

DATA FLOW CORPORATION TAX ORGANIZER

Taxpayer Name: _____ SS No _____ Birth date: _____

Spouse's Name: _____ SS No _____ Birth date: _____

YES NO

- Did you receive any notice of change to prior year tax returns?
- Do you want to direct deposit any refund (if any)? If yes, bring proof of account (check or savings)
- Do you have a new dependent? If so, bring name, birth date and Social Security number.
- Did you work for wages or receive retirement income? Bring W-2s/1099s.
- Do you have interest, dividend income or stock sales? Bring 1099s.
- If you are an educator, did you have un-reimbursed classroom expenses? \$ _____
- Did you pay educational loan interest? Bring statement.
- Did you incur any educational expenses on behalf of yourself, your spouse, or a dependent?
- Did your college student receive educational benefits under a prepaid tuition program?
- Did you contribute to a Qualified State Tuition Plan?
- Did you pay for dependent care to enable you to work, look for work or go to school? Bring details.
- Did you (or plan to) contribute to a traditional IRA, Roth IRA or retirement plan for self-employed?
- Did you make a distribution to a charity from a traditional or Roth IRA?
- Did you withdraw any retirement funds during the year that you did not bring a statement for?
- If early distribution of retirement funds, was it used to pay medical expenses, buy home, education?
- Were you called to active duty before you withdrew any retirement amounts?
- Did you pay health insurance premiums for yourself and your family that was not pretax? \$ _____
- Did you pay or receive alimony? \$ _____ If paid, bring to whom, and their S.S. number.
- Did you have any adoption expenses?
- Did you have (or have interest in) foreign bank accounts with a combined balance of more than \$10,000?
- Do you wish to designate \$3/\$1 of your taxes to the Presidential Campaign Fund? Federal ___ WI ___
- Did you have a casualty or theft loss? If so, bring details.
- Did you purchase a hybrid motor vehicle (energy efficient)?
- Did you make qualified energy improvements or purchase alternative energy sources for your home?
- Did you sell a personal residence?
- Do you have income not reported on W-2/1099? (Debt forgiveness?) If so, complete separate sheet with detail.
- Do you wish to contribute to a charity listed on the WI tax return? (Endangered Resources Fd, etc.)
- Did you pay rent? If so, how much? _____ Was heat included in the rent? Yes ___ No ___
- Did you purchase anything that you didn't pay sales tax on (internet, other state)? If so, how much?
- Did you have any of the following income? If so, bring details on these or other income.

Child Care	Unemployment	Lottery or Gambling	Scholarships/Grants	Jury Duty	Prizes
Partnership	S Corporation	Estate or Trust	Social Security	Self-Employment	Rent
Settlements	VA Benefits	Workmen's Comp	Child Support	State Tax Refunds	

PERSONAL (or) NONBUSINESS DEDUCTIONS

MEDICAL EXPENSES (Do not include pretax amounts)

Health Insurance Premium _____
 Dental Insurance Premium _____
 Vision Insurance Premium _____
 Medicare Insurance Premium _____
 Nursing Home (Long Term) Insurance Premium _____
 Prescription Insurance Premium _____
 Cancer Insurance Premium _____
 Prescriptions/Insulin _____
 Doctor, Dentist, Chiropractor, Etc. _____
 Ambulance _____
 Hospitals _____
 Eyeglasses, Contacts _____
 Dentures, Hearing Aids & Upkeep _____
 Wheelchair, Crutches, Braces, Etc. _____
 Medical Mileage (list number of miles) _____ mi

TAXES

Real Estate - Principal Home _____
 Real Estate - Second Home _____
 Real Estate - Other _____
 Sales Tax - Motor Vehicle, Home or Larger Items _____

INTEREST EXPENSE

Home Mortgage to Financial Institution:
 - Principal Home _____
 - Second Home _____
 Home Mortgage (Paid to Individual)
 Name: _____
 Address: _____
 Soc. Sec. Number _____
 Home Equity Loan _____
 Investment Interest Paid _____

CASUALTY OR THEFT LOSSES

List: _____

CONTRIBUTIONS (You will need to keep all receipts)

Cash Contributions (have receipts) _____
 Clothing to Charity (value) _____
 Miles for Charitable Purposes _____ mi
 Other: _____

MISCELLANEOUS DEDUCTIONS

Gambling Losses (to extent of winnings) _____

MISCELLANEOUS DEDUCTIONS (Subject to 2% AGI)

(Do Not List Business Schedule C deductions here)

Education Expense (job related) _____
 Employment Agency & Job Hunting Expense _____
 Investment Expenses (advisory, etc.) _____
 IRA Custodial Fees _____
 Malpractice Insurance _____
 Meals & Entertainment (total or days gone) _____
 Occupational Licenses _____
 Office-In-Home (if deductible) _____
 Office Supplies _____
 Safe Deposit Box _____
 Safety Equipment (shoes, etc.) _____
 Subscriptions to Business Magazines _____
 Tax Return Preparation _____
 Educator's Supplies _____
 Telephone (Business long distance) _____
 Tools & Equipment _____
 Travel - Motels (job related) _____
 Transportation - Mileage (job related) _____
 Uniforms (H) - Cost _____ Cleaning _____
 Uniforms (W) - Cost _____ Cleaning _____
 Union & Professional Dues _____
 Other: _____

ESTIMATES

ESTIMATE PAYMENTS	FEDERAL			STATE		
	DATE PAID	CHECK NO.	AMOUNT	DATE PAID	CHECK NO.	AMOUNT
4 th Qtr. Prior Yr.	N/A	N/A	N/A			
1 st Qtr. This Yr.						
2 nd Qtr. This Yr.						
3 rd Qtr. This Yr.						
4 th Qtr. This Yr.						
Estimate payments applied from prior year.				Estimate payments applied from prior year.		