Written Backup)

Other expenses: (Make separate list if too many to list below)

	\$ _____
	\$ _____
	\$ _____

Assets **purchased** for business use during this tax year:

Asset	Price	Month / Year	% bus use
	\$ _____		
	\$ _____		
	\$ _____		
	\$ _____		

Additional assets - list on back.



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4. Did you use your automobile for business or for your employer (excluding commuting) during this tax year? (Circle) YES NO

If **yes**, complete the following:

How many autos do you own? YES NO

Do you use more than one automobile at the same time for business? YES NO
 (Answer **NO** if you use various vehicles at different times.)

Did **you buy or trade in or sell** a vehicle used for business this year? YES NO
 If **yes** - send us copies of the sale and purchase contracts.

Autos	#1	#2	#3
Make			
Model			
Date first used for business			
Purchase price			
Date Purchased:			
Business or job in which vehicle is used.			
Do you own the automobile?			
Do you have a written mileage log?			
If leased, annual lease payment			
Period of lease			
Date lease began			
Make, Model and year of automobile			
Total miles driven in the year			
Business miles			
Mileage between two jobs			
Charitable miles			
Real Estate rental miles			
Medical miles			



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Expenses of operation:

Autos	#1	#2	#3
Gas			
Oil			
Repairs			
Insurance			
Tax/license			
Parking/Tolls			
Interest on auto loan			

5. Do you, or your spouse have a self-employed retirement plan? (SEP/KEOGH)

Circle YOU SPOUSE NEITHER

Amount contributed, for You \$ _____, your spouse \$ _____

Do you want us to calculate the maximum contribution amount, and notify you prior to completion of the return? YES NO

6. Do you own property that is rented to others (**Rental Property**)? NO Yes

If YES, Complete the following questions:

Make copies of this page, and complete separately for EACH property owned.

Number of days rented during the year _____

Number of days you personally used the property _____

Number of days the property was used by related party _____

Number of days spent on maintenance and repairs _____

Do you actively participate in the management of this rental? YES NO



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Type of Property: (Circle) Duplex Condo Single Residence

Address _____

Date Purchased: First year claimed as rental: \$ _____

Purchase Price (including land) \$ _____

Land Value when purchased \$ _____

Cost of Capital improvements since purchase \$ _____
(attach depreciation schedule)

Current Year: Rent Received \$ _____

Expenses: Other Expenses (List):		Insurance	
Advertising		Mortgage Interest	
Auto (Miles)		Management Fees	
Travel		Mortgage Insurance/PMI	
Commissions		Repairs - If > \$500, list	
Cleaning & Maintenance		Supplies	
Legal/Professional Fees		Property Taxes	
		Utilities	

Prior Depreciation taken:

Attach depreciation schedule, form 4562, and copy of Schedule E for all years the property has been used as rental property. (This is not necessary if DONAHUE ACCOUNTING CONSULTANTS, PLLC OR ANGELA M. DONAHUE, CPA prepared last year's return)



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7. If you **collected** interest on a residential mortgage during this tax year, we need the following information about the buyer.

Name: _____ Address: _____
Social Security # _____ Amount collected \$ _____

8. Did you **sell** stock/mutual funds during the year? Circle YES NO
Please include **all** statements that show **purchase price, date purchased, sale price, dates sold, and dividends.**

9. Do you have any income for which you did not receive a statement? Circle NO YES

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

10. Are you **buying** your main residence? Circle NO YES

INTEREST PAID \$ _____ REAL ESTATE TAXES PAID \$ _____
(Include copy of Form 1098)

Did you refinance? NO YES

POINTS PAID \$ _____ Term (in years) _____

Date of refinance _____

11. If you **paid** interest on a residential mortgage to an individual who **did not** issue you a Form 1098 we need the following information about the lender:

Name: _____ Address: _____
Social Security # _____ Amount paid \$ _____

12. Real Estate taxes paid on other Properties or land you own:
(not your principal residence, and not rental property) \$ _____
(Include copy of Form 1098)



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13. Did you make any charitable contributions? NO YES

Amount in Cash & Checks \$ _____

Other contributions (household goods) \$ _____

If total household goods contributions are **\$500** or more, attach copies of receipts received from charity to whom you made the donation, showing amount, date, and name & address of charity. Charitable Mileage Driven _____

14. Did you have medical/dental expenses? NO YES

AMOUNT PAID \$ _____ (Not reimbursed by Insurer or Employer)

15. Do you have medical/dental insurance? NO YES

PREMIUMS PAID \$ _____ (Not including pre-tax deductions)

16a. Did you pay **additional STATE income** tax, or **receive a refund** when you filed last year's State return? AMOUNT PAID \$ _____ REFUND \$ _____

16b. Did you pay any State or Local Personal Property Tax **OTHER THAN REAL ESTATE TAX?** (example: tax on autos not used for business) NO YES

AMOUNT PAID \$ _____ (**not** withheld from wages)

17. Did you suffer a theft or casualty (flood, fires, etc.) loss during the year? NO YES
EXPLAIN:

Attach copies of loss report, police report, insurance report, etc., and record of any insurance reimbursement received.

18. Did you pay for tax return preparation during the year? NO YES AMOUNT PAID \$ _____

Please include copy of invoice showing expenses by form, or by business and personal costs.



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19. Did you have any unreimbursed employee expenses? (Job travel, Union dues, Etc.)
 NO YES See question #4 for types of unreimbursed automobile expenses.

List nature and amount of each expense:

	\$ _____
	\$ _____
	\$ _____

20. Did you pay any investment expenses? (i.e.: IRA or brokers' management fees, etc.)
 List separately, with amounts paid, and explain.

	\$ _____
	\$ _____
	\$ _____

21. Did you incur moving expense as a result of a change in or relocation of your place of employment? YES NO

Date of Move: _____
 DISTANCE FROM OLD HOME: TO OLD JOB, TO NEW JOB \$ _____

AMOUNT PAID: Transport and store household goods \$ _____

AMOUNT PAID: Travel during household goods shipment (**NO meals**) \$ _____

22. Did you incur child-care expenses during the year? Circle YES NO
 Amount paid \$ _____ Number of children provided for: _____
 Name of Care Provider _____
 Address of Care Provider _____
 Identification number of Care Provider _____

23. Did you pay any Student Loan Interest? YES NO
 Amount paid within the first 60 months of your loan \$ _____

24. Did you pay College tuition for yourself, a spouse or dependent? YES NO
 Amount paid Freshman/Sophomore term \$ _____ Student _____

Amount paid Junior/Senior term \$ _____ Student _____

Enclose all copies of form 1098-T.9



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25. Did you/spouse contribute to an IRA during the year? (not employer plan) YES NO

Regular IRA YOU \$_____ SPOUSE \$_____

ROTH IRA YOU \$_____ SPOUSE \$_____

Are you or your spouse covered by a qualified pension plan at work?

You Spouse

26. Did you/spouse take not borrow any money out of an IRA or any other retirement plan?
YES NO

If YES, show separately for each person:

Amount of distribution YOU \$_____ SPOUSE \$_____

Amount transferred or rolled-over within the 60 day, tax-free roll-over period

YOU \$_____ SPOUSE \$_____

27. Rental Information: (For computation of Renter's Credit, if you rented your primary residence from someone else during any part of this tax year. **Complete only if your state has a renter's credit**).

Landlord's Name _____

Landlord's Address _____

Landlord's telephone number _____

Amount of rent paid \$_____

Dates rented From: _____ To: _____

Address of property rented: (If different from current address) _____

Is the cost of heat included in your rent? YES NO

28. Use the following space to tell us anything else you think we need to know to prepare your return. For example, did you dispose of any property or pay alimony?

29. WHAT ELSE TO SEND:

- Copy of the last 3 year's prior Federal and State returns, unless ANGELA M. DONAHUE, CPA prepared your returns for you last year.
- If military, copy of Leave and Earnings Statement (12/31), with Year-to-date figures included.



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Please attach copies of both federal and state income tax returns from the previous year (unless Angela M. Donahue, CPA did those returns for you), and return to:

**P O Box 55595
Little Rock, AR 72215**

OR CALL 501-219-9195 OR 501-346-7065 OR 1-866-DEDUC 4 U