

Income Tax Organizer

SECTION 1: Personal Information

TAX PAYER INFORMATION (Please print clearly)

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

SPOUSE INFORMATION

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

DEPENDENTS – 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?

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:** Please bring a copy of last 3 year's tax return and your Social Security Card(s)
 YES NO **ALL CLIENTS:** Must provide proof of health insurance for all family members (Form 1095-A, B, or C)
 YES NO **EITC CLIENTS:** If you qualify for EITC, provide proof of residency for your school age children
 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 Do you have any children under age 19 or full time students under age 24?
 YES NO Did any of the children have **earned 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?

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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 \$ _____
- State income tax refund (last year) \$ _____

OTHER INCOME

- Business Income (see Business Organizer) \$ _____
- Interest Received \$ _____
- Unemployment \$ _____
- 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) \$ _____
- Other \$ _____

FEDERAL 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 (post tax) \$ _____
- Doctors \$ _____
- Dentist \$ _____
- Hospital \$ _____
- Laboratory / X-Rays \$ _____
- Glasses & Eye Exams \$ _____
- Hearing Aids & Batteries \$ _____
- Long Term Care Insurance \$ _____
- Prosthetic Appliances \$ _____
- Physical Therapy \$ _____
- Insurance Reimbursements listed above .. \$ _____
- Lodging for medical purposes \$ _____
- Miles driven for medical, dental, etc. \$ _____

CHARITABLE CONTRIBUTIONS

CASH CONTRIBUTIONS

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

NON CASH-CONTRIBUTIONS

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

INTEREST PAID

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

EMPLOYEE/JOB EXPENSES

(Use the business organizer if you have a business)

- Educator Expenses \$ _____
- Union Dues & Professional Dues \$ _____
- Employment Agencies \$ _____
- Job tools and job supplies \$ _____
- Auto Expenses (Job use only) \$ _____
- Business Meals and Entertainment \$ _____
- Dues & Subscriptions (Trade Journals) \$ _____
- Employment Agency Fees \$ _____
- Job Hunting Expenses \$ _____
- 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 \$ _____
- Other (Name) \$ _____

MISCELLANEOUS DEDUCTIONS

- Safety deposit box \$ _____
- Income Tax Preparation Fees \$ _____
- IRA or Keogh Plan Fees \$ _____
- Mutual Fund Fees \$ _____

ADJUSTMENTS TO INCOME

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

Business Organizer

BUSINESS INFORMATION

Business Name _____

Business Address _____

City _____ State _____ Zip _____

Business Profession _____

Did you mail out any 1099-MISC forms to vendors you used? YES NO

VEHICLE INFORMATION (used in your business)

Vehicle Make _____

Date Placed in Service..... _____

Total Miles for the Year _____

Business Miles for the Year _____

Commuting Miles for the Year..... _____

Is another vehicle available? YES NO

Is vehicle available when off duty? YES NO

Do you have business use evidence?... YES NO

Is mileage evidence written? YES NO

BUSINESS INCOME

Gross Receipts or Sales\$ _____

Refunds and Discounts.....\$ _____

Other Income\$ _____

Cost of Good Sold (COGS)\$ _____

BUSINESS EXPENSES

Advertising\$ _____

Bank Charges\$ _____

Bookkeeping & Accounting\$ _____

Car & Truck Expenses\$ _____

Cell Phone.....\$ _____

Commissions & Fees.....\$ _____

Contract Labor/Outside Srvcs.....\$ _____

Computer Srvcs & Supplies.....\$ _____

Delivery & Freight out\$ _____

Dues & Subscriptions.....\$ _____

Gifts\$ _____

Insurance - Liability\$ _____

Internet Service Provider\$ _____

Janitorial.....\$ _____

Meals & Entertainment.....\$ _____

Legal & Professional Services\$ _____

Licenses & Permits\$ _____

Office Supplies\$ _____

Parking Fees & Tolls\$ _____

Postage\$ _____

Pension & Profit Sharing Plans.....\$ _____

Rent/Lease (equipment, vehicles)\$ _____

Rent/Lease (buildings, office)\$ _____

Repairs & Maintenance\$ _____

Security/Alarm System.....\$ _____

Supplies\$ _____

Taxes & Licenses\$ _____

Telephone/Fax (business line)\$ _____

Tools & Small Equipment.....\$ _____

BUSINESS EXPENSES (continued)

Training & Education.....\$ _____

Travel\$ _____

Uniforms.....\$ _____

Utilities.....\$ _____

Wages\$ _____

Other Expenses (list):

.....\$ _____

.....\$ _____

.....\$ _____

.....\$ _____

.....\$ _____

.....\$ _____

.....\$ _____

.....\$ _____

.....\$ _____

.....\$ _____

.....\$ _____

HOME OFFICE

Total Square footage of office _____

Total Square footage of house..... _____

Home Owners Association.....\$ _____

Insurance\$ _____

Mortgage Interest.....\$ _____

Pest Control\$ _____

Real Estate Taxes\$ _____

Rent.....\$ _____

Repairs (office only)\$ _____

Trash\$ _____

Utilities:

Electric.....\$ _____

Gas.....\$ _____

Water.....\$ _____

.....\$ _____

.....\$ _____

.....\$ _____

PETER F. CORRAO, L.L.C.
INCOME TAX & ACCOUNTING



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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 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 of taxable income have been disclosed to me and that you have written records to substantiate all items claimed (receipts, cancelled checks, diaries, log books, etc.) and that you have reasonably estimated the market values of non-cash charitable contribution items.

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 mis-statements, 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 complexity of the tax return(s) and the amount of time it takes me to complete the tax return(s). I expect to be paid in full upon the completion of the return. Tax returns will not be e-filed until your fee is paid in full. Any unpaid invoices over 90 days will be referred for collection.

I am committed to safeguarding your confidential information. I do not disclose any non-public personal information about my clients or former clients except as required by law, and the National Association of Enrolled Agents (NAEA). Additionally, upon your written request, I will disclose information about you to the parties you specify. 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, E.A.

By: _____ Date _____
Taxpayer

By: _____ Date _____
Spouse

PETER F. CORRAO, L.L.C.
INCOME TAX & ACCOUNTING



Pete Corrao, E.A.

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CHECK LIST

Most Important and Commonly Forgotten

- W2's
- 1099-Misc
- K1s from partnership, S-Corp, or estate and trusts
- SS cards for all family members including Newborns
- Proof of Health Insurance Form for all Family Members (Form 1095-A, B, or C)
- EITC Proof of Residence for Children (school records or medical records)
- Mortgage Interest Paid (Form 1098)
- Property Taxes Paid
- Car Registration (for cars, boats, trucks, trailers, quads, jet skis, etc.)
- Day Care Name and Tax ID Number
- Student Loan Interest (Form 1098-E)
- College Tuition (Form 1098-T)
- Routing and Account Numbers for Direct Deposit
- HUD-1 Closing Statement for New Home Purchase or Refinance
- Business Income and Expenses (Business Organizer)
- Rental Income and Expenses (Rental Organizer)

New Clients Only

- All of the Above Items
- Last 2 Years of Tax Returns

*Note: If you bring originals to your tax appointment I will be able to make copies.
Please request this upon check in.