

BEIR ACCOUNTING & INCOME TAX, INC. - 2007 INCOME TAX ORGANIZER

Use this tax preparation checklist to help you better organize your income tax information for preparation of your tax return.

This will facilitate the interview and return preparation process and assist us in keeping your fee as low as possible. Please bring all supporting documents.

NAMES, BIRTHDATES AND SOCIAL SECURITY NUMBERS BELOW <u>MUST BE THE SAME AS IN SOCIAL SECURITY RECORDS</u>						
TAXPAYER:	FIRST NAME	MI	LAST NAME	SOCIAL SECURITY NUMBER		
SPOUSE						
ADDRESS : _____						
CITY : _____ STATE : _____ ZIP : _____ HOME PHONE : _____						
TAXPAYER BIRTHDATE : _____ OCCUPATION: _____ CELL PHONE : _____						
SPOUSE BIRTHDATE : _____ OCCUPATION: _____ CELL PHONE : _____						
INTERESTED IN : ELECTRONIC FILING? [<input type="checkbox"/>] Taxpayer WORK PHONE: _____						
FILING STATUS: [<input type="checkbox"/>] MARRIED/JOINTLY [<input type="checkbox"/>] MARRIED/SEPARATELY E-MAIL: _____						
[<input type="checkbox"/>] SINGLE [<input type="checkbox"/>] HEAD OF HOUSEHOLD (Child's Name if not a dependent: _____)						
LIST DEPENDENTS BELOW (Do not include taxpayer or spouse)						
	FIRST NAME	MI	LAST NAME	SOCIAL SECURITY #	RELATIONSHIP	MONTHS LIVED IN HOME THIS YR
						BIRTHDATE

INTEREST, DIVIDEND AND CAPITAL GAIN INCOME					OTHER ADJUSTMENTS/INCOME	
BANK/COMPANY	Interest/ Divid	Cap. Gains	Long	Short	His Pension/IRA Received: _____ Taxable _____	Her Pension/IRA Received: _____ Taxable: _____
					Social Security Benefits: His: _____ Hers: _____	
					IRA Contributions: His: _____ Hers: _____	
					Roth IRA Contributions: His _____ Hers: _____	
					Unemployment Compensation Received: _____	
					Alimony Paid: Amount _____ SSN: _____	
					Alimony Received: _____	
					State Income Tax Refunds: _____	
					Other Income: _____	
					Student Loan Interest Paid: _____	
					Higher Education Expenses Paid: _____	
					Adoption Expense _____	

CHILD CARE CREDIT Number of children in day care: _____			
Name of Day Care Provider	Address of Provider	SSN or ID#	Amount Paid in 2005

ITEMIZED DEDUCTIONS	MISCELLANEOUS DEDUCTIONS (only if itemizing)
Medical & Dental Expenses Health/Dental Insurance: _____ Doctors: _____ Hospitals: _____ Prescriptions: _____ Medical Miles : _____	Accounting Fees _____ Union Dues: _____ Uniforms/Protective Clothing: _____ Required Uniform Cleaning: _____ Safety Shoes/Gloves _____ Business Tools/Equipment: _____ Business Supplies: _____ Safe Deposit Box: _____
Taxes Real Estate Taxes: _____ Sales tax paid _____ State Income Taxes: _____ Personal Car Property Taxes : _____	Required Telephone (2nd line): _____ Professional/Trade Publications: _____ Home Office Equipment: _____ Professional Fees/Dues _____ Job Search Expenses: _____ Required Continuing Education _____
Interest Home Mortgage Interest: _____ IF paid to an individual: Amount: _____ Name: _____ SSN: _____ Address: _____	Employment Agency Fees: _____ Investment Expenses/Fees _____ Gambling Losses (to extent of winnings) _____
Charitable Contributions: By Cash & Check: Total amount: \$ _____ Charitable Mileage _____ Clothes, Household Goods: Total amount: \$ _____ To Whom Donated: _____ Description: _____ Donation Date: _____	

PROFIT/LOSS FROM BUSINESS-SCH C

Business description: _____
Business name: _____

Owner (circle one) Taxpayer Spouse
Bus. Code: _____ Fed. ID# _____
First year in business? [] Yes [] No

INCOME

GROSS RECEIPTS & SALES _____

EXPENSES

Advertising _____
Car & Truck Expenses _____
Commissions & Fees _____
Insurance (not health) _____
Mortgage Interest _____
Other Interest (business loans) _____
(car loans) _____
Legal & Professional Fees _____
Office Expenses _____

Rent of Machinery, Equip, Vehicles _____
Rent of Business Property/Other _____
Repairs & Maintenance _____
Supplies _____
Taxes & Licenses _____
Travel & Lodging _____
Meals & Entertainment _____
Utilities & Phone _____
Wages _____

COST OF GOODS SOLD

BEGINNING INVENTORY _____
Merchandise Purchased _____
Cost of Labor _____
Materials & Supplies _____
Other Costs _____
ENDING INVENTORY _____

Health Insurance (if not on W-2) _____
OTHER BUSINESS EXPENSES
Dues & Publications _____
Bank Service Charges _____

Prev. _____

EQUIPMENT	Date Purch	Cost	Depr	Method	Life

Bus. VEHICLE Date Placed in Service _____
Bus. Miles _____ Commute _____ Other _____

RENTAL PROPERTY

OTHER SCHEDULES (YES/NO)

TYPE: Single Family Condo Brick Frame
Rental Address (1) _____
(2) _____

Sales of Stocks & Bonds _____
Date Purchased _____ Date Sold _____
Sale Price _____ Cost _____

PROPERTY	1	2
RENTAL INCOME		
RENTAL EXPENSES		
Advertising		
Auto & Travel		
Cleaning & Maint.		
Commissions		
Insurance		
Legal & Prof Fees		
Management Fees		
Mortgage Interest		
Other Interest		
Repairs		
Supplies		
Taxes		
Utilities		
Pest Control		
Other _____		

Farming (Schedule F) (YES/NO) _____
K-1 Income (YES/NO) _____

Office in Home (YES/NO) _____
Bought/Sold Home During Year (YES/NO) _____
MOVED DURING YEAR (YES/NO): _____
MOVING EXPENSES
Distance from old home to old job _____
Distance from old home to new job _____
Moving Van/U-Haul Cost _____
Travel & Lodging Cost _____

LARGE CASUALTY/THEFT LOSS (YES/NO) _____
QUARTERLY EST. TAX PMTS: Federal - State
(1) _____ (2) _____
(3) _____ (4) _____

2006 TAX REFUND APPLIED TO 2007 _____

EMPLOYEE BUSINESS EXPENSES(Form 2106)
Tolls _____ Bus. Exp. _____
Travel Exp. _____ Meals _____
CAR MILEAGE (Form 2106)Date Placed in _____

Service _____

Total Miles for Year _____
Business Miles _____
Daily Commute Miles _____
Commuting Miles _____
Personal Miles _____
Vehicle: Year/Make/Model _____

RENTAL PROPERTY PURCHASED/SOLD
Date Purchased _____ Purchase Price (Total) _____
Building Price _____ Land Price _____
Date Sold _____ Sale Price (Total) _____
Building Price _____ Land Price _____