

TAX ORGANIZER

EYSCPA.com

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(If you are a Minister, please ask for the Minister's page of our Tax Organizer)

(If you are a new client, please send copies of 06 & 07 tax returns)

FOR TAX YEAR 2008

| | | |
|--|--------------------|-----------------------|
| Your Name | S.S. # - - | Birthdate / / |
| Spouses Name | S.S. # - - | Birthdate / / |
| Mailing Address | E-mail Address | |
| Filling Status: <input type="checkbox"/> Single <input type="checkbox"/> Married, filling jointly <input type="checkbox"/> Married filing separately, <input type="checkbox"/> Head of household <input type="checkbox"/> Widow(er) | | |

DEPENDENTS: who received more than half of their support from you

| NAME | S.S. # | D.O.B. | RELATIONSHIP | MONTHS IN YOUR HOME IN 2008 |
|------|--------|--------|--------------|-----------------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Was there anyone else you contributed support, which resides in the U.S., Canada or Mexico?

| NAME | S.S. # | D.O.B. | RELATIONSHIP | % SUPPORTED | INCOME OF PERSON |
|------|--------|--------|--------------|-------------|------------------|
| | | | | | \$ |
| | | | | | \$ |

CHILD OR DEPENDENT CARE

Did you pay a baby-sitter last year?

| QUALIFYING PERSON'S NAME | PROVIDER'S ID# | ADDRESS | AMT. PD. |
|--------------------------|----------------|---------|----------|
| | | | \$ |
| | | | \$ |

If your sitter is an adult & works in your home, you are required to file W-2 forms by January 31, 2009

If you want us to prepare these forms contact us right away.

ESTIMATED TAXES

| CREDIT FROM PRIOR YEAR'S VOUCHER PAYMENTS | FIRST QUARTER (APRIL 15) | SECOND QUARTER (JUNE 15) | THIRD QUARTER (SEPT. 15) | FOURTH QUARTER (JAN. 15) | TOTAL FOR YEAR |
|---|--------------------------|--------------------------|--------------------------|--------------------------|----------------|
| Federal \$ | \$ | \$ | \$ | \$ | \$ |
| State \$ | \$ | \$ | \$ | \$ | \$ |

INCOME

Wages, Salaries, Tips, Etc. (Attach W-2s)

Interest income from Seller-Financed Mortgages & Individuals: Attach copies

Interests from Banks & Financial Institutions (Attach copies of 1099 Int)

Dividends: (Attach 1099Div's) **Capital Gain Distributions:** (Attach 1099B's) **Education Distributions:** (Attach 1099Q's)

Nontaxable Distributions: (Attach 1099s)

Did you sell or turn in any U.S. Savings Bonds? YES NO

If yes, please list information: _____

Nontaxable Interest: (Attach Information)

Did you have any foreign bank accounts? YES NO

If yes, please explain _____

Did you have any penalties on Early Withdrawal of Savings Certificates? YES NO

If yes, list or attach information _____

Pensions: (Attach 1099Rs)

Did you serve in a **Combat Zone**? _____

Did you **contribute** to your pension plan? _____ If yes, have you already recovered your contribution? _____

Did you have any **Rollovers**? _____ If yes, Attach 1099 Distribution & Rollover papers

7,500 HOMEBUYER CREDIT - Did you purchase a new home between 4/9/08-6/30/09 Yes ___ No ___

DID YOU RECEIVE YOUR FULL STIMULUS REBATE IN 2008? Yes ___ No ___

OTHER INCOME

Estate & Trusts \$ _____ (Attach K-1s) Jury Duty \$ _____

S-Corporations \$ _____ (Attach K-1s) Alimony Received \$ _____

Partnerships \$ _____ (Attach K-1s) Other \$ _____

Did you have any tips that you did not report to your employer? If not reported, how much did you receive? \$ _____

Prizes & Awards \$ _____ State Tax Refund \$ _____ (Attach copy)

Unemployment Compensation \$ _____

Gambling Winnings (Attach W-2 G's) \$ _____

Disability (may qualify for exclusion) \$ _____ (Attach copy)

Did you receive an Education Distribution? _____

GAINS & LOSSES FROM SALE OF PROPERTY, STOCK, ETC. (Attach 1099 B's)

| Description | Date Bought | Date Sold | Sale Price | Cost & Expense | Number of Shares |
|-------------|-------------|-------------|------------|----------------|------------------|
| _____ | ___/___/___ | ___/___/___ | \$ _____ | \$ _____ | _____ |
| _____ | ___/___/___ | ___/___/___ | \$ _____ | \$ _____ | _____ |
| _____ | ___/___/___ | ___/___/___ | \$ _____ | \$ _____ | _____ |

SALE OF RESIDENCE - Please attach settlement sheet of purchase & sale of new house. Also attach settlement sheet of the old house and list improvements on old house.

OTHER INCOME FROM ANY OTHER SOURCE (Attach 1099 MISC)

| | |
|--------------|-----------------|
| Source _____ | Amount \$ _____ |
| Source _____ | Amount \$ _____ |
| Source _____ | Amount \$ _____ |

SOCIAL SECURITY

How much did you receive? \$ _____ How much did your spouse receive? \$ _____ (Attach SSA 1099s)

If you paid any individuals or Partnership \$600.00 or more for rent or services for business purposes, you are required to file 1099s prior to January 31, 09 if you would like us to prepare these, please contact us right away.

BUSINESS INCOME / BUSINESS EXPENSES (FOR SELF EMPLOYED)

What is the main business activity? _____

Business Name _____

Business Address _____

HOW MUCH IS YOUR GROSS BUSINESS INCOME? \$ _____ (Attach 1099 Misc)

CONTRIBUTIONS TO RETIREMENT PLANS

Do you want to make the maximum allowable Keogh/SEP SIMPLE contribution? (Y/N) Taxpayer \$ _____ Spouse \$ _____

SEP or SIMPLE payments made for this return. Taxpayer \$ _____ Spouse \$ _____

Date Simple IRA Plan established: _____

AUTOMOBILE EXPENSES

| Mileage information | Vehicle #1 | Vehicle #2 | Actual expenses | Vehicle #1 | Vehicle #2 |
|------------------------------|------------|------------|------------------------|------------|------------|
| Vehicle description | _____ | _____ | Gas and oil | _____ | _____ |
| Date placed in service | _____ | _____ | Repairs | _____ | _____ |
| Cost/Fair market value | _____ | _____ | Tires, supplies | _____ | _____ |
| Lease term, if applicable | _____ | _____ | Tags, taxes & licenses | _____ | _____ |
| Total business miles | _____ | _____ | Interest | _____ | _____ |
| Total commuting miles | _____ | _____ | Insurance | _____ | _____ |
| Total other personal miles | _____ | _____ | Parking | _____ | _____ |
| Total miles this year | _____ | _____ | Lease payments | _____ | _____ |
| Ave round trip daily commute | _____ | _____ | Other | _____ | _____ |

BUSINESS EXPENSES: (do not attach receipts)

| | | | |
|-------------------------------|----------|------------------------|----------|
| Merchandise | \$ _____ | Real Estate Taxes | \$ _____ |
| Costs of Goods | \$ _____ | Other Taxes & Licenses | \$ _____ |
| Materials & Supplies | \$ _____ | Travel (no meals) | \$ _____ |
| Advertising | \$ _____ | Meals & Entertainment | \$ _____ |
| Bad Debts | \$ _____ | Utilities & Telephone | \$ _____ |
| Car & Truck Expense | \$ _____ | Wages & Salaries | \$ _____ |
| Commissions | \$ _____ | Bank Service Charges | \$ _____ |
| Insurance (other than health) | \$ _____ | Tools | \$ _____ |
| Mortgage Interest | \$ _____ | Uniforms | \$ _____ |
| Other Interest Paid | \$ _____ | Safety Items | \$ _____ |
| Legal & Professional Fees | \$ _____ | Freight & Shipping | \$ _____ |
| Office Expenses | \$ _____ | Dues & Publications | \$ _____ |
| Rent on Business Property | \$ _____ | Laundry & Cleaning | \$ _____ |
| Equipment Rentals | \$ _____ | (other) | \$ _____ |
| Repairs | \$ _____ | (other) | \$ _____ |
| Supplies | \$ _____ | (other) | \$ _____ |

RENTAL & ROYALTY INCOME & DEDUCTIONS

| | RENTAL 1 | RENTAL 2 | RENTAL 3 |
|--|----------|----------|----------|
| PROPERTY LOCATION | _____ | _____ | _____ |
| | _____ | _____ | _____ |
| PROPERTY TYPE | _____ | _____ | _____ |
| | _____ | _____ | _____ |
| PURCHASED DATE | _____ | _____ | _____ |
| COST OF THE PROPERTY | \$ _____ | \$ _____ | \$ _____ |
| RENTS RECEIVED (Attach all 1099s) | \$ _____ | \$ _____ | \$ _____ |
| | \$ _____ | \$ _____ | \$ _____ |
| RENT EXPENSES | | | |
| Advertising Costs | | | |
| Association Dues | \$ _____ | \$ _____ | \$ _____ |
| Auto & Travel | \$ _____ | \$ _____ | \$ _____ |
| Cleaning & Maintenance | \$ _____ | \$ _____ | \$ _____ |
| Commissions | \$ _____ | \$ _____ | \$ _____ |
| Gardening | \$ _____ | \$ _____ | \$ _____ |
| Insurance | \$ _____ | \$ _____ | \$ _____ |
| Legal & Professional Fees | \$ _____ | \$ _____ | \$ _____ |
| Licenses & Permits | \$ _____ | \$ _____ | \$ _____ |
| Management Fees | \$ _____ | \$ _____ | \$ _____ |
| Miscellaneous | \$ _____ | \$ _____ | \$ _____ |
| Mortgage Interest | \$ _____ | \$ _____ | \$ _____ |
| Other Interest Paid | \$ _____ | \$ _____ | \$ _____ |
| Painting & Decorating | \$ _____ | \$ _____ | \$ _____ |
| Painting Equipment (brushes, ladders, etc.) | \$ _____ | \$ _____ | \$ _____ |
| Pest Control | \$ _____ | \$ _____ | \$ _____ |
| Plumbing & Electrical | \$ _____ | \$ _____ | \$ _____ |
| Repairs | \$ _____ | \$ _____ | \$ _____ |
| Supplies | \$ _____ | \$ _____ | \$ _____ |
| Cleaning Supplies | \$ _____ | \$ _____ | \$ _____ |
| Tools | \$ _____ | \$ _____ | \$ _____ |
| Taxes | \$ _____ | \$ _____ | \$ _____ |
| Telephone | \$ _____ | \$ _____ | \$ _____ |
| Utilities | \$ _____ | \$ _____ | \$ _____ |
| Wages & Salaries | \$ _____ | \$ _____ | \$ _____ |
| Depreciation (discuss with us) | \$ _____ | \$ _____ | \$ _____ |
| Other (list) | \$ _____ | \$ _____ | \$ _____ |
| Other (list) | \$ _____ | \$ _____ | \$ _____ |

Did you have any Royalties? _____ If yes, attach information & 1099s.

DEDUCTIONS

MEDICAL:

| | Amount Paid After Insurance | Reimbursement | |
|--|-----------------------------|---------------|---------------------------|
| Doctors: | \$ _____ | | Dentures: |
| Hospitals: | \$ _____ | | Braces: |
| Prescriptions: | \$ _____ | | Wheelchairs: |
| Dentists: | \$ _____ | | Prenatal Care: |
| Eyeglasses: | \$ _____ | | Postnatal: |
| Lab fees: | \$ _____ | | Hearing aids: |
| Insurance Premiums you paid for Medical: | \$ _____ | | X-Rays |
| Insurance Premiums you paid for Dental care: | \$ _____ | | Transportation & Lodging: |
| Insurance Premiums for Medicare: | \$ _____ | | |

TAXES:

Did you pay State Taxes last year? _____ How much? \$ _____
 Did you pay State Taxes last year for prior years? _____ How much? \$ _____
 Did you pay Sales Taxes on Major Purchases last Year? _____ How much? \$ _____

| | | | |
|-------------------|----------|-------------------------|----------|
| Auto License Fees | \$ _____ | Auto Sales Tax | \$ _____ |
| Real Estate Taxes | \$ _____ | Property Taxes | \$ _____ |
| Automobile Tags | \$ _____ | Personal Property Taxes | \$ _____ |
| Boat Taxes | \$ _____ | Other Taxes | \$ _____ |

Did you buy any cars, boats, motorcycles, R.V.s, trailers, mobile homes, airplanes, etc.? _____ (Attach Information.)

INTEREST:

Home mortgage interest paid to financial institutions (Attach Form 1098)
 Home mortgage interest paid to individuals: Name _____ Address _____
 Did you refinance your home? (Attach settlement sheet)

| | Name | Amount |
|-----------------------|-------|----------|
| College Loan Interest | _____ | \$ _____ |
| College Loan Interest | _____ | \$ _____ |

CONTRIBUTIONS

| | | | |
|----------------|----------|---------------------|----------|
| Churches | \$ _____ | Payroll Deductions | \$ _____ |
| Missions | \$ _____ | Youth Programs | \$ _____ |
| Evangelists | \$ _____ | Muscular Dystrophy | \$ _____ |
| Bazaar | \$ _____ | Salvation Army | \$ _____ |
| Public Schools | \$ _____ | County Fairs | \$ _____ |
| Jaycees | \$ _____ | Boy - Girl Scouts | \$ _____ |
| Heart Fund | \$ _____ | Xmas / Easter Seals | \$ _____ |
| Cancer Fund | \$ _____ | United Way | \$ _____ |

Did you donate any non - cash items such as used household items or clothing? Please list description and value:

MISCELLANEOUS

Union Dues \$ _____
 Tax Preparer Fees \$ _____
 Audit Fees \$ _____
 Books & Publications \$ _____
 Safety Deposit Box \$ _____

 Investment Expense \$ _____
 Adoption Expense \$ _____
 Other (list) \$ _____

Almond Paid: List recipient's name & SSN \$ _____
 Professional Dues \$ _____
 Tools \$ _____
 Uniforms \$ _____
 Forfeited Interest Penalty for Premature Withdrawal \$ _____
 Teachers –classroom Supplies & expenses \$ _____
 Clothing \$ _____
 Other (list) \$ _____

COLLEGE TUITION (TUITION & FEES BUT NOT BOOKS, ROOM OR BOARD)

Name of Student _____
 Name of Institution _____
 Education Purpose _____
 Dates Attended _____

Travel Expense \$ _____
 Tuition Expense \$ _____
 Supplies Expense \$ _____

Name of Student _____
 Name of Institution _____
 Education Purpose _____
 Dates Attended _____

Travel Expense \$ _____
 Tuition Expense \$ _____
 Supplies Expense \$ _____

EMPLOYEE BUSINESS EXPENSE

Did you use your personal vehicle to run errands, chase parts, carry job tools, etc. for your employer? Include Job Hunting.
 Please explain: _____

How many miles did you drive for the year? _____ How many miles did you drive for business? _____
 Description of vehicle: Make _____ Model _____ Year _____

Did you purchase an automobile last year? _____ (Attach settlement sheet).

Auto License Fee \$ _____
 Auto Interest \$ _____
 Oil & Lubrication \$ _____
 Washing & Polishing \$ _____
 Repairs \$ _____
 Fuel \$ _____

Auto Sales Tax \$ _____
 Parking & Tolls \$ _____
 Auto Club \$ _____
 Tires, Batteries, Etc. \$ _____
 Insurance \$ _____
 Other (list) \$ _____

TRAVEL & EXPENSES OTHER THAN AUTO:

Plane & Rail Fares \$ _____
 Taxi & Public Transit \$ _____
 Lodging \$ _____
 Telephone, Fax, Postage \$ _____
 Laundry & Cleaning \$ _____

Bus Fares \$ _____
 Car Rentals \$ _____
 Meals \$ _____
 Tips & Baggage Charge \$ _____
 Other (list) \$ _____

OTHER EXPENSES:

Lunches, Dinners, Etc. \$ _____
 Organization Dues \$ _____
 Stationary & Postage \$ _____
 Long Distance Phone \$ _____

Show & Event Tickets \$ _____
 Gifts \$ _____
 Basic Phone \$ _____
 Other (list) \$ _____

Did you make any modifications to your home for the handicapped? Please Describe: _____
 Cost of modifications \$ _____

Did you move last year? _____ How many miles did you move? _____ Date Moved ____/____/____
 Transportation Cost \$ _____ Storage Cost \$ _____ Travel & Lodging \$ _____
 How much were you reimbursed that was not included in your wages? \$ _____

IRA CONTRIBUTIONS

| DATE PAID | ROTH/TRADITIONAL | TAXPAYER | SPOUSE |
|-----------|------------------|----------|--------|
| | | \$ | \$ |
| | | \$ | \$ |
| | | \$ | \$ |

DECLARATION:

I have provided the information on this form to the best of my knowledge and hereby declare it is complete and ready for the preparation of my/our income tax returns. Where business deductions shown, I acknowledge having spent these amounts and have kept a log or diary of such activities, pursuant to section 274(a) and can fully substantiate such deductions.

SIGNATURE: husband (must be signed)

DATE

SIGNATURE: wife (must be signed)

DATE