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PLUS ACCOUNTING INC

*Offering Tax Efficient Financial Planning[SM]**

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INCOME TAX DATA ORGANIZER

NAME: Taxpayer ________________________________ SS No.________________ Birthdate________________

Spouse ________________________________ SS No.________________ Birthdate________________

ADDRESS:____ Telephone (Daytime)________________________________

Email address**:**______________________________________ Telephone (Evening s & Weekends)______________________

MARITAL STATUS: What was your marital status as of December 31, 2009? If changed in 2009, date changed.

☐ Single ☐ Married ☐ Divorced ☐ Legally Separated

If claimed on last year's return, only need dependent's name and number of months during 2009 they lived with you.

DEPENDENTS	BIRTHDATE	SOCIAL SECURITY #	RELATIONSHIP	LIVED WITH YOU ALL YEAR?

YES NO

☐ ☐ Do names listed for taxpayer, spouse & dependents match Social Security records?

☐ ☐ Did you withdraw money from your IRA or take an early distribution from a retirement plan this year? Were the funds used for a first-time home purchase, college tuition, or other allowable reason? ☐ Yes ☐ No

☐ ☐ If required to take a Required Minimum Distribution from your IRA, was it sent directly to a charitable organization?

☐ ☐ Did you contribute to an IRA this year? If so, amount contributed to ROTH IRA___________ Amount contributed to a Traditional IRA_____________ ***Do not include 401k contributions or any retirement contributions made through your employer.***

☐ ☐ If you are self-employed, did you pay health insurance premiums for yourself and your family? Amount: ________

☐ ☐ Do you have a Health Savings Account? If yes, amount contributed for 2009________________________________

☐ ☐ Did you pay long-term care insurance in 2009? If yes, amount paid for Taxpayer__________Spouse____________

☐ ☐ Did you pay student loan interest in 2009? **Time limits for payments have been eliminated**.

Amount of interest paid in 2009 ____________________ (Bring 1099 form received)

☐ ☐ Did you pay alimony? If Yes, paid to ____________________ SS No.______________Amount__________

☐ ☐ Was anyone listed on your return a college student in 2009? Please bring invoices from the college showing amount paid for tuition as well as the 1099-T issued by the college. For 2009 and 2010 only, you can also claim the expense of books and course materials required. ***Please bring separate totals for tuition and books/supplies so we can determine which credit is most beneficial. Room and board is not deductible***.

☐ ☐ Did you contribute money to a 529 Plan for future educational needs of yourself, your children or grandchildren? If yes, amount contributed____

☐ ☐ Did you make any energy efficient improvements to your home in 2009? Please bring manufacturer's certification letter stating the items qualify for the credit as well as the amount spent. Generally, installation costs are not deductible, just the cost of the product. There is currently no deduction for energy efficient appliances. Good website for more information is www.energystar.gov.

☐ ☐ If you are an educator, did you purchase classroom supplies, etc. for which you were not reimbursed? If yes, amount spent____

☐ ☐ Did you take out a mortgage or refinance an existing home mortgage during 2009? If yes, please bring your closing statement (usually 2 pages legal-sized paper).

☐ ☐ Did you sell a home in 2009? If yes, please bring closing statement so we can gather additional deductions.

☐ ☐ Did you purchase a home in 2009? If yes, bring closing statement. Do you qualify for the First Time Home Buyer Credit? ____

☐ ☐ Did you pay real estate taxes on a home during 2009? If so, **amount paid during 2009**_________________ This may not be the same amount as on your 2009 real estate statement if you paid the last half of 2008 taxes in May 2009 and either the first half of 2009 or all of 2009 taxes in December 2009.

☐ ☐ Did you buy a **NEW** car between February 17 and December 31, 2009? If so, the sales tax paid may be deducible even if you take the standard deduction. This does not apply to used cars or leased vehicles.
Amount paid in state and local taxes________________________________

☐ ☐ Have you made estimated tax payments for 2009? If yes, please fill in below. Remember that the last payment for 2009 was due January 15, 2010. Do not include any payments made in January 2009 as they were for the 2008 return.

	Date Paid Due 4/15/09	Amount Paid	Date Paid Due 6/15/09	Amount Paid	Date Paid Due 9/15/09	Amount Paid	Date Paid Due **1/15/10**	Amount Paid
Federal								
Kansas								

INCOME: Not all items are matched, but most are separately reported to IRS for matching purposes. Forgetting to include something will result in a letter from IRS with a proposed increase in taxes due, and if the notice is correct, require an amended state return to be filed.

The following list includes the most common types of income. Please check those that apply to you and bring the supporting documents to your tax appointment.

☐ Wages	☐ Retirement Benefits	☐ Social Security	☐ Unemployment
☐ Interest	☐ Dividends	☐ State Tax Refunds	☐ Alimony Received
☐ Installment Sales	☐ Self Employment	☐ Farm Income	☐ Rental Income
☐ Partnership	☐ S Corporation	☐ Sale of Stocks	☐ Gambling Income

Taxpayer Name____

Interest & Dividend Income – PLEASE BRING 1099 FORMS RECEIVED

Payer	Amount

Child Care Deductions

Number of Dependents Qualifying (under age 13)_________________________

Provider's Name	Provider's Address	Social Security #	Amount

Do you participate in a dependent care benefit deduction plan through your employer? ☐ _____Yes ☐ _____No

ITEMIZED DEDUCTIONS:

Medical (Must Exceed 7 ½% of AGI) **Amount**

Prescription Drugs. . . . . _______________
Medical Insurance Premiums. . . . . _______________
(Do not include Social Security Medicare Premiums here)
Long Term Care Premiums . . . . _______________
Doctors/Dentists/Chiropractors. . . . . . _______________
Clinic/Lab Tests/Eyeglasses. . . . . _______________
Hospitals . . . . _______________
Hearing Aids. . . . . _______________
Miles Driven for Medical Care. . . . . . _______________

Interest **Amount**

Please bring 1098 statements received

Home Mortgage . . . . _______________
Home Equity Loan . . . . _______________
Home Equity Loan. . . . . _______________
Home Equity Loan. . . . . _______________
Paid to Individual. . . . . _______________
Individual's Name, Social Security Number & Address

Taxes **Amount**

Please bring statements from lender or taxing authority

Real Estate . . . . _____________
Real Estate . . . . _____________
Personal Property . . . . _____________

____
Sales Tax Paid on Vehicles and Recreational Vehicles, including used vehicles_______________________________

Contributions: **Amount**

Cash, Check or Payroll Deductions . . . _______________
____
Property Donated. . . . . _______________

If property donations total $500 or more, an itemized statement must be attached to the return showing the items, date given and name of organization.

Mileage Driven as Volunteer for charity _______________
(Boy/Girl Scout leader, etc)

Miscellaneous Deductions (Exceed 2% of AGI) **Amount**

Union and Professional Dues . . . . ______________
Tax Return Preparation . . . . ______________
Tools, Equipment, Supplies . . . . ______________
Employment Related Education. . . . . ______________
Unreimbursed Business Expenses . . . . . . ______________
Uniforms . . . . ______________
Safety Deposit Box Rental . . . . ______________
Investment Expenses . . . .
____
Unreimbursed Business Mileage. . . . . . . ______________
(You MUST have mileage logs to document mileage)

Miscellaneous Deductions (Not Subject to 2% AGI)

Gambling Losses (to extent of winnings) ______________
Casualty Losses (theft, fire)_________________________
(Unreimbursed expenses must exceed 10% of income)