

Tax Organizer For 2008 Income Tax Return

Prepared For:

Prepared By:

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This Tax Organizer can be used to help identify the information needed to prepare your 2008 income tax return. Enter your 2008 information and if you need additional space, enclose a separate sheet with the details. If available, your prior year information has been included for you to use as a reference. You do not need to make 2007 entries.

Please return this organizer along with all Form W-2's, 1099's, and any other information you feel will assist with the preparation of your 2008 income tax return.

If you have any questions, please feel free to contact me at (408)848-5645.

IRA, PENSION, AND ANNUITIES (Please enclose all copies of 2008 Form 1099-R)

T = Taxpayer S = Spouse

		2008				2007	
T S	Payer's Name	Check if IRA	Box 1	Box 4	Amount rolled over into:		Gross distribution
			Gross distribution	Federal income tax withheld	Regular IRA	Roth IRA	

Total IRA basis for 2007 and prior years _____
 Value of all traditional IRA's as of December 31, 2008 _____

Taxpayer

Spouse

ANNUITIES AND PENSIONS BY THE RAILROAD RETIREMENT BOARD (Please enclose all copies of 2008 Form RRB-1099-R)

T = Taxpayer S = Spouse

		2008		2007
T S	Payer's Name	Box 7	Box 9	Total gross paid
		Total gross paid	Federal income tax withheld	

PAYMENTS FROM QUALIFIED EDUCATION PROGRAMS (Please enclose all copies of 2008 Form 1099-Q)

T = Taxpayer S = Spouse

		2008			2007
T S	Payer's Name	Box 1	Box 5		Gross distributions
		Gross distributions	Private	State	

PARTNERSHIPS, S CORPORATIONS, ESTATES AND TRUSTS (Please enclose all copies of 2008 Schedule K-1)

Schedule K-1 (1065) Partnerships:			
Partnership's name	ID Number	Partnership's name	ID Number
Schedule K-1 (1120S) S Corporations:			
Corporation's name	ID Number	Corporation's name	ID Number
Schedule K-1 (1041) Estates or Trusts:			
Name of Trust or Estate	ID Number	Name of Trust or Estate	ID Number

BUSINESS INCOME AND EXPENSES

Indicate the owner of this business: Taxpayer Spouse Joint

Business Name: _____

Business product or service: _____

Business Address: _____

City, State, and Zip Code: _____

Did you start or acquire this business during 2008? Yes No

Accounting Method: Cash Accrual Other (describe)

Method used to value inventory: Cost Lower of cost or market Other (describe)

Income and Cost of Goods Sold	2008 Amount	2007 Amount
Gross receipts or sales		
Returns and allowances		
Other income (enclose description)		
Inventory at beginning of year		
Purchases less cost of items withdrawn for personal use		
Cost of labor		
Materials and supplies		
Other costs		
Inventory at end of year		

Expenses	2008 Amount	2007 Amount		2008 Amount	2007 Amount
Advertising			Taxes and licenses		
Commissions and fees			Travel		
Contract labor			Meals and entertainment		
Depletion			Utilities		
Employee benefits			Wages		
Insurance (other than health)			Other: _____		
Mortgage interest			_____		
Other interest			_____		
Legal and professional fees			_____		
Office expenses			_____		
Pension and profit sharing			_____		
Rent - Vehicle, machinery			_____		
Rent - Other			_____		
Repairs and maintenance			_____		
Supplies			_____		

Vehicle Information

Vehicle description _____ Date placed in service _____ Cost or basis _____

Business miles _____ Commuting miles _____ Other miles _____

Actual expenses such as gas, oil, repairs, etc _____ Parking fees and tolls _____

Sales, Purchases, and Disposition of Assets in 2008
(New clients, enclose detailed listing of all depreciable assets.)

Asset description	Date acquired	Purchase price	Date sold	Sales Price

Business Use of Home

Area used exclusively for business _____ Total area of home _____

Was the home used as a day care facility? Yes No Date home placed in service _____

Casualty losses _____ Insurance _____ FMV of home _____

Mortgage interest _____ Repairs and maintenance _____ Value of land _____

Real estate taxes paid _____ Utilities and other expenses _____

RENTAL AND ROYALTY INCOME AND EXPENSES

Indicate the owner of this property: Taxpayer Spouse Joint

Description of property _____

Location of property _____

Did you or your family use this property during the tax year for personal purposes for more than the greater of: (a) 14 days, or (b) 10% of the total days rented at fair market value? Yes No

Did you meet the Active Participation requirements for this property?
 (To meet these requirements, you must have participated in making management decisions or arranged for others to provide services in a significant and bona fide sense. Such management decisions include approving new tenants, deciding on rental terms, approving repair expenditures, or other similar decisions) Yes No

Was this property fully disposed of during 2008? Yes No

Income	2008 Amount	2007 Amount
Rents received		
Royalties received		

Expenses	2008 Amount	2007 Amount
Advertising		
Cleaning and maintenance.		
Commissions		
Insurance		
Legal and other professional fees		
Management fees		
Mortgage interest paid to banks.		
Other interest.		
Repairs		
Supplies		
Taxes		
Utilities		
Other _____		

Vehicle Information

Vehicle description _____ Date placed in service _____ Cost or basis _____

Business miles _____ Commuting miles _____ Other miles _____

Actual expenses such as gas, oil, repairs, etc _____ Parking fees and tolls _____

Travel expenses _____

Sales, Purchases, and Disposition of Assets in 2008
 (New clients, enclose detailed listing of all depreciable assets.)

Asset description	Date acquired	Purchase price	Date sold	Sales price

ITEMIZED DEDUCTIONS

	2008 Amount	2007 Amount																														
Medical and Dental (less reimbursements)																																
Medical/dental care insurance premiums (other than self-employed)																																
Medicare B and D premiums from SSA-1099 and RRB-1099-R																																
Qualified long-term care premiums																																
Doctor, dentist, and hospital fees																																
Prescription medicines and drugs																																
Medical aids such as eyeglasses, contact lenses, and hearing aids																																
Total transportation expenses																																
Other medical and dental expenses																																
Taxes Paid																																
State and local income taxes paid (other than withholdings and estimates)																																
Actual state and local general sales taxes paid																																
Real estate taxes																																
Personal property taxes (such as auto registration)																																
Interest Paid																																
Home mortgage interest paid to financial institution (enclose Form 1098 or statement)																																
Home mortgage interest paid to individual																																
Individual's name _____																																
Individual's address _____																																
Individual's ID number _____																																
Qualified mortgage insurance premiums (VA, FHA, RHS, or private)																																
Investment interest expense																																
Gifts to Charity (If additional lines are needed, attach similar statement)																																
Contributions of cash or check																																
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:45%;">Name of charity</th> <th style="width:15%;">Date</th> <th style="width:40%;">2008 Amount</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>	Name of charity	Date	2008 Amount																													
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Noncash contributions (attach Form 1098-C if vehicle donation)																																
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Casualty and Theft Losses																																
Casualty and theft losses (enclose supporting documentation with description of the casualty, description of the property, date acquired, cost of property, insurance reimbursements, and the fair market value before and after the casualty)																																
Miscellaneous Deductions																																
Unreimbursed employee business expenses (such as union dues, small tools, travel, etc)																																
Tax preparation fees																																
Other miscellaneous expenses (such items include safe deposit box rental, certain appraisal fees, expenses related to investment income, etc...enclose supporting documentation)																																
Other Miscellaneous Deductions																																
Other miscellaneous deductions (such items include gambling losses, estate tax deduction, amortization of bond premium, etc... enclose supporting documentation)																																

