TAX ORGANIZER

CAPE CORAL ACCOUNTING SERVICE, LLC

3501 DEL PRADO BLVD., SUITE 212
CAPE CORAL, FL 33904
(239) 542-2558 FAX (239) 542-2320
E-mail: lmoore@capecoralaccounting.com

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

FOR TAX YEAR 2010

Your Name	S.S. # - -	Birthdate / /
Spouses Name	S.S. # - -	Birthdate / /
Mailing Address	Home Phone Number ( ) -	Work or Cell Phone Number ( ) -
	E-mail Address	

DEPENDENTS

NAME	S.S. #	D.O.B.	RELATIONSHIP

Was there anyone else you contributed support that resides in the U.S., Canada or Mexico?

NAME	S.S. #	D.O.B.	RELATIONSHIP	% SUPPORTED	INCOME OF PERSON
					$
					$

Are court orders or custodial agreements required in order for you to claim any dependent? _____ If "YES", please provide details.

CHILD OR DEPENDENT CARE

Did you pay a baby-sitter last year?

NAME OF SITTER	S.S. # or EIN #	ADDRESS	AMT. PD.
			$
			$

If your sitter is an adult & works in your home, you are required to file W-2 forms by January 31. If you want us to prepare these forms contact us right away.

ESTIMATED TAXES

CREDIT FROM PRIOR YEAR'S VOUCHER PAYMENTS	FIRST QUARTER (APRIL 15)	SECOND QUARTER (JUNE 15)	THIRD QUARTER (SEPT. 15)	FOURTH QUARTER (JAN. 15)	TOTAL FOR YEAR
Federal $	$	$	$	$	$
State $	$	$	$	$	$

INCOME

Wages, Salaries, Tips, Etc. (Attach W-2s)
Interest income from Seller-Financed Mortgages & Individuals:

NAME	S.S. #	ADDRESS	AMOUNT
_____	_____	_____	$_____
_____	_____	_____	$_____

Interests from Banks & Financial Institutions (Attach 1099 Int)
Include all that have your Social Security number on them.

NAME	AMOUNT	NAME	AMOUNT
_____	$_____	_____	$_____
_____	$_____	_____	$_____

Did you sell or turn in any U.S. Savings Bonds? YES ☐ NO ☐
If yes, Please list information:_____
Nontaxable Interest: (Attach Information)
Did you have any foreign bank accounts? YES ☐ NO ☐
If yes, please explain_____
Did you have any penalties on Early Withdrawal of Savings Certificates? YES ☐ NO ☐
If yes, list or attach information_____
Dividends: (Attach 1099Div's) **Capital Gain Distributions**: (Attach 1099B's) **Education Distributions**: (Attach 1099Q's)
Nontaxable Distributions: (Attach 1099s) **Pensions:** (Attach 1099Rs)
Exclusions of Reinvested Dividends from Public Utility: Attach Information. Did you serve in a **Combat Zone**? _____
Did you **Contribute** to your pension plan?_____ If yes, have you already recovered your contribution?_____
Did you have any **Rollovers**?_____ If yes, Attach 1099 Distribution & Rollover papers
Alimony: How much did you receive? $_____ **Payer:** _____ **S.S. #:** _____

OTHER INCOME

Estate & Trusts	$_____	(Attach K-1s)	Jury Duty	$_____	
S-Corporations	$_____	(Attach K-1s)	Other	$_____	
Partnerships	$_____	(Attach K-1s)	Other	$_____	

Did you have any tips that you did not report to your employer? If not reported, how much did you receive? $_____
Prizes & Awards $_____ State Tax Refund $_____ Unemployment Compensation $_____
Lump Sum Distributions $_____ (Attach 1099R"s) Gambling Winnings (Attach W-2 G's) $_____

Gains & Losses from Sale of Property, Stock, Etc. (Attach 1099 B's)

Description	Date Bought	Date Sold	Sale Price	Cost & Expense	Gain or Loss
_____	___/___/___	___/___/___	$_____	$_____	$_____
_____	___/___/___	___/___/___	$_____	$_____	$_____
_____	___/___/___	___/___/___	$_____	$_____	$_____

SALE OF RESIDENCE - Please send or bring escrows of purchase & sale of new house. Also list improvements on old house.

DID YOU HAVE ANY OTHER INCOME FROM ANY OTHER SOURCE?

Source	_____	Amount	$_____
Source	_____	Amount	$_____
Source	_____	Amount	$_____

SOCIAL SECURITY
How much did you receive? $_____ How much did your spouse receive? $_____ (Attach SSA 1099s)

If you paid any individuals or Partnership $600.00 or more for rent or services for business purposes, you are required to file 1099s prior to February 28th. If you would like us to prepare these, please contact us right away.

FARM INCOME - If you had any Farm Income, attach or bring in the information.

SELF EMPLOYED BUSINESS INCOME

What is the main business activity?_____
Business Name_____
Business Address_____

HOW MUCH IS YOUR GROSS BUSINESS INCOME? $_____ (Attach 1099 Misc)

COST VALUE INVENTORY ON HAND AT END OF YEAR? $_____

Merchandise	$_____	Real Estate Taxes	$_____
Costs of Goods	$_____	Other Taxes & Licenses	$_____
Materials & Supplies	$_____	Travel (no meals)	$_____
Advertising	$_____	Meals & Entertainment	$_____
Bad Debts	$_____	Utilities & Telephone	$_____
Car & Truck Expense	$_____	Wages & Salaries	$_____
Commissions	$_____	Bank Service Charges	$_____
Insurance (other than health)	$_____	Tools	$_____
Mortgage Interest	$_____	Uniforms	$_____
Other Interest Paid	$_____	Safety Items	$_____
Legal & Professional Fees	$_____	Freight & Shipping	$_____
Office Expenses	$_____	Dues & Publications	$_____
Rent on Business Property	$_____	Laundry & Cleaning	$_____
Equipment Rentals	$_____	(other)	$_____
Repairs	$_____	(other)	$_____
Supplies	$_____	(other)	$_____

BUSINESS VECHILE QUESTIONS

Description of Vehicle_____
Date placed in service_____
Total miles driven in 2008_____
Total Business miles driven from 01/01/08 thru 06/30/08_____
Total Business miles driven from 07/01/08 thru 12/31/08_____
Is another vehicle available for personal use? Yes_____ No_____
Was vehicle available during off duty hours? Yes_____No_____
Was vehicle used primarily by a greater than 5% owner or related person? Yes_____ No_____
Do you have evidence to support he business use claimed? Yes____ No_____
If "YES" is the evidence written? Yes_____ No_____

BUSINESS USE OF HOME

Date acquired residence_____
Date placed residence in service for home business_____
Cost (include land for residence only) _____ Value of Land_____
Did you make any improvements to home? ___ If "YES" please provide Description_____. Cost_____ Date_____
Area used regularly and exclusively for business, regularly and exclusively for day care, or regularly for inventory storage: (square footage)_____
Total area of Home (square footage)_____
Home owners Insurance paid $_____
Flood Insurance paid $_____
Repairs and maintenance$_____
Utilities paid $_____
Other expenses$_____ Description_____

RENTAL PROPERTY DESCRIPTION

What type of property is the rental? (i.e. four bedroom house, warehouse, trailer park, etc.)
RENTAL 1_____ RENTAL 2_____ RENTAL 3_____
When did you purchase your rental property? (Mm/Yy)
RENTAL 1....._____/_____ RENTAL 2....._____/_____ RENTAL 3 ....._____/_____
How much did the rental property cost you?
RENTAL 1 $_____ RENTAL 2 $_____ RENTAL 3 $_____

Did you have any Farm Rental Income? _____ If yes, attach information. Did you have any Royalties? _____If yes, attach information & 1099s. Did you receive an Education Distribution?_____

INCOME FROM PROPERTY RENTAL
RENTAL INCOME & EXPENSES (continued)

	RENTAL 1	RENTAL 2	RENTAL 3
Rents Received (Attach all 1099s)	$_____	$_____	$_____
Advertising Costs	$_____	$_____	$_____
Association Dues	$_____	$_____	$_____
Auto & Travel	$_____	$_____	$_____
Cleaning & Maintenance	$_____	$_____	$_____
Commissions	$_____	$_____	$_____
Gardening	$_____	$_____	$_____
Insurance	$_____	$_____	$_____
Legal & Professional Fees	$_____	$_____	$_____
Licenses & Permits	$_____	$_____	$_____
Management Fees	$_____	$_____	$_____
Miscellaneous	$_____	$_____	$_____
Mortgage Interest	$_____	$_____	$_____
Other Interest Paid	$_____	$_____	$_____
Painting & Decorating	$_____	$_____	$_____
Painting Equipment (brushes, ladders, etc.)	$_____	$_____	$_____
Pest Control	$_____	$_____	$_____
Plumbing & Electrical	$_____	$_____	$_____
Repairs	$_____	$_____	$_____
Supplies	$_____	$_____	$_____
Cleaning Supplies	$_____	$_____	$_____
Tools	$_____	$_____	$_____
Taxes	$_____	$_____	$_____
Telephone	$_____	$_____	$_____
Utilities	$_____	$_____	$_____
Wages & Salaries	$_____	$_____	$_____
Other (list)	$_____	$_____	$_____
Other (list)	$_____	$_____	$_____
Other (list)	$_____	$_____	$_____

DEDUCTIONS (CONTINUED)

MEDICAL

Transportation (mileage)	_____	Prescription Drugs	$_____

NAME	Amount Paid After Insurance Reimbursement	NAME	Amount Paid After Insurance Reimbursements
Doctors:_____	$_____	Specialists:_____	$_____
_____	$_____	_____	$_____
_____	$_____	_____	$_____
Dentists: _____	$_____	Chiropractors:_____	$_____
_____	$_____	_____	$_____
_____	$_____	_____	$_____
Orthodontists: _____	$_____	Hospitals:_____	$_____
_____	$_____	_____	$_____
_____	$_____	_____	$_____
Practitioners:_____	$_____	Health Insurance:_____	$_____
_____	$_____	_____	$_____
Transportation & Lodging_	$_____	Long-term Care Insurance Premiums	$_____

Prenatal Care	$_____	Diabetic Expense	$_____
Eyeglasses	$_____	Hearing Aids	$_____
X-Rays	$_____	Lab Fees	$_____
Medical Lodging	$_____	Weight Loss Expense	$_____
Therapy Equipment	$_____	Stop smoking Expense	$_____
Medical Supplies & Appliances	$_____		$_____
Prosthesis Expense	$_____		$_____
Health Required Home Improvements	$_____		$_____
Postnatal Care	$_____		$_____

TAXES

Did you pay State Income Taxes last year? _____ How much? $_____

Did you pay State Income Taxes last year for prior years? _____ How much? $_____

Did you pay Sales Tax on Major Purchases last Year?_____ How much? $_____ Description ?_____

Auto License Fees	$_____	Auto Sales Tax	$_____
Real Estate Taxes	$_____	Property Taxes	$_____
Irrigation Taxes	$_____	Personal Property Taxes	$_____
Boat Taxes	$_____	Other Taxes	$_____

Did you buy any cars, boats, motorcycles, R.V.s, trailers, mobile homes, airplanes, etc.?_____ (Attach Information.)

DEDUCTIONS (CONTINUED)

INTEREST: (Attach all 1098s)

1ST HOME	NAME	AMOUNT	2ND HOME	NAME	AMOUNT
Mortgages.....	_____	$_____	Mortgages.....	_____	$_____
2nd Home Mortgage...	_____	$_____	2nd Home Mortgage...	_____	$_____
Late Charges.....	_____	$_____	F.H.A. Charges	_____	$_____
PMI (new in 2007)	_____	$_____	Real Estate Loan Fees	_____	$_____
College Loan Interest	_____	$_____	Points …….	_____	$_____
College Loan Interest	_____	$_____	College Loan Interest	_____	$_____

DEDUCTIONS (CONTINUED)

CONTRIBUTIONS (Must be supported by receipts and/or cancelled checks. Provide detail for amounts over $250.00)

Churches	$_____	Payroll Deductions	$_____
Missions	$_____	United Way	$_____
Evangelists	$_____	Boy – Girl Scouts	$_____
Bazaar	$_____	Salvation Army	$_____
Public Schools	$_____		$_____
Jaycees	$_____		$_____
Heart Fund	$_____		$_____
Cancer Fund	$_____		$_____

Did you donate any non-cash items such as food, furniture or used clothing? Items must be of "good" or better condition. Donation must be supported with receipts. Please attach all receipts listing description of item(s) donated and fair market value.

Charitable miles driven: _____

MISCELLANEOUS

Gambling Losses	$_____	Spouse Union Dues	$_____
Tax Preparer Fee	$_____	Audit Fees	$_____
Extension Fees	$_____	Business Dues	$_____
Books & Publications	$_____	Safety Items	$_____
Fire Retardant Clothing	$_____	Safety Boots	$_____
Protective Eye Wear	$_____	Mosquito Spray	$_____
Gloves	$_____	Work Watch	$_____
Tools	$_____	Flashlights	$_____
Batteries	$_____	Water Jugs	$_____
Uniforms	$_____	Telephone for Business	$_____
Cleaning	$_____	Protective Headgear	$_____
Investment Expense	$_____	Sales & Promo Costume	$_____
Adoption Expense	$_____	Safety Deposit Box	$_____
Record Keeping Costs	$_____	Safety Glasses	$_____
Union Dues	$_____	Other (list)	$_____

CONTINUED EDUCATION & 1ST TWO YEARS COLLEGE STUDENT CREDIT

Name of Student	_____	**Student S.S. #**	_____
Name of Institution	_____	Travel Expense	$_____
Education Purpose	_____	Tuition Expense	$_____
Dates Attended	_____	Supplies Expense	$_____

Name of Student	_____		
Name of Institution	_____	Travel Expense	$_____
Education Purpose	_____	Tuition Expense	$_____
Dates Attended	_____	Supplies Expense	$_____

EMPLOYEE BUSINESS EXPENSE

Form 2106 (misc. itemized deduction)

Did you use your personal vehicle to run errands, chase parts, carry job tools, etc. for your employer? Include Job Hunting.
Please explain: _____

How many miles did you drive for the year? _____
How many miles did you drive for business? _____
Description of vehicle: Make _____ Model _____ Year_____

Did you purchase an automobile last year? _____ Please enclose purchase papers.

Auto License Fee	$_____	Auto Sales Tax	$_____
Auto Interest	$_____	Parking & Tolls	$_____
OPTIONAL			
Oil & Lubrication	$_____	Auto Club	$_____
Washing & Polishing	$_____	Tires, Batteries, Etc.	$_____
Repairs	$_____	Insurance	$_____
Fuel	$_____	Other (list)	$_____
TRAVEL & EXPENSES OTHER THAN AUTO			
Plane & Rail Fares	$_____	Bus Fares	$_____
Taxi & Public Transit	$_____	Car Rentals	$_____
Lodging	$_____	Meals	$_____
Telephone, Fax, Postage	$_____	Tips & Baggage Charge	$_____
Laundry & Cleaning	$_____	Other (list)	$_____
SALES EXPENSE			
Lunches, Dinners, Etc.	$_____	Show & Event Tickets	$_____
Organization Dues	$_____	Gifts	$_____
Stationary & Postage	$_____	Basic Phone	$_____
Long Distance Phone	$_____	Other (list)	$_____

MISCELLANEOUS QUESTIONS

How much were you qualified to receive for the economic stimulus rebate in 2010? $_____ Please attach your IRS Letter explaining your rebate amount.

Did your marital status change during the year? Yes____ No_____ Status_____

Did your address change during the year? _____ If "YES" enter New Address _____

Could you or your spouse be claimed as a dependent on another person's return? Self _____ Spouse _____

Did any of your children under the age of 18 at the end of 2010 have investment income in excess of $1.800? _____

Do you or your spouse wish to contribute $3 to the presidential Election campaign (Will not affect your refund or balance due)?
Self _____ Spouse _____

Did you provide over half the support for any other person during 2010? _____If "YES" please provide
Name_____ SSN#_____ Relationship_____

Did you incur any adoption expenses during 2010? Yes____ No____

Were you or your spouse permanently and totally disabled in 2010? _____If "YES" Self or Spouse

Did you receive any disability payments in 2010? Yes ____ No _____ How much?_____ From who?_____

Were there any changes in dependents in 2010? Yes_____ No_____ If "YES", please provide details.

MISCELLANEOUS QUESTIONS (CONTINUED)

Did you earn any foreign income or pay any foreign taxes in 2010? If "YES" please provide details.

Did you receive unreported tips in 2010? _____ Unreported Tip Amount: $_____

Did you incur any non business bad debts? _____ If "YES" please provide supporting documents.

Did you buy or sell any stocks or bonds in 2010? _____ If "YES" please provide supporting documents.

Did you use the proceeds from Series EE or I U.S. savings bonds purchases after 1989 to pay for higher education expenses? _____ If "YES" please provide supporting documents.

Were you a party to any installment sales of property or receive installment sale income in 2010? _____ If "YES", please provide details of the buyer, property sold and date of sale, principal received and interest received.

Did you purchase, sell, refinance or foreclosed on your principal residence or second home, or did you take a home equity loan? _____ If "YES", please provide details of activity.

Did you add any energy efficient improvements (air conditioner, solar energy, solar water heating, fuel cell, small wind energy or a geothermal heat pump) to your home in 2010? _____ If "YES", please attach receipts of purchase and manufacturer certification.

Were you or was any of your property located in a federally declared disaster area, such as those affected by the Midwest flooding or Hurricanes Gustav or Ike?_____ If "YES" please provide documents.

Did you purchase a new hybrid vehicle in 2010? _____ If "YES" please attach supporting documents from dealer.

Did you make any modifications to your home for the handicapped? Please Describe: _____
Cost of modifications $_____

Did you move last year? _____ How many miles did you move? _____ Date Moved ____/____/____
Transportation Cost $_____ Storage Cost $_____ Travel & Lodging $_____
How much were you reimbursed that was not included in your wages? $_____

Did you or your spouse contribute to a REGULAR IRA, ROTH IRA, SIMPLE or KEOGH? Self $_____ Spouse _____

Do you or your spouse have a retirement plan at work? Self _____ Spouse _____

Did you or your spouse convert part or all of your traditional IRA, SEP or SIMPLE IRA to a ROTH IRA in 2010? SELF _____
Spouse _____

Did you receive a total distribution from an IRA or other qualified plan that was partially or totally rolled over into another IRA or qualified plan within 60 days of the distribution? _____ If "YES" please provide supporting documents.

If you paid any alimony, enter Recipient's Name:_____ SSN: _____ Alimony Paid:_____

Did you incur a casualty or theft losses? _____ If "YES", please provide details.

If you are due a refund on your taxes, do you want the refund directly deposited into your bank/financial institution? _____
Institution Name: _____ RTN #: _____
Account #: _____ Checking _____ Savings _____

Do you or your spouse own or have signature authority over a bank account located outside the United States? _____ If "YES", please provide details on the account.

May the IRS discuss your tax return with your preparer? _____

Were you notified or audited by either the IRS or a State taxing agency? _____

2010 TAX RETURN ENGAGEMENT LETTER

This letter is to confirm our understanding for the preparation of your 2010 tax returns. In order to ensure an understanding of our mutual responsibilities, we ask all clients for whom we prepare tax returns to confirm the following arrangements.

We will prepare your 2010 individual federal and, if necessary, state income tax returns. Your returns will be prepared from information you provide to us in accordance with the appropriate income tax laws and regulations. We will not audit or otherwise verify the data you submit to us, although it may be necessary to ask you for clarification of some of the data.

We will contact you in writing should we require additional information or clarification to complete your returns. We will not continue to prepare your tax return until all additional information has been received and/or questions answered by you.

It is your responsibility to provide all information required for the preparation of complete and accurate income tax returns. You should retain all supporting documents, canceled checks and any other data that forms the basis of income and deductions reported on the tax returns.

We will use professional judgment in resolving questions where the tax law is unclear or there is conflicting authority for the tax position, utilizing the "more likely than not" sustainable position approach to resolving the question.

You have the final responsibility for the accuracy and completeness of your income tax returns and therefore, you should review them carefully before you sign and file them with the tax authorities.

After all information has been delivered to our office, please allow two to three weeks time for completion of your returns. We will contact you when your return is completed. Tax return information received in our office after March 21, 2011 may cause your returns to be placed on a filing extension. Please note that an extension of time for filing the tax return does not extend the time for paying any tax due.

If your returns are selected for audit or if you receive notices from any taxing authority, we are available to assist you in those matters. Fees for any additional services will be billed separately from the preparation of your returns.

Our fees for the preparation of your income tax returns are due and payable upon presentation of your returns. Payment may be made by cash, check or credit card. Credit will be granted only if arranged for in advance. A service charge of 1-1/2 percent per month will be charged on all open balances over 30 days old.

Our company Privacy Policy is posted online at our website, www.capecoralaccounting.com for your review.

DECLARATION:

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

_____ _____

TAXPAYER SIGNATURE (must be signed) **DATE**

_____ _____

SPOUSE SIGNATURE (must be signed) **DATE**

IRS Circular 230 disclosure: To ensure compliance with requirements imposed by the IRS, we are informing you that any U.S. federal tax advice contained in this document is not intended or written to be used, and cannot be used, for the purpose of avoiding penalties under the Internal Revenue Code.