BLAIR TAX CONSULTING, P.A. BTC

# Tax Organizer – 2008

***You MUST complete and return this Organizer to our office before we will compile your tax return!***

Taxpayer's Name: ______________________

Spouse's Name: ______________________

Address for Tax Return:

______________________

______________________

______________________

Telephone Numbers:

Home: ______________________

Cell: ______________________

Please complete the Tax Organizer in its entirety, and include it with all copies of your W-2's, 1099's, etc.

We suggest that you either scan or make copies of all income statements (W-2/1099's) before mailing originals.

***We can not compile your tax return without a completed Tax Organizer.*** There are no exceptions to this policy. Incomplete Organizers will be returned to you for completion.



| | Taxpayer | Spouse |
|---|---|---|
| Social Security Number: | | |
| Occupation: | | |
| Date Of Birth: | | |

**Children and other Dependents:** (If you need more room, please use back.)

| | 1 | 2 | 3 | 4 |
|---|---|---|---|---|
| Full Name: | | | | |
| Date of Birth: | | | | |
| Social Security Number: | | | | |
| Relationship: | | | | |

**Income:** Please list and attach all income Forms (W-2 and 1099) from your job, business or pension.

| Source | Amount | Source | Amount |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |

If you need more room, please use back.

**Interests and Dividend Income.** Please list and attach all Forms 1099 for interest and dividends.

| Source | Amount | Source | Amount |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |

Alimony received: $ ____________________ Unemployment compensation: $ ____________________

Disability income: $ ____________________ Lottery & Gambling winnings: $ ____________________

**Adjustments to income:**

Alimony paid or received (Not child support): Circle whether paid or received.

To whom paid to or received from: ____________________ Social Security Number: ____________________

Contributions to individual retirement accounts:

Taxpayer's IRA: $ ____________________ Spouse's IRA: $ ____________________

Taxpayer's SEP: $ ____________________ Spouse's SEP: $ ____________________

**Itemized Deductions:**

| Taxes: | Amount |
|---|---|
| Real Estate Taxes: | |
| Personal Property Taxes: | |
| Interest paid: (Attach Form 1098) | |
| Home Mortgage to financial institutions: | |
| Home Mortgage paid to individuals: | |

To whom paid: ____________________ Social Security Number: ____________________

Address: ____________________

| **Contributions:** (If not already reported to Blair Tax Consulting) | Amount |
|---|---|
| Church / Temple | |
| Other cash contributions (Cancer fund, heart association, etc.): | |
| | |
| | |
| Non-Cash Donations (Include receipt): | |

**Expenses** for managing and protecting income: Amount

Tax return preparation fees (Other than Blair Tax Consulting): ____________

Safe Deposit Box Rental (if not already reported to BTC): ____________

Publications (Investment, trade magazines, etc., if not already reported to BTC): ____________

Other (Explain) : ____________

**Gambling/lottery** losses (If you had no winnings, you can not deduct gambling losses): ____________

**Please answer the following questions :**

Are you incorporated as an L.L.C. (Limited Liability Corporation) ? Yes [ ] No [ ]

Where there any births, deaths, adoptions, marriages, or divorces in your immediate family during the year? Yes [ ] No [ ]

Did you sell or purchase any real estate other than your personal residence during the year? If yes, please include the closing statement and form 1099S. Yes [ ] No [ ]

Did you sell any stocks, bonds, or other property during the year? If yes, include Form 1099B statement from your broker. Yes [ ] No [ ]

Did you pay for the care of one or more persons to enable you to work during the year? (Daycare.) If "yes", please call BTC for details. Yes [ ] No [ ]

Did you move because of a job change? (Company Drivers only.) Yes [ ] No [ ]

**Did you make any federal estimated tax payments for 2008?**

| Payment Date | Amount | Payment Date | Amount |
| --- | --- | --- | --- |
| | | | |
| | | | |

**THE INFORMATION CONTAINED HEREIN IS, TO THE BEST OF MY KNOWLEDGE, CORRECT AND COMPLETE. I UNDERSTAND THAT BLAIR TAX CONSULTING WILL NOT COMPILE MY TAX RETURN UNTIL THIS FORM IS COMPLETED, SIGNED, AND RETURN WITH ALL MY INCOME STATEMENTS. *THERE ARE NO EXCEPTIONS TO THIS POLICY.***

______________________________ ______________

Signature Date