

# TAX ORGANIZER

TO:

FROM: BUCHWALD TAX FIRM, P.A.  
11555 HERON BAY BLVD. SUITE 200  
CORAL SPRINGS FL 33076  
FAX TO:954-603-0578

Enclosed is your Tax Organizer for 2003. Completing your Organizer helps us prepare your return more efficiently. It will also assist us in getting a complete picture of your tax situation so that we can look for ways to plan to keep your future taxes down.

If your last year's tax figures were available when we prepared your organizer, that information is included on your Organizer in the Prior Year Amount column. This may help you remember the types of income and deductions you reported last year.

The Organizer contains several sections that include common expenses and deductions that many taxpayers overlook. Please review these carefully. Each \$100 of deductible expense you find in your 2003 records may save you up to \$35 in federal and state income taxes

Enter all relevant information in the designated areas on each page. Feel free to add any notes or questions that might help us find ways to save you money. If you need to include additional information, or ask additional questions, use the back of a page or attach additional pages.

Please provide detailed information if you answer 'Yes' to any of the General or Business and Investment questions.

When you arrive for your appointment, please bring your completed Organizer and any of the following that apply to you:

- Last year's tax return (if not in our possession)
- Original Form[s] W-2
- Schedule[s] K-1 from partnerships, S-corporations, estates or trusts
- Information about contributions to a pension or other retirement plan if this is the first year you received income from the plan
- Form[s] 1099 or statements reporting dividend, interest, retirement or other income
- Form[s] 1098 and copies of real estate tax bills, etc.
- Legal documents pertaining to the close of sale (or purchase) of real property.

Please call if we can be of any further assistance to you.

Your Tax Appointment is:

Day: \_\_\_\_\_  
Date: \_\_\_\_\_  
Time: \_\_\_\_\_

## General Questions

Please check if "Yes" and provide documentation, if possible.

- |                          |                                                                                                                          |
|--------------------------|--------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | 1. Did your marital status change?                                                                                       |
| <input type="checkbox"/> | 2. Were you notified by the IRS of changes to a prior year's return?                                                     |
| <input type="checkbox"/> | 3. Are you being claimed as a dependent by another person?                                                               |
| <input type="checkbox"/> | 4. Were there any changes in dependent information from the prior year?                                                  |
| <input type="checkbox"/> | 5. Did you have any children under the age of 14 who received more than \$1,500 in investment income?                    |
| <input type="checkbox"/> | 6. Do you have dependents who are neither U.S. citizens nor U.S. residents?                                              |
| <input type="checkbox"/> | 7. Did you provide over half of the support for another person (or persons) during the year?                             |
| <input type="checkbox"/> | 8. Did you sell or purchase a principal residence?                                                                       |
| <input type="checkbox"/> | 9. Did you receive payments from a pension or profit sharing plan?                                                       |
| <input type="checkbox"/> | 10. Did you receive any distributions from an IRA or other qualified plan?                                               |
| <input type="checkbox"/> | 11. Did you receive any disability income?                                                                               |
| <input type="checkbox"/> | 12. Did you receive any foreign income or pay any foreign taxes?                                                         |
| <input type="checkbox"/> | 13. Did you receive interest from a bank account or other financial account based in a foreign country?                  |
| <input type="checkbox"/> | 14. Were you the grantor of or transferor to a foreign trust?                                                            |
| <input type="checkbox"/> | 15. Did you pay nondeductible dues to an association that was involved in political lobbying?                            |
| <input type="checkbox"/> | 16. If you or your spouse are self-employed, are either of you covered under an employer's health plan at another job?   |
| <input type="checkbox"/> | 17. Did you incur any non-business bad debts?                                                                            |
| <input type="checkbox"/> | 18. Did you receive proceeds from an installment sale?                                                                   |
| <input type="checkbox"/> | 19. Did you make a loan at an interest rate below market rate?                                                           |
| <input type="checkbox"/> | 20. Did you make gifts of over \$11,000 to an individual?                                                                |
| <input type="checkbox"/> | 21. Were there any changes to a prior year's income, deductions, or credits that would require filing an amended return? |
| <input type="checkbox"/> | 22. Did your employer pay premiums on life insurance in excess of \$50,000?                                              |
| <input type="checkbox"/> | 23. Were any payments made on student loans?                                                                             |
| <input type="checkbox"/> | 24. Did you pay any tuition or fees for post-secondary education for you or a dependent?                                 |
| <input type="checkbox"/> | 25. Did you purchase a gas-electric hybrid vehicle in 2003?                                                              |
| <input type="checkbox"/> | 26. Did you refinance a mortgage or take out a home equity loan?                                                         |
| <input type="checkbox"/> | 27. Were any contributions made to a traditional or Roth IRA for 2003?                                                   |
| <input type="checkbox"/> | 28. Did you receive any advance child tax credit payments in 2003? $\Xi$ S, how much? _____                              |

## Business and Investment Questions

- |                          |                                                                                                                          |
|--------------------------|--------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | 1. Did receive stock from a stock bonus plan with your employer?                                                         |
| <input type="checkbox"/> | 2. Did you buy or sell any bonds?                                                                                        |
| <input type="checkbox"/> | 3. Did you surrender any U.S. savings bonds?                                                                             |
| <input type="checkbox"/> | 4. Did you suffer a casualty, theft or condemnation?                                                                     |
| <input type="checkbox"/> | 5. Did you start a business, purchase a rental property or farm, or acquire interests in partnerships or S-corporations? |
| <input type="checkbox"/> | 6. Did you own any investments for which you were not personally "at-risk?"                                              |
| <input type="checkbox"/> | 7. Did you own any interest in a Real Estate Mortgage Investment Conduit (REMIC)?                                        |
| <input type="checkbox"/> | 8. Did you sell any property or equipment on installment?                                                                |
| <input type="checkbox"/> | 9. Did you incur any business-related educational expenses?                                                              |
| <input type="checkbox"/> | 10. Did you incur any travel and entertainment expenses?                                                                 |
| <input type="checkbox"/> | 11. Did you purchase any special fuels for non-highway use?                                                              |
| <input type="checkbox"/> | 12. Did you make any contributions to a Keogh or a self-employed SEP plan?                                               |

# TAX ORGANIZER

## Basic Taxpayer Information

	First Name	Initial	Last Name	Social Security No.
Taxpayer				
Spouse				

	Occupation	Date of Birth	Disabled	Blind	Check if Dependent of Another	Presidential Election Contrib.
Taxpayer						
Spouse						

Street Address		Phone Res:	
City, State & Zip		Phone Work:	

School District

Filing Status  1 - Single;  2 - Married filing joint;  3 - Married filing separate;  4 - Head of Household;  5 - Qualifying Widower

## Dependent Information

	Name (first, initial, and last name)	Date of Birth	Social Sec. No.	Relation-ship	Months in home
1					
2					
3					
4					
5					
6					

## Wages and Salaries

	Employer Name	Wages	Federal Tax Withheld	FICA Withheld	Medicare Withheld	State Tax Withheld	Local Tax Withheld
1							
2							
3							
4							
5							
6							

## Interest Income

	Source	Amount
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		

## Dividend Income

	Source	Ordinary Amount	Qualified Amount
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			

### Gains or Losses from Sales of Stocks, Securities and Other Capital Assets

	Kind of Property and Description	Date acquired	Date sold	Sales Price	Cost or other basis
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					

### Other Income

	Prior Year Amount	Current Year Taxpayer	Current Year Spouse
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			

### Adjustments to Income

	Prior Year Amount	Current Year Taxpayer	Current Year Spouse
1			
2			
3			
4			
5			
6			
7			
8			

**Itemized Deductions**

		Prior Year Amount	Current Year Amount
1a	Medical and dental expenses (other than long-term care premiums)		
1b	Long-term care premiums       Taxpayer                               Spouse		
2	Real estate taxes		
3	Personal property taxes		
4	Other taxes		
5	Home mortgage interest and points reported on Form 1098		
6	Home mortgage interest not reported on Form 1098 Name:                               Address:                               SSN:		
7	Home mortgage points not reported on Form 1099		
8	Investment interest paid		
9	Gifts to charity by cash or check		
10	Gifts to charity other than by cash or check		
11	Mileage driven to charitable activities		
12	Casualty and theft losses - Form 4684		
13	Unreimbursed employee expenses		
	Travel expenses (exclude meals)		
	Meals and entertainment		
	Parking and tolls		
	Telephone used for employer's business (allocate cost)		
	Professional organization or union dues		
	Educational expenses required to maintain your job		
	Office in home required by employer		
	Tools and equipment		
	Safety and protective clothing		
	Uniform costs		
	Professional journals subscriptions		
	Job seeking costs		
	Other		
14	Other expenses		
	Investment expenses		
	Tax preparation fees		
	Safe deposit box rental		
	Other		
15	Other miscellaneous deductions		

**Child or Dependent Care Expenses**

	Name	Paid To Address	Social Security or ID Number	Amount Paid
1				
2				
3				
4				



### Vehicle Information and Expenses

	Vehicle One	Vehicle Two
1 Description of vehicle		
2 Is the vehicle used in a business or by an employee?		
3 Cost (including sales tax)		
4 Date placed in service		
5 Business miles		
6 Commuting miles (daily commuting miles times the number of trips to work)		
7 Other personal use miles		
8 Total miles driven		
9 Gas and oil expenses		
10 Repairs and maintenance		
11 Auto insurance		
12 Registration, licenses, and fees		
13 Other auto expenses (identify)		
14 Auto rentals		

### Auto Mileage Documentation

	Yes	No
1 Is another car available for personal use?		
2 Do you have evidence to support your mileage information reported above?		
3 If "Yes," is the evidence written in a log or other place?		

### Income or Loss from S Corporations

	Name	Income	Loss	Other Expenses	Passive (Yes / No)
1					
2					
3					
4					
5					
6					

### Income or Loss from Partnerships

	Name	Income	Loss	Other Expenses	Passive (Yes / No)
1					
2					
3					
4					
5					
6					
7					
8					

### Income or Loss from Trust

	Name	Income	Loss	Other Expenses	Passive (Yes / No)
1					
2					
3					
4					
5					
6					

## Self Employed Business Income and Expenses

1	Name of business (A) _____				
	Address of business (A) _____				
2	Name of business (B) _____				
	Address of business (B) _____				
		Business A		Business B	
		Prior Year	Current Year	Prior Year	Current Year
4	Gross receipts or sales				
5	Returns and allowances				
6	Inventory at beginning of year				
7	Cost of merchandise purchased				
8	Cost of labor				
9	Materials and supplies				
10	Other costs				
11	Inventory at end of year				
12	Advertising				
13	Bad debts from sales or services				
14	Car and truck expenses				
15	Commissions and fees				
16	Depletion				
17	Depreciation				
18	Employee benefit programs				
19	Insurance (not health)				
20	Mortgage interest				
21	Other interest				
22	Legal and professional services				
23	Office expense				
24	Pension and profit-sharing plans				
25	Rent or lease: machinery/equipment				
26	Rent or lease: other business property				
27	Repairs and maintenance				
28	Supplies				
29	Taxes and licenses				
30	Travel				
31	Meals and entertainment				
32	Utilities				
33	Wages				
34	Other: _____				
35	New equipment purchases (Description, date purchased, etc.):				



**Self Employed Business Income and Expenses**

1	Name of business (C) _____				
	Address of business (C) _____				
2	Name of business (D) _____				
	Address of business (D) _____				
		Business C		Business D	
		Prior Year	Current Year	Prior Year	Current Year
4	Gross receipts or sales				
5	Returns and allowances				
6	Inventory at beginning of year				
7	Cost of merchandise purchased				
8	Cost of labor				
9	Materials and supplies				
10	Other costs				
11	Inventory at end of year				
12	Advertising				
13	Bad debts from sales or services				
14	Car and truck expenses				
15	Commissions and fees				
16	Depletion				
17	Depreciation				
18	Employee benefit programs				
19	Insurance (not health)				
20	Mortgage interest				
21	Other interest				
22	Legal and professional services				
23	Office expense				
24	Pension and profit-sharing plans				
25	Rent or lease: machinery/equipment				
26	Rent or lease: other business property				
27	Repairs and maintenance				
28	Supplies				
29	Taxes and licenses				
30	Travel				
31	Meals and entertainment				
32	Utilities				
33	Wages				
34	Other: _____				
35	New equipment purchases (Description, date purchased, etc.):				

**Income or Loss from Rentals and Royalties Properties A - C**

A	Address of Property A	_____					
B	Address of Property B	_____					
C	Address of Property C	_____					
		Property A		Property B		Property C	
		Prior Year	Current Year	Prior Year	Current Year	Prior Year	Current Year
1	Was property used for personal purposes for more than the greater of 14 days or 10% of the total days rented at fair rental value?		Yes or No		Yes or No		Yes or No
2	Total rents received						
3	Total royalties received						
4	Advertising expenses						
5	Auto and travel						
6	Cleaning & maintenance						
7	Commissions						
8	Insurance						
9	Legal & professional fees						
10	Management fees						
11	Mortgage interest paid						
12	Other interest						
13	Repairs (list below)						
14	Supplies						
15	Taxes						
16	Utilities						
17	Other:						
18	New equipment & improvements (description, cost and date):						

**Income or Loss from Rentals and Royalties Properties D - F**

D	Address of Property D	_____					
E	Address of Property E	_____					
F	Address of Property F	_____					
		Property D		Property E		Property F	
		Prior Year	Current Year	Prior Year	Current Year	Prior Year	Current Year
1	Was property used for personal purposes for more than the greater of 14 days or 10% of the total days rented at fair rental value?		Yes or No		Yes or No		Yes or No
2	Total rents received						
3	Total royalties received						
4	Advertising expenses						
5	Auto and travel						
6	Cleaning & maintenance						
7	Commissions						
8	Insurance						
9	Legal & professional fees						
10	Management fees						
11	Mortgage interest paid						
12	Other interest						
13	Repairs (list below)						
14	Supplies						
15	Taxes						
16	Utilities						
17	Other:						
18	New equipment & improvements (description, cost and date):						

**Income or Loss from Rentals and Royalties Properties G - I**

G	Address of Property G	_____					
H	Address of Property H	_____					
I	Address of Property I	_____					
		Property G		Property H		Property I	
		Prior Year	Current Year	Prior Year	Current Year	Prior Year	Current Year
1	Was property used for personal purposes for more than the greater of 14 days or 10% of the total days rented at fair rental value?		Yes or No		Yes or No		Yes or No
2	Total rents received						
3	Total royalties received						
4	Advertising expenses						
5	Auto and travel						
6	Cleaning & maintenance						
7	Commissions						
8	Insurance						
9	Legal & professional fees						
10	Management fees						
11	Mortgage interest paid						
12	Other interest						
13	Repairs (list below)						
14	Supplies						
15	Taxes						
16	Utilities						
17	Other:						
18	New equipment & improvements (description, cost and date):						