

# 2011 Tax Organizer

## David Tucker

Principal  
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### TAXPAYER INFORMATION

First Name \_\_\_\_\_ Initial \_\_\_\_\_  
Last Name \_\_\_\_\_  
SSN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Occupation \_\_\_\_\_  
Date of Birth \_\_\_\_\_  
Telephone: Home (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Work (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Cell (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Email Address \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### SPOUSE INFORMATION

First Name \_\_\_\_\_ Initial \_\_\_\_\_  
Last Name \_\_\_\_\_  
SSN \_\_\_\_\_  
Occupation \_\_\_\_\_  
Date of Birth \_\_\_\_\_  
Telephone: Home \_\_\_\_\_  
Work \_\_\_\_\_  
Cell \_\_\_\_\_  
Email Address \_\_\_\_\_

#### OFFICE USE ONLY:

Date in: \_\_\_\_\_ Quote: \$ \_\_\_\_\_ TP: \_\_\_\_\_

### FILING STATUS

Single       Married       Head of Household       Married Filing Separate

### SALARIES AND WAGES (enclose all W-2 forms)

W-2	Gross Income	Federal Withheld	FICA	Medicare	Other (code)	Other \$
1						
2						
3						
4						

### REFUND

Automatic deposit?       Yes (attach a VOID check)       No

### DEPENDENTS

Name \_\_\_\_\_  
Date of Birth \_\_\_\_\_  
SSN \_\_\_\_\_  
Relationship \_\_\_\_\_  
Months Lived at Home \_\_\_\_\_

Name \_\_\_\_\_  
Date of Birth \_\_\_\_\_  
SSN \_\_\_\_\_  
Relationship \_\_\_\_\_  
Months Lived at Home \_\_\_\_\_

Name \_\_\_\_\_  
Date of Birth \_\_\_\_\_  
SSN \_\_\_\_\_  
Relationship \_\_\_\_\_  
Months Lived at Home \_\_\_\_\_

Name \_\_\_\_\_

### ADJUSTMENTS TO INCOME

#### ALIMONY PAID

Payee \_\_\_\_\_  
Payee's SSN \_\_\_\_\_  
Amount \_\_\_\_\_

#### IRA CONTRIBUTIONS, ETC.

IRA Deduction \_\_\_\_\_  
SIMPLE Plan Deduction \_\_\_\_\_  
Keogh/SEP Deduction \_\_\_\_\_  
Education IRA Deduction \_\_\_\_\_  
Penalty on Early Withdrawal \_\_\_\_\_

### ESTIMATED TAX PAYMENTS

FEDERAL	Date Paid	Amount
Overpayment-Prior Year		
1 <sup>st</sup> Quarter		
2 <sup>nd</sup> Quarter		
3 <sup>rd</sup> Quarter		
4 <sup>th</sup> Quarter		
STATE	Date Paid	Amount
Overpayment-Prior Year		

Date of Birth \_\_\_\_\_  
SSN \_\_\_\_\_  
Relationship \_\_\_\_\_  
Months Lived at Home \_\_\_\_\_

1 <sup>st</sup> Quarter		
2 <sup>nd</sup> Quarter		
3 <sup>rd</sup> Quarter		
4 <sup>th</sup> Quarter		

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**ITEMIZED DEDUCTIONS**

**MEDICAL & DENTAL EXPENSES**  
*Attach detailed schedule*  
 Insurance Premiums \_\_\_\_\_  
 Doctors, Dentists, etc. (Net) \_\_\_\_\_

**TAXES PAID**

State & Local Income Tax \_\_\_\_\_  
 Real Estate Taxes – Residence \_\_\_\_\_  
 Real Estate Taxes – Other Property \_\_\_\_\_  
 Other Taxes \_\_\_\_\_

**INTEREST PAID – Attach Forms 1098**

Home Mortgage (1<sup>st</sup>) \_\_\_\_\_  
 Home Mortgage (2<sup>nd</sup>) \_\_\_\_\_  
 Home Mortgage (Equity Line) \_\_\_\_\_  
 Student Loan Interest \_\_\_\_\_

**CONTRIBUTIONS – Attach Detailed Schedule**

Contributions by Cash or Check \_\_\_\_\_  
 Contributions Other than Cash \_\_\_\_\_

**MISCELLANEOUS DEDUCTIONS**

Union/Professional Dues \_\_\_\_\_  
 Investment Expenses \_\_\_\_\_  
 Tax Return Preparation Fees \_\_\_\_\_  
 Safe Deposit Box Rental \_\_\_\_\_  
 Unreimbursed Employee \_\_\_\_\_

**INCOME FROM BUSINESS OR PROFESSION**

**GENERAL INFORMATION**

Cash Basis                       Accrual Basis  
 First Year                         Taxpayer                       Spouse

Principal Business/Profession \_\_\_\_\_  
 Business Name \_\_\_\_\_  
 Business Address \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_

**INCOME**

Gross Receipts or Sales \_\_\_\_\_  
 Returns and Allowances \_\_\_\_\_  
 Other Income \_\_\_\_\_

**COST OF GOODS SOLD – If Applicable**

Inventory at Beginning of the Year \_\_\_\_\_  
 Purchases \_\_\_\_\_  
 Cost of Labor \_\_\_\_\_  
 Materials & Supplies \_\_\_\_\_  
 Other Costs \_\_\_\_\_  
 Inventory at End of the Year \_\_\_\_\_

**EXPENSES**

Advertising \_\_\_\_\_  
 Car & Truck Expenses\* Or Miles Driven: Total \_\_\_\_\_ Bus \_\_\_\_\_  
 Commissions \_\_\_\_\_  
 Employee Benefit Programs \_\_\_\_\_  
 Insurance (other than health) \_\_\_\_\_  
 Health Insurance Premiums for Self\* \_\_\_\_\_  
 Interest \_\_\_\_\_  
 Legal & Professional \_\_\_\_\_  
 Office Expense \_\_\_\_\_  
 Pension & Profit Sharing Plans \_\_\_\_\_  
 Rent – Vehicles, Machinery & Equipment \_\_\_\_\_  
 Rent – Business Property \_\_\_\_\_  
 Repairs & Maintenance \_\_\_\_\_  
 Supplies \_\_\_\_\_  
 Taxes – Property \_\_\_\_\_  
 Taxes – Other \_\_\_\_\_  
 Travel \_\_\_\_\_  
 Total Meals & Entertainment\* \_\_\_\_\_  
 Utilities \_\_\_\_\_  
 Wages \_\_\_\_\_  
 Other\* \_\_\_\_\_  
*\*Attach detailed schedules*

Business Expenses\* \_\_\_\_\_  
Other: \_\_\_\_\_

\*Attach detailed schedule

**HOME OFFICE**

Did you have a home office during the year?

Yes  No

If yes, attach detailed schedule of expenses including mortgage interest (or rent), real estate taxes, utilities, property insurance, maintenance & cleaning

**Please provide your 2010 Tax return**

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