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www.profitpointe.com  lesstax@profitpointe.com

Dear Client,

Following please find the **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. Please attach any addendum organizers that are appropriate for your unique tax situation (see Page 9 - Part VI of the organizer). 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](http://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 from our tax experts. 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

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[972] 335-6688  FAX [214] 872-1753  8204 Dock Street  Frisco, Texas 75035



## 1040 TAX DEDUCTION ORGANIZER **INSTRUCTIONS**

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

### **PLEASE HELP US HELP YOU!**

**Not thoroughly completing this document will cost you money.**  
**WE CANNOT PREPARE YOUR TAX RETURN WITHOUT IT!**

1. To avoid any misunderstandings, go to the policies section at [www.profitpointe.com](http://www.profitpointe.com) and download the Profitpointe Policies for information on pricing, deadlines, procedures, and our privacy policy. Call us if you can not download this form.
2. Complete ONE form PER year – DO NOT combine years.
3. Do not DUPLICATE any figures throughout the 'Tax Deduction Organizer' (TDO).
4. Do not answer 'SAME' to any of the questions.
5. 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.
6. 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.
7. You MUST complete pages 11-15 for EACH business. Please note that vehicles and home offices can be used for several different business(s). Make sure that you DO NOT combine figures for these separate business(s). You MUST make copies of pages 11-15 and complete for EACH business (see item 4 above).
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 compiled 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.



TAX DEDUCTION ORGANIZER
1040 STANDARD FORM

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

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 17 for Payment Authorization Form. New clients, 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 \$300. Refer to page 17 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. Total number of Addendums you are attaching
8. A voided check if you wish to have your income tax refund direct deposited.

**PART I: CLIENT INFORMATION - PLEASE USE FULL LEGAL NAME**

**Primary person Profitpointe should discuss tax questions with: Name \_\_\_\_\_ Phone \_\_\_\_\_**

<p><b>TAXPAYER:</b></p> <p>First Name _____ Middle Initial _____</p> <p>Last Name _____ Suffix _____</p> <p>Social Security# _____ Birth date _____</p> <p>Occupation _____</p> <p>Work Phone _____ Extension _____</p> <p>Are you (circle all that apply) blind / disabled / in military?</p> <p>Current Home Address _____ Apt No _____</p> <p>City _____ State _____ Zip Code _____</p> <p>Home Phone _____ Fax # _____ Cell # _____</p> <p>E-mail address: (primary) _____ (secondary) _____</p> <p>How do you feel about e-mail contact? <input type="checkbox"/> Like <input type="checkbox"/> Don't Like</p> <p>Do you have a FaceBook account? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes</b>, please provide your username: _____</p>	<p><b>SPOUSE:</b></p> <p>First Name _____ Middle Initial _____</p> <p>Last Name _____ Suffix _____</p> <p>Social Security# _____ Birth date _____</p> <p>Occupation _____</p> <p>Work Phone _____ Extension _____</p> <p>Are you (circle all that apply) blind / disabled / in military?</p>
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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
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**► 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. birth, marriage, divorce, adoption, etc.)? **If yes**, please explain and include date & 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 (1<sup>st</sup>yr) \_\_\_\_\_ Sophomore (2<sup>nd</sup>yr) \_\_\_\_\_ Junior (3<sup>rd</sup>yr) \_\_\_\_\_ Senior (4<sup>th</sup>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.) List self-employment income on page 11.  
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.?  
**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 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 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 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 15 <sup>th</sup>								
2 June 15 <sup>th</sup>								
3 Sept. 15 <sup>th</sup>								
4 Jan. 15 <sup>th</sup>								
PAID WITH EXTENSION								

**PART V: STOCKS, BONDS, & INVESTMENTS**

**NOTE: You must provide all paperwork for every YES answer in PART V. Do not use this section if these questions apply to your W-2 Pension Fund or 401K**

**Did you make a contribution to:**

YES NO a **Traditional IRA?** Amount for Taxpayer \$ \_\_\_\_\_ Date \_\_\_\_\_ Spouse \$ \_\_\_\_\_ Date \_\_\_\_\_

YES NO a **Roth IRA?** Amount for Taxpayer \$ \_\_\_\_\_ Date \_\_\_\_\_ Spouse \$ \_\_\_\_\_ Date \_\_\_\_\_

YES NO an **Education IRA?** Amount for Taxpayer \$ \_\_\_\_\_ Date \_\_\_\_\_ Spouse \$ \_\_\_\_\_ Date \_\_\_\_\_

YES NO a **SEP IRA?** Amount for Taxpayer \$ \_\_\_\_\_ Date \_\_\_\_\_ Spouse \$ \_\_\_\_\_ Date \_\_\_\_\_

YES NO another retirement plan Amount for Taxpayer \$ \_\_\_\_\_ Date \_\_\_\_\_ Spouse \$ \_\_\_\_\_ Date \_\_\_\_\_

YES NO Have you contributed to an IRA in the current year that you want to apply to the previous year? Must be done by April 15 for an IRA or October 15 for a SEP / simple plan (Check one)

Yes. Amount contributed \$ \_\_\_\_\_ Date \_\_\_\_\_

No, but I will. Amount to be contributed \$ \_\_\_\_\_ Date \_\_\_\_\_

YES NO Did you "roll over" any funds into another retirement or profit sharing plan? **If yes**, provide details on a separate sheet including date(s) "roll over" was completed. Amount for Taxpayer \$ \_\_\_\_\_ Spouse \$ \_\_\_\_\_

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

YES NO Did you convert from a Traditional to a Roth IRA?  
 Amount for Taxpayer \$ \_\_\_\_\_ Spouse \$ \_\_\_\_\_

YES NO Did you receive a withdrawal or distribution from an IRA, 401K, Keogh, SEP account, or other profit sharing or retirement plan?  
**If yes, provide the 1099R.**  
**If this was an early distribution, list reason:** \_\_\_\_\_  
 Amount for Taxpayer \$ \_\_\_\_\_ Spouse \$ \_\_\_\_\_

YES NO Did you re-characterize any portion of an IRA?  
**If yes, provide a copy of your 1099R or equivalent statement.**  
 Amount for Taxpayer \$ \_\_\_\_\_ Spouse \$ \_\_\_\_\_

YES NO Did you exercise any stock options from your employer or dispose of any stock acquired under a qualified employee stock purchase plan? **If yes, provide details.**  
 \_\_\_\_\_

YES NO Did you own any stock, securities, or options that had a value of \$0.00 (worthless) during the tax year?  
 Provide details: \_\_\_\_\_

YES NO Did you receive interest or dividends from any institution or bank?  
**If yes, provide all 1099's showing any dividends or interest earned.**

YES NO Did you sell any stock during the tax year?  
**If yes, complete the following table. (Attach separate list if necessary.) Provide the year-end summary provided by your broker.**

**ALL INFORMATION LISTED BELOW IS REQUIRED BY IRS TO REPORT STOCK SALES.**

# of Shares	Name of Stock	Date of Purchase	Purchase Price	Date of Sale	Selling Price	Expense or Commission

YES NO Do you have any other investments, stocks or bonds?  
**If yes, provide paperwork showing any income or interest earned.**

**PART VI: DO ANY OF THESE APPLY TO YOU?**

- YES NO Do you have rental property? **If yes**, please complete the **Rental Property Addendum**, which you can obtain from [www.profitpointe.com](http://www.profitpointe.com) or our office.
- YES NO Do you have farm income? **If yes**, please complete the **Farm Addendum**, which you can obtain from [www.profitpointe.com](http://www.profitpointe.com) or our office.
- YES NO Do you operate a home-based daycare? **If yes**, please complete the **Day Care Provider Addendum**, which you can obtain from [www.profitpointe.com](http://www.profitpointe.com) or our office.
- YES NO Do you operate a business (other than farm or daycare) as a sole proprietor or 1099 contractor (including self-employment either full or part-time and **multi-level business opportunities**)? **If yes**, complete **Part VII** (pages 11-15) of this organizer.
- 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? **If yes**, please list all entities (company names):
1. \_\_\_\_\_ 3. \_\_\_\_\_  
2. \_\_\_\_\_ 4. \_\_\_\_\_
- YES NO Do you or your spouse have any other businesses or hobbies that you are actively pursuing for a profit? **If yes**, please list all:
1. \_\_\_\_\_ 3. \_\_\_\_\_  
2. \_\_\_\_\_ 4. \_\_\_\_\_

**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? **If yes**, complete **Sections E, G, H, and I** (pages 13 &15). Office was for \_\_\_\_\_Taxpayer or \_\_\_\_\_Spouse.
- YES NO Did you have job related **AUTO** expenses that were not reimbursed to you by your employer? **If yes**, complete **Section F** (page 14). Auto expenses were for \_\_\_\_\_ Taxpayer or \_\_\_\_\_Spouse.
- YES NO Did you have job related expenses that were **NOT** reimbursed to you by your employer? (i.e. computer, education, books, cell phone, tools, etc.) **LIST ALL OF THESE EXPENSES BELOW:**

TAXPAYER:		SPOUSE:	
<u>Item Description</u>	<u>Amount</u>	<u>Item Description</u>	<u>Amount</u>

**PART VII: 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](http://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 VIII: STATE AND OTHER TAX INFORMATION**

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

Past Year Residence History:

<u>Dated From</u>	<u>To</u>	<u>Street Address</u>	<u>City</u>	<u>State</u>	<u>County</u>	<u>School District</u>	<u>Sales Tax Rate</u>
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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.*

**IF NOT SELF EMPLOYED, A SOLE PROPRIETOR, 1099 CONTRACTOR OR INVOLVED IN MULTI-LEVEL BUSINESS – PLEASE SKIP TO PAGE 16**

## PART IX: SOLE PROPRIETOR OR 1099 CONTRACTOR

Do not include information for corporations, partnerships, or W-2 income here. If you have a home-based childcare or a farm, please obtain the appropriate addendum from [www.profitpointe.com](http://www.profitpointe.com) or from our office. If you have more than one business, copy pages 11-15 and complete one copied set of pages for each business.

**DO NOT COMBINE businesses! DO NOT ROUND any amounts!**

**CLIENT NAME:** \_\_\_\_\_ **TAX YEAR:** \_\_\_\_\_

**Business name** (Print your **EXACT** business name): \_\_\_\_\_

Physical Business Address \_\_\_\_\_

Type of business \_\_\_\_\_ Date started \_\_\_\_\_

Owned by \_\_\_\_\_ Employer ID# (if any) \_\_\_\_\_

Are you still operating this business?  YES or  NO If **no**, date business closed \_\_\_\_\_

**NAICS CODE** \_\_\_\_\_ **SIC CODE** \_\_\_\_\_ **FREE LOOKUP:** <http://www.naics.com/search.htm>

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

YES NO Do you have an office in your home? **If yes**, complete Section E (page 13).

YES NO Do you use your car in this business? **If yes**, complete Section F (page 14).

YES NO Did you buy or convert from personal use any business-related equipment?  
**If yes**, complete Sections G and H (page 15).

YES NO Did you sell or convert to personal use any of your business-related equipment?  
**If yes**, complete Section I (page 15).

YES NO Did you operate this business with the intent to make a profit?

YES NO Are all of your business expenses recorded in this TDO ordinary & necessary for the operation of this business?

### SECTION A: INCOME

\$ \_\_\_\_\_ Total business income **NOT INCLUDED** on 1099 MISC. DO NOT include sales tax collected.

\$ \_\_\_\_\_ Total business income **INCLUDED** on 1099 MISC Number of 1099's that apply to this business \_\_\_\_\_

\$ \_\_\_\_\_ Refunds to customers (only if included in income) \$ \_\_\_\_\_ Bartering income

### SECTION B: INVENTORY & COST OF GOODS SOLD

*Tax Tip: We recommend you reduce inventory by December 31<sup>st</sup> to minimize tax liability.*

\$ \_\_\_\_\_ Beginning Inventory at cost (If any) \$ \_\_\_\_\_ End of Year Inventory at cost (If any)

\$ \_\_\_\_\_ Cost of items purchased for resale \$ \_\_\_\_\_ Cost of items removed from these purchases for personal use

\$ \_\_\_\_\_ Cost of materials and supplies that went into your finished product

\$ \_\_\_\_\_ Cost of labor - include contract labor for those who work to produce your product but not employee or owner wages.

### SECTION C: START-UP COSTS

Start-up costs are expenses connected with setting up or investigating the creation or purchase of a trade or business. These expenses occurred before the trade or business began operation. Start-up costs include:

\$ \_\_\_\_\_ Survey of potential market \$ \_\_\_\_\_ Analysis of possible facilities, supplies, labor force, etc.

\$ \_\_\_\_\_ Advertising the opening of business \$ \_\_\_\_\_ Travel to secure distributors, suppliers or customers

\$ \_\_\_\_\_ Wages of employees being trained \$ \_\_\_\_\_ Consulting or other professional fees paid in connection

\$ \_\_\_\_\_ Fees paid to obtain a business with starting a business

**SECTION D: EXPENSES**

**IF YOU USE QUICKBOOKS, PLEASE PROVIDE US WITH A BACKUP COPY AND SKIP THIS PAGE.**

Please list your business expenses.

Do NOT include expenses for the business use of your home on this page (itemize these in Section E, page 13).  
 Do NOT include ANY equipment here that costs more than \$300 & has a useful life of more than one year (itemize in Sect. H, pg. 15).

**DO NOT ROUND any amounts!**

**DO NOT INCLUDE THESE EXPENSES ANYWHERE ELSE IN THE ORGANIZER – NO DUPLICATIONS PLEASE!**

**Advertising**

- \$\_\_\_\_\_ Marketing supplies
- \$\_\_\_\_\_ Newspaper / Yellow Page ads
- \$\_\_\_\_\_ Printing & copies
- \$\_\_\_\_\_ Other

**Bad Debts** (Only if included in income) \$\_\_\_\_\_

**Commissions Paid** \$\_\_\_\_\_

**Employee Related Expenses**

- \$\_\_\_\_\_ Auto expenses reimbursed to employees
- \$\_\_\_\_\_ Education
- \$\_\_\_\_\_ Medical reimbursement
- \$\_\_\_\_\_ Pension plans
- \$\_\_\_\_\_ Uniforms / dry cleaning
- \$\_\_\_\_\_ Other

**Insurance**

- \$\_\_\_\_\_ Business / Liability
- \$\_\_\_\_\_ Self-employed Medical (not included on pg. 5)
- \$\_\_\_\_\_ Other

**Office Expense**

- \$\_\_\_\_\_ Bank service charges for business accounts
- \$\_\_\_\_\_ Computer supplies
- \$\_\_\_\_\_ Dues / fees
- \$\_\_\_\_\_ Office supplies – paper, pens, etc.
- \$\_\_\_\_\_ Postage & delivery
- \$\_\_\_\_\_ Subscriptions (magazines & newspapers)
- \$\_\_\_\_\_ Other

**Legal & Professional Services**

- \$\_\_\_\_\_ Accounting
- \$\_\_\_\_\_ Legal fees
- \$\_\_\_\_\_ Other

**Rent**

- \$\_\_\_\_\_ Equipment
- \$\_\_\_\_\_ Office (other than home office)

**Repairs & Maintenance** (other than house) \$\_\_\_\_\_

**Supplies**

- \$\_\_\_\_\_ Cleaning items
- \$\_\_\_\_\_ Other

**Other Taxes & Licenses** \$\_\_\_\_\_

**Meals & Entertainment** \$\_\_\_\_\_

**Business Travel & Lodging** \$\_\_\_\_\_

**Utilities** (If HOME-OFFICE: DO NOT fill in the following here -  
 Go to Section E, page 13)

- \$\_\_\_\_\_ Electric / Gas
- \$\_\_\_\_\_ Garbage / Water

**Telephone** – *Do not include the cost of basic local service on home line.*

- \$\_\_\_\_\_ Business and Fax Line(s)
- \$\_\_\_\_\_ Business Long Distance
- \$\_\_\_\_\_ Cellular / Mobile
- \$\_\_\_\_\_ Internet access fees
- \$\_\_\_\_\_ Optional Services (voice mail, call waiting, caller ID, etc.)

**Wages PAID TO EMPLOYEES-** (enclose copy of 941's, 940's and W-2's filed)

- \$\_\_\_\_\_ Salaries paid
- \$\_\_\_\_\_ Payroll Taxes paid

**Professional Development (seminars, books, etc.)**

\$\_\_\_\_\_

**Other Expenses**

- \$\_\_\_\_\_ Gifts to clients and employees
- \$\_\_\_\_\_ Management Fees
- \$\_\_\_\_\_ \_\_\_\_\_
- \$\_\_\_\_\_ \_\_\_\_\_
- \$\_\_\_\_\_ \_\_\_\_\_
- \$\_\_\_\_\_ \_\_\_\_\_

**SECTION E: HOME OFFICE INFORMATION**

**DO NOT DUPLICATE THE EXPENSES LISTED BELOW ANYWHERE ELSE ON THIS ORGANIZER!**

**If you have moved during this tax year, you must complete this page for EACH home office location.**

**CLIENT NAME:** \_\_\_\_\_ (PLEASE WRITE YOUR NAME ON EACH SET PER BUSINESS)

**ADDRESS OF THIS HOME OFFICE:** \_\_\_\_\_

**NAME OF BUSINESS OFFICE IS USED FOR:** \_\_\_\_\_

Rent / Lease or  Own Date first used Home Office for business \_\_\_\_\_

Purchase price plus major improvements, including land \$ \_\_\_\_\_ Value of land only \$ \_\_\_\_\_

**SQUARE FOOTAGE:** Total \_\_\_\_\_ sq. ft. Business Use \_\_\_\_\_ sq. ft.

Is this space used for another business or other work? YES NO

**NOTE: PLEASE CALCULATE THE TOTAL AMOUNT FOR THE YEAR FOR EACH ITEM LISTED BELOW.**  
 If your home office was only used for a partial year, base amounts listed here on the total usage for the dates you had your home office.  
**NO MONTHLY FIGURES.**

**OWN ONLY:** Homeowners Dues \$ \_\_\_\_\_ Homeowners Insurance \$ \_\_\_\_\_ PMI \$ \_\_\_\_\_  
 Other expense \$ \_\_\_\_\_ (Mortgage Interest & Real Estate Taxes are listed on page 5)

**RENT ONLY:** Rent / Lease Payments \$ \_\_\_\_\_ Renters Insurance \$ \_\_\_\_\_  
 Other expense \$ \_\_\_\_\_

**BOTH OWNERS & RENTERS:**

UTILITIES: Electric \$ \_\_\_\_\_ Gas \$ \_\_\_\_\_ Water \$ \_\_\_\_\_

Alarm \$ \_\_\_\_\_ Cable \$ \_\_\_\_\_ Sewer \$ \_\_\_\_\_ Other \$ \_\_\_\_\_

MAINTENANCE SERVICES: Cleaning \$ \_\_\_\_\_ Lawn \$ \_\_\_\_\_

Minor Repairs \$ \_\_\_\_\_ Pest Control \$ \_\_\_\_\_ Other \$ \_\_\_\_\_

**MAJOR HOME IMPROVEMENTS OR RENOVATIONS**

Only list items here that cost more than \$500. (Anything less than \$500 can be listed as a Minor Repair above.)

WORK DONE	DATE	COST	EXCLUSIVE BUSINESS USE?
			<input type="checkbox"/> YES
			<input type="checkbox"/> YES
			<input type="checkbox"/> YES
			<input type="checkbox"/> YES

**If Business is closed,** date stopped using as home office \_\_\_\_\_

**SECTION F: AUTO INFORMATION**

*TAX TIPS: Travel expenses between home and a temporary work location within your metropolitan area are not deductible unless one of two tests are met: 1.) You have one or more regular work locations away from your home or 2.) You qualify for a business use of home deduction. Auto mileage incurred by someone other than business owner should be reimbursed by the business and listed on page 12 as 'auto expenses reimbursed to employees' in order to be deductible. Do not duplicate mileage that has been reimbursed on this page.*

**IMPORTANT - PROVIDE INFORMATION BELOW FOR VEHICLES USED FOR BUSINESS PURPOSES.**  
**Is either vehicle listed below used for more than one business? If yes, make copies of this page and complete ONE PAGE PER BUSINESS. **DO NOT ROUND any amounts!****

**NOTE: If you bought or sold a car you use in business, provide all sales contracts.**

**CLIENT NAME:** Last Name \_\_\_\_\_ First Name \_\_\_\_\_

**BUSINESS NAME:** \_\_\_\_\_  W-2 OR  Self-employment

YES  NO Do you understand that proper records and written mileage & usage logs must be maintained and provided to the IRS in the event of an audit?

	<u><b>AUTO #1</b></u>	<u><b>AUTO #2</b></u>
Year / Make / Model of vehicle	_____	_____
Date 1 <sup>st</sup> used for this business	_____	_____
Value on date 1 <sup>st</sup> used for business	_____	_____
MILEAGE: Total miles driven	_____	_____
Business miles	_____	_____
Commuting miles **	_____	_____
Personal miles	_____	_____
EXPENSES: Parking & Tolls	_____	_____
<b>For OWNED vehicles: Loan interest paid for year</b>	_____	_____
<b>For LEASED vehicles: Lease payments</b>	_____	_____
If taking actual expenses please give the following:		
Gasoline	_____	_____
Repairs & Tires	_____	_____
Insurance	_____	_____
Tags	_____	_____
Is this vehicle used for any other business?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Is another vehicle available for personal use?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Do you have written evidence to support your deduction?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Was each of the above listed vehicles available for personal use during off hours?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Do you have evidence to support your deduction?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Is this evidence written?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>If no longer used for this business:</b>		
Date stopped using this vehicle	_____	_____
Value on date stopped using vehicle	_____	_____

**NOTE: Mileage logs or other documentation will be required if audited. Discuss any uncertainties with Profitpointe.**

**ASSET INFORMATION**

**NOTE:** Assets typically have a useful life of 1 year or more.  
 For example: Office furniture, computer, fax, reference library, tools.

**TAX TIP:** Assets that are not used 100% for business can jeopardize your home office deduction. The business use of your home office must be exclusive. Any assets that are not used 100% for business should be moved to another area of your home.

**SECTION G: PREVIOUSLY OWNED ASSETS**

List the following information for equipment / assets previously owned and converted to business use **in this tax year**.

Item	Fair Market Value at Date of Conversion	Date placed into service	Business Use
1)			<input type="checkbox"/> 100% <input type="checkbox"/> Other _____%
2)			<input type="checkbox"/> 100% <input type="checkbox"/> Other _____%
3)			<input type="checkbox"/> 100% <input type="checkbox"/> Other _____%
4)			<input type="checkbox"/> 100% <input type="checkbox"/> Other _____%

**SECTION H: NEW ASSETS**

List the following information for all equipment / assets purchased for business use in this tax year with a useful life of more than one year that cost more than \$300. Items under \$300 should be taken as an expense on page 12.

Item	Cost	Purchased	Date Purchased	Business Use
1)		<input type="checkbox"/> New <input type="checkbox"/> Used		<input type="checkbox"/> 100% <input type="checkbox"/> Other _____%
2)		<input type="checkbox"/> New <input type="checkbox"/> Used		<input type="checkbox"/> 100% <input type="checkbox"/> Other _____%
3)		<input type="checkbox"/> New <input type="checkbox"/> Used		<input type="checkbox"/> 100% <input type="checkbox"/> Other _____%
4)		<input type="checkbox"/> New <input type="checkbox"/> Used		<input type="checkbox"/> 100% <input type="checkbox"/> Other _____%

**SECTION I: INACTIVE ASSETS**

List all equipment / assets sold or taken out of service.

Item	Date Removed From Service	Sale Price
1)		
2)		
3)		
4)		

## PART X: 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 15<sup>th</sup> 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.)

