

# Tax Organizer

Compliments of:

**James M. Gundersdorff, EA**  
 Enrolled Agent—Enrolled To Practice  
 Before The Internal Revenue Service

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**Taxable Year:** \_\_\_\_\_

**Name:** Taxpayer \_\_\_\_\_ SS No. \_\_\_\_\_ Birthdate/Age \_\_\_\_\_

Spouse \_\_\_\_\_ SS No. \_\_\_\_\_ Birthdate/Age \_\_\_\_\_

**Address:** \_\_\_\_\_ Telephone (Home) (\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_ Telephone (Work) (\_\_\_\_) \_\_\_\_\_

Cell Phone (Taxpayer): (\_\_\_\_) \_\_\_\_\_ Cell Phone (Spouse): (\_\_\_\_) \_\_\_\_\_

**Occupation:** Taxpayer \_\_\_\_\_ Spouse \_\_\_\_\_

**Check One:**     Single                     Married Filing Joint                     Surviving Widow/Widower  
                    Married Filing Separately (enter spouse's name/SS No. Above)     Unmarried Head of Household

Dependents Name	Birthdate/ Age	Social Security number*	Relationship	No. of Months lived in your home

\* A personal exemption is disallowed for any dependent unless the social security number is provided on the tax return.  
 Members of your family attending college may be eligible for a Hope Scholarship Credit or Lifetime Learning Credit. # Students \_\_\_\_\_

**Taxpayer:**  65 or over                     Blind/Disabled                    **Spouse:**  65 or over                     Blind/Disabled

The checklist below could lead to helpful deductions. Please answer and provide supporting information.

- YES    NO**
- Did you receive any employer-provided educational assistance in 2001? \$ \_\_\_\_\_
  - Did you incur any educational expenses on behalf of yourself, your spouse, or a dependent in 2001?
  - Do you or your spouse have *any kind* of pension, profit sharing, 401K, Retirement, Keogh, IRA, or tax sheltered annuity plan? If so, circle above which ones.
  - If yes, were you or your spouse at least 70 1/2 years of age on Dec. 31st?
  - Did you withdraw IRA or Keogh funds during the year? If so, please indicate the amount of funds:  
 Withdrawn: \$ \_\_\_\_\_ Date: \_\_\_\_\_ Re-deposited: \$ \_\_\_\_\_ Date: \_\_\_\_\_  
 Were any funds withheld?  yes  no Amount: \$ \_\_\_\_\_  
 Were the withdrawn funds used to pay medical expenses?  yes  no
  - If you are self-employed, did you pay health insurance premiums for yourself and your family? Amount: \$ \_\_\_\_\_
  - Did you pay alimony? If Yes, paid to: \_\_\_\_\_  
 SS no. \_\_\_\_\_ Amount Paid: \$ \_\_\_\_\_
  - Did you have any adoption expenses in 2001? \$ \_\_\_\_\_
  - Did you receive gifts in excess of \$10,000 from a foreign person in 2001?
  - Did your college student receive educational benefits under a prepaid tuition program?
  - Do you wish to designate \$3 of your taxes to the Presidential Campaign Fund?
  - Did you receive an advance rebate in 2001? If yes, how much?
  - Have you ever qualified for the Earned Income Tax Credit?
  - Did you have a casualty or theft loss? If so, attach itemized list (including original cost and the value on date of loss), insurance information regarding coverage, reimbursement and police report.

**Estimated Tax Payments**

	1st Quarter		2nd Quarter		3rd Quarter		4th Quarter		Total
	Date Paid	Amount	Date Paid	Amount	Date Paid	Amount	Date Paid	Amount	
Federal									
State									
City									

**Wage Income** (Enclose all W-2 Forms)

Employer's Name	T or S	Wages	Federal W/H	Fica W/H	State W/H	City W/H

**Retirement Benefits Received** (Enclose all 1099R Forms)

Payer	T or S	Amount	IRA Dist.

**Interest Income** (Enclose all 1099-INT Forms)

Payer	T or S	Amount	Seller Financed Mortgage	Early Withdrawal Penalty	Tax Exempt (Y or N)

Total Municipal Bond Interest Earned in 2001: \$ \_\_\_\_\_

For seller financed mortgage: Buyer's name, social security number and address: \_\_\_\_\_

**Dividend Income** (Enclose all 1099-DIV Forms)

Payer	T or S	Total Amount	Capital Gain Dist.	Non-Taxable

Do you have funds in a foreign account?  yes  no

Installment Sale Payments Received: Interest \$ \_\_\_\_\_ Principal \$ \_\_\_\_\_  
 Buyer's name: \_\_\_\_\_ SS# \_\_\_\_\_ Address: \_\_\_\_\_

**Other Benefits/Income Received** (Enclose all 1099, SSA-1099, K-1s and other Misc. Forms)

	Social Security	Unemployment	Alimony	State Refund	Other
Taxpayer					
Spouse					



**Business Income** (Attach 1099-MISC Forms)

Business Name \_\_\_\_\_  
 Federal ID No. \_\_\_\_\_  
 Principal Business Activity \_\_\_\_\_  
 Principal Product \_\_\_\_\_  
 Method Used to Value Inventory \_\_\_\_\_  
 Accounting Method:  Cash  Accrual

Gross Income	Amount
Gross Income .....	_____
Less Returns/Allowances .....	_____

Cost of Sales	Amount
Beginning Inventory .....	_____
Purchases .....	_____
Cost of Labor .....	_____
Materials and Supplies .....	_____
Freight In .....	_____
Other .....	_____
Ending Inventory .....	_____

Deductions	Amount
Advertising .....	_____
Auto-Truck Expense .....	_____
Bad Debts .....	_____
Collection Expense .....	_____
Commissions .....	_____
Professional Dues & Subscriptions .....	_____
Employee Benefit Programs .....	_____
Freight & Express .....	_____
Utilities .....	_____
Insurance .....	_____
Interest — Mortgage .....	_____
Interest — Other .....	_____
Janitorial & Cleaning .....	_____
Laundry .....	_____
Legal & Accounting Fees .....	_____
Office Expense .....	_____
Postage .....	_____
Rent .....	_____
Repairs .....	_____
Salaries .....	_____
Supplies .....	_____
Telephone .....	_____
Travel .....	_____
Total Meals & Entertainment .....	_____
.....	_____
.....	_____
.....	_____
.....	_____

**Farm Income** (Attach 1099 Forms)

Farm Name \_\_\_\_\_  
 Principal Activity \_\_\_\_\_  
 Accounting Method:  Cash  Accrual

Income	Amount
Sales of Items Bought for Resale .....	_____
Cost of Items Bought for Resale .....	_____

**Sales of Livestock & Produce Raised Except for Breeding Stock**

Feeders & Calves .....	_____
Pigs & Sheep .....	_____
Poultry & Eggs .....	_____
Dairy Products .....	_____
Corn, Peas, etc. ....	_____
Wheat, Oats, Hay & Straw .....	_____
Fruit .....	_____
Patronage Dividends .....	_____
Agricultural Program Payments .....	_____
Commodity Credit Loans — elected .....	_____
CCC Loans: Forfeited .....	_____
Repaid with Certificates .....	_____
Crop Insurance Proceeds .....	_____
Federal Gasoline Tax Credit .....	_____
Other .....	_____

**Deductions**

Breeding Fees .....	_____
Chemicals .....	_____
Conservation Expenses .....	_____
Custom Hire (Machine Work) .....	_____
Employee Benefits Programs .....	_____
Feed Purchased .....	_____
Fertilizers & Lime .....	_____
Freight & Trucking .....	_____
Gasoline, Fuel, Oil .....	_____
Insurance .....	_____
Interest — Mortgage .....	_____
Interest — Other .....	_____
Labor Hired .....	_____
Pension & Profit Sharing Plans .....	_____
Rent of Farm, Pasture .....	_____
Repairs, Maintenance .....	_____
Seeds, Plants Purchased .....	_____
Storage, Warehousing .....	_____
Supplies Purchased .....	_____
Taxes .....	_____
Utilities .....	_____
Veterinary Fees, Medicine .....	_____
.....	_____
.....	_____

Did you have income (or loss) on K-1 from Partnership, LLC, S Corp., Estate or Trust in 2001? Provide all copies of K-1.

**Business Use of Home**

Total Area of Home: \_\_\_\_\_ sq. ft. Total area Used for Business: \_\_\_\_\_ sq. ft.  
 Nature of Business Activity Performed in Home: \_\_\_\_\_  
 Was Another Office Available to You Outside the Home?  Yes  No

**Non-Exclusive Use by Day Care Providers Only:** Hours/Day Used for Day Care: \_\_\_\_\_ Days/Year Used for Day Care: \_\_\_\_\_

**Retirement Contributions for 2001?**

Do you want to make any nondeductible IRA contributions?  yes  no

	Self	Spouse
IRA Contributions		
SEP		
KEOGH		
Other:		

**Personal Itemized Deductions**

Medical	Amount
Prescription Drugs .....	
Medical Insurance Premiums .....	
Long Term Care Insurance Premiums .....	
Medicare Premiums .....	
Doctors/Dentists .....	
Clinic/Lab Tests .....	
Hospitals .....	
Eyeglasses/Hearing Aids .....	
Orthopedic Shoes/Braces .....	
Medical Long Distance Phone .....	
Other .....	
_____ Miles; Taxi, Bus, etc .....	
Do you have a medical savings account? .....	

**Taxes**

Real Estate .....	
Personal Property .....	
State & Local Income Tax .....	
_____ .....	
_____ .....	

**Charitable Contributions**

Cash Contributions* .....	
_____ .....	
_____ .....	
_____ .....	
Other Than Cash Contributions .....	
_____ .....	
_____ Miles for Charity .....	

\*Contributions of \$250 or more require written substantiation from the organizations

**Interest**

Deductible Home Mortgage Interest Paid to Financial Institutions .....	
Home Equity Interest .....	
Deductible Home Mortgage Interest Paid to Individuals:* Name/Address:* .....	
_____	
Social Security No.:* * Failure to provide is subject to a \$50 penalty.	
Deductible Points (Include Amortization Points from Prior Years) .....	
Investment Interest (list) .....	
_____	

**Miscellaneous Deductions Subject to 2% AGI**

Unreimbursed Employee Business Expense .....	
Union & Professional Dues .....	
Safe Deposit Box Rental .....	
Tax Return Preparation Fee .....	
Business Publications .....	
Business Telephone Calls .....	
Tools, Supplies, Equipment .....	
Employment-Related Education .....	
Investment Expenses .....	
Other .....	

**Miscellaneous Deductions Not Subject to 2% AGI**

Gambling Losses (limited to winnings) .....	
_____	

**Household Employee Information**

Household Employer EIN: \_\_\_\_\_  
 Did you pay any one household employee \$1,100 or more in 2001?  yes  no  
 Did you withhold Federal income tax during 2000 at the request of any household employee?  yes  no  
 Did you pay total cash wages of \$1,000 in any calendar quarter of 2001 to household employees?  yes  no  
 Was the employee under age 18?  yes  no Student?  yes  no  
 Do you have a Form I-9 on file for your household employee?  yes  no  
 Household Employee Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
 Address: \_\_\_\_\_

Gross Wages	FITW	SS Withheld	Employer Share FICA	Advance EIC	FUTA	State Unemployment

**Moving Expenses**

Enter No. of miles from your old home to your *new* workplace .....

Enter No. of miles from your old home to your *old* workplace .....

Date of Move \_\_\_\_\_ Arrival at New Location \_\_\_\_\_

Amount	Amount
Cost to Ship and Pack Household Goods .....	Reimbursements (on W-2) <input type="checkbox"/> Yes <input type="checkbox"/> No ...
Cost of Travel to New Home .....	Other: .....
Cost of Lodging During Move .....	_____

**Employee Business Expense**

Travel Expense	Amount
Air Fares .....	
Auto Rentals .....	
Entertainment .....	
Garage .....	
Hotel—Motel .....	
Meals .....	
Parking .....	
Postage .....	

	Amount
Road Tolls .....	
Taxi, Street Car .....	
Telephone, Telegraph .....	
Tips .....	
Other: .....	

Automobile Expense	Car 1	Car 2
<b>Total Miles Driven</b>		
Personal Mileage		
Business Miles Driven		
Business Use %		
Average Daily Commuting		
Written Records Available	Y / N	Y / N
Is another vehicle available for personal use?	Y / N	Y / N
Is an employer-provided vehicle available for personal use?	Y / N	Y / N

	Car 1	Car 2
<b>Actual Automobile Expenses</b>		
Gas & Oil		
Insurance		
Licenses		
Lubrication		
Repairs		
Tires, Tire Repair		
Wash		
Other:		

**Child Care Deductions** (Number of Dependents Qualifying) \_\_\_\_\_

Provider's Name & Address (Include Individual's Name and/or Organization's Name)	SS No. or Federal ID	Amount

Did you receive employer-provided dependent care assistance benefits?  yes  no Amount: \$ \_\_\_\_\_

**Sale of Personal Residence** (Attach copy of closing/settlement statement)

Date Old Residence Acquired	<i>Cost or Basis of Old Residence</i>
Cost of Improvements (landscaping, driveway, roof, etc.)	
Fixing Up Expenses (painting, repairs, etc.) to Prepare for Sale	
Date Old Residence Sold	<i>Selling Price</i>
Expenses of Sale (commissions, legal fees, points, deed stamps, etc.)	
Was any part of residence rented or used for business?	
* Was it your principal place of residence for 2 of the last 5 years, ending on date of sale?	
* Date New Residence Acquired (or construction began)	
Date you occupied new residence	<i>Cost of New Residence</i>
* If married, do you and/or your spouse meet the ownership and residence requirements?	

\* NOTE: New rules apply for sales after May 6, 1997.

Do you wish to designate your tax preparer or someone else to be contacted by the IRS in case any questions arise regarding your tax return? If yes, name of the person.  yes  no \_\_\_\_\_

**To the best of my knowledge the enclosed information is correct and includes all income deductions and other information necessary for the preparation of this year's income tax returns for which I have adequate contemporaneous records.**

Please Sign \_\_\_\_\_

Date \_\_\_\_\_