

**EAST COUNTY TAX PROFESSIONALS, INC**

**Lauren King, EA**

9570 Cuyamaca St Suite 104 Santee, CA 92071

619-449-9975 (w) 619-596-9613 (f)

[www.ectaxpros.com](http://www.ectaxpros.com) lking@ectaxpros.com

*Personal information is already filled out on the front page of your Organizer.*

**Check & Make any corrections: Filing status, dependents, address**

**PLEASE FILL OUT QUESTIONNAIRE ENCLOSED! And SIGN PERMISSION SLIP!!  
( IF MARRIED, BOTH SPOUSES MUST SIGN, mandatory, no exceptions!)**

**C H E C K L I S T**

**Bring in, e-mail or Mail verification of INCOME= ALL COPIES, PLEASE!!!**

- Wages \*\*\*\*\* BRING/MAIL W-2's---ALL COPIES!!!!
- Social Security Income \*\*\*\*\* BRING/MAIL Form 1099-SSA
- Pensions \*\*\*\*\* BRING/MAIL Form 1099-R or W-2-P
- Unemployment Income \*\*\*\*\* BRING/MAIL 1099-G
- IRA'S-any ROTH IRA conversions? (Yes or No) \*\*\*\*\* BRING/MAIL 1099-R
- **State Refunds** \*\*\*\*\* BRING/MAIL 1099-G

**INTEREST OR DIVIDEND INCOME & STOCKS/BONDS**

- Banks, etc. \*\*\*\*\* BRING/MAIL IN Dec. Statement –1099-Int
- Investment company \*\*\*\*\* BRING/MAIL IN Year end Stmt & 1099-Div
- Private Sale contracts \*\*\*\*\* BRING/MAIL in Form 1098  
Or provide NAME, ADDRESS, SSN of buyer if no Form 1098 is issued
- Stocks/Bonds: BRING/MAIL FORM 1099-B'S! Bring in **Cost of Stocks/Bonds!**  
**We NEED Entire Detail Of Stocks / Bonds Activities-purchases and reinvested div.**

**PROPERTY INCOME and SALES OF PROPERTY**

- **Sale of Property....** Was this INVESTMENT PROPERTY or YOUR HOME??  
Was Business/Use of home ever taken on home? Yes/No  
**Bring/Mail in Purchase papers of property sold as well as Sales papers!**

**If these pertain to you:**

- **Rental?** BRING / MAIL IN RENTAL WORKSHEET FOR RENTALS -SCH.E
- **Business?** BRING / MAIL IN BUSINESS WORKSHEET FOR - SCH. C
- **ANY K-1'S** FROM PARTNERSHIP, S-CORP, TRUST, ESTATE INCOME? BRING/MAIL IN

**ANY OTHER INCOME**

- **Alimony Income** \*\*\*\*\* BRING/MAIL in proof of payments
- Federal or PERS Pension Refunds \*\*\*\*\* BRING/MAIL in 1099's received!
- Gambling Winnings \*\*\*\*\* BRING/MAIL in All 1099's
- **(If you have gambling winnings, please Bring in Gambling expenses)**
- Other Income \_\_\_\_\_
- **BRING/MAIL in the proof of any other income!!!**
- **DID YOU FILE BANKRUPTCY?** \_\_\_\_\_ **DID YOU RECEIVE ANY 1099-C's?** Yes / No
- **DID YOU RECEIVE ANY 1099-A's?** Yes/ No **BRING in Bankruptcy papers or 1099-C or A**

**NON TAXABLE INCOME -**

- **THIS effects Taxable Soc.Security ONLY!**
- Bring/Mail 1099 or statements (from municipal bonds-tax exempt interest)
- Military or Parsonage Housing Allowance\$ \_\_\_\_\_ should be on W-2
- Disability Payments (Vets, Worker's comp, etc.) Non-taxable (does not incl. SSI)

| <b>TAX ESTIMATES PAID:</b>                  | <b>FEDERAL</b> | <b>STATE</b> | <b>Record here or bring checks</b> |
|---|----------------|--------------|------------------------------------|
| • 1 <sup>st</sup> QTR: 4/15/10              | _____          | _____        | _____                              |
| • 2 <sup>nd</sup> QTR: 6/15/10              | _____          | _____        | _____                              |
| • 3 <sup>rd</sup> QTR: 9/15/10              | _____          | _____        | _____                              |
| • 4 <sup>th</sup> QTR: 1/15/2011            | _____          | _____        | _____                              |
| • <b>*Did you pay your state -12/31/10?</b> | <b>Yes</b>     | <b>/</b>     | <b>No</b>                          |

| <b>ITEMIZED DEDUCTIONS:</b>  | <b>DEPENDENT CARE:</b>                     |
|--|--|
| <b><u>MEDICAL DEDUCTIONS</u></b>   | <b><u>DAY CARE PROVIDER:</u></b>           |
| • Prescriptions: _____   | <b>(Bring in Receipt from provider(s))</b> |
| • Medical Insurance: _____   | Must have name, address, SSN/EIN           |
| • Hospitals/Clinics/Drs & Dental _____                                       | and Phone number                           |
| • Nursing hm/ home hlth cost _____   | Name of child(ren) cared for and           |
| • X-Rays/Labs _____  |  |
| • Glasses/Hearing Aids _____   | AMOUNT PAID:\$ _____                       |
| • Other Medical deductions: _____  | *****                                      |
| • Total Medical Miles: _____ # of Miles                                      |  |
| • * Lodging for medical reasons _____  |  |
| Did Any H SA distributions pay for these medical expenses? Yes / No \$ _____ |  |

| <b>TAXES</b>                          |                                    |
|---------------------------------------|------------------------------------|
| • State Income Taxes _____            | Back Year state taxes pd: _____    |
| • Property Taxes _____                | Back Year prop. Taxes pd: _____    |
| • Other State Taxes _____             | Back Yr. Other st. tax pd: _____   |
| • Investment Property Taxes _____     | Back Yrs. Invstmt prp tx pd: _____ |
| • <b>Car License Fees (REG)</b> _____ |                                    |

| <b>INTEREST PAID:</b>  |                                  |
|--|----------------------------------|
| • Mortgage Interest: _____   | **was this refinance loan? Y/N   |
| (Bring in Form 1098 from Banks or include copy when mailing) Reason: _____ |                                  |
| • Mortgage Int. paid to individual _____                                   | bring in refinance title papers! |
| Name: _____  |                                  |
| Address: _____   |                                  |
| SSN: _____   | VERY IMPORTANT TO GET SSN!       |
| • Points Paid to acquire Loan: _____                                       |                                  |
| Length of contract: _____ years  |                                  |

| <b>CONTRIBUTIONS</b>  |
|---|
| <i>LIST TO WHOM AND AMOUNT PAID ON SEPARATE PAPER!!</i>   |
| • CASH/CHECKS: TOTAL PAID= \$ _____   |
| • NONCASH : _____   |
| ( BRING/MAIL IN WORKSHEET OF DONATED ITEMS WITH \$ VALUE!)  |
| • VOLUNTEER MILES _____ VOLUNTEER EXPENSES _____  |
| <b>*** NEW TAX LAW: Must have Receipts from now on for all Cash donations regardless of amount! Must have receipt say in "GOOD or like New condition" from the Charity!</b> |
| <b>Fill out our worksheet we provide you for non-cash donations—request if you need one.</b>  |
| <b>Take extra worksheets to have for Year 2010 to fill out throughout the year!</b>   |

| <b>MISC. DEDUCTIONS</b>                     |
|---|
| • TAX PREP FEES FOR 2009 PREPARATION: _____ |
| • ATTORNEY FEES OR INVESTMENT FEES: _____   |
| • SAFETY DEPOSIT BOX FEE: _____             |
| • EDUCATOR/ TEACHING SUPPLIES: _____        |

|   |
|---|
| <b>ALIMONY AMOUNT PAID OUT:</b> _____ <b>NEED TO WHOM PAID &amp; SSN OF PERSON!</b> |
|---|

**DO YOU HAVE ANY BACK YEARS TAXES NOT FILED YET? Y/ N**

What year(s)? \_\_\_\_\_

**IRA CONTRIBUTIONS: Taxpayer's: \$ \_\_\_\_\_ Spouse's: \$ \_\_\_\_\_**

**Was it a Roth or Traditional contribution? Roth Trad.** \_\_\_\_\_

**EMPLOYEE BUSINESS EXPENSES:**

- UNION DUES \_\_\_\_\_ LODGING: \_\_\_\_\_
  - BUS. MEALS \_\_\_\_\_ TOOLS \_\_\_\_\_ SAFETY EQUIP \_\_\_\_\_
  - UNIFORMS \_\_\_\_\_ LAUNDRY \_\_\_\_\_ JOB SUPPLIES \_\_\_\_\_
  - DUES/SUBS. \_\_\_\_\_ EDUCATION \_\_\_\_\_ OTHER \_\_\_\_\_
  - CELL PHONE \_\_\_\_\_ LICENSES: \_\_\_\_\_
  - REQUIRED PHONE \_\_\_\_\_ AIR/TRAIN TRAVEL: \_\_\_\_\_
- #DAYS OUT OF TOWN: \_\_\_\_\_ for Per Diem purposes

**JOB SEARCH COSTS: List item: \_\_\_\_\_ cost:\$ \_\_\_\_\_**

**DESCRIPTION OF VEHICLES**

1. Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_

2. Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_

Purchase date: \_\_\_\_\_ Cost: \_\_\_\_\_

**TRAVEL INFORMATION:** Odometer Odometer

Veh.# Date in Service Reading 1/1 Reading 12/31 Total Mileage Bus.Miles

1. \_\_\_\_\_

2. \_\_\_\_\_

**(IRS IS AUDITING THESE NOW.... SO PLEASE MAKE SURE YOU HAVE PROOF WITH MILEAGE RECORDS RECORDED ON A CALENDAR OR DAYTIMER APPT.BOOK!)**

**ARE YOU TAKING A HOME OFFICE DEDUCTION? Yes / No**

**IF YES, PLEASE ANSWER THE FOLLOWING:**

OFFICE IN HOME SQ. FT: \_\_\_\_\_

REPAIRS/Maint.: \_\_\_\_\_

TOTAL SQ. FT. OF HOME: \_\_\_\_\_

CAPITAL IMPROVEMTS: \_\_\_\_\_

RENT PAID THRU YEAR: \_\_\_\_\_

MORTGAGE INTEREST: \_\_\_\_\_

TOTAL COST OF HOME: \_\_\_\_\_

PROPERTY TAXES: \_\_\_\_\_

Value of Building(s): \_\_\_\_\_

UTILITIES PAID YEAR: \_\_\_\_\_

Value of Land only: \_\_\_\_\_

**COLLEGE Tuition COSTS: \_\_\_\_\_ Full or Part Time student?**

**(Bring in Financial Aid letter and Form 1098-T)**

**Student Loan Interest paid for tax year: \_\_\_\_\_**

**(Bring in 1098-E or letter from lender)**

**Any other information or questions you may have: \_\_\_\_\_**

**FILL THIS OUT OR FILL OUT FULL ORGANIZER (requested by you, this can be e-mailed) FOR OUR OFFICE PLEASE, so we can prepare an accurate tax return for you! (Thank-you.)**

I am providing this information to my Tax Preparer and I hereby state these figures are accurate to the best of my ability and that I have receipts to back up all expenses:

\_\_\_\_\_  
Signature of Taxpayer and / or Spouse