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 2012

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 VEHICLE QUESTIONS

Description of Vehicle_______________________________________
Date placed in service_________________________________
Total miles driven in_________________________________
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 2012? $______________ 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 2012 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 2012? _________If "YES" please provide
Name_________________ SSN#_______________________ Relationship________________________

Did you incur any adoption expenses during 2012? Yes____ No____

Were you or your spouse permanently and totally disabled in 2012? ________If "YES" Self or Spouse

Did you receive any disability payments in 2012? Yes ____ No _____ How much?_____________ From who?______________

Were there any changes in dependents in 2012? Yes_____ No_____ If "YES", please provide details.

MISCELLANEOUS QUESTIONS (CONTINUED)

Did you earn any foreign income or pay any foreign taxes in 2012? If "YES" please provide details.

Did you receive unreported tips in 2012? _______ 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 2012? __________ 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 2012? _______ 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 2012? _______ 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 any flooding or Hurricanes?___________ If "YES" please provide documents.

Did you purchase a new hybrid vehicle in 2012 _______ 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 2012? 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? ___
Do you want your return electronically filed?________

2012 TAX RETURN ENGAGEMENT LETTER

This letter is to confirm our understanding for the preparation of your 2011 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 2012 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, 2012 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**

<u>IRS Circular 230 disclosure</u>: 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.