

801-756-1110 OFFICE
801-492-1335 FAX

 **TAXPROS**
"The Tax Savers"
P.O. BOX 127
AMERICAN FORK, UT 84003

9:00 - 6:00 Mon-Sat
taxpros1040@hotmail.com
taxpros1040.com

20 This is your TAX ORGANIZER FOR 2010 2

Please enter your 2010 information in the spaces provided and include all forms listed in Section V that pertain to you. Details are the key to fast preparation and accurate filing. Incomplete information will delay the preparation of your tax return. All fields with a * are required to be completed with your information. **Please be sure to include your daytime telephone numbers or email so we may contact you if additional information is needed.**

E-filing is FREE; however, Section T must be completed with your direct deposit bank information.
We encourage e-filing of all tax returns this year to facilitate more rapid processing of returns and speed up your refunds.

All tax return preparation fees must be pre-paid. Returns will be released only after payment is received. Please complete payment section, Section U, in your tax organizer with your Visa or MasterCard information or include a check and return it with your tax information. **Remember, there is a \$20.00 discount if you mail your information to us.** Fees for clients who request an appointment with a tax preparer will not include this discount.

We are accepting new clients! We will not accept new clients who have problems with the IRS or State Tax Commission or new clients with large corporations or partnerships.

The tax deadline is April 15, 2011. All money is due to the IRS and state on that date. Your extension is only to file the return, not to pay. Please contact us if you need an extension filed.

Our privacy policy ensures that all information is confidential. We never release information without your consent. We appreciate your business and are here to serve you. We hope you had a great holiday season and we wish you a successful New Year in 2011!
Thanks again,
Janean Ledkins & Clyde Roper

REMEMBER - Send all information to TAX PROS, P.O. BOX 127, AMERICAN FORK, UT 84003	
FINANCIAL / LIFE CHANGE IN 2010	WHERE TO FILL IN INFORMATION
✓ Please fill in all personal information and bank account information.	Fill in Sec. A, Sec. B, and Section T (important)
Did your address change?	Complete Section A, N & O. Include closing papers from escrow, if applicable
Are you a First Time Homebuyer?	Include 1098 and closing papers form escrow
Did you refinance a mortgage?	Please include all letters.
Did you receive correspondence from the IRS or State Tax Agency?	Complete Section A
Did your marital status change?	Complete Sections A & B
Did any of your children shown as dependents claim themselves on their own return?	Complete Sections S
Do you have a second job or self employment?	Complete Section D, include 1099s.
Did you receive payments from a pension, 401K, profit sharing plan or IRA?	Complete Section F, include 1099-Bs
Did you sell stock during the year?	Complete Section P
Did you have any unreimbursed employee business related expenses?	Complete Sections G
Do you have a rental property? If so was it sold in 2010?	Complete Section R, include 1098-T
Did you, your spouse, or any dependents attend college?	Complete Section H
Did you pay interest on a student loan?	Complete Section D or Section H
Did you pay or receive alimony?	

INCOME TAX DATA - 2010

*** SECTION A**

Please list names as they appear on Social Security cards.

Taxpayer's Name _____ Social Security # _____
 Taxpayer's Occupation _____ Birth date _____
 Spouse's Name _____ Social Security # _____
 Spouse's Occupation _____ Birth date _____
 Address _____ City _____ State _____ Zip _____
 Phone # () _____ Do you want to donate to the Presidential Fund? (No additional Cost) Yes / No _____
 E-mail _____ Will you be claimed on your parent's (or anyone else's) return this year? Yes / No _____
 FILING STATUS: _____ Single _____ Married Filing Joint _____ Married Filing Separate _____ Head of Household _____ Qualifying Widow _____

*** SECTION B**

DEPENDENTS

DO NOT INCLUDE CHILDREN WHO WILL BE CLAIMED ON ANOTHER TAX RETURN.

1	FIRST NAME	LAST NAME	SOCIAL SECURITY #	BIRTHDATE	RELATIONSHIP	DISABLED

*Note: You must provide a social security number and year of birth for all dependents.

SECTION C

WAGE INCOME (Please send original W-2s)

1	COMPANY	EMPLOYEE	COMPANY	EMPLOYEE

SECTION D

OTHER INCOME

If you have income from other sources, please list all totals and attach supporting documents. (1099s)

State Tax Refund	\$	Estates & Trusts (K-1)	\$	Partnerships & S-Corps (K-1)	\$
Alimony Received	\$	Social Security Benefits	\$	Jury Duty	\$
Prizes (1099-MISC)	\$	Unemployment (1099-G)	\$	Gambling Winnings (1099-G)	\$
Nontaxable Income	\$	Pension/Annuity (401K)	\$	Other	\$
Tips	\$	Scholarships & Fellowships	\$	Other	\$

SECTION E

INTEREST INCOME (1099-INT & 1099-DIV) BANK STATEMENT INFORMATION

BANK / PAYER	NAME ON ACCOUNT	AMOUNT	BANK / PAYER	NAME ON ACCOUNT	AMOUNT
		\$			\$
		\$			\$

SECTION F

STOCK SALE (1099-B)

STOCK OR PROPERTY NAME	DATE PURCHASED	COST	DATE SOLD	SALE PRICE
		\$		\$
		\$		\$
		\$		\$

SECTION G

RENTAL INCOME and EXPENSE

If you have more than one property, please list seperately. Please list all EXPENSE TOTALS.

ADDRESS OF PROPERTY	TOTAL RENT RECEIVED	PROPERTY TAXES	AMOUNT
Advertising	\$	Legal/Professional Fees	\$
Auto Mileage	\$	Mortgage Interest	\$
Cleaning/Maintenance	\$	Repairs	\$
Insurance	\$	Supplies	\$

Sale of Rental: Purchase Price: \$ _____ Purchase Date: _____ Did you receive a 1099-S for property Yes / No _____
 Sell Price: \$ _____ Sale Date: _____ *Please include closing statements

SECTION H**CREDITS****PAYMENTS TO IRA- PLEASE INDICATE WHICH TYPE**

Taxpayer \$	TRADITIONAL / ROTH DATE:
Spouse \$	TRADITIONAL / ROTH DATE:

STUDENT LOAN INTEREST PAID \$

ALIMONY PAID to Social Security # \$

SECTION M**CONTRIBUTIONS**

CHURCHES	\$
OTHER CASH CONTRIBUTIONS	\$
CHARITABLE AUTO MILEAGE	#

PROPERTY DONATED (Fair market value receipts) \$

OTHER \$

SECTION I**MEDICAL EXPENSES**

Do not include amounts that are taken out of your check in a

pre-tax program or paid by insurance.

INSURANCE & MEDICARE PREMIUMS	\$
DOCTOR/DENTIST/HOSPITAL FEES	\$
PRESCRIPTIONS	\$
HEARING AIDS & BATTERIES/EYEGLASSES	\$
AUTO MILEAGE TO/FROM MEDICAL VISITS # MILES	
OTHER MEDICAL EXPENSES	\$
M S A / H S A CONTRIBUTION / DISTRIBUTION	\$
EMPLOYER OR EMPLOYEE CONTRIBUTION?	\$
VALUE AT END OF YEAR	\$
SELF OR FAMILY: # OF MONTHS ELIGIBLE	

SECTION N**MOVING EXPENSES**

Only if move was required for new job: 50 miles closer to new job

DATE OF MOVE	/	/2010
TRAVEL & LODGING	\$	
MOVING HOUSEHOLD GOODS	\$	
MILEAGE TO NEW LOCATION	#	

SECTION O**SALE OF HOME (1099-S)**

HOME (Old Address) Please include closing statements

SELL PRICE \$ DATE SOLD

PURCHASE PRICE \$ DATE ACQUIRED

(New Address) PURCHASE PRICE \$ CLOSING DATE

ARE YOU A FIRST TIME HOMEBUYER? YES/NO

DID YOU CLAIM THE FIRST TIME HOMEBUYER CREDIT YES/NO

SECTION J**TAXES**

HOUSE / PROPERTY / REAL ESTATE TAX	\$	
OTHER (2ND HOUSE, ETC.)	\$	
SALES TAX PAID ON A LARGE PURCHASE	\$	
Did you pay ESTIMATED FEDERAL TAX in 2010? If YES:		
Date paid	Amount	\$
Date paid	Amount	\$
Date paid	Amount	\$
AMOUNT PAID WITH EXTENSION	\$	

SECTION P**MISCELLANEOUS EXPENSES**

WORK RELATED DUES & SUBSCRIPTIONS	\$
WORK RELATED EDUCATION	\$
WORK RELATED TOOLS	\$
SAFETY EQUIPMENT	\$
JOB SEEKING EXPENSES	\$
INVESTMENT & TAX ADVICE	\$
SAFE DEPOSIT BOX	\$
GAMBLING LOSSES	\$
IMPAIRMENT RELATED WORK EXPENSES	\$
ENERGY EFFICIENCY IMPROVEMENTS	\$
OTHER	\$

ADDITIONAL COMMENTS:

SECTION K**INTEREST EXPENSE (1098)**

HOME MORTGAGE PAID TO BANK (1098 TOTALS) \$

HOME MORTGAGE PAID TO INDIVIDUAL \$

Include name, address & SS# of individual

OTHER QUALIFIED INTEREST PAID \$

SECTION L**CASUALTY & THEFT LOSSES**

TOTAL CASUALTY LOSS AMOUNT \$

(Example: Theft, Fire, Earthquake) (Attach Documentation)

Do not include the amount insurance reimbursed-trust exceed 10% of income

SECTION Q**CHILD CARE EXPENSES**

* ADDRESS AND ID# MUST BE INCLUDED TO TAKE THE CHILD CARE CREDIT

NAME(S) OF CHILD(REN) ATTENDING DAY CARE:		ADDRESS	ANNUAL AMOUNT PAID
PROVIDER'S NAME			

SECTION R**EDUCATION EXPENSES (1098-T)**

DO NOT INCLUDE EXPENSES PAID BY GRANTS OR SCHOLARSHIPS

NAME OF SCHOOL	TUITION PAID	WHO ATTENDED	SEMESTER(S) ATTENDED
	\$		
	\$		

SECTION S

SELF EMPLOYED BUSINESS INCOME & EXPENSE

NAME & ADDRESS OF BUSINESS	TYPE OF BUSINESS
----------------------------	------------------

IS YOUR BUSINESS A: SOLE PROPRIETOR / DBA LLC CORPORATION

GROSS RECEIPTS OR SALES (TOTAL INCOME) \$ _____

Cost of Goods Sold:		Rent or Lease: machinery / equipment	\$
Cost of merchandise purchased	\$	Rent or Lease: other business property	\$
Cost of Labor (Subcontractors-1099s)	\$	Taxes & Licenses	\$
Materials & supplies	\$	Travel	\$
Other costs	\$	Meals & Entertainment	\$
Inventory at end of year	\$	Utilities (Business related)	\$
OTHER EXPENSES:		Telephone	\$
Advertising	\$	Payroll (employees- W-2s)	\$
New Asset / Equipment (if multiple items, please list separately)	Cost \$	Other Business expenses	\$
Date purchased:		VEHICLE EXPENSE:	
Insurance	\$	Vehicle Expenses (oil, gas, repair, etc.)	\$
Interest Expense	\$	Vehicle Mileage (if multiple vehicles, please list mileage separately)	
Truck or other interest (Business related)	\$	Business mileage	#
Legal & Professional Fees	\$	Personal mileage	#
Office Expense	\$	Total mileage	#
* YOU MUST FILE THIS OUT IF TOTALLY SELF-EMPLOYED:		BANK DEPOSITS \$	
BASIC LIVING EXPENSES:		OTHER LOAN PAYMENTS \$	
MONTHLY HOUSE PAYMENT	\$	OTHER EXPENSES	\$
MONTHLY CAR PAYMENT	\$	MONTHLY HOME UTILITIES \$	
		MONTHLY FOOD COSTS	\$

*** SECTION T DIRECT DEPOSIT INFORMATION - PLEASE UPDATE FOR 2010**

* We will not direct deposit your refund unless all account information is complete. We will NOT use last year's information.

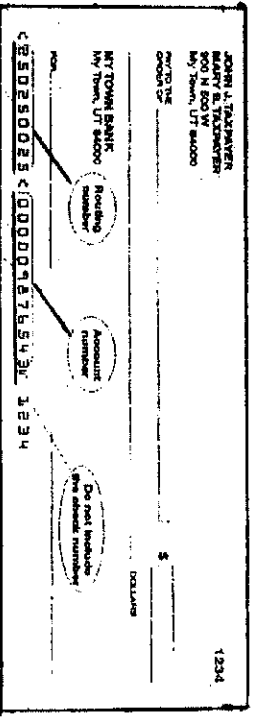
YES, I WANT MY TAX RETURN E-FILED. NO, I WANT TO MAIL IN MY TAX RETURN.

Speed up your refund, e-file your tax return. E-filing requires a direct deposit to your bank account for your refund. Direct deposit is also available with paper mail-in tax returns. There is no extra fee for this service. Please fill out the following information:

ROUTING NUMBER: _____ ACCOUNT NUMBER _____

TYPE: CHECKING OR SAVINGS

DIRECT DEPOSIT EXAMPLE >>>



*** SECTION U TAX RETURN PREPARATION FEE / PRE - PAYMENT**

THIS YEARS FEE WILL INCREASE BY \$5.00. PLEASE INCLUDE THE AMOUNT PAID ON YOUR 2009 TAX RETURN PLUS \$5.00 If you are unsure of the amount paid, please call our office and we will look up the amount for you. This is an approximate amount. If there are additional charges or credits, we will bill you for the difference or refund your overpayment. **There will be a \$20.00 fee for returned checks.**

Tax returns will not be released until payment is received.

METHOD OF PAYMENT:

CHECK # _____
 OTHER PAYMENT METHOD _____

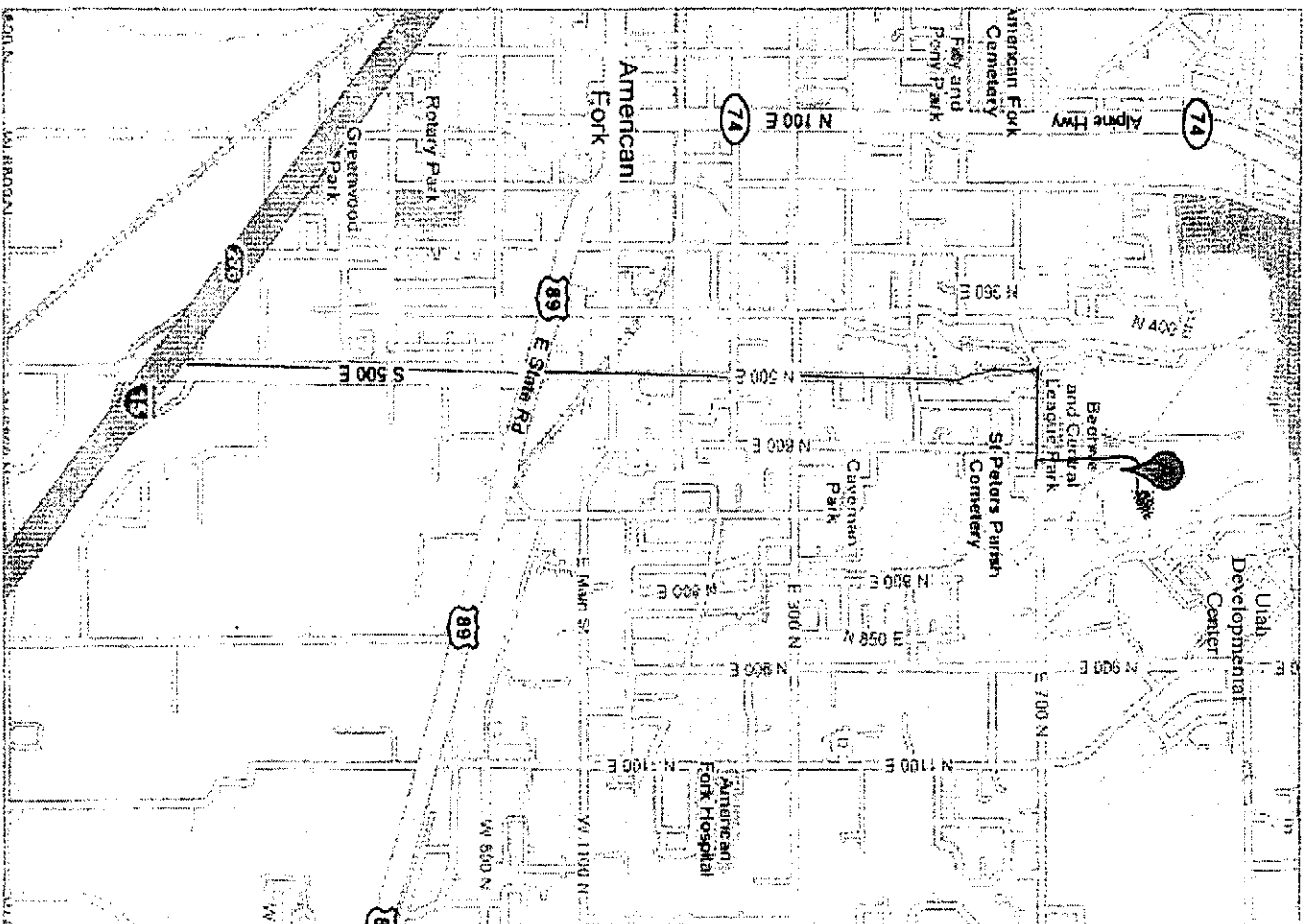
VISA MASTERCARD

Please make checks payable to Tax Pros
 Account # _____
 Exp. Date: _____
 Signature (required) _____

PLEASE MAIL ALL INFORMATION TO:

PO BOX 127, AMERICAN FORK, UT 84003- not the Alpine Office

Our new office address is:
618 East 875 North
in American Fork.
Please do not mail or drop off
returns to our Alpine address!



SECTION V

PLEASE INCLUDE

W-2s _____ 1099-INTs _____ Other 1099s _____ 1098 Mortgage Statement(s)
K-1s _____ 1099-DIVs _____ Property Tax bill _____ Last year's tax return, if new client
1098-T _____ Payment _____
Additional Information / Notes to Preparer: _____

