

## 2013 TAX ORGANIZER

### Personal Information:

Check Here, if No Changes from Last Year's Personal Information

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_ e-mail: \_\_\_\_\_  
Occupation: \_\_\_\_\_

Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Filing Status:     Single     Married/Joint     Head of Household     Married/Separate

Spouse's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Occupation: \_\_\_\_\_ e-mail: \_\_\_\_\_

At End of Year Were You or Your Spouse?		<u>Self</u>		<u>Spouse</u>
Blind?		Yes No		Yes No
Disabled?		Yes No		Yes No

### Dependent(s):

Check here, if no changes from last year in your Dependent Information

<u>Name</u>	<u>Date of Birth</u>	<u>Soc Sec #</u>	<u>Relationship</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Were You Notified By the IRS or State Department of Revenue of Any Changes in Prior Year Returns? (If Yes, Attach Agent's Report)		<u>Self</u>		<u>Spouse</u>
		Yes No		Yes No

Do You Wish To Designate \$3 of Your Taxes - \$6 on a Joint Return- To the Presidential Election Campaign Fund?		Yes No		Yes No
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	<u>YES</u>	<u>NO</u>	<u>AMOUNT</u>
Did You Sell Property as Part of "Short Sale"?	<input type="checkbox"/>	<input type="checkbox"/>	
Did You Have Property Repossessed or Foreclosed Upon?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did You File Bankruptcy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did You Reacquire Any of Your Own Debt?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are You a Beneficiary of a Canadian RRSP or RRIF?	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Do You Have an Interest in a Foreign Trust or Have Vacation Property Held in a Foreign Trust (Mexico)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do You Have Signature Authority for a Foreign Bank or Investment Account?	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Do You Have a Living Trust?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are You the Beneficiary of an Irrevocable Trust?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have You Converted Your Traditional IRA's into Roth IRA's?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are You Considering Filing Bankruptcy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do You Have Prior Tax Debt for Which You Would Like Us to Set Up an Installment Agreement?	<input type="checkbox"/>	<input type="checkbox"/>	
Do You Have Health Insurance for You and Your Family?	<input type="checkbox"/>	<input type="checkbox"/>	
Are You Receiving Retirement Distributions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If Yes:			
Were You Born Prior to 1946?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was Your Spouse (or Former Spouse) Born Prior to 1946?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were You Born Between 1946 & 1952?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was Your Spouse (or Former Spouse) Born Between 1946 & 1952?	<input type="checkbox"/>	<input type="checkbox"/>	
Do You or Your Spouse Receive a Military or Railroad Pension?	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	
If You Are a New Client, Please Give Us Copies of Your Federal and State Income Tax Returns for the Three Previous Years.	<input type="checkbox"/>		

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**INCOME**

	<u>Taxpayer</u>	<u>Spouse</u>
Amount of Social Security Received (Attach 1099-SSA(s))	\$ _____	\$ _____
Amount Withheld From Soc Sec for Medicare Premiums?	\$ _____	\$ _____
<input type="checkbox"/> Wages (Attach all W-2's)		\$ _____
<input type="checkbox"/> Dividends (Attach all 1099-DIV's)		\$ _____
<input type="checkbox"/> Interest (Attach all 1099-INT's)		\$ _____
<input type="checkbox"/> State or City Income Tax Refund (Attach all 1099-G's)		\$ _____
<input type="checkbox"/> Alimony Received		\$ _____
From: Name _____ Soc Sec # _____		
<input type="checkbox"/> Sale or Proceeds of Investments (Attach all 1099-B's)		\$ _____
We <b><u>MUST</u></b> have Cost Basis and Date Purchased for each sale		
<input type="checkbox"/> IRA, Pension or Annuity Distributions (Attach all 1099-R's)		\$ _____
<input type="checkbox"/> Partnerships, S-Corps, Trusts & Estates (Attach all K-1's)		\$ _____
<input type="checkbox"/> Unemployment Compensation (Attach all 1099-G's)		\$ _____
<input type="checkbox"/> Social Security Disability or Death Benefits (Attach 1099-SSA's)		\$ _____
<input type="checkbox"/> Gambling Income (Attach all W-2G's)		\$ _____

**EXPENSES**

**Taxes**

<input type="checkbox"/> Income Taxes Withheld to State or Local Governments					\$ _____
<input type="checkbox"/> Current Year Estimated Taxes Paid:	<u>Federal</u>	<u>State</u>	<u>City</u>		
	<u>Date</u> <u>Amount</u>	<u>Date</u> <u>Amount</u>	<u>Date</u>	<u>Amount</u>	
First Quarter	_____ \$ _____	_____ \$ _____	_____	\$ _____	
Second Quarter	_____ \$ _____	_____ \$ _____	_____	\$ _____	
Third Quarter	_____ \$ _____	_____ \$ _____	_____	\$ _____	
Fourth Quarter	_____ \$ _____	_____ \$ _____	_____	\$ _____	
<input type="checkbox"/> Sales Tax on Big Ticket Items (i.e. Car or Boat)					\$ _____
<input type="checkbox"/> Real Estate Taxes Paid:		<u>Principal Res</u>	<u>Other Property</u>		
		\$ _____	\$ _____		
<input type="checkbox"/> Automobile License Plate Tabs					\$ _____

**Interest**

	<u>Principal Res</u>	<u>2<sup>nd</sup> Home</u>
<input type="checkbox"/> Mortgage Interest	\$ _____	\$ _____
<input type="checkbox"/> Points Paid on Mortgage	\$ _____	\$ _____
<input type="checkbox"/> Investment Interest		\$ _____

**Charitable Contributions**

<input type="checkbox"/> Receipted Cash Donations		\$ _____
<input type="checkbox"/> Non-Cash Donations – (Attach list & receipt if over \$500)		\$ _____
<input type="checkbox"/> Charitable Travel - Total Miles _____		

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**Gambling Losses**

Gambling Losses - Only to the Extent of Winnings \$ \_\_\_\_\_

**Casualty or Theft Loss**

Casualty or Theft Loss \$ \_\_\_\_\_

**Renters**

Total Rent Paid \$ \_\_\_\_\_

Landlord Name: \_\_\_\_\_

Address: \_\_\_\_\_

Did You Receive Student Loans? How Much? \$ \_\_\_\_\_

**Miscellaneous Deductions**

**Un-Reimbursed Business Expenses:**

Miles Driven for Work (non commuting). (Attach Log) \_\_\_\_\_

Travel \$ \_\_\_\_\_

Telephone \$ \_\_\_\_\_

Uniforms \$ \_\_\_\_\_

Gifts, Promotions and Advertising \$ \_\_\_\_\_

Meals & Entertainment \$ \_\_\_\_\_

**Other Miscellaneous Deductions**

Safe Deposit Box Fees \$ \_\_\_\_\_

Tax Preparation Fees \$ \_\_\_\_\_

Union Dues and Professional Dues \$ \_\_\_\_\_

IRA Custodial Fees \$ \_\_\_\_\_

Investment Expenses, Council and Advisory Fees \$ \_\_\_\_\_

Professional Subscriptions \$ \_\_\_\_\_

Job Search Costs \$ \_\_\_\_\_

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**OTHER EXPENSES & PAYMENTS**

Energy Efficient Property Purchases \$ \_\_\_\_\_

Dependent Care Expenses (Provide Name, Address & ID Number) \$ \_\_\_\_\_

Educator Expenses (Teachers, Principals or Counselors - K Through 12 Only) \$ \_\_\_\_\_

Traditional IRA Contribution 

<u>Taxpayer</u>	<u>Spouse</u>
\$ _____	\$ _____

ROTH IRA Contribution 

\$ _____	\$ _____
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Student Loan Interest \$ \_\_\_\_\_

Tuition Paid: \_\_\_\_\_

For: Name \_\_\_\_\_ Soc Sec # \_\_\_\_\_ \$ \_\_\_\_\_

For: Name \_\_\_\_\_ Soc Sec # \_\_\_\_\_ \$ \_\_\_\_\_

Health Savings Account (HSA) \$ \_\_\_\_\_ \$ \_\_\_\_\_

Moving Expenses (Related to Job Change) \$ \_\_\_\_\_

Health Insurance Payments (Post Tax) \$ \_\_\_\_\_

**OTHER EXPENSES & PAYMENTS (CONT)**

- Self Employed SEP, SIMPLE or Qualified Plan \$ \_\_\_\_\_
  - Penalty on Early Withdrawal of Savings \$ \_\_\_\_\_
  - Alimony Paid \$ \_\_\_\_\_
- To: Name \_\_\_\_\_ Soc Sec # \_\_\_\_\_

**Other Income/Expense Detail**

Use Space Below to List Income and Expenses Not Covered Elsewhere.  
Attach Additional Sheets If Necessary.

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**OTHER QUESTIONS**

**YES      NO      AMOUNT**

- Is Your Closely Held Business Engaged in Manufacturing Activities?
- Do You Have Dependent Care Expenses?
- Did You Start a New Business?
- Did You Acquire Interest In a LLC, Partnership or S-Corporation?
- Did You Purchase or Sell Investment Property?
- Did You Acquire or Dispose of Stock During the Year?
- Did You Sell Your Personal Residence?
- Did You Refinance Your Personal Residence or Any Other Property?
- Did You Have Any Foreign Income or Pay Any Foreign Taxes?   \$ \_\_\_\_\_
- Did You Make Withdrawals From a MESP (Attach Form 1099Q)?   \$ \_\_\_\_\_  
For Whom: Name \_\_\_\_\_ Soc Sec # \_\_\_\_\_
- Did You Make a Contribution To a MESP?   \$ \_\_\_\_\_  
For Whom: Name \_\_\_\_\_ Soc Sec # \_\_\_\_\_
- Do You Have Evidence to Substantiate All Charitable Contributions?
- Did You Have Any Educational Expenses During the Year?   \$ \_\_\_\_\_
- Would You Like To Make a 2013 Traditional IRA Contribution by 04/15/14?   \$ \_\_\_\_\_
- Would You Like To Make a 2013 ROTH IRA Contribution by 04/15/14?   \$ \_\_\_\_\_
- Did You Pay Premiums on a Long Term Care Policy (Yourself or Spouse)?   \$ \_\_\_\_\_