

# TAX ORGANIZER (PLEASE PROVIDE A COPY OF LAST YEARS TAX RETURN: FED & STATE)

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|                        | TAXPAYER | SPOUSE |
|------------------------|----------|--------|
| FIRST NAME             |          |        |
| LAST NAME              |          |        |
| SOCIAL SECURITY NUMBER |          |        |
| DATE OF BIRTH          |          |        |
| HOME PHONE NUMBER      |          |        |
| WORK PHONE NUMBER      |          |        |
| CELL PHONE NUMBER      |          |        |
| EMAIL ADDRESS          |          |        |
| OCCUPATION             |          |        |
| STREET ADDRESS         |          |        |
| CITY, STATE, ZIP CODE  |          |        |

|                        | DEPENDENT 1 | DEPENDENT 2 | DEPENDENT 3 | DEPENDENT 4 |
|------------------------|-------------|-------------|-------------|-------------|
| FIRST NAME             |             |             |             |             |
| LAST NAME              |             |             |             |             |
| SOCIAL SECURITY NUMBER |             |             |             |             |
| DATE OF BIRTH          |             |             |             |             |
| RELATIONSHIP           |             |             |             |             |

## ESTIMATED TAX PAYMENTS

|                                     | DATE PAID | \$ PAID TO IRS | DATE PAID | \$ PAID TO STATE |
|-------------------------------------|-----------|----------------|-----------|------------------|
| OVERPAYMENT APPLIED FROM PRIOR YEAR |           |                |           |                  |
| ESTIMATE 1                          |           |                |           |                  |
| ESTIMATE 2                          |           |                |           |                  |
| ESTIMATE 3                          |           |                |           |                  |
| ESTIMATE 4                          |           |                |           |                  |
| EXTENSION PAYMENT                   |           |                |           |                  |

## OTHER INCOME-SOCIAL SECURITY INCOME, ALIMONY, GAMBLING

|  | TAXPAYER | SPOUSE |
|--|----------|--------|
| SSA INCOME (BOX 5)   |          |        |
| MEDICARE PREMIUMS PAID - NOTE THIS AMOUNT WILL CARRY TO MEDICAL DEDUCTIONS |          |        |
| ALIMONY RECEIVED   |          |        |
| GAMBLING INCOME (FROM FORM W2G)  |          |        |





## ITEMIZED DEDUCTIONS

### MEDICAL PAID

| DESCRIPTION               | \$ |
|---------------------------|----|
| PRESCRIPTIONS             |    |
| DOCTORS AND DENTIST       |    |
| HEALTH CARE INSURANCE     |    |
| LONG TERM CARE INSURANCE  |    |
| NUMBER OF MEDICAL MILES   |    |
| OTHER (PLEASE LIST BELOW) |    |
|                           |    |
|                           |    |

### TAXES PAID

| DESCRIPTION  | \$ |
|--|----|
| REAL ESTATE TAXES ON PRIMARY RESIDENCE             |    |
| REAL ESTATE TAXES ON SECOND RESIDENCE              |    |
| SALES TAX ON BIG TICKET ITEMS (CAR, RV, BOAT, ETC) |    |
| DMV REGISTRATION FEES                              |    |

### INTEREST PAID

| INTEREST ON PRIMARY AND SECOND RESIDENCE-PLEASE LIST EACH PAYEE BELOW WITH \$ AMOUNT | \$ |
|--|----|
|  |    |
|  |    |
|  |    |
|  |    |
| POINTS PAID:   |    |
|  |    |
| INVESTMENT INTEREST PAID:  |    |

### CASH CONTRIBUTIONS PAID

| PAYEE-DESCRIPTION                | \$ |
|----------------------------------|----|
|                                  |    |
|                                  |    |
|                                  |    |
|                                  |    |
|                                  |    |
| VOLUNTEER EXPENSES-OUT OF POCKET |    |
| NUMBER OF CHARITABLE MILES       |    |

### NONCASH CONTRIBUTIONS-(\$500 OR LESS)

(Note-If total noncash contributions are equal to or less than \$500, you don't need to itemize details. Simply input the \$ figure you would like to claim, and we will deduct that amount for you. Note-From experience as a former IRS agent, noncash contributions of \$500 or less are rarely audited) Generally this is what we recommend that you claim.

| DESCRIPTION           | \$ |
|-----------------------|----|
| NONCASH CONTRIBUTIONS |    |

### NONCASH CONTRIBUTIONS-(OVER \$500)

(If over \$500, you must itemize details of your donations. I.e. Housewares, equipment, furniture, etc.. You must also put down an approximate range of what you paid for the items. Then you must estimate the fair market value (fmv) of the item you donated. I recommend that the fmv of the item should be no more than 20% to 25% of what you paid for the items.)

FIRST ONE IS AN EXAMPLE FOR YOU TO FOLLOW

| DESCRIPTION                                 |                                       |
|---|---------------------------------------|
| NAME OF CHARITABLE ORGANIZATION             | GOODWILL                              |
| ADDRESS OF ORGANIZATION                     | 123 MAIN STREET<br>OCEANSIDE CA 92054 |
| DATE OF CONTRIBUTION                        | 8-5-05                                |
| DATE OF PURCHASE                            | VARIOUS                               |
| DESCRIPTION OF ITEMS THAT YOU DONATED       | REFRIGERATOR, HOUSEWARES, ETC..       |
| APPROXIMATELY WHAT DID YOU PAY FOR THEITEMS | \$1,500                               |
| APPROXIMATE FAIR MARKET VALUE OF DONATION   | \$300                                 |

| DESCRIPTION                                 |  |
|---|--|
| NAME OF CHARITABLE ORGANIZATION             |  |
| ADDRESS OF ORGANIZATION                     |  |
| DATE OF CONTRIBUTION                        |  |
| DATE OF PURCHASE                            |  |
| DESCRIPTION OF ITEMS THAT YOU DONATED       |  |
| APPROXIMATELY WHAT DID YOU PAY FOR THEITEMS |  |
| APPROXIMATE FAIR MARKET VALUE OF DONATION   |  |

| DESCRIPTION                                 |  |
|---|--|
| NAME OF CHARITABLE ORGANIZATION             |  |
| ADDRESS OF ORGANIZATION                     |  |
| DATE OF CONTRIBUTION                        |  |
| DATE OF PURCHASE                            |  |
| DESCRIPTION OF ITEMS THAT YOU DONATED       |  |
| APPROXIMATELY WHAT DID YOU PAY FOR THEITEMS |  |
| APPROXIMATE FAIR MARKET VALUE OF DONATION   |  |

| UNREIMBURSED EMPLOYEE EXPENSES | TAXPAYER | SPOUSE |
|--------------------------------|----------|--------|
| MEALS & ENT.                   |          |        |

| <b>OTHER EXPENSES</b>  | <b>\$</b> |
|--|-----------|
| TAX PREPARATION FEE FROM LAST YEAR   |           |
| SAFE DEPOSIT BOX   |           |
| INVESTMENT EXPENSE   |           |
| UNION DUES   |           |
| GAMBLING LOSSES (YOU CAN ONLY CLAIM LOSSES TO THE EXTENT OF YOUR WINNINGS.                           |           |
| IF YOU CLAIMED GAMBLING LOSSES ABOVE, PLEASE INPUT THE TOTAL OF THE W2G GAMBLING INCOME YOU RECEIVED |           |
|  |           |

| <b>DESCRIPTION</b>             | <b>TAXPAYER</b> | <b>SPOUSE</b> |
|--------------------------------|-----------------|---------------|
| SELF EMPLOYED HEALTH INSURANCE |                 |               |
| STUDENT LOAN INTEREST          |                 |               |
| EDUCATOR EXPENSE               |                 |               |

| <b>ALIMONY PAID</b>              |  |
|----------------------------------|--|
| ALIMONY PAID \$ AMOUNT           |  |
| RECIPIENT NAME (FIRST AND LAST)  |  |
| RECIPIENT SOCIAL SECURITY NUMBER |  |

### **DEPENDENT CARE EXPENSE EDUCATION CREDITS**

| <b>DEPENDENT CARE PROVIDER #1</b>    |  |
|--------------------------------------|--|
| NAME OF PROVIDER                     |  |
| STREET ADDRESS                       |  |
| CITY, STATE, ZIP CODE                |  |
| IDENTIFICATION NUMBER (SSN# OR EIN#) |  |
| AMOUNT PAID TO PROVIDER              |  |
|                                      |  |

| <b>DEPENDENT CARE PROVIDER #1</b>    |  |
|--------------------------------------|--|
| NAME OF PROVIDER                     |  |
| STREET ADDRESS                       |  |
| CITY, STATE, ZIP CODE                |  |
| IDENTIFICATION NUMBER (SSN# OR EIN#) |  |
| AMOUNT PAID TO PROVIDER              |  |

**IF YOU HAVE AN EMPLOYER SPONSERED PLAN WHERE YOU HAVE PRETAX DOLLARS DEDUCTED FROM YOUR W2, PLEASE INPUT THE AMOUNT FROM EACH W2 IN THE BOX BELOW. (GENERALLY THIS IS IN BOX 10 OF YOUR W2)**

| <b>PRETAX DEP. CARE BENEFITS</b> |  |
|----------------------------------|--|
| FORM W2 BOX 10                   |  |
| FORM W2 BOX 10                   |  |

|                             |  |  |
|-----------------------------|--|--|
| TRAVEL                      |  |  |
| TELEPHONE                   |  |  |
| OFFICE EXP.                 |  |  |
| SUPPLIES                    |  |  |
| PROFESSIONAL SUBSCRIPTIONS  |  |  |
| LIST ANY OTHER ITEMS BELOW: |  |  |
|                             |  |  |
|                             |  |  |
|                             |  |  |
| <b>AUTO EXPENSE:</b>        |  |  |
| TOTAL MILES DRIVEN          |  |  |
| TOTAL BUSINESS MILES        |  |  |
| PARKING AND TOLLS           |  |  |
| GAS                         |  |  |
| REPAIRS                     |  |  |
| TIRES                       |  |  |
| INSURANCE                   |  |  |
| INTEREST                    |  |  |
| AUTO LICENSE                |  |  |
| LEASE PAYMENTS              |  |  |
| YEAR/MAKE/MODEL             |  |  |

| <b>EDUCATION CREDITS</b>  |  |
|---|--|
| \$ OF TUITION (FORM 1098T)  |  |
| LESS: SCHOLARSHIP OR GRANT \$   |  |
| IF FOR COLLEGE, WHAT YEAR IN COLLEGE (1 <sup>ST</sup> , 2 <sup>ND</sup> , 3 <sup>RD</sup> , 4 <sup>TH</sup> ) |  |

| <b>DIRECT DEPOSIT OF REFUND</b>  |  |
|--|--|
| <b>IF YOU HAVE A REFUND &amp; WOULD LIKE DIRECT DEPOSIT INTO YOUR CHECKING ACCOUNT, PLEASE PROVIDE THE FOLLOWING (NOTE-IF YOU COULD ATTACH A VOIDED CHECK THAT WOULD BE HELPFUL)</b> |  |
| BANK NAME  |  |
| ROUTING # (9 DIGIT NUMBER IN BOTTOM LEFT CORNER OF CHECK)  |  |
| BANK ACCOUNT NUMBER  |  |



**SCHEDULE C-BUSINESS INCOME**

|                                      |  |
|--------------------------------------|--|
| <b>PRINCIPAL BUSINESS/PROFESSION</b> |  |
| <b>BUSINESS CODE</b>                 |  |
| <b>BUSINESS NAME</b>                 |  |
| <b>BUSINESS STREET ADDRESS</b>       |  |
| <b>CITY, STATE, ZIP</b>              |  |
| <b>EMPLOYER ID# (IF ANY)</b>         |  |

| <b>DESCRIPTION</b>  | <b>\$</b> |
|---|-----------|
| <b>INCOME:</b> (IF FROM FORM 1099MISC, LIST EACH ONE BELOW)                                       |           |
|   |           |
|   |           |
|   |           |
|   |           |
| <b>COST OF SALES:</b>   |           |
| PURCHASES   |           |
| COST OF LABOR   |           |
| MATERIALS AND SUPPLIES  |           |
|   |           |
| <b>EXPENSES:</b> (NOTE-DON'T INPUT ANY AUTO EXPENSE OR HOME OFFICE EXPENSE BELOW IN THIS SECTION) |           |
| ADVERTISING   |           |
| BANK CHARGES  |           |
| COMMISSIONS   |           |
| DUES  |           |
| SUBSCRIPTIONS   |           |
| EMPLOYEE BENEFIT PROGRAM  |           |
| INSURANCE (OTHER THAN HEALTH)   |           |
| INTEREST EXPENSE  |           |
| LAUNDRY AND CLEANING  |           |
| LEGAL & PROFESSIONAL  |           |
| MISC.   |           |
| OFFICE EXPENSE  |           |
| OUTSIDE SERVICES  |           |
| POSTAGE   |           |
| PRINTING  |           |
| RENT (MACHINERY & EQUIP.)   |           |
| RENT (REAL PROPERTY)  |           |
| REPAIRS   |           |
| SUPPLIES  |           |
| TAXES-PAYROLL   |           |
| TELEPHONE   |           |
| TRAVEL  |           |
| MEALS & ENTERTAINMENT   |           |
| UNIFORMS  |           |
| WAGES   |           |
| OTHER:  |           |
|   |           |
|   |           |

**SCHEDULE C-DEPRECIABLE ITEMS, AUTO EXPENSE, & HOME OFFICE EXPENSE**

**DEPRECIABLE ITEMS (GENERALLY ITEMS LASTING MORE THAN ONE YEAR. IE. FURNITURE, COMPUTER, AUTOMOBILE, ETC...)**

| DESCRIPTION | DATE OF PURCHASE | \$ AMOUNT OF PURCHASE |
|-------------|------------------|-----------------------|
|             |                  |                       |
|             |                  |                       |
|             |                  |                       |
|             |                  |                       |

**AUTO EXPENSE**

| AUTO EXPENSE:        | VEHICLE 1 | VEHICLE 2 |
|----------------------|-----------|-----------|
| TOTAL MILES DRIVEN   |           |           |
| TOTAL BUSINESS MILES |           |           |
| PARKING AND TOLLS    |           |           |
| GAS                  |           |           |
| REPAIRS              |           |           |
| TIRES                |           |           |
| INSURANCE            |           |           |
| INTEREST             |           |           |
| AUTO LICENSE         |           |           |
| LEASE PAYMENTS       |           |           |
| YEAR/MAKE/MODEL      |           |           |
| VEHICLE COST         |           |           |

**BUSINESS USE OF HOME**

Note-If you own your home, please input interest and real estate taxes below. Don't input them again in the itemized deduction section. Any non-business portion of interest and real estate taxes will carry to Schedule A automatically when we input them in our software.

|                                |  |
|--------------------------------|--|
| SQUARE FEET OF YOUR OFFICE     |  |
| TOTAL SQUARE FEET OF YOUR HOME |  |
|                                |  |
| MORTGAGE INTEREST              |  |
| REAL ESTATE TAXES              |  |
| INSURANCE                      |  |
| RENT                           |  |
| REPAIRS AND MAINTENANCE        |  |
| GAS, ELECTRIC, WATER AND TRASH |  |
|                                |  |
|                                |  |



## SALE OF PRIMARY RESIDENCE

Note-If you lived in your home for 2 of the past 5 years you generally don't have to claim the sale of your home on your tax return, unless the gain on your home was greater than \$250,000 for an individual or \$500,000 for a married couple. There are exceptions to the general rule (ie. You claimed prior depreciation for a business in home deduction. You sold another primary residence within two years of the date of this sale.) Please provide a copy of the final settlement statement for the sale of the residence. If you have the original purchase settlement statement, please provide that as well.

|   |  |
|---|--|
| ADDRESS OF PROPERTY SOLD  |  |
| DATE SOLD   |  |
| DATE PURCHASED  |  |
|   |  |
| TOTAL SALES PRICE   |  |
| SELLING EXPENSES:<br>INCLUDES: COMMISSIONS, FEES, ETC...<br>(NOTE-TAXES, INTEREST, AND LOAN<br>PAYOFFS ARE NOT SELLING EXPENSES OR<br>PART OF THE COST OF THE HOME) |  |
| ORIGINAL COST OF HOME   |  |
| IMPROVEMENTS OVER THE<br>YEARS  |  |
|   |  |
|   |  |

## MOVING EXPENSES

NOTE-CAN BE CLAIMED ONLY IF PART OF A RELOCATION FOR WORK PURPOSES. THE NUMBER OF MILES FROM YOUR OLD HOME TO YOUR NEW WORK PLACE MUST BE GREATER THAN 50 MILES FROM YOUR OLD HOME TO YOUR OLD WORK PLACE.

|   |  |
|---|--|
| MILES FROM OLD HOME TO OLD<br>WORK PLACE            |  |
| MILES FROM OLD HOME TO OLD<br>WORK PLACE            |  |
| EXPENSES FOR TRANSPORTATION<br>AND STORAGE OF GOODS |  |
| LODGING & TRAVEL (EXCLUDING<br>MEALS)               |  |
| GAS/PARKING/TOLLS                                   |  |