

2013

Taxpayer Organizer

This easy to use organizer has been prepared to assist you in collecting information for your 2013 Individual Income Tax Return. The organizer checklist will assist you in compiling complete and accurate tax data and make it possible to take full advantage of all allowable deductions. If necessary, attach additional support with pertinent facts that may not have been requested in this organizer. If you have any questions, please make note of them so that we can discuss them with you when we prepare your return.

Please provide all record and necessary information to include:

Prior year federal and state return (new clients only)

W2's for wages, salaries, tips and pensions

1098's for mortgage interest paid to financial institutions

All itemized deductions including real estate taxes paid, charitable contributions, medical expenses and employee business expenses

1099's for interest, dividends, state tax refunds and other payments

K-1's from partnerships, S corporations, estates and trusts

All other forms of income including self employment

Additional correspondence from tax agencies if any

Please contact us with any questions. We appreciate the opportunity to serve you.

Sincerely,

John J. Fitzpatrick, CPA

Joseph H Wisniewski, Jr., CPA

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Name: _____

Email address: _____

* Please provide any changes to your address, home or cell phone in the space provided at the end of the questionnaire

The following questions help us understand your current year tax situation. If you are filing jointly, each question also applies to your spouse. Please answer each question by circling Yes or No. For every questions answered Yes, please provide details at the end of the questionnaire. If a question does not pertain to you, please circle no. If you are unsure of an answer; leave that question blank.

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| Yes | No | 1. Electronic filing is mandated for most taxpayers with some exceptions.
Do you approve of your tax return being electronically filed? |
| Yes | No | 2. We will provide you with an electronic copy your return in secured client portal so that you may access your return at any time. If you do not want an electronic copy of the return please check NO. |
| Yes | No | 2.a Would you also like a printed copy of your return? |
| Yes | No | 3. Did your marital status change during the year? |
| Yes | No | 4. Were you a resident of, or did you have income in more than one state during the year? |
| Yes | No | 5. Do you wish to have \$3 (or \$6 on a joint return) of your taxes applied to the Presidential Campaign Fund (this will not affect the amount of refund or balance due on your tax return)? |
| Yes | No | 6. On your state tax return, do you wish to make any charitable contribution?
type of contribution? |
| Yes | No | 7. Do you have any dependents living with you or are you supporting anyone not living with you? If yes, provide details if there were any changes to any dependents in your household (marriages, deaths, etc). |
| Yes | No | 8. Did any of your dependent children under age 18 (24 if a college student) have any Income (wages, interest, etc.)? |
| Yes | No | 9. Are you or any dependents blind and/or disabled? Please provide details including any disability income received. |
| Yes | No | 10. Did you incur child care or dependent care expenses? |
| Yes | No | 11. Did you cash any Series EE or Series I U.S. Bonds that were issued after 1989? and paid qualified higher education expenses? |
| Yes | No | 12. Did you or any member of your household pay educational expenses for post secondary education including trade schools? |
| Yes | No | 13. Did you buy, sell or trade any assets? |
| Yes | No | 14. Outside of retirement plan contributions made directly through payroll deductions (401k, 403b etc.) did you contribute to any other plans, or did you receive a distribution from any retirement plan or did you convert any retirement funds to a ROTH fund? |
| Yes | No | 15. Did you receive or pay any alimony or separate maintenance payments? |
| Yes | No | 16. Did you have any moving expenses? |
| Yes | No | 17. If you are self-employed, did you pay any health or long-term care insurance premiums? |
| Yes | No | 18. If you answered Yes to the above, were either you or your spouse eligible to participate in an employer sponsored health or long-term care insurance plan? |
| Yes | No | 19. Did you contribute to or receive a distribution from a Health Savings Account |
| Yes | No | 20. Did you contribute to or receive any COBRA health insurance premium assistance during 2013? |

