

Individual Income Tax Organizer

SECTION 1: Personal Information

TAX PAYER INFORMATION (Please print clearly)

Last Name _____ First Name _____ M.I. _____ SS# _____
 Occupation _____ Date of Birth _____
 Taxpayer E-mail Address _____
 Work Phone _____ Cell Phone _____ Home Phone _____
 Address _____
 City _____ State _____ Zip _____

SPOUSE INFORMATION

Last Name _____ First Name _____ M.I. _____ SS# _____
 Occupation _____ Date of Birth _____
 Spouse E-mail Address _____
 Work Phone _____ Cell Phone _____ Home Phone _____

CHILDREN

Child's Full Name	Social Security No.	Birth Date	Relationship (Son, Daughter)	Months person lived in your home during the year	Did you provide more than 50% support for person?

- YES NO Are any of your dependent children who are not full time students, 19 years of age or older?
- YES NO Did any of the children have income above \$950 for the year?
- YES NO Do you have any children with investment income greater than \$1,900?
- YES NO Did any of the children have a disability?

OTHER DEPENDENTS OR PEOPLE WHO LIVED WITH YOU

Please list all persons who lived in your home and anyone living outside of your home that you supported during the year.

Person's Full Name	Social Security No.	Birth Date	Relationship (Parent, Sibling)	Income	Did you provide more than 50% support for person?

"You" refers to both taxpayer and spouse – enter "?" if unsure

- YES NO **NEW CLIENTS ONLY: Did you bring a copy of last year's tax return?**
- YES NO Were you legally married as of December 31st?
- YES NO If yes, were you living with your spouse as of December 31st?
- YES NO Did your spouse die within the last 2 years? If yes, date of death:
- YES NO Did you receive an income tax refund from the state of Arizona (or the state you live in) last year?
- YES NO Can someone else claim you or your spouse as a dependent on their tax return?

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Questions – All Taxpayers

SECTION 2: Questions that could lead to helpful deductions

“You” refers to both taxpayer and spouse – enter “?” if unsure

<input type="checkbox"/> YES <input type="checkbox"/> NO	Did you or your spouse receive unemployment payments during the tax year?
<input type="checkbox"/> YES <input type="checkbox"/> NO	Did you pay for child care during the tax year that allowed you to work?
	<i>Provider's name & tax ID</i>
	<i>Provider's phone & address</i>
<input type="checkbox"/> YES <input type="checkbox"/> NO	Did you or anyone in your family pay student loan interest? <i>Amount paid \$</i>
<input type="checkbox"/> YES <input type="checkbox"/> NO	Did you incur any moving expenses during the tax year? If yes, attach details
<input type="checkbox"/> YES <input type="checkbox"/> NO	Are either you or your spouse legally blind?
<input type="checkbox"/> YES <input type="checkbox"/> NO	Did you or your spouse pay alimony or collect alimony during the tax year?
<input type="checkbox"/> YES <input type="checkbox"/> NO	Were any children born or adopted last year?
<input type="checkbox"/> YES <input type="checkbox"/> NO	Did you or anyone in your family attend college or vocational school during the tax year?
	<i>Tuition paid by you \$</i> <i>Books \$</i> <i>Year in college: 1 2 3 4</i>
	<i>Tuition paid by student \$</i> <i>Books paid by student \$</i>
<input type="checkbox"/> YES <input type="checkbox"/> NO	Did you pay tuition for a private school for a dependent or take classes yourself?
	<i>Name of Provider</i> <i>ID #</i>
	<i>Address</i> <i>Amount Paid \$</i>
<input type="checkbox"/> YES <input type="checkbox"/> NO	Did you buy, sell, or refinance a principal residence? (Provide closing statement)
<input type="checkbox"/> YES <input type="checkbox"/> NO	If you sold a home, did you claim the first time home buyers credit when it was purchased?
<input type="checkbox"/> YES <input type="checkbox"/> NO	Did you buy or sell a principal residence? (Provide closing statement)
<input type="checkbox"/> YES <input type="checkbox"/> NO	Did you refinance a mortgage or take out a home equity loan? (Provide closing statement)
<input type="checkbox"/> YES <input type="checkbox"/> NO	Did you use any mortgage loan proceeds for purposes other than to buy, build, or improve your home?
<input type="checkbox"/> YES <input type="checkbox"/> NO	Did you contribute any money to an IRA last year? If yes, amount contributed \$
<input type="checkbox"/> YES <input type="checkbox"/> NO	Did you pay any interest on a boat or RV loan? If yes, provide details
<input type="checkbox"/> YES <input type="checkbox"/> NO	Did you pay any sales or excise tax on a major purchase last year, such as a vehicle, boat, or home?
<input type="checkbox"/> YES <input type="checkbox"/> NO	Did you roll over any amounts from a retirement account last year?
<input type="checkbox"/> YES <input type="checkbox"/> NO	Did you incur any casualty or theft losses during the tax year? Insurance reimbursement: \$
<input type="checkbox"/> YES <input type="checkbox"/> NO	Did you work from a home office or use your car for business?
<input type="checkbox"/> YES <input type="checkbox"/> NO	Did you buy, sell or transfer any stocks or bonds or sell rental or investment property?
<input type="checkbox"/> YES <input type="checkbox"/> NO	Did you receive any income from an installment sale?
<input type="checkbox"/> YES <input type="checkbox"/> NO	Did you own a business or an interest in an LLC, partnership, or S-corp?
<input type="checkbox"/> YES <input type="checkbox"/> NO	Did you start a business or purchase rental property?
<input type="checkbox"/> YES <input type="checkbox"/> NO	Have you paid alternative minimum tax (AMT) in previous years?
<input type="checkbox"/> YES <input type="checkbox"/> NO	Did you have any investments become worthless or were you a victim of investment theft last year?
<input type="checkbox"/> YES <input type="checkbox"/> NO	Were you granted, or did you exercise, any employee stock options last year?
<input type="checkbox"/> YES <input type="checkbox"/> NO	Did you pay anyone for domestic services in your home?
<input type="checkbox"/> YES <input type="checkbox"/> NO	Did you purchase a new energy-efficient car, truck, or van?
<input type="checkbox"/> YES <input type="checkbox"/> NO	Do you make any energy-efficient improvements to your home? If yes, provide details.
<input type="checkbox"/> YES <input type="checkbox"/> NO	Are you involved in a bankruptcy, foreclosure, or repossession?
<input type="checkbox"/> YES <input type="checkbox"/> NO	Did you have any debt (including credit cards) forgiven or cancelled?
<input type="checkbox"/> YES <input type="checkbox"/> NO	Are you or your spouse a member of the military?
<input type="checkbox"/> YES <input type="checkbox"/> NO	Were you a citizen of or live in a foreign country, or receive income from a foreign investment or bank account?
<input type="checkbox"/> YES <input type="checkbox"/> NO	Do you wish to Direct Deposit any federal or state refunds? (If yes, you must attach a “Voided” check)
	<i>Direct deposit to</i> <input type="checkbox"/> <i>Checking</i> <input type="checkbox"/> <i>Savings</i>
	<i>Routing #</i> <i>Account #</i>
<input type="checkbox"/> YES <input type="checkbox"/> NO	Payment for your tax return is due upon receipt. Did you want to pay by credit card?
	IF YES, -----> <i>Card No.</i> _____ <i>Exp. Date</i> ____ / ____ <i>Code</i> _____

FILING STATUS (check one)

- Single
- Married Filing Jointly
- Married Filing Separately
- Head of Household
- Qualified Widower / Surviving Spouse
(with dependent child)

INCOME

- Taxpayer-Wages from your job \$ _____
- Spouse-Wages from your job \$ _____
- Interest Income \$ _____
- Taxpayer-Social Security received \$ _____
- Spouse-Social Security received \$ _____
- Lottery / Prizes \$ _____
- Alimony received \$ _____
- Federal income tax refund (last year) \$ _____
- State income tax refund (last year) \$ _____

OTHER INCOME

- Unemployment \$ _____
- Interest Received \$ _____
- Sales of Assets \$ _____
- Gambling Winnings \$ _____
- Gambling Losses (\$ _____)
- Self Employment (see Business Organizer) \$ _____
- Rental (see Rental Organizer) \$ _____
- Jury Duty Pay \$ _____
- Pensions or Annuities \$ _____
- Day Care Provider \$ _____
- Tips \$ _____

TAXES PAID

- Real estate taxes paid on your home \$ _____
- Auto Registration (all vehicles) \$ _____
- State taxes paid \$ _____

ESTIMATED TAXES PAID:

- 1) Date _____ Amount Paid \$ _____
- 2) Date _____ Amount Paid \$ _____
- 3) Date _____ Amount Paid \$ _____
- 4) Date _____ Amount Paid \$ _____

MEDICAL EXPENSES

- Prescriptions \$ _____
- Health Insurance Premiums \$ _____
- Doctors \$ _____
- Dentist \$ _____
- Hospital \$ _____
- Laboratory / X-Rays \$ _____
- Glasses & Eye Exams \$ _____
- Hearing Aids & Batteries \$ _____
- Long Term Care Insurance \$ _____
- Prosthetic Appliances \$ _____
- Therapy \$ _____
- Insurance Reimbursements listed above .. \$ _____
- Lodging for medical purposes \$ _____
- Miles driven for medical _____

CHARITABLE CONTRIBUTIONS

CASH CONTRIBUTIONS

- Church \$ _____
- Payroll deductions \$ _____
- Other (Name) \$ _____
- Other (Name) \$ _____
- Other (Name) \$ _____
- Contributions, non-receipted \$ _____

NON CASH-CONTRIBUTIONS

- Salvation Army / Goodwill Industries \$ _____
- Other (Name) \$ _____
- Other (Name) \$ _____
- Other (Name) \$ _____
- Miles driven for charity _____

INTEREST PAID

- Mortgage interest paid on home \$ _____
- HELOC Interest paid on home \$ _____
- Student loan interest \$ _____
- Other interest paid \$ _____

OTHER DEDUCTIONS /CREDITS

- Union Dues \$ _____
- Dues-Professional organizations \$ _____
- Employment Agencies \$ _____
- Safety deposit box \$ _____
- Job tools and job supplies \$ _____
- Uniforms \$ _____
- Other (Name) \$ _____

MISCELLANEOUS

- Auto Expenses (Job use only) \$ _____
- Business Meals and Entertainment \$ _____
- Dues & Subscriptions (Trade Journals) \$ _____
- Educator Expenses \$ _____
- Employment Agency Fees \$ _____
- Income Tax Preparation \$ _____
- IRA or Keogh Plan Fees \$ _____
- Job Hunting Expenses \$ _____
- Mutual Fund Fees \$ _____
- Safe Deposit Box Fees \$ _____
- Safety Equipment \$ _____
- Small Tools (Estimated life 1 year or less) \$ _____
- Telephone (Job use only) \$ _____
- Travel (Excluding Meals & Entertainment) \$ _____
- Uniforms (Not General Wear) \$ _____
- Uniforms, Laundry & Cleaning \$ _____
- Union Dues & Professional Dues \$ _____
- Vocational Supplies \$ _____
- Other (Name) \$ _____

ADJUSTMENTS TO INCOME

- Alimony (Paid to) \$ _____
Social Security Number _____
- IRA Contributions / Penalty-early withdrawal \$ _____
- Child Care Expense (No. of Children _____) \$ _____
- Medical Savings Account \$ _____

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Letter of Engagement

Thank you for choosing this office to prepare your tax return. This letter confirms the terms of my engagement with you and outlines the nature and extent of the services I will provide.

I will prepare your federal and state tax returns for the current tax year from the information you furnish to me. It is your responsibility to provide me with all the information required for the preparation of complete and accurate returns. I will not audit or otherwise verify the data you submit, although I may ask you to clarify some of it. You, therefore, specifically confirm to me that all items have been disclosed to me and that you have written records to support all items claimed (receipts, cancelled checks, diaries, log books, etc.).

Since the final responsibility for the completeness and accuracy of the returns is yours, you agree to review them carefully to fully acquaint yourself with all items contained therein to ensure that there are no omissions or misstatements, before you sign them.

It is important for you to know that the law imposes a penalty if a taxpayer makes a substantial understatement of tax liability. You should also know that the IRS audit procedures will almost always include questions on deductions that require strict documentation such as travel and entertainment expenses, and business usage of autos and computers. In preparing your returns, I rely on your representations that I have been informed of all bartering transactions and that you understand and have complied with the documentation requirements for your expenses and deductions.

My fee for tax services is based on the number of forms prepared and the complexity of those forms. I expect to be paid in full upon the completion of the return. Any unpaid invoices over 90 days will be referred for collection.

Any material you furnish for use in preparing your returns will be returned to you at the completion of your returns. If the returns are examined by taxing authorities, requests may be made for supporting documentation. Therefore, I recommend that you retain all pertinent records for at least seven years.

If the tax services and terms outlined above are in accordance with your understanding of our engagement, please sign this letter in the space provided. I appreciate the opportunity to serve you. If you have any questions, need additional information, or if I can be of assistance in any way, please call me.

Very truly yours,

Peter F. Corrao

I (We) have submitted this information on my (our) tax organizer for the sole purpose of preparing my (our) tax return(s). Each item can be substantiated by receipts, cancelled checks, or other documents. This information is true, correct, and complete to the best of my (our) knowledge.

ACCEPTED BY:

By: _____ Date: _____
Taxpayer

By: _____ Date: _____
Spouse

Business Organizer

BUSINESS INFORMATION

Principal Business or Profession _____ Business Code _____
Business Name _____
Business Address _____
City _____ State _____ Zip _____

VEHICLE INFORMATION (used in your business)

VEHICLE #1:

Vehicle Make _____
Date Placed in Service..... _____
Total Miles for the Year _____
Business Miles for the Year _____
Commuting Miles for the Year..... _____

Is vehicle available when off duty? YES NO
Is another vehicle available? YES NO
Do you have business use evidence?... YES NO
Is mileage evidence written? YES NO

VEHICLE #2:

Vehicle Make _____
Date Placed in Service..... _____
Total Miles for the Year _____
Business Miles for the Year _____
Commuting Miles for the Year..... _____

Is vehicle available when off duty? YES NO
Is another vehicle available? YES NO
Do you have business use evidence?... YES NO
Is mileage evidence written? YES NO

INCOME

Gross Receipts or Sales\$ _____
Returns and Discounts.....\$ _____
Other Income\$ _____

EXPENSES

Advertising\$ _____
Car & Truck Expenses\$ _____
Commissions & Fees.....\$ _____
Contract Labor\$ _____
Depletion\$ _____
Employee Benefit Programs\$ _____
Insurance (other than health).....\$ _____
Mortgage Interest (paid to banks).....\$ _____
Other Interest\$ _____
Legal & Professional Services\$ _____
Office Expense.....\$ _____
Pension & Profit Sharing Plans.....\$ _____
Rent/Lease (vehicles, equipment)\$ _____
Rent/Lease (other business property) \$ _____
Repairs & Maintenance\$ _____
Supplies\$ _____
Taxes & Licenses\$ _____
Travel\$ _____
Total Meals & Entertainment.....\$ _____

Utilities\$ _____
Wages\$ _____

HOME OFFICE

Mortgage Interest (paid to banks) __ \$ _____
Real Estate Taxes\$ _____
Insurance\$ _____
Repairs and Maintenance.....\$ _____
Utilities:
 Electric.....\$ _____
 Gas.....\$ _____
 Water.....\$ _____
 Trash\$ _____
Other Expenses (list):

Rental Organizer

RENTAL INFORMATION

Property #1 Address _____
 City _____ State _____ Zip _____

Property #2 Address _____
 City _____ State _____ Zip _____

Property #3 Address _____
 City _____ State _____ Zip _____

VEHICLE INFORMATION (used for rental maintenance)

Vehicle Make.....	_____	Available when off duty	<input type="checkbox"/> YES <input type="checkbox"/> NO
Date Placed in Service.....	_____	Another vehicle available.....	<input type="checkbox"/> YES <input type="checkbox"/> NO
Total Miles for the Year	_____	You have evidence.....	<input type="checkbox"/> YES <input type="checkbox"/> NO
Business Miles for the Year	_____	Is it written	<input type="checkbox"/> YES <input type="checkbox"/> NO
Commuting Miles for the Year.....	_____		

INCOME

	RENTAL 1	RENTAL 2	RENTAL 3
Rents Received (Attach 1099s) ...	\$ _____	\$ _____	\$ _____

EXPENSES

	RENTAL 1	RENTAL 2	RENTAL 3
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 Supplies (brush, ladder)....	\$ _____	\$ _____	\$ _____
Pest Control	\$ _____	\$ _____	\$ _____
Property Taxes	\$ _____	\$ _____	\$ _____
Plumbing & Electrical	\$ _____	\$ _____	\$ _____
Repairs	\$ _____	\$ _____	\$ _____
Supplies	\$ _____	\$ _____	\$ _____
Cleaning Supplies	\$ _____	\$ _____	\$ _____
Tools.....	\$ _____	\$ _____	\$ _____
Telephone.....	\$ _____	\$ _____	\$ _____
Utilities.....	\$ _____	\$ _____	\$ _____
Wages & Salaries.....	\$ _____	\$ _____	\$ _____
Other	\$ _____	\$ _____	\$ _____
Other	\$ _____	\$ _____	\$ _____
Other	\$ _____	\$ _____	\$ _____