

2011 Tax Organizer

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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 2009 & 2010

	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 age 24 who have unearned income of \$950 (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 '11	Unearned Income	Earned Income	Post High School Tuition
1)							
2)							
3)							

C. WAGES

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

New Clients: Bring in all forms and year-end pay stubs

E. RETIREMENT INCOME

Use the return 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 return 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 statements, & mutual fund supplemental information.

F. OTHER INCOME

List ALL Sources including nontaxable items	Amount
Alimony received	
Nontaxable inheritance, gifts, & 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, & Trusts (bring in K-1s)	XXXX
Other:	

G. MEDICAL EXPENSES YOU PAID

Only list amounts you paid that were NOT reimbursed, pretaxed, or used in a flexible spending plan.

Health/Dental/RX Premiums	
Long Term Care Ins Premiums-You	
Long Term Care Ins Premiums-Spouse	
Medicare Ins (withheld from SS)	
Prescription Drugs	
Doctors, Chiropractors	
Dentists, Orthodontist, Oral Surgeons	
Hospital, Nursing Home, & Home Care	
Psychological Counseling	
Glasses, 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 2011

Real Estate: (bring in tax bill)	
Primary residence	
Secondary residence/lot/land	
State Income Tax	
Balance Due on 2010 state return	
Sales tax on vehicle/boat	

I. ESTIMATED TAXES PAID

Date Due	Date Paid	Federal	State
1st Qtr April 15, 11			
2nd Qtr June 15, 11			
3rd Qtr Sept 15, 11			
4th Qtr Jan 15, 12			

J. HOME MORTGAGE INTEREST

Bring in all 1098s For rental property use in Part N	Primary Home	Second Home
1st home mortgage		
2nd home mortgage		
Home equity loan or points		
Private Mortgage Insurance <i>If loan originated in '07 or later</i>		

K. CHARITABLE CONTRIBUTIONS

Receipts/Documentation Required

Total cash/check contributions to all qualified non-profit organizations including Religious, Cancer, Heart, Scout, 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

*Self-employed individuals see Section U

	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 Publications/Journals		
IRA fees paid by check		
Job-seeking expense in the same field: Employment & Resume fees, Toll Calls		
Job Tools/Supplies and/or Equipment		
Licenses, Fees (job related)		
Publications/Books, Etc (job related)		
Safe Deposit Box		
Tax Preparation & Consulting Fees		
Toll Calls (job related)		
Uniforms: Purchase/Cleaning		
Other: (explain)		

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 bill.

Property #	Address
1	
2	
3	

Property #	1	2	3
Rental Income			
Advertising			
Auto & Travel			
Miles Driven Jan-June			
Miles Driven July-Dec.			
Cleaning & Maintenance			
Commissions			
Insurance			
Legal & Prof Fees			
Mangement/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 – including furniture, appliances, carpets, drapes, major repairs, or improvements.

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

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.

Type of Improvement	Date of Purchase	Purchase Price	Installation Cost

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 2011. If 529 or Education IRA funds were used, also provide expenses for tuition, books, supplies, room, board, etc.

R. CHILD & 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		

S. RETIREMENT CONTRIBUTIONS

Type	You	Spouse
Traditional IRA		
ROTH IRA		
Self-Employed		

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, 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. Record the name and business relationship of each person entertained. Gifts are limited to \$25/person each year. **YOU MAY NOT DEDUCT THESE EXPENSES UNLESS DOCUMENTED.**

U. SELF-EMPLOYED BUSINESS INCOME & EXPENSE*

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

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

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

*Not for S Corporations

**Bring IRS forms 941/940/W2/W3 and State form UC 101

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 Section Y 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 Section Z 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		
Lease Payments		
Other:		

Z. BUSINESS MILEAGE

*Only one vehicle per column

Do NOT complete this section if your car is used 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:	Jan- June	July- Dec	Jan- June	July- Dec
For Employer				
To professional meetings				
Between 1st & 2nd job				
From job to school				
Job seeking				
Investment/Tax prep				
Self-employed business				
Do you have a written mileage log?	____ Yes		____ No	

