

# Personal/Trust Data Organizer

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**Name**

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**Tax Return Preparer**

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**Date Submitted**



**AMERICAN TAX  
PROFESSIONALS**

Preparing Taxpayers, Not Just Forms

**American Tax Professionals, Inc.**

***Mailing Address:***

***708 Gravenstein Hwy N, STE 150, Sebastopol Ca 95472***

**Phone: 510-791-8962**

# PERSONAL DATA

NAME(S)		Social Security Number	Occupation	Res. Ph # _____	
				Bus. Ph # _____	
				Fax # _____	
You				Birth Date / /	E mail #
Spouse				Birth Date / /	
Street					
City					
State	Zip				

# BUSINESS DATA

NAME OF BUSINESS	Principle activity	Product	Date began	Date ended
1. Bus				
2. Bus				
3. Street				
2. Street				
1. City / Sate / Zip				
2. City / Sate / Zip				

# FILING STATUS

Single	<input checked="" type="checkbox"/>
Married filing separately	<input type="checkbox"/>
Married filing jointly	<input type="checkbox"/>
Head of household	<input type="checkbox"/>
Qualifying widow(er)	<input type="checkbox"/>
Taxpayer blind	<input type="checkbox"/>
Spouse blind	<input type="checkbox"/>
* Did you live with your spouse during the year ?	<input type="checkbox"/>

## DEPENDENT CHILDREN

NAME(S)	Soc. Sec.# If over age 5	Relationship	Birth date	Age	Income		Student	Months in home

## OTHER DEPENDENTS

NAME(S)	Soc. Sec.#	Relationship	Birth date	Age	Income		You provide 50%	Months in home

## INTEREST INCOME

LIST SOURCE    Attach forms 1099	Amount		If separately paid			
			Taxpayer		Spouse	
Non- taxable interest income						

# MISCELLANEOUS INCOME

# TAX WITHHELD

SOURCE Attach forms	FED	STATE	Taxpayer (you)		Spouse	
Alimony income pursuant to court						
Disability income						
Retirement income						
Social Security						
Pension or annuity						
Unemployment compensation						
Cash gifts						
Gambling winnings						

# DIVIDEND INCOME

SOURCE Attach copies of 1099	Total received		Non qualifying		Capital gains		Nontaxable	

# WAGES, SALARIES, TIPS

EMPLOYER Attach W-2 forms	Gross earnings		Federal tax		FICA	Medi	State tax	Local tax	SDI

### ALIMONY PAID

NAME	Decree date	Social Security #	Taxpayer (you)	Spouse

### TAX REFUNDS

CHECK BOX IF ITEMIZED LAST YEAR

SOURCE	Amount	Taxpayer	Spouse

### IRA (Individual Retirement Account)

INSTITUTION	Indicate whether deposit or withdrawal Date	Balance of Acct. Dec 31	Taxpayer (you)	Spouse
Please check Deposit    Withdrawal				
Early savings withdrawal interest penalty				

### CHILD & DEPENDENT CARE EXPENSES

Dependent Name	Expenses paid to *Name, Address, Telephone, Tax ID #	Dates		Amount
		From	To	

## SALES & EXCHANGES

(If you sold your home or any other real estate please  
enclose settlement statement from purchase and sale).

DESCRIPTIONS (Real Estate, Stock, etc.)	Date bought	Date sold	Original cost		Bus use?	Prior deprec.		Selling price	
IMPROVEMENTS									

## INSTALLMENT PROCEEDS

DESCRIPTIONS	Date bought	Date sold	Original cost		% proof	Principal payment		Interest payment	

## PARTNERSHIP, ESTATES OR TRUSTS, SMALL CORPORATIONS

Include copies of K-1 's or other statements- State & Federal

NAME	Date bought or begun	E.I.No.	Net Loss		Net income	

# RENT & ROYALTY INCOME

PROPERTY TYPE & LOCATION	Date placed in service	Date bought	Cost or other basis		Method		Prior depreciation Life		Amount	
A										
B										
C										
D										
E										
F										
INCOME	A	B	C	D	E	F				
Rents received										
Royalties received										
EXPENSES										
Advertising										
Auto and travel										
Cleaning and maintenance										
Commissions										
Insurance										
Interest										
Legal & professional										
Repairs										
Supplies										
Taxes										
Utilities										
Other expenses										
Attach details of improvements										
Management fees										
Association dues										

# BUSINESS SUMMARIES

(If more than one business, print & complete one for each)

# INCOME / COST OF GOODS SOLD

## BUSINESS INCOME

Year end total	Source	No.
	Retail Sales	1
	Wholesale Sales	2
	1099-MISC.'s	3
		4
		5
	Other Income	6
		7
		8
	Total Income	

## COMMISSIONS / SALES & BONUS RECORDS YOU PAID

		Enter for Form 1099			
	Soc. Sec. #	Name	Bonuses	Commissions	
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

## PRODUCT PURCHASES

Year end total	Source	No.
		1
		2
		3
		4
		5
		6
	End of year inventory	

## PAYMENTS & COSTS

Year end total	Source	No.
	Bonuses to others	1
	Amount removed for personal use	2
	Refunds & Rebates	3
	Materials	4
	Labor	5
		6



# BUSINESS SUMMARIES

## OPERATING EXPENSES

NOTES

	Year End Total	
1	Advertising	
2	Bad debts*	
3	Bank charges	
4	Business gifts	
5	Car & Truck (see page 10)	
6	Client entertainment	
7	Continuing education	
8	Conventions, seminars	
9	Commissions	
10	Demonstrations, training	
11	Dues, publications	
12	Educational supplies	
13	Field accommodations	
14	Freight	
15	Incentives, awards	
16	Insurance (non-home / vehicle)	
17	Interest (non-home / vehicle)	
18	Laundry, cleaning	
19	Legal, professional	
20	Office supplies	
21	Parking	
22	Postage	
23	Printing	
24	Rent (non-home)	
25	Repairs (non-home / vehicle)	

# BUSINESS SUMMARIES

(CONTINUED)

## OPERATING EXPENSES

NOTES

		Year End Total	
26	Sales promotion		
27	Samples, displays		
28	Security		
29	Storage		
30	Supplies		
31	Taxes (non- vehicle)		
32	Travel (only)		
33	Telephone		
34	Utilities (non-home)		
35	Miscellaneous		
36			
37	Other		
38	Accounting		
39	Answering service		
40	Client contact		
41	Licences, fees		
42	Market development		
43	Props / media		
44	Wages		
45	Contract labor		
46	Rent / Machinery / Equipment		
47			
48			
49			
50			

BUSINESS SUMMARIES CONTINUED NEXT PAGE

## VEHICLE USED IN BUSINESS

Vehicle #	Name of Business	*Date Purchased	*Date First used in Business	*Cost	Description	*Total MI For Year	*Business MI For Year
1							
2							
3							
4							
5							

\*Mandatory Information

## VEHICLE EXPENSES

Vehicle #	Gas Oil+	Repairs Maintenance+	Insurance+	Licence+	Interest+	Parking+	Lease Cost+	Other	=	Total
1										
2										
3										
4										
5										

\*Mandatory if more than one vehicle used in one business at the same time

## VEHICLE SOLD (Complete only if vehicle used in business)

Vehicle #	Date Sold	Amount	If traded in on which vehicle#
1			
2			
3			
4			
5			

## LIST ALL EQUIPMENT, FURNITURE, ETC. USED IN YOUR BUSINESS

That was bought or sold this year.

Description	Business Name	Date Purchased	Date First used in Bus.	Cost	Selling price	% Business

Other than assets listed above, are there any changes regarding assets used in your business last year (% business use, retired, corrections to cost or dates, etc.)?

Description	Business Name	Date Purchased	Date First used in Bus.	Cost	Selling price	% Business

## ESTIMATED TAXES PAID

PAYMENTS	Federal			State	
	Date due	Date	Amount	Date	Amount
First quarter this year					
Second quarter this year					
Third quarter this year					
Fourth quarter this year					
Amount paid w/ extension					
Overpayment credit					



## HOME OFFICE EXPENSES

% PERCENT FOR BUSINESS USE

SOURCE Total amount paid (Please list the following information if you used your home in business)			Amount	
Utilities (other than telephone)				
Insurance (Homeowner's / Renter's)				
Repairs				
Maintenance				
RENT Total amount paid _____				
California residents renting on March 1 of tax year indicated				
Landlord Name				
Street				
City	State	Zip		

## MEDICAL EXPENSES

ITEMIZED DEDUCTIONS (SCHEDULE A )

SOURCE	Amount	
Drugs, medication		
Medical insurance premiums		
Doctors, dentists, nurses		
Hospitals		
Medical supplies		
Medical transportation mileage		
Medical insurance reimbursements that were paid to you during year		

## TAXES

SOURCE	Amount	
Real estate tax		
Personal property tax		
Foreign tax		
Motor vehicle registration		
Motor vehicle registration (non - business vehicle only)		

## OTHER INCOME TAXES

SOURCE balance paid for prior year(s)	Amount	Taxpayer		Spouse	

## INTEREST EXPENSES

SOURCE	Interest	
Home mortgage		
Home mortgage 2		
Mortgage points		
Credit and charges cards		
Auto loan (non-business vehicle only)		
Student Loan Interest		
Credit union		
Bank loan		
Bank loan		
Bank loan		
Personal (Name & Address)		
IRS, State, Local, Etc.		
Investment Interest		
Other debts not listed elsewhere (payment or not)		

## CONTRIBUTIONS

CASH							Check if no receipt	Amount	
Church									
United Way									
Miscellaneous organized charities									
Volunteer activities mileage									
NON-CASH *	Date acquired	Date given	What was given	Orig. Cost	How did you acquire this property	Fair mkt. value			
Goodwill Industries									
Salvation Army									

\* Must complete if over \$ 500.00

## MISCELLANEOUS DEDUCTIONS

SOURCE	Amount	
Union dues		
Tax preparation fees		
Sage deposit box		
Business publications		
Professional dues		
Small tools		
Uniforms		
Job seeking expenses		
Investment expense		
Gambling losses to extent of winnings		



**JOB EXPENSES (That you paid that were required by your employer)**

SOURCE	Taxpayer (you)		Spouse	
Employer & Address				
Auto year & make (is this vehicle also used in your business? If so which vehicle # ____)				
Business mileage				
Total mileage				
Gas, oil, lube, maint., repairs, tires				
Tires, supplies				
Insurance				
Parking fees, tolls				
Entertainment & meals				
Education & training				
Telephone				
Meals and Lodging ( away from home)				
Local transportation (bus, taxi, train, etc.)				
Travel expenses while away form home overnight				
Vehicle rentals				
Other expenses				
Reimbursements (not shown on W-2)				

## MOVING EXPENSES

SOURCE	Miles	Amount
Distance from former residence to new job		
Distance from former residence to former job		
Freight & shipping for household goods		
Temporary housing in new location (first 30 days)		
Telephone		
Travel for you and your family to new location		
Lodging en route		
Total meals (pre-move)		
Total meals (en-route)		
Expense of selling old residence		
Reimbursements not shown on W-2		

## CASUALTY & THEFT LOSSES

DESCRIPTION	LOCATION	Date of loss		Date acquired		Personal / Business?	Cost		Value before		Value after		Insurance payment	

## FARM INCOME & EXPENSES

INCOME	Cost or other basis	Amount	
Stock resale			
Other resale			
Cattle raised			
Sheep			
Swine			
Poultry			
Dairy products			
Eggs			
Crops			
Grains			
Hay and straw			
Fruits and nuts			
Machine work			
Patronage dividends			
Agricultural payments			
Federal gas tax credit			
State gas tax credit			
Crop insurance proceeds			

EXPENSE	Amount	
Labor		
Repairs, maintenance		
Interest		
Rent of farm, pasture		
Feed		
Seeds, plants		
Fertilizers, chemicals		
Machine hire		
Supplies		
Breeding fees		
Veterinary fees, medicine		
Gas, fuel, oil		
Storage, warehouse		
Taxes		
Insurance		
Utilities		
Freight, trucking		
Conservation expenses		
Land clearing expenses		

EQUIPMENT	Date placed in service	Date bought	Date sold	Cost or other basis	<i>Prior Depreciation</i>			
					Method	Life	Amount	

# CERTIFICATION

I hereby certify that I have adequate records (or other sufficient corroborative evidence now in existence and in my possession) for all the deductions claimed in my Tax Return prepared by the information presented in this workbook. I understand that the “adequate records” requirement of the law may be satisfied by a concurrently maintained account book, diary, log book, statement of expense, or similar record. I understand that I must keep a log for local travel or be able to reconstruct one, and th at I must have a log for out-of-town travel expenses which may not be reconstructed or estimated. I understand that I must have documentary evidence such as receipts, paid bills, or similar evidence sufficient to support hotel or meal expenses, as well as entertainment, gifts, sales promotion and education, and that these receipts must be identified in a timely manner. If I lack receipts for these expenditures then I may not claim the deductions.

I represent that wherever my records do not meet the definitions of “adequate records” I realize that I am responsible to substantiate the item by a written or oral statement to the taxing agency containing specific information in detail; and other corroborative evidence sufficient to establish the amount, date, place, and purpose of any amount for which I do not meet the “adequate records” requirements.

I understand that the law contemplates that no deductions shall be allowed for an expenditure on the basis of approximations or unsupported testimony of the taxpayer, and accordingly, the information provided can be verified by something more than my unsupported testimony. I have adequate documentation to substantiate my deductions in the event of an audit. I have also read and agree to the preparers declaration of service.

I also certify that \_\_\_\_\_ only assisted me in putting my figures in the proper places in the tax organizer for the tax year of \_\_\_\_\_, and that he/she is in no way responsible for the origin or amount of any of the figures in this workbook.

I also understand that if a completed data organizer is not received by April 1, 20\_\_ the company or individual that is payed to process and complete the tax return cannot guarantee that the tax return will be completed by April 15, 200\_\_

DATE COMPLETED \_\_\_\_\_

RECEIVED \_\_\_\_\_

THERE WILL BE A RERUN FEE OF \$75.00 FOR ANY ADDITIONAL INFORMATION SUBMITTED AFTER DATA ORGANIZER HAS BEEN RECEIVED (DATED AND SIGNED ) \_\_\_\_\_ CLIENTS INITIALS.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_ SPOUSE \_\_\_\_\_

DATE

# FINAL CHECK LIST

- | YES                      | NO                       |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1) Your complete organizer (including signature on last page).  |
| <input type="checkbox"/> | <input type="checkbox"/> | 2) All W-2 and 1099 forms.  |
| <input type="checkbox"/> | <input type="checkbox"/> | 3) Provide a copy of last years return.   |
| <input type="checkbox"/> | <input type="checkbox"/> | 4) If you paid taxes quarterly, please provide estimate (ES) forms showing amounts paid. Also include extension forms and show amounts paid with extension. |
| <input type="checkbox"/> | <input type="checkbox"/> | 5) Buy and sell statements to cover stock sales, real estate transactions and installment sales.  |
| <input type="checkbox"/> | <input type="checkbox"/> | 6) Copies of partnership returns (K-1 forms), S-Corporations, Estates or Trusts.  |
| <input type="checkbox"/> | <input type="checkbox"/> | 7) Is this to be an amended return? If so, include the original return and show the amount of tax paid with the original return.                            |
| <input type="checkbox"/> | <input type="checkbox"/> | 8) Any births, deaths, marriages, divorces in your immediate family?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 9) Have you ever been audited? If so, for what year?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 10) Complete and sign preparers declaration of service and return with workbook.  |

Note: Keep a copy of all data you send the preparer for your records, we are not responsible for U.S. Mail delays, etc...

## Lexicon of Business Expenses

The list of expenses is nowhere near a complete list of deductibles available to a business. Such a list is impossible to provide. There are more than 350 categories of deductions and literally hundreds & deductibles within each category.

The list that follows consists of the most common. Many of these deductions are associated with operating a business out of the home; others are ordinary expenses found in most any business. This is only a suggested list. It should be used primarily to assist the reader in understanding the vastness of business deductions available. Do not be alarmed if a particular deduction you are personally aware of is not listed. Remember this is only a guide and not intended as all inclusive detailed authority.

1. **ADVERTISING.** Literature price lists, catalogues, display and classified ads in newspapers, magazines, radio, T.V., etc.
2. **BAD DEBTS.** Any due and uncollectible, based on actual expenses incurred. Generally, for accrual method of accounting only).
3. **BANK CHARGES.** Service fees and checking costs, including check imprinting, over-draft protection, and any costs and penalties from late charges and insufficient funds.
4. **BUSINESS GIFTS.** Items given to any prospect, customer or associate, up to \$25 (special exception for corporation) annually per recipient.
5. **CAR and TRUCK EXPENSE.** If only one car, use expense or mileage method. If two or more, or if leasing, use expense only. (Mileage method replaces all actual operating and fixed expenses, including depreciation). However, Mileage Logs are required to determine the percentage of business use: very few exceptions.
6. **MEALS (Limited/Non Limited).** In conjunction with quite business conversation before during or after.  
6a. **ENTERTAINMENT-Separately Stated.**
7. **CONTINUING EDUCATION.** All business related schooling and educational costs. Producing testing, research and development  
  
7a. **CONTINUING EDUCATION: Non-related to Business (\$5,250.00)** are available to employees only: subject to restrictions and limitations.
8. **CONTRIBUTIONS.** If provided for in Minutes or Indentures: 100% deductible if to activate business income.  
  
8a. **CONTRIBUTIONS:** Subject to limitations, depending of type of entity (10% for c-corps, 50% of AGI for individuals, etc.) and the type of donation (50%, 30%, 20%).
9. **CONVENTIONS and SEMINARS.** Costs of attending or participating in meetings, trade shows and rallies.
10. **COMMISSIONS,** Fees paid, to others for transacting business, a percentage paid to another responsible for a business transaction: \$600.00 requirement to issue a 1099 to individuals and attorneys even if operation out of a corporation.  
  
ii. **DEMONSTRATIONS and TRAINING.** Portion of groceries used for business. Products used for demonstration purposes or self use of products of promotional purposes (the facts and circumstances must warrant the self-use.)
12. **DUES and PUBLICATIONS.** Newspaper and magazine subscriptions and purchases relative to business from newsstands and subscriptions professional association fees.
13. **EDUCATIONAL SUPPLIES.** Books, records, tapes and any materials used for improvement pertaining to business.

14. FREIGHT. Handling charges, costs of shipments sent and received, including gifts and special carrier delivery such as UPS, Parcel Post, Federal Express, DHL, etc.

15. INCENTIVES and AWARDS. A pin, plaques, applicable production discounts, rewards, costs of contests and prizes - anything expended to generate sales, including raffles, drawings and door prizes (subject of limitation).

16. INSURANCE. Business portion of homeowner's insurance for casualty, fire, theft, property damage, and liability (subject to home office limitations). Business can deduct life insurance, health insurance, private pension plans and annuities (subject to qualifications).

11. INTEREST. Business portion of home mortgage interest and interest on business loans, (subject to home office limitations). Interest on business related expenses from Credit Cards.

18. LEGAL and PROFESSIONAL SERVICES: Payment for services of all kinds such as attorneys, accountants and business consultants. However costs to establish business must be capitalized.

19. OFFICE SUPPLIES. Stationary, pencils, pens, paper clips, envelopes, file folders, erasers, order forms, bookkeeping and art supplies. Computer and printer paper, small equipment items such as pocket calculators, staplers, and paper punches, etc: Also diaries, ledgers, tablets, message pads, etc.

20. PARKING and TOLLS. Meters, space fees, bridge fees and lot costs for business purposes.

21. POSTAGE. Stamps for all correspondence, newsletters, IRS audits, Christmas cards, bills, and all costs of certified, registered

22. PRINTING: Reproduction of newsletters, fliers, brochures, business cards, typesetting, tickets and all copier and fax costs.

23. RENT: Applicable office business rent, meeting rooms and trailers, and all lease costs. Resident has special requirements

24. REPAIRS: Business portion of painting, flooring, resurfacing, concrete fixing, new glass, hardware supplies tools, grass seed, tree surgery, paint rollers, business VCR and other office equipment, Beware "improvements" be capitalized.

25. SAMPLES and DISPLAYS. Service of Product displays or demonstrations, including "Brand X" products and new products used for promotion and samples.

26. SECURITY. Home Alarms (smoke detectors and fire alarms), car alarms, padlocks, electronic sensors, monitoring cameras, and private patrols (subject to home office limitations).

27. STORAGE. Costs of warehouses, lockers, garages, dock fees and hanger space for business purposes.

28. SUPPLIES. Additional items such as linen, coffee makers, cups, napkins, paper towels, interior decorating items, special lights, blackboards, and easels, whiteboards, visual aids, usual office supplies, foods and beverages for sales meetings open to the public and de minimus fringe benefits for employees.

29. TAXES: Business portion of real estate taxes, sales and excise taxes (Do not include sales tax of inventory purchased if Purchases: are gross figures). Payroll and Business License taxes.

30. TRAVEL: Traveling costs such as a plane, train, taxi, and bus fare. Rental cars, lodging, tour and guide fees; special arrangements, (to be reimbursed with appropriate documentation submitted to business entity when expenses is paid for personally) Caution should be used: local and "overnight;" domestic and foreign travel are all treated different.

31. UTILITIES and TELEPHONE: business portions of natural gas and electricity, heating oil, water sanitation. All telephone costs including service charges, message unit, long distance calls and pay phones. (Utilities are subject to home office limitation).

## **Other Deductions**

32. MISCELLANEOUS:

33. ACCOUNTING: Payments for bookkeeping and auditing services.

34. ANSWERING SERVICE. Cost for telephone message services, in home or outside.

35. CLIENT CONTACT. Developing or maintaining communication with clients or prospective client by way of cards; notes, etc.

36. CONTRACT LABOR, Monies paid to those with whom you contract for various tasks, projects, services, etc. (see services).

37. DEPRECIATION. Business furniture, autos, equipment, software and improvements with a useful life of more than one year; and, is not de minimus. Be care of the rules around "Listed Property."

38. LICENSE and FEES. Costs of obtaining permits, licenses for sales, use purposes and any other fees.

39. MARKET DEVELOPMENT. Cost of sales and performance development in specific markets, new product research, application, introduction, and orientation.

40. PEST CONTROL: Cost of products and services pertain to controlling and eliminating rodents, insects, and other vermin.

41. PROPS AND MEDIA supplies needed to assist with business presentations.

42. REFUNDS. Repayments of reimbursements made for products or services rendered.

43. SERVICES. Payments made to Independent Contractors for work performed (1099) in the conduct of non-contract labor.

44. WAGES. Payments for salaries and hired help for which payroll taxes are paid and for W-2's are issued.