



Tax Organizer For 2011 Income Tax Return

Prepared For:

Prepared By: Steve Schick

This Tax Organizer can be used to help identify the information needed to prepare your income tax return. Enter your information and if you need additional space, enclose a separate sheet with the details. If available, you should attach a copy of your previous years return.

Please return this organizer along with all Form W-2's, 1099's, and any other information you feel will assist with the preparation of your income tax return.

Organizer for 2011 Tax Year

Schick and Associates, LLC

Management and Tax Services



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(If you are a new client, please send a copy of last years tax return)

PERSONAL INFORMATION

Taxpayer's Name		S.S. # - -	Birth date / /
Spouse's Name		S.S. # - -	Birth date / /
Home Address		Home Phone Number () -	Work or Cell Phone Number () -
		E-mail Address	

FILING STATUS

Indicate your filing status to be used on your 2011 income tax return:	
<input type="checkbox"/> Single	<input type="checkbox"/> Check if parent (or someone else) can claim you as a dependent on their return
<input type="checkbox"/> Married Filing Joint	
<input type="checkbox"/> Married Filing Separate	<input type="checkbox"/> Check if you lived apart from your spouse for all of 2011
<input type="checkbox"/> Head of Household (may be used if unmarried and you paid over half the cost of keeping up a home for your dependent or qualifying child)	
If the person is a child by not a dependent: Name : SSN :	
<input type="checkbox"/> Qualifying Widow(er) (May be used if your spouse died in 2009 or 2010 and you had a child living with you whom you can claim as a dependent)	
Year spouse died :	

OTHER INFORMATION

Do you wish to contribute \$3 to the Presidential Election Campaign? (Will not affect your refund or balance due)			
Taxpayer	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Spouse YES <input type="checkbox"/> NO <input type="checkbox"/>
Do you want to allow the paid preparer to discuss your return with the IRS? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Direct Deposit Information (attach proof of deposit)			
Name of Financial Institution :			
Routing Number :			
Account Number :			
Checking Account <input type="checkbox"/>		Savings Account <input type="checkbox"/>	

DEPENDENTS

Enter the following information for any qualifying child or qualifying relative

FIRST NAME	LAST NAME	S.S. #	D.O.B.	RELATIONSHIP	# of Months Lived with you

BUSINESS INCOME AND EXPENSES

Indicate the owner of the business:			
<input type="checkbox"/> Taxpayer	<input type="checkbox"/> Spouse	<input type="checkbox"/> Joint	
Business Name:			
Business Address:			
City, State, Zip Code:			
Business Product or Service:			
Did you start or acquire this business during 2011		<input type="checkbox"/> YES	<input type="checkbox"/> NO
Accounting Method:		<input type="checkbox"/> Cash	<input type="checkbox"/> Accrual <input type="checkbox"/> Other (describe)
Method used to value inventory:		<input type="checkbox"/> Cost	<input type="checkbox"/> Lower of cost or market <input type="checkbox"/> Other (describe)

INCOME AND COST OF GOODS SOLD

	2011 Amount	2010 Amount
Gross Receipts or Sales.....		
Returns and Allowances.....		
Other Income (enclose description).....		
Inventory at beginning of year.....		
Purchases less cost of items withdrawn for personal use.....		
Cost of labor.....		
Materials and supplies.....		
Other costs.....		
Inventory at end of year.....		

EXPENSES

	2011 Amount	2010 Amount		2011 Amount	2010 Amount
Advertising.....			Rent – Vehicle, Machinery.....		
Commissions and fees.....			Rent – Other.....		
Contract Labor.....			Repairs and maintenance.....		
Depletion.....			Supplies.....		
Employee benefits.....			Taxes and licenses.....		
Insurance (other than health).....			Travel.....		
Mortgage Interest.....			Meals and entertainment.....		
Other Interest.....			Utilities.....		
Legal and Professional fess.....			Wages.....		
Office expenses.....			Other (enclose listing).....		
Pension and profit sharing.....					

VEHICLE INFORMATION

Vehicle description:	Date placed in service:	Cost or basis:
Business miles:	Commuting Miles:	Other miles:
Actual expenses such as gas, oil, repairs, etc.:	Parking fees and tolls:	

SALES, PURCHASES, AND DISPOSITION OF ASSETS IN 2011

(NEW CLIENTS, ENCLOSE DETAILED LISTING OF ALL DEPRECIABLE ASSETS)				
Asset Description	Date Acquired	Purchase Price	Date Sold	Sales Price

BUSINESS USE OF HOME

Area used exclusively for business:		Total area of home:
Was the home used as a day care facility? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date home placed in service:
Casualty losses:	Insurance:	Fair Market Value:
Mortgage interest:	Repairs and maintenance:	Value of land:
Real estate taxes paid:	Utilities and other expenses:	

CHILD AND DEPENDENT CARE EXPENSES

(ENTER EXPENSES PAID FOR EACH DEPENDENT IN DEPENDENTS SECTION)

Care Provider Name	Address	SSN or EIN	Amount Paid During 2011

HIGHER EDUCATION EXPENSES

(PLEASE ENCLOSE ALL COPIES OF 2011 FORM 1098-T)

Student Name	Educational Institution	Fr	So	Jr	Sr	Oth	Tuition and Fees

DECLARATION :

I have provided the information on this form to the best of my knowledge and hereby declare it is complete and ready for the preparation of my/our income tax returns. Where business deductions shown, I acknowledge having spent these amounts and have kept a log or diary of such activities, pursuant to section 274(a) and can fully substantiate such deductions.

SIGNATURE (must be signed)

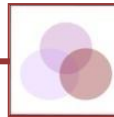
DATE

SIGNATURE (Spouse if filing joint) (must be signed)

DATE

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