PROFITPOINTE Tax & Bookkeeping

Established 1998

www.profitpointe.com lesstax@profitpointe.com

Dear Client,

Following please find the **short** version of our **1040 TAX DEDUCTION ORGANIZER** which will assist you in gathering all the pertinent information to provide us for the preparation of your personal tax return. Providing this inclusive documentation will assure you do not lose deduction dollars and present us with the fundamental information required for the preparation of a complete and accurate return.

It is very important that you review the Profitpointe Policies so that there is no misunderstanding of what it takes to keep you on schedule and always paying the minimum in tax. Our pricing, guidelines, In-house and IRS deadlines are explained in the Profitpointe Policies which can be downloaded from the policies section of our website at: www.profitpointe.com. Please feel free to call us whenever you have a question.

Once we have received your tax information and completed tax organizer, we will call or email you with any follow-up questions. We look forward to working with you.

Thank you for allowing Profitpointe Tax & Bookkeeping the opportunity of serving you. We are pleased to have you as a client and welcome the opportunity of earning the referrals of your family and friends.

Sincerely,

Donna J. Merrill

Donna J. Merrill
President

(972) 335-6688 FAX (214) 872-1753 8204 Dock Street Frisco, Texas 75035

1040 SHORT TAX DEDUCTION ORGANIZER
INSTRUCTIONS

PROFITPOINTE Tax & Bookkeeping

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PLEASE HELP US HELP YOU!
Not thoroughly completing this document will cost you money.
WE CANNOT PREPARE YOUR TAX RETURN WITHOUT IT!

1. This form is for very simple tax situations. If you have rental property; operate a farm; operate a home- based daycare; have stocks, bonds or other investments; are self-employed; own any business; or have employee business expenses **DO NOT USE THIS FORM**. You will need to use the Standard 1040 TDO. Use one ENTITY TDO for each C-Corporations, S-Corporations, LLC's or Partnerships for which you want a tax return prepared.

2. To avoid any misunderstandings, go to www.profitpointe.com in the policy section, and download Profitpointe's Policies for information on pricing, deadlines, procedures, and our privacy policy.

3. Complete ONE form PER tax year – DO NOT combine years.

4. Do not DUPLICATE any figures throughout the 'Tax Deduction Organizer' (TDO).

5. Do not answer 'SAME' to any of the questions.

6. Make sure to STAPLE all pages of the TDO together in numerical order to avoid separation of pages. If you need to copy or duplicate pages or sections, please make sure to PRINT your name on all pages that you copy and STAPLE them separately from the entire TDO.

7. All figures provided should be ANNUAL totals. We DO NOT want receipts – only TOTALS unless otherwise specified in the TDO. **DO NOT ROUND OFF FIGURES**, use exact totals.

8. Be sure to provide **ALL** 1099's and W-2's.

9. Be sure to provide **ALL** K-1's from estate, trust, and outside business ventures.

10. **For Amended Returns Only:** VERY IMPORTANT: The figures you enter in this Tax Deduction Organizer (TDO) should be those complied from your actual records and receipts NOT from your original tax return. However, you must review your original tax return to be sure any accurate information is transferred to this TDO. Figures included on your original tax return but not included in your TDO will be considered inaccurate information and not automatically transferred to your amended tax return.

PROFITPOINTE Tax & Bookkeeping

1040 TAX DEDUCTION ORGANIZER
SHORT FORM

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IMPORTANT: PLEASE READ INSTRUCTION SHEET BEFORE COMPLETING.

CLIENT NAME(s): ____ **TAX YEAR**: ________________

CHECK ONE: This organizer is for ❑ INITIAL FILING FOR THE TAX YEAR ❑ REVIEW FOR AMENDMENT

ALL CLIENTS: WE REQUIRE ITEMS 1-3 LISTED BELOW:

1. Copy of current driver's license and social security card for you and all dependents.
2. Required deposit of 50% of your previous year's tax preparation cost. Refer to page 10 for Payment Authorization Form. New clients, please see below for your deposit requirements.
3. Do you have any unresolved issues with the IRS? ❑Yes or ❑No
   If yes, please provide details: ____

NEW CLIENTS: IN ADDITION TO THE ITEMS ABOVE, PLEASE PROVIDE:

1. **How did you hear about us?** ___________________________________
2. Required deposit of $100. Refer to page 10 for Payment Authorization Form.
3. Copies of your tax returns for the past three (3) years.

THE FOLLOWING MUST BE PROVIDED BY ALL TAXPAYERS FOR EACH TAX YEAR BEING PREPARED:

1. This completed Tax Deduction Organizer.
2. Copies of any correspondence received from the IRS in the past year.
3. **ALL W-2, 1099, Brokerage Statement(s), K-1 forms, interest and other income statements.**
   Note: We MUST have originals of these forms. Retain photocopies for your records. Please indicate the number of W-2 forms enclosed for: SELF_______ SPOUSE________ (DO NOT ENTER DOLLAR AMOUNTS HERE.)
4. Form 1098: Your end-of-the-year mortgage statement including interest paid and real estate taxes. If more than one 1098, please indicate the property address on each form.
5. Closing papers for all real estate transactions. (We need the page titled "Settlement Statement".)
6. Legal papers for adoption, divorce, or separation involving the custody of your dependent children.
7. A voided check if you wish to have your income tax refund direct deposited.

PART I: DO ANY OF THESE APPLY TO YOU?

YES NO Do you have rental property?

YES NO Do you have farm income?

YES NO Do you operate a home-based daycare?

YES NO Do you operate a business as a sole proprietor or 1099 contractor (including self-employment either full or part-time and **multi-level business opportunities**)?

YES NO Do you have Stocks, Bonds, or other Investments?

YES NO Did you receive a "rollover" of funds from a deceased person?

YES NO Did you or your spouse file for Incorporation or LLC during the year?

YES NO Do you or your spouse own or are you a shareholder in any corporation or partnership?

YES NO Do you or your spouse have any other businesses or hobbies that you are actively pursuing for a profit?

ANSWER THE FOLLOWING THREE QUESTIONS FOR W-2 EMPLOYEES ONLY (not self-employed)

YES NO Did you maintain an office at home for the convenience of your employer?

YES NO Did you have job related **AUTO** expenses that were not reimbursed to you by your employer?

YES NO Did you have job related expenses that were **NOT** reimbursed to you by your employer?

IF YOU ANSWERED 'YES' TO ANY OF THE QUESTIONS IN THIS PART,

STOP HERE.

YOU NEED TO USE OUR STANDARD TAX DEDUCTION ORGANIZER.

TAX PLANNING SERVICES

DO YOU WANT TO SAVE THE MOST TAX DOLLARS?

- A little advance tax planning can save you a lot of money and frustration. We recommend that you review your tax situation on a quarterly basis. Please note that there are additional charges for these Tax Planning Services; cost is based on the complexity of your tax situation. You may obtain the TAX ESTIMATOR from www.profitpointe.com or by contacting our office.

- Individuals who own a business, have multiple entities, or are paying estimated quarterly tax payments should consult with their tax preparer on a quarterly basis.

- If you are currently implementing an Advanced Tax Strategy that was set-up with Profitpointe, you **must** review your tax situation **no less often** than mid-year and fourth quarter in order for the strategy to work effectively.

PART I: CLIENT INFORMATION - PLEASE USE FULL LEGAL NAME

Primary person Profitpointe should discuss tax questions with: Name____________________ Phone ____________

TAXPAYER:

First Name________________________ Middle Initial_____

Last Name________________________ Suffix__________

Social Security#___________________ Birth date__________

Occupation____

Work Phone________________________ Extension________

Are you **(circle all that apply)** blind / disabled / in military?

SPOUSE:

First Name______________________ Middle Initial ______

Last Name_______________________ Suffix__________

Social Security#_________________ Birth date___________

Occupation_______________________________________

Work Phone_______________________ Extension_______

Are you **(circle all that apply)** blind / disabled / in military?

Current Home Address____ Apt No ___________

City____ State__________ Zip Code __________________

Home Phone_______________________ Fax #__________________________ Cell # ____________________________

E-mail address: (primary)______________________________ (secondary)____________________________________

How do you feel about e-mail contact? ❑Like ❑Don't Like

How often do you check your e-mail? ❑Daily ❑Weekly ❑Never

Have you resided at a different address within the past year? ❑Yes ❑No **If yes**, please provide the following information:

Do you have a FaceBook account? ❑Yes ❑No **If yes**, please provide your username: ______________________________

Please visit Profitpointe Tax & Bookkeeping's page on FaceBook if you would "Like" to receive our tax tips and information.

CLIENT ACKNOWLEDGEMENT

I declare all information I am providing Profitpointe is true and correct to the best of my knowledge. I understand that in the event of an audit by the Internal Revenue Service, I am solely and completely responsible to provide written documentation and proof of all statements made on my tax return. I realize that Profitpointe is advising me and providing tax services to the best of their knowledge and belief; however, Profitpointe is in no way liable for the content of my return. I agree to review the completed returns and verify that there are no misstatements or omissions. I give permission for Profitpointe to share my information on a need to know basis with employees, contractors, subcontractors, financial and legal experts. Additional charges will be incurred for any bookkeeping and consultation services necessary to compile information not provided on Profitpointe's Tax Deduction Organizer or if information is otherwise incomplete to prepare the tax return. Changes by the client to this Tax Deduction Organizer after submission to Profitpointe will result in additional charges according to our stated fee schedule. I understand that if I fail to provide information requested to prepare my Income Tax Return within three (3) days after receiving the official request, whether verbally or in writing, that my delay may cause my tax return to be completed after the tax filing deadline. I agree to release and indemnify Pangaea Ventures, Inc., Profitpointe and their respective owners, employees, contractors and subcontractors of any liability. I have read the policies and procedures outlined in the Profitpointe Policies, and I understand and agree to abide by them. I agree to pay for services rendered immediately upon completion of work. I further understand that my tax return will not be released prior to full payment to Profitpointe. Finance charges will accrue at 18% per year or the highest interest rate allowed by the law of the State of Texas on any balance that remains unpaid after thirty (30) days. I understand that returned checks and charges unpaid for more than 30 days will be subject to legal actions and that I will be responsible for all legal and collection costs, including but not limited to attorney's fees and court costs. I further agree that I waive all rights to change of venue and any court proceedings will remain in Collin County, Texas.

______________________________________ ______________________________________
Taxpayer signature Date Spouse signature Date

► SIGNATURE REQUIRED AS AUTHORIZATION TO PROCEED WITH TAX WORK ◄

PART II: FEDERAL FILING STATUS - CHECK THE APPROPRIATE BOX

❑ Single

❑ Married filing jointly

❑ Married filing separately

- ❑ Check this box if you **did not** live with your spouse at any time during the year.
- ❑ Check this box if you are eligible to claim your **spouse's** exemption.

❑ Qualifying widow(er) Deceased date for spouse ___________________

❑ Head of household (Unmarried with child or other dependent relative)
Qualifying person's name _________________________________ Social Security#______________________________

❑ Do you want to allocate $3 to the Presidential Election Campaign Fund? (CHECK ONE)
Self: ❑Yes or ❑No Spouse: ❑Yes or ❑No

PART III: DEPENDENT INFORMATION (Do not include Taxpayer or Spouse)

FULL NAME (use the EXACT name social security administration uses - IRS monitors closely)	BIRTHDATE	SOCIAL SECURITY #	RELATIONSHIP	# MONTHS AT HOME THIS YEAR

❑ **Check here if using additional pages for dependents**

YES NO Did any dependent have earned income (W-2, etc.)?
Name _________________________________ Amount $_____________________________________

YES NO Did you file a tax return for any dependent? **If yes**, please provide a copy for our files.

YES NO Did any dependent have unearned income (interest, dividends, etc.)?
Name _________________________________ Amount $_____________________________________

YES NO Did you provide more than half of the support for all dependents?
If no, which dependent(s): ____

YES NO Were any dependent(s) permanently and totally disabled?
If yes, which dependent(s): ____

YES NO Were any dependent(s) between 19 and 24 years old AND a full-time student for at least 5 months during the tax year? **If yes**, which dependent(s): _______________________________

YES NO Can any of the dependents be claimed on another person's tax return?
If yes, which dependent(s): _________________________ Reason:_________________________
Were they claimed on that person's tax return for this tax year? ❑Yes or ❑No

YES NO Did you pay alimony during the tax year? **If yes**, amount paid: ____________________________
Paid to: _______________________________ Social Security # ___________________________

YES NO Was there any change in your immediate family (i.e. marriage, birth, divorce, adoption, etc.)?
If yes, please explain and include date and legal status: ___________________________________

YES NO Were any dependent(s) adopted during tax year? **If yes**, provide the following information:

Adopted Child's Name	Social Security #	Birth Date

What was the STATUS of the adoption on December 31 of this tax year?
❑ IN PROGRESS ❑ COMPLETED ❑ FAILED

Provide the amount of money spent on adoption activities:
Last tax year: $ ________________ This tax year: $ ________________

Was this a special needs child? ❑ Yes ❑ No

Is the adopted dependent your spouse's child? ❑ Yes ❑ No

YES NO Did you have childcare expenses? Total expenses paid $______________________

ALL INFORMATION BELOW IS REQUIRED BY IRS IN ORDER TO CLAIM CHILDCARE DEDUCTION

Childcare Provider Name and Address	Provider's Tax ID or Social Security #	Child's Name	Amount Paid

PART IV: DEDUCTION FINDER

PLEASE CIRCLE APPROPRIATE ANSWER FOR TAX YEAR BEING PREPARED. ANY YES ANSWER WILL REQUIRE ADDITIONAL INFORMATION. PLEASE BE AS COMPLETE AS POSSIBLE TO MAXIMIZE YOUR DEDUCTIONS.

YES NO Did you or your dependents incur secondary/college education expenses? **If yes**, complete:

Student's name________________________ School ____________________

Dates attended in this tax year________________ ❑Half-time ❑Full-time ❑Other _________

Class: _____ Freshman (1st yr) ___Sophomore (2nd yr) __Junior (3rd yr) ______Senior (4th yr)

Purpose of schooling: ___ obtain certificate or degree ____improve current job skills

___ learn new job skills Other:________________________

Amount paid this tax year: Tuition & Fees $____________ Books $________________

Has the above mentioned student ever been convicted of possessing or distributing a controlled substance? ❑ Yes ❑ No

YES NO Did you cash in any U.S. savings bonds and use the money for college expenses?

YES NO Did you pay interest on a student loan? Amount $ ______________________

YES NO Do you have additional income not reported on a W-2, 1099, or K-1 form? (i.e. alimony, unemployment, gambling, prizes, awards, jury duty, etc.)

Amount $ ____________ Source____

If from gambling, how much did you spend to win this amount $______________________

YES NO Do you work at least 900 hours during the school year as a K-12 teacher, counselor, principal or aide in a public or private school?
If yes, total out-of-pocket expenses for classroom supplies, books, etc. Amount $______________

YES NO Do you have medical / dental insurance? Amount of premiums paid with after tax dollars (Do **NOT** include premiums paid by payroll deductions pre-tax.) $________________________

YES NO Did you have medical / dental expenses not reimbursed by insurance or Health Care Reimbursement plan? (**Include** all co-pays and deductibles.)

Amount $ ____________________ Mileage to medical appointments: _______________miles

YES NO Did you buy tags for a boat, truck, trailer, or pay other personal property tax?

If YES, amount(s)	Model	Used for Business
$ ______________	______________________________	YES NO
$ ______________	______________________________	YES NO

YES NO Do you own your home? (Attach Form 1098)

Mortgage interest paid $ _____________ Real estate taxes paid $ _________________

YES NO Did you refinance your home this tax year? (Attach Settlement Statement and Form 1098)

YES NO Did you sell your home? (**If yes,** attach Closing Settlement Statements for both the original purchase and the current sale)
Date purchased ________________ Original cost $ _____________ Date sold _____________

YES NO Did you lose a home to foreclosure?

YES NO Did you purchase a new home? (**If yes,** attach Closing Settlement Statement.)

Date purchased _______________________________________ (**If yes,** did you or your spouse, if married, own a home in your name in the three years prior to this new home purchase?________)

YES NO Do you own land, a vacation home, recreational vehicles, or other real estate not previously listed?
If yes, attach list of all related expenses including mortgage interest, real estate taxes.

YES NO Did you purchase any added energy saving items such as insulation, instant water heater, etc. or replace any doors or windows? **If yes**, please attach sales receipts.

YES NO Did you purchase a hybrid vehicle?

YES NO Did you (or your spouse) make gifts totaling more than $13,000 to any individual during the year?

If yes, Recipient name:______________________ Relationship to you: ____________________

Gift: ___________ Address:____

YES NO Did you incur auto mileage for any volunteer work you did for any charity or church work?
Total Miles for the year: ____

YES NO Did you make any monetary (cash, check) donations to charity? Attach separate sheet if needed.

IRS REQUIRED: RECEIPTS MUST BE ATTACHED FOR ALL DONATIONS

Charity name	Amount Donated

YES NO Did you make any non-cash donations to charity? Attach additional sheet if necessary.

IRS REQUIRED: RECEIPTS MUST BE ATTACHED FOR ALL DONATIONS

Charity Name and Address	Property Donated	Date Donated	Date Acquired	Original Cost	Fair Market Value at Time of Donation

YES NO Did you move your residence this year AND start work at a new location?

YES NO Did you move for business reasons?

YES NO Did you move a home office?

Distance from old home: To old job__________________ To new job_____________________
Distance from new home: To old job__________________ To new job_____________________

(For the following - Do not include costs of house hunting or meals)

Amount paid for moving and storage of household goods $ _________________________________

Costs of travel and lodging during shipment of household goods $ ___________________________

Did you receive **any** reimbursement for your move? ❑YES or ❑NO Amount $_____________

Date of move ___________ Still employed at new job? ❑YES or ❑NO Date left: _____________

YES NO Did you have a theft or casualty loss? **If yes,** attach a separate sheet listing items lost, date purchased, original cost, value when lost, value after loss, amount reimbursed by insurance, date of incident, and explanation of what happened.

YES NO Did you pay for tax return preparation or consultation during the year? Amount $ _____________

YES NO Do you have a safety deposit box? Cost paid $____________________

YES NO Did you pay for investment advice? Amount $_____________ For __________________________

YES NO Did you pay a nanny or other household employee cash wages during the tax year?
If yes, provide copies of W-2, payroll reports, and/or 1099.

YES NO Did you make any estimated **Federal**, **State, or Other locality** income tax payments during the year? If yes, please complete the following chart to record all payments (Provide copy of check if possible):

QUARTER		FEDERAL		STATE			CITY, LOCALITY, or OTHER GOVERNMENT ENTITY		
		AMOUNT PAID IRS	DATE PAID IRS	STATE NAME	AMOUNT PAID	DATE PAID	ENTITY PAID	DATE ENTITY PAID	AMOUNT ENTITY PAID
1	April 15th								
2	June 15th								
3	Sept. 15th								
4	Jan. 15th								
PAID WITH EXTENSION									

PART VI: STATE AND OTHER TAX INFORMATION

YES NO Have you resided at a different address within the past year? **If yes**, please provide the following:

Past Year Residence History:

Dated From	To	Street Address	City	State	County	School District	Sales Tax Rate

YES NO **DO YOU LIVE IN A STATE WITHOUT STATE INCOME TAX (If no, skip the next two questions):**
If yes, what percentage sales tax do you pay in your locality? ______________________%

YES NO Did you keep records of the actual sales tax amounts paid on purchase during the year?
If yes, provide total $ ______________________

YES NO Did you purchase a motor vehicle, motorcycle, motor home, boat or other RV this year?
If yes, attach a copy of the sales receipt, Bill of Sale or Contract showing sales tax.

YES NO Do you have any other income earned outside your state of residence?

YES NO Did you pay **OTHER** Income Tax this year or receive a refund on last year's **OTHER** Tax return?
Name of Tax Entity ________________ Tax Paid $ ________________Refund $ ______________

YES NO Did you make any **OTHER** estimated tax payments during the year?
If yes, detail these payments on the chart in the previous section.

YES NO Did you send a payment with your **OTHER** extension?
If yes, detail these payments on the chart in the previous section.

YES NO Do you want Profitpointe to prepare your **OTHER** tax return for the tax Entity mentioned above?
If yes, please fill in the following information:
County resided ________________________ School district ____________________________

If you wish to contribute to any charitable funds listed on an **OTHER** return please list below.
Which one? __________________________ Amount $______________________________
Which one? __________________________ Amount $ ______________________________

Note: If you want to donate to the charities listed on the state tax return, please consider donating directly to the charity. If you donate directly to the charity, it may be tax deductible. If you donate indirectly to a charity through the state tax return, it is NOT deductible.

PART VII: REQUEST FOR ELECTRONIC FILING / METHOD OF REFUND / SHIPPING

It is understood that the Internal Revenue Service has the right to process refunds in whatever way and time frame they deem appropriate. It is also understood that there is no guarantee or promise made by Profitpointe of a quicker refund.

ELECTRONIC FILING

______ **Yes, electronically file this tax return**. **PLEASE NOTE: Effective January 1, 2011 new IRS laws require our firm efile ALL 1040, 1041 & 990 tax returns for individuals, estates, and trusts.** (Your Tax Return can be e-filed up until October 15th of the filing year.)

______ **No, do not electronically file this tax return**. (If you prefer not to have your return efiled as per the new IRS Law, we can file Form 8944 for a Hardship Wavier on your behalf so that you can paper file your return. Charge for this form is $95.) **NOT RECOMMENDED.**

CLIENT COPY FORMAT (Please check preferred.)

______ Yes, I want to **GO GREEN!** Make my tax return copy in PDF format on a CD at **no additional charge.**

______ Traditional: I prefer a paper copy of my tax return for my records.

______ I would like one of each, a CD with a PDF copy and a traditional paper copy of my tax returns. I understand there will be a $25 charge for the additional copy I am electing with this option.

METHOD OF REFUND (Please check appropriate selections.)

______ No refund is expected on this tax return. Anticipated amount you expect to owe: $ __________

______ A paper check mailed from the Internal Revenue Service is preferred. (A paper check is the only option for an AMENDED RETURN.)

______ Direct Deposit - There is no charge for direct deposit and it generally expedites your refund. The IRS will direct deposit your refund into your bank account. Profitpointe advises you to verify the deposit has actually been credited to your bank account before writing checks or otherwise using these funds. **Note: You must include a voided check to be taped on the back of this page.**

❑ Checking ❑ Savings Routing #_____________________ Account #____________________

______ Apply any refund to next year's taxes.

METHOD OF PAYMENT FOR PROFITPOINTE SERVICES

______ I will pay by cash or check.

______ I will pay by EFT from my bank account.*

______ I will pay by credit card.*

*Please use my Payment Authorization ____On file ____ Attached

METHOD OF DELIVERY

______ I will pick up my finished tax return.

______ Please ship my finished tax return. (Shipping fee applies.)

PROFITPOINTE
Tax & Bookkeeping

PAYMENT AUTHORIZATION

(972) 335-6688 FAX (214) 872-1753 8204 Dock Street Frisco, Texas 75035
www.profitpointe.com lesstax@profitpointe.com

CLIENT NAME: ____

CHECK ALL THAT APPLY:

❑ One time charge - Date: ______________________ Amount: $ ____________________________

❑ Charge the total invoice amounts for the services I have requested.

❑ Keep signature on file for future charges. I understand that if I have requested a recurring monthly service that the charges for this service could possibly vary by up to + / - 25%.

❑ Other ____

Name (on account): ____

Address (where statement is sent):____

Apt. # _______ City:______________________ State: _________Zip Code: ______________

Phone #: (H) ________________________ (W) ______________________________

METHOD OF PAYMENT:

❑ BANK ACCOUNT DRAFT / ELECTRONIC FUNDS TRANSFER (EFT) - ATTACH A VOIDED CHECK

Account Number

Routing Number

❑ VISA **❑ DISCOVER** **❑ MASTERCARD** **❑ AMERICAN EXPRESS**

Card Number | Expiration Date | *Security Code

																Expiration Date

*Security Code

*The Security Code is the last three digits on the back of your credit card in the signature panel.

Print or Type Name on Account	Authorized Signature
	X

Attention:

Providing your signature above authorizes Profitpointe to charge or draft your account for payment in full for services rendered. This authorization is to remain in full force until Profitpointe has received written notification from you of your wish to terminate said authorization. You understand that this payment plan may be cancelled by either Profitpointe or you with thirty (30) days written notice.