

	1040	US	Client Information	1
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RFSW & Co., CPA's P.C.
 14 East Charles St.
 Oelwein, IA 50662
 Telephone number: (319) 283-1173
 Fax number: 319-283-2799
 E-mail address: oelwein@rfsw.com

Tax Return Appointment

Date:
 Time:
 Location:

This tax organizer will assist you in gathering information necessary for the preparation of your tax return. Please add, change, or delete information as appropriate.

CLIENT INFORMATION

Filing Status	Filing status (table) 1=married filing separate and lived with spouse..... Year spouse died, if qualifying widow(er) (.....	
Taxpayer	First name and initial Last name Title/suffix Social security number Occupation Date of birth (m/d/y) Date of death (m/d/y) 1=blind	<p>Filing Status</p> 1 = Single 2 = Married filing joint 3 = Married filing separate 4 = Head of household 5 = Qualifying widow(er)
Spouse	First name and initial Last name Title/suffix Social security number Occupation Date of birth (m/d/y) Date of death (m/d/y) 1=blind	
Address	In care of Street address Apartment number City State ZIP code	
Foreign Address	Region Postal code Country	

1040

US

Client Information (continued)

1 p2

Please add, change or delete information

CLIENT INFORMATION

Taxpayer Contact Information	Home phone.....	
	Work phone.....	
	Work extension.....	
	Daytime phone (table).....	
	Mobile phone.....	
	Pager number.....	
	Fax number.....	
	E-mail address.....	
Spouse Contact Information	Home phone.....	
	Work phone.....	
	Work extension.....	
	Daytime phone (table).....	
	Mobile phone.....	
	Pager number.....	
	Fax number.....	
	E-mail address.....	

Daytime Phone

1 = Work
2 = Home

1 p2

1040

US

Dependents

2

Please add, change or delete information

DEPENDENTS

	Dependent	Dependent
First name.....		
Last name.....		
Title/suffix.....		
Date of birth (m/d/y).....		
Social security number.....		
Relationship.....		
Months lived at home.....		
Type of dependent (see table).....		
Earned income credit (see table).....		
Claimed by: 1=taxpayer, 2=spouse.....		
First name.....		
Last name.....		
Title/suffix.....		
Date of birth (m/d/y).....		
Social security number.....		
Relationship.....		
Months lived at home.....		
Type of dependent (see table).....		
Earned income credit (see table).....		
Claimed by: 1=taxpayer, 2=spouse.....		
First name.....		
Last name.....		
Title/suffix.....		
Date of birth (m/d/y).....		
Social security number.....		
Relationship.....		
Months lived at home.....		
Type of dependent (see table).....		
Earned income credit (see table).....		
Claimed by: 1=taxpayer, 2=spouse.....		
First name.....		
Last name.....		
Title/suffix.....		
Date of birth (m/d/y).....		
Social security number.....		
Relationship.....		
Months lived at home.....		
Type of dependent (see table).....		
Earned income credit (see table).....		
Claimed by: 1=taxpayer, 2=spouse.....		

Type of Dependent

- 1 = Child living w/taxpayer
- 2 = Child not living w/taxpayer
- 3 = Dependent other than child
- 4 = Head of household only, not a dependent
- 5 = Earned income credit only, not a dependent

Earned Income Credit

- 1 = When applicable (default)
- 2 = Student age 19 to 23
- 3 = Disabled age 19 or older
- 4 = Force
- 5 = Suppress

2

1040

US

Miscellaneous Questions

If any of the following items pertain to you or your spouse, please check the appropriate box and provide additional information if necessary.

- | YES | NO | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Did your marital status change during the year? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did your address change during the year? |
| <input type="checkbox"/> | <input type="checkbox"/> | Could you be claimed as a dependent on another person's tax return? |
| <input type="checkbox"/> | <input type="checkbox"/> | Were there any changes in dependents? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive unreported tip income of \$20 or more in any month? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive any disability income? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you buy or sell any stocks, bonds or other investment property? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you purchase, sell, or refinance your principal home or second home, or did you take a home equity loan? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive a distribution from or make a contribution to a retirement plan (401(k), IRA, etc.)? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you convert part or all of your traditional/SEP/SIMPLE IRA to a Roth IRA? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you, your spouse, or a dependent incur any tuition expenses that are required to attend a college, university, or vocational school? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you incur a loss because of damaged or stolen property? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you use your car on the job (other than to and from work)? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you want to electronically file your tax return? |
| <input type="checkbox"/> | <input type="checkbox"/> | May the IRS discuss your tax return with your preparer? |
| <input type="checkbox"/> | <input type="checkbox"/> | Was your home rented out or used for business? |
| <input type="checkbox"/> | <input type="checkbox"/> | Were you notified or audited by either the IRS or the State taxing agency? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you add any energy efficient improvements to your home? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you purchase a new hybrid vehicle? |
| <input type="checkbox"/> | <input type="checkbox"/> | |
| <input type="checkbox"/> | <input type="checkbox"/> | If you have an overpayment of taxes, do you want your refund directly deposited to more than one financial account (checking, savings, and retirement)? |

1040

US

Wages, Pensions, Gambling Winnings

10, 13.1, 13.2

Please enter all pertinent amounts & attach all W-2, W-2G and 1099-R forms.
Last year's amounts are provided for your reference.

WAGES, SALARIES, TIPS (10)

No.	Name of Employer (Box c)	1=retirement plan (Box 13) 1=spouse	Wages, Tips, Other Compensation (Box 1)	Tax Withheld				
				Federal (Box 2)	Social Security (Box 4)	Medicare (Box 6)	State (Box 17)	Local (Box 19)

PENSIONS, IRA DISTRIBUTIONS (13.1)

No.	Name of Payer	Distribution code #2 Distribution code #1 1=IRA/SEP/SIMPLE 1=spouse	Gross Distribution (Box 1)	Taxable Amount (Box 2a)	Tax Withheld		Value of all IRAs at 12/31/0
					Federal (Box 4)	State (Box 10)	

GAMBLING WINNINGS (W-2G) (13.2)

No.	Name of Payer	1=spouse	Gross Winnings	Tax Withheld	
				Federal Withholding	State Withholding

10, 13.1, 13.2

1040

US

Miscellaneous Income

14.1

Please enter all pertinent amounts and attach all 1099-MISC, SSA-1099, and RRB-1099 forms. Last year's amounts are provided for your reference.

MISCELLANEOUS INCOME

	Amount		Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
Social security benefits (SSA-1099, box 5)				
Medicare premiums paid (SSA-1099)				
Tier 1 RR retirement benefits (RRB-1099, box 5)...				
1=lump-sum election for SS benefits				
Alimony received				
Taxable scholarships and fellowships				
Jury duty pay				
Household employee income not on W-2				
Excess minister's allowance				
Alaska permanent fund dividends				
Income from rental of personal property				
Income subject to S/E tax:				

Other income (1099-MISC, box 3)				

TAX WITHHELD (not entered elsewhere)

Federal income tax withheld				
State income tax withheld				
Local income tax withheld				

14.1

1040

US

Itemized Deductions

25

Please enter all pertinent amounts and attach all 1098 forms. Last year's amounts are provided for your reference.

MEDICAL AND DENTAL EXPENSES

NOTE: Enter self-employed health insurance premiums on Sheet 24 and Medicare insurance premiums on Sheet 14.

Table with 3 columns: Description, Amount, TS, Amount. Rows include Prescription medicines and drugs, Doctors, dentists and nurses, Hospitals and nursing homes, Insurance premiums, Long-term care premiums, Insurance reimbursement, Lodging and transportation, Out-of-pocket expenses, Medical miles driven, and Other medical and dental expenses.

TAXES PAID (State and local withholding and estimates are automatic.)

Table with 3 columns: Description, Amount, TS, Amount. Rows include State income taxes (1/06 payment, state extension, state return, prior years), and City/local income taxes (1/06 payment, city/local extension, city/local return).

SALES AND USE TAXES PAID

Table with 3 columns: Description, Amount, TS, Amount. Rows include State and local sales taxes, Use taxes paid on purchases, Use taxes paid with state return, and Taxes paid on vehicles, boats, and aircraft.

OTHER TAXES PAID

Table with 3 columns: Description, Amount, TS, Amount. Rows include Real estate taxes (principal residence, property held for investment), Personal property taxes, Foreign income taxes, and Other taxes.

25

1040

US

Itemized Deductions (continued)

25 p2

Please enter all pertinent amounts. Last year's amounts are provided for your reference.

INTEREST PAID

Home mortgage interest (Box 1) and points (Box 2) reported on Form 1098:

	Amount	TS	Amount

Home mortgage interest not reported on Form 1098:

Payee's name

Payee's SSN or FEIN

Payee's street address

Payee's city, state, ZIP

Amount paid

Points not reported on Form 1098:

Investment interest (interest on margin accounts):

Passive interest

Certain home mortgage interest included above (6251)

NOTE: Points paid on loans other than to buy, build, or improve your main home are deductible over the life of the mortgage. For these types of loans also provide the dates and lives of the loans.

CASH CONTRIBUTIONS

Churches, schools, hospitals, and other charitable organizations (50% limitation):

Contributions by cash or check:

Volunteer expenses (out-of-pocket)

Number of charitable miles

Katrina relief miles

Veterans' organizations, fraternal societies, nonprofit cemeteries, and certain private nonoperating foundations (30% limitation):

Contributions by cash or check:

Volunteer expenses (out-of-pocket)

Number of charitable miles

Katrina relief miles

25 p2

1040

US

Itemized Deductions (continued)

25 p3

Please enter all pertinent amounts. Last year's amounts are provided for your reference.

NONCASH CONTRIBUTIONS

NOTE: Use Sheet 26 if total noncash contributions are over \$500. For noncash contributions made after 8/17/06, no deduction is allowed for contributions of clothing and household items that are not in good used condition or better. In addition, a deduction for any item with minimal monetary value may be denied.

50% limitation (see above):

Horizontal lines for 50% limitation entries

Table with columns: Amount, TS, Amount

30% limitation (see above):

Horizontal lines for 30% limitation entries

Table with columns: Amount, TS, Amount

30% capital gain property (gifts of capital gain property to 50% limit orgs.):

Horizontal lines for 30% capital gain property entries

Table with columns: Amount, TS, Amount

20% capital gain property (gifts of capital gain property to non-50% limit orgs.):

Horizontal lines for 20% capital gain property entries

Table with columns: Amount, TS, Amount

MISCELLANEOUS DEDUCTIONS (subject to 2% AGI limit)

Union and professional dues

Table with columns: Amount, TS, Amount

Other unreimbursed employee expenses (uniforms and protective clothing, professional subscriptions, employment agency fees, and certain edu. expenses):

Horizontal lines for other unreimbursed employee expenses

Table with columns: Amount, TS, Amount

Investment expense:

Horizontal lines for investment expense

Table with columns: Amount, TS, Amount

Tax return preparation fee

Safe deposit box rental

Table with columns: Amount, TS, Amount

Miscellaneous deductions (2% AGI) (certain legal and accounting fees, and custodial fees):

Horizontal lines for miscellaneous deductions

Table with columns: Amount, TS, Amount

25 p3

1040

US

Itemized Deductions (continued)

25 p4

Please enter all pertinent amounts. Last year's amounts are provided for your reference:

OTHER MISCELLANEOUS DEDUCTIONS

Gambling losses to extent of winnings
Estate tax, section 691(c)
Other miscellaneous deductions:

Table with 3 columns: Amount, TS, Amount. Contains multiple rows for data entry.

25 p4