

### Basic Taxpayer Information

**Taxpayer**

First Name & Middle Initial	Last Name	Social Security Number	Date of Birth

**Spouse**

First Name & Middle Initial	Last Name	Social Security Number	Date of Birth

Street address	City, state and zip code

Taxpayer Occupation	Spouse Occupation	Home Phone	Work Phone	Cell Phone

Email Address
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**Filing Status (check one)**

Single \_\_\_\_\_ Married filing joint \_\_\_\_\_

Married filing separate \_\_\_\_\_ Head of Household \_\_\_\_\_

Qualifying Widow(er) \_\_\_\_\_

### Direct Deposit

Would you like to direct deposit any refunds? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please provide the following:

Banking Institution	Routing Number	Account Number	Account Type (Checking/Savings)

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**Dependent Information**

Name (first, initial, last)	Date of Birth	Social Security Number	Relationship	Mos. In Home

**Income Information**

**Wages and Salaries (Please provide copies of W-2s)**

Employer Name	Wages	Federal Tax W/H	State Tax W/H	Local Tax W/H

**Interest Income 1099-INT (Please provide copies of 1099-INTs)**

Source	Amount

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**Dividend Income 1099-DIV (Please provide copies of 1099-DIVs)**

Source	Ordinary Amt.	Qualified Amt.

**Gains or Losses from Sales of Stocks, Securities or Other Assets 1099-B  
(Please provide copies of 1099-Bs)**

Kind of Property and Description	Date Acquired	Date Sold	Sales Price	Cost or Other Basis

**Other Income (Please provide copies of all 1099s)**

Source	Amount
Taxable refunds of state or local income taxes <b>1099-G</b>	
Alimony received	
IRA Distributions <b>1099-R</b>	

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Pensions and annuities <b>1099-R</b>	
Unemployment compensation <b>1099-G</b>	
Social Security benefits <b>SSA-1099</b>	
Tips	
All other income not provided for in this organizer and source of that income, such as form 1099s, etc.:	

**Adjustments to Income (Please provide copies of 1098)**

Source	Amount
Educator expenses	
IRA deduction	
Student loan interest <b>1098-E</b>	
Tuition and fees deduction <b>1098-T (Not Nouveau Riche tuition, that will be entered under business expenses)</b>	
Health savings account deduction	
Moving expenses	
Self-employed, SEP, SIMPLE, and qualified plans	
Penalty on early withdrawal of savings	
Alimony paid	
Health insurance premiums	

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**Child or Dependent Care Expenses (Please break out by each child/dependant)**

Paid to:

Name	Address	Social Security or ID Number	Amount Paid

**Federal, State or Local Estimated Taxes Paid for 2010**

Payment information	Federal	State	Local
First quarter 2010			
Second quarter 2010			
Third quarter 2010			
Fourth quarter 2010			
With 2010 extension			
Other estimated tax payments			

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### Itemized Deductions

	Amount
Medical and dental expenses	
Medical insurance premiums paid after tax	
Personal Residence Real estate taxes	
Personal property taxes	
Home mortgage interest and points reported on form 1098 <b>(Please provide copies of 1098s)</b>	
Home mortgage interest and points not reported on form 1098	
Investment interest paid	
Gifts to charity by cash or check	
Gifts to charity other than by cash or check	
Unreimbursed employee expenses <b>(For W-2 employees)</b>	
Travel expenses (excluding meals)	
Meals and entertainment	
Parking and tolls	
Telephone used for employer's business	
Dues	
Educational expenses required to maintain your job	
Office in home required by employer	
Tools and equipment	
Safety and protective clothing	
Uniform costs	
Subscriptions to professional journals	
Job seeking costs	
Other	
Investment expenses	
Tax preparation fee	
Safe deposit box rental	

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**Vehicle Information and Mileage Documentation**  
**(If you have more than one vehicle used for business purposes please make additional copies as necessary)**

Description of vehicle \_\_\_\_\_

Is vehicle used 100% for business purposes?                      Yes \_\_\_\_\_ No \_\_\_\_\_

Is another car available for personal uses?                      Yes \_\_\_\_\_ No \_\_\_\_\_

Vehicle cost \_\_\_\_\_ Date placed in service \_\_\_\_\_

Total miles driven for 2010 \_\_\_\_\_

Business miles driven for 2010 \_\_\_\_\_

Personal miles driven for 2010 \_\_\_\_\_

Do you have evidence to support your mileage information (written log, etc)?

Yes \_\_\_\_\_ No \_\_\_\_\_

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If you received income through the operation of a sole-proprietorship business please list the income and the expenses related to that income in the tables below: **(If you have more than one business please make a copy for each business and list income and expenses separated by business).**

**Income**

Source of Income	Activity of Business	Amount

**Expenses related to that business income**

Type of expense	Amount
Advertising	
Car and truck expenses	
Commissions	
Insurance	
Interest	
Legal and professional services	
Office expense and supplies	
Rental costs	
Taxes and licenses	
Travel	
Meals	
Utilities	
Other expenses	

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