

2009 Tax Organizer

Mennenga Tax & Financial Service

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www.MTFteam.com

Your thorough completion of this organizer will assist you and us in preparing a timely and accurate return.

New Clients: Please bring tax returns from 2007 & 2008.

A. PERSONAL DATA

Name		Birthdate	Preferred Phone	Circle One	Occupation
You				home/work/ cell	
Spouse				home/work/ cell	
Address		City		State	Zip
Email		School District			County

B. DEPENDENTS [Dependents under 24 who have unearned income (income other than wages) are subject to parent's tax rates. **Coordination with your child's tax return is important**]

Name	Soc Sec #	Birthdate	# of months lived with you in '09	Unearned Income	Earned Income	Post High School Tuition
1.						
2.						
3.						

C. WAGES

Use the colored envelope to mail in or drop-off all W-2 forms and year-end pay stubs (if available).

New Clients: Bring in all W-2 forms and year end paystubs.

E. RETIREMENT INCOME

Use the colored envelope to mail in or drop-off all Pension, IRA, Annuity, Social Security, and Railroad Retirement 1099 forms.

New Clients: Bring in all Pension, IRA, Annuity, Social Security, and Railroad Retirement 1099 forms.

D. INTEREST & DIVIDEND INCOME

Use the colored envelope to mail in or drop-off all 1099-Int & 1099-DIV forms, year-end investment statements, & mutual fund supplemental information.

New Clients: Bring in all 1099-Int & 1099-DIV forms, year-end investment statements & mutual fund supplemental information.

F. OTHER INCOME

List ALL Sources including nontaxable items	Amount
Alimony received	
Nontaxable inheritance, gifts and loans	
Scholarships/Fellowships/Grants	
State income tax refunds	
Tips received	
Unemployment Compensation	
Workers' compensation	
Jury duty, prize/gambling winnings, awards	
Personal Representative Fee	
Partnerships, Estates & Taxes (bring in K-1's)	XXXX
Other:	

Additional worksheets available at

www.MTFteam.com

G. MEDICAL EXPENSES YOU PAID

Only amounts you paid that were not reimbursed or used in a flexible spending plan

Health/Dental Ins Premiums	
Long Term Care Ins Premiums-You	
Long Term Care Ins Premiums-Spouse	
Medicare Ins (withheld from SS)	
Prescription Drugs	
Doctors	
Dentists	
Hospital, Nursing Home & Home Care	
Psychological Counseling	
Glass, Hearing Aids, Batteries	
Equipment, Supplies, Rentals	
Miles driven for medical reasons	mi.
Parking, Taxi, Bus, Ambulance	
Toll Calls to Drs/Hospitals	
Other:	
HSA Participants please bring year end statements	

H. TAXES PAID IN 2009

Real Estate: (bring in tax bill)	
Primary residence	
Second residence/lot/land	
State Income Tax:	
Balance Due on 2008 state return	
Sales tax on vehicle/boat	

I. ESTIMATED TAXES PAID

Date Due	Date Paid	Federal	State
1st Qtr April 15, 09			
2nd Qtr June 15, 09			
3rd Qtr Sept 15, 09			
4th Qtr Jan 15, 10			

J. HOME MORTGAGE INTEREST

Bring in all 1098's. Not for use with Rental Property	Primary Home	Second Home
1st home mortgage		
2nd home mortgage		
Home equity loan or points		
Private Mortgage Insurance If loan originated in '07 or later.		

K. CHARITABLE CONTRIBUTIONS

Receipts/Documentation Required

Total cash/check contributions to all qualified non-profit organizations including Religious, Cancer, Heart, Scouts, United Way, Community Centers, & Others (do not include political contributions or raffle tickets)	
Endangered Resources/Special License Plates	
Travel for Charitable Purposes	mi.
Non cash contributions - RESALE VALUE Clothes/Furniture, Etc. <i>For valuation help see www.MTFteam.com</i>	
Securities/Stocks	

L. MISCELLANEOUS DEDUCTIONS

	You	Spouse
Attorney Fees (to protect taxable income)		
Business gifts		
Dues: Union & Professional		
Job related education/Seminars -Tuition/Fees		
-Books/Supplies		
Gambling losses (up to winnings)		
E&O Malpractice insurance		
Investment advisor fees		
Investment Publications/Journals		
IRA fees paid by check		
Job-seeking expense in the same field: Employment & Resume fees, Toll Calls Licenses, Fees (job related)		
Publications/Books, Etc (job related)		
Safe Deposit Box		
Tax Preparation & Consulting Fees		
Toll Calls (job related)		
Job Tools/Supplies and/or Equipment		
Uniforms: Purchase/Cleaning		
Other: (explain)		
Amount Reimbursed by Employer		

M. RENT PAID FOR PERSONAL RESIDENCE

\$ ___ per month from ___ to ___ Heat included Y/N
\$ ___ per month from ___ to ___ Heat included Y/N

N. RENTAL INCOME & EXPENSES

If the property was purchased or converted to rental use this year, please provide closing statement and recent tax bil.

Property #	Address
1	
2	
3	

Property #	1	2	3
Rental Income			
Insurance Reimbursement			
Advertising			
Auto & Travel			
Miles Driven	mi.	mi.	mi.
Cleaning & Maintenance			
Commissions			
Insurance			
Legal & Professional Fees			
Management/Condo Fees			
Mortgage interest paid to banks			
Other interest			
Repairs			
Supplies			
Taxes			
Telephone (toll calls only)			
Utilities			
Wages and Salaries			
Improvements & Replacements	*See instructions below		
Other			
No. of days used personally			

Improvements and Replacements include furniture, appliances, carpets, drapes, major repairs, or improvements.

Please provide a list with DESCRIPTION, DATE OF PURCHASE OR COMPLETION and COST for each item.

Additional worksheets available at
www.MTFteam.com

O. ENERGY IMPROVEMENTS

Manufacturer's Certification is required for the Residential Energy Credit

Type of Improvement	Date of Purchase	Purchase Price	Installation Cost

P. MUTUAL FUNDS/STOCKS/PROPERTY SOLD

All sales of securities and property MUST be reported even if there is no profit or loss. For each sale provide statements for both the original purchase and sale. Also, provide Form 1099-B and/or 1099-S from the broker or agent.

Description	Date Acquired	Original Cost	Date Sold	Selling Price

Q. POST HIGH SCHOOL EDUCATION

Bring in documents to support any post high school tuition, books and fee expenses paid for any family member in 2009. If 529 or Ed IRA funds were used, also provide expenses for tuition, books, supplies, room, board, etc.

R. CHILD AND DEPENDENT CARE

List amounts paid while working or attending school

	Provider 1	Provider 2
Name		
Address		
SSN or EIN		
Amt Pd for Child 1		
Amt Pd for Child 2		
Amt Pd for Child 3		

T. BUSINESS EXPENSE INSTRUCTIONS

Business expense deductions must be based on a log and/or other receipts and records which document the business purpose, date and time, place, and amount of expense.

For business meals and entertainment, also document that 1) you discussed business during the meal, or 2) you had a substantial and bona fide business discussion or activity before or after the meal/entertainment, or 3) you were away from home overnight. You must record the name and business relationship of each person entertained. Gifts are limited to \$25/person/year. You may not deduct these expenses unless documented!

U. SELF-EMPLOYED BUSINESS INCOME & EXPENSE

	Amount
Gross Income	
Returns & Refunds	
Cost of inventory at beginning of year	
Cost of merchandise purchased	
Cost of items for personal use	
Cost of inventory at end of year	

Expense	Amount	Expense	Amount
Advertising		Postage/Shipping	
Commissions		Wages*	
Insurance		Bank Charges	
Interest		Dues & Pubs	
Legal & Prof		Seminars	
Office Expense		Telephone	
Rent: Office		Health Ins	
Equipment		Other:	
Repairs/Maint			
Supplies			
Taxes: Payroll*			
Sales			
Property			

If you bought any equipment or furniture for your business please provide list including description, cost, and purchase date.

*Bring IRS 941's, 940, UC101's, W-2's, W-3

V. OFFICE IN HOME EXPENSE

To qualify, an 'office in the home' must be used exclusively and on a regular basis (a) as your principal place of business, or (b) by patients, clients, or customers in meeting or dealing with you in the normal course of business.

Total sq. feet	Home:		Office:	
Maintenance & Repairs	Home:		Office:	
Utilities		Insurance		
Condo/Mgmt fees		Other		

W. AWAY-FROM-HOME BUSINESS EXPENSES

	You	Spouse
Airfare		
Auto rental, Taxi, Etc		
Meals & Tips		
Lodging & Tips		
Laundry		
Entertainment		
Other:		
Please list reimbursements		

X. BUSINESS AUTO INSTRUCTIONS

Complete the next section only if you use actual expenses for your business auto. If you have a new vehicle because of a trade or purchase, provide the purchase papers. Complete the last section for all vehicles used for business.

Y. BUSINESS AUTO EXPENSES

Do not complete if you use the standard mileage rate

	Vehicle 1	Vehicle 2
Gasoline, Oil, Lubrication		
Repairs & Maintenance		
Tires, Batteries, Etc		
Insurance		
License & Taxes		
Interest		
Wash & Wax		
Lease Payments		
Other:		

Z. BUSINESS MILEAGE

*Only one vehicle per column.

Do NOT complete this section if your car is used only for commuting to and from work and personal travel	You * or Vehicle 1	Spouse * or Vehicle 2
Description of vehicle (make/model)		
Date originally purchased		
Total miles driven this year		
Average daily round-trip commute		
Total commuting for the year		
Parking & Tolls		
Interest paid on car loan		
Business Miles Driven	XXX	XXX
For employer		
To professional meetings		
Between 1st & 2nd job		
From job to school		
Job seeking		
Investment/Tax Prep		
Rental		
Self-employed business		

