Do not let the SIZE of this workbook SCARE you

TravelTax Client Data Organizer

Many of the questions on these forms will not apply to your situation, but it is designed to help you organize your information, explore all possible deductions and provide you with the lowest tax liability. It can be used for any tax year. Please fill out the forms as best as you can and return them to us 3 days before your appointment. Pages 1-7 are required of all clients; the other pages need only to be returned if you have filled any portion of them out. Mark any questions you have about these items and we will go over them when we meet.

By fax:	*see fax cover sheet (page 2)*
By mail:	*P O Box 1643, Norfolk NE 68702*
By UPS or FedEx:	*1611 Koenigstein Ave, Norfolk NE 68701*

TravelTax LLC, Box 1643 Norfolk NE 68702 - 1611 Koenigstein Ave Norfolk NE 68701 - Fax 877.872.8829 - Office 866.272.7871

FAX COVERSHEET

To: TravelTax, LLC
Fax Phone: (Toll Free) 877.872.8829
Available 24 hrs, 7 days a week. Number is valid in the US, Canada and all territories.
Office: (Toll Free) 866.272.7871

From:

Name: ____

Email or Contact phone with time zone ______________________________

Total number of pages including cover sheet ___________________________
PLEASE NUMBER YOUR PAGES!

Fax Tips:

- When faxing a large amount of pages please number each page on the top or bottom. This way we can double check the fax. If pages are missing, we can just notify you which pages need to be resent.
  – Trust us; it will be a lot less frustrating for you this way!

- Use this page for all of your faxes, change the total number as necessary.

- We require pages 3-7 for ALL clients, additional pages only need to be faxed if you have filled them out.

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Demographics

Tax Year if not 2009 ________ New Client _____ Returning Client ______ How did you hear about us? __________________

SS#					
Name					
DOB		Occupation		Blind? ___	Active Military? ___
Email:			Text:		
Main Phone:					
How should we primarily contact you? Email ____ Phone ____ Text:____					
Marital Status		*Single, Married, Divorced, Separated, Widow(er) as of(month/year) ______________________*			
Filing Status:	Single ____ Head of Household _____ Widow(er) ____ Married Filing Joint _____ Married, but filing Separate _____ RDP / Civil Union_______ Common Law______				
Did your marital status change during the past year? __________________ Date:_______________					
Spouse Information – Required, even if filing separate					
SS#					
Name					
DOB		*Occupation*		*Blind? ___*	*Active Military? ___*
Whose name was first on last year's tax return?					
Permanent Mailing Address					
Home in Presidential Disaster Area for current tax year? (hurricane, tornado, floods, etc..) ________					
School District at permanent address (if applicable):				*County:*	
Did you have a change in residence or job location during the year?	Yes _________ No _______				

Dependents

Name	Soc. Sec. #	Relationship	Months in home	Birth date	Student?	Yr in College

Any custody or support arrangements involved with these dependents? Yes _____ No ______

Reminder: Are you using a nice bold black ink pen?

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Document Checklist – Send with your documents.
Please DO NOT mail originals!!!!

Yes	None	will send later	# of documents if more than one	
				Copies of W-2's *(we need all of the pages)*
				Copies of the previous year's returns. *If you are a new client (federal, state, municipal or other nation). We only need the actual forms, do not send old W-2s or supplemental summaries.*
				Copy of Driver's License *(and Spouse's if applicable)*
				Any current notices from the IRS, States, Municipal or other income tax jurisdictions
			I am a returning client please use check on file _____	Copy of voided check. *If you want direct deposit.*
				Interest and/ or Dividend Statements (1099 INT's)
				All 1099Gs (State Refund Statements / Unemployment / Other)
				IRA Distribution Statements (1099R's)
				Tuition and Education Payments (1098T)
				Educational Loan Interest Statements (1098E)
				Lottery or Gambling winnings (W2 G)
				Mortgage Interest Statements (1098's) *– If you bought or sold a house during the tax year, the two pages of your settlement statement.*
				Real Estate Tax Statements
				Social Security Income Statements (1099 SSA)
				Vehicle Tax and Personal Property Tax Statements *(ad valorem, based on value of vehicle)*
				Disability Income Statements
				Workers compensation statements
				Prizes, bartering transactions (1099 B)
				Hybrid car or clean fuel vehicle purchases
				Foreign Income
				Canadian RRSP/RRIF year end statements
				Debt Cancellation, and/or Foreclosure and Abandonment Statements (1099C or 1099A)
				Charitable donation receipts if non-cash (clothing, etc) contributions total above $500
				Health Saving Account forms SSA-A
				other
				other
				other

__________ Do you want to have our fee deducted from your refund? (convenience charge will apply)

__________ For 2008 Returns, amount of 2007 Rebate Check (it is not taxable, but required reporting on your return)

_________ Do you want to be added to our email newsletters? Already receiving? Leave blank.
If yes, you will shortly get a subscription email from aweber.com. When you acknowledge it, you will be added to our list

We have taken a departure from our earlier workbooks and removed many "boxes" that you used to fill out. There is no need for you to be filling out information that we can easily take off from the documents you send us.

Please Initial: ___________

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Education Tuition Payments *– Books and Tuition only*

Tuition (1098)	Books	Corresponding name of student	What year in college?	Which state?

Additional Income Not Listed On Other Documents

Medical and Dental

Medical and dental expenses are limited by 7.5 % of your gross income. Basically this means that a person making $50,000 a year would need to have over $3750 in medical expenses before they were able to deduct costs. Please fill out the table on page 8 (Medical & Dental) if you are close to that level. Also - Some *states* allow you to deduct medical expenses, *so if you are filing in* AZ, OH, ND, NM, fill in your medical info on the table on page 8.

Taxes

Sales Taxes on Major Purchases like a car, boat etc. | Is this a new car?____

Did you pay an additional amount with last year's state tax returns? Yes ____ No ____ Amount________________________ State ________

Did you back file or amend any state, local or federal returns last year? Yes ____ No ____ (If yes, please give details on separate sheet)

		1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
Estimated payments made for *this year's tax return* *(not the amounts withheld from paychecks)*	Federal				
	State _____________				
	Local ______________				

Mortgage Information – Not included on other statements

Mortgage Insurance premiums (on mortgages established in 2007 or later)	
Interest *NOT* reported on 1098 *(supply name, address, SS# or EIN# or recipient)*	

Gifts to Charity *-If audited, the IRS will require a receipt for ALL gifts, so keep receipts for your own records.*

Total by cash, check, or credit - Do not send receipts	
Amounts given to Haiti Relief from Jan 11, 2010 – March 11, 2010	
Mileage for Charity	
Other than cash/check/credit *(copy of the receipts only if total values over $500)*	

Other Itemized Deductions

Jury Pay Given to Employer	
Tax Preparation / Advisory Fees paid during last year	
Investment Advisory Fees	
Investment Expenses *(journals, advice, investment interest etc)*	
Investment Interest Paid *(not personal home mortgage or rental home)*	
Gambling Losses *(limited by winnings)*	
Safe Deposit Box	

	YOU	SPOUSE	JOINT
IRA or SEP Contributions *NOT* listed on your W2s (deductible)			
Roth IRA Contributions (non-deductible)			
Contributions to Health Savings Accounts *(For High Deductible Plans) HSA*			

Please Initial: ___________

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General Job Expenses

	You	Spouse		You	Spouse
Uniforms/ Work Clothing			Licenses		
Laundry / Cleaning of Uniforms			Job Physicals/ Job Medical		
Postage/Fax/Shipping for business			Testing		
Books/ Journals/Magazines			Professional Memberships		
Union Dues			Professional Insurance		
Supplies			Other		
Equipment			Other		

Impairment Related Work Expenses (for handicap related issues)

Computer Equipment Purchase date: ____________________________ Cost:_________________________ % Business Use ________________________

Reimbursements for any of these expenses	You	Spouse

Communications Expense

Do you maintain a landline phone at home? __________ (if yes, skip to "2nd phone" – if no, continue)

If no landline: Total cell phone expense for year ____________________________ Business use % ______________________

		You	Spouse		You	Spouse
2nd phone/cell	*Total for year*			*Estimated business use %*		
3rd phone	*Total for year*			*Estimated business use %*		
Internet	*Total for year*			*Estimated business use %*		

Expenses for Work Related *Continuing Education - Not college courses or travel assignments*

Date	You or Spouse?	Cost	Airfare	Miles Driven	Cost of Rental Car	Gas For Rental	Lodging	Meal Expenses	Other	Reimbursements

OTHER QUESTIONS

____1) During the tax year, did you sell a computer, *or any item*, that you *previously deducted*?__________________________________

____2) Did you make energy efficient improvements to your home? If yes, provide the type and cost of each improvements

____

____3) Do you hold more than $10,000 outside of the US?

____4) Have you paid or received alimony payments? Amount ________________ Paid?____ Received? ____

____5) Have you given or received gifts over $13,000 to/from any one person? Amount ___________________ Given? ___ Received? ___

____6) Did you buy a home in 2008 or 2009 and want to claim the Home Buyer's Credit?

____7) Did you foreclose on your home? (Send 1099C and/or 1099A)

____8) Were you audited in the past 3 years?

____ 9) Have you experienced any casualty losses that would be valued close to 10% of you income for the year?

____10) Have you experienced any losses related to Presidential disaster area or Hurricane loss?

____11) Have you had any uncollectable capital losses this year?

____12) Have you sold a home that you claimed the Home Buyers Credit for?

Please Initial: ____________

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Required Certification and Signature:

Based on the information you furnish us, we will prepare your Income Tax Returns. The law requires taxpayers to maintain records supporting their return, including receipts and canceled checks for all deductible expenditures. You will be responsible for maintaining these records, and for the accuracy and completeness of the information submitted to us in connection with the preparation of your return. By signing this document you are representing that you have fully disclosed your income and relevant information to the best of your knowledge. We do not and cannot audit this information for its accuracy.

Our fees are based a per form schedule that can be found on our website. Additional charges may include research, time to produce records from third parties and other items that will be identified on your invoice. An invoice will be sent to you with your documents. *We bill for our completed work. If you decide not to file the return we prepare, it does not invalidate our invoice.*

When we obtain confidential financial information from you, it will not be shared with any person or corporation other than the employees of our firm who have a need to know in order to complete the task(s) for which we have been engaged. Neither will we sell or disclose your personal financial information to third parties without your prior consent. Only a government agency, following due process of law, can obtain your information without consent.

We offer free defense for any return that we prepare and will pay the penalties and interest arising from error on our part. These guarantees are contingent on timely communication of any letters or notices received by tax offices and full disclosure of any data pertinent to the issue at hand. The terms of this guarantee can be found on our website: www.traveltax.com.

"I (We) have reviewed the above engagement letter and privacy statement, and agree to the terms and conditions set forth. Any information that I (we) have submitted for the sole purpose of preparing my (our) tax return(s) can be substantiated by receipts, canceled checks or other documents. I (We) have reported all of my (our) taxable income. This information is true, correct and complete to the best of my (our) knowledge." I (We) hereby give permission to TravelTax prepare my (our) tax return.

Taxpayer's Signature____ Date ______________

Spouse's Signature____ Date ______________

Complete the appendices following these pages ONLY if they apply to you.
You do not have to send them to us if left blank.

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Medical and Dental – make sure you read the note on page 5 before you start filling this out

Health Insurance Premiums (amounts not deducted from your paycheck) ______________________________

Long term Care Premiums ______________________________

Miles driven for medical purposes ______________________________

Prescriptions / Co-Pays / Hearing aids / Glasses / Dental / Other ______________________________

Ambulance transport/hotel lodging ______________________________

Stock Sales - Capital Gains and Losses

Broker Name (company)	Stock Name	Date Purchased (can be various)	Cost / Buying Price

Sale of Home *Please provide us with a copy of the first 2 pages of your settlement statement*

Date you purchased the home ______________________________

Purchase price of your old home ______________________________

Date sold ______________________________

Sales price of old home ______________________________

Date you first used property as main home ______________________________

Date you first owned the property as main home ______________________________

Sales expenses of old home ______________________________

Did you have depreciation for business use? ______________________________

For Alien / Foreign Workers

Days spent in the United States: this tax year ____________ year before __________ year before that ___________

What was your filing status in the US last year Resident alien _________ Nonresident alien _______ Type of VISA: ______________________________

Do you have a spouse residing outside the US: Y N

Do you maintain a job in your country of origin: Y N Give last date worked there _______________

Do you own property in your country of origin: Y N Is it rented out? Y N ***For Canadians, use the Canadian Supplement provided on the website*

For Members of Military

Did you sell your residence in the last five years and paid tax on the gain due to residency issues? Y N

Travel more than 100 miles to attend Guard or Reserve meetings? Y N

Airfare/ Transit expenses ________________________ Mileage (if own car) ______________________________

Rental Car (actual expense including gas, standard mileage deduction not allowed) ______________________________

Unreimbursed Lodging ______________________________ Unreimbursed Meals (indicate those eaten in govt. facility)______________________________

Moving Expenses - *If you work temporary assignments away from your primary home, you are not "moving" – Do not fill out*

Miles from your Old Home to New workplace ________________

Miles from OLD home to OLD workplace______________________

Transport of household goods and personal effects _______________________

Travel and Lodging during move (not meals) ***_________________

Additional expenses (utility hook ups, 30 days storage)___________________

Amount of reimbursements______________________________

Moves to Foreign Countries

City and country of old workplace ______________________________

Date of Move __________________

City and country of new workplace ______________________________

Child or Dependent Care Payments

Name of Provider #1		Name of Provider #2	
Relationship *(if relative)*		Relationship *(if relative)*	
Address		Address	
SS# or EIN		SS# or EIN	
Amount to this provider		Amount to this provider	
Phone		Phone	

Please Initial: ___________________

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Business Profit and Loss – For Independent Contractors and Self Employed

Principal Business or Profession	
Business Name	
FEIN (if any	Accounting Method: Cash ______ Accrual ______

Inventory Method: Cost_____ Lower of Cost or Market _____ Other ________________ Is this a change from last year? _____

Did you materially participate in this business? ______ When did you acquire or start the business? ______

Income

Gross Receipts or Sales	
Returns and Allowances	
Other Income	

Expenses

Advertising		Rent or Leases (vehicles, machinery and equipment)	
Car and Truck Expenses		Rent (other business property)	
Commissions and Fees		Repairs and Maintenance	
Contract Labor		Utilities	
Depletion		Supplies	
Employee Benefit Programs		Airfare	
Insurance (not health)		Lodging	
Mortgage interest		# nights spent away from home	
Other Interest		Wages	
Legal and Professional Services		Taxes and Licenses (including real estate)	
Office Expense		Other	
Pension and Profit Sharing		Other	

Vehicle Information	Vehicle 1	Vehicle 2
Date placed in service		
Business miles		
Commuting miles		
Other Miles		

Please List any assets purchased or sold; amounts and dates

Please Initial: __________________

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Rental Property and Royalties

Provide us with last year's depreciation schedule if you were not a TravelTax client last year

Property #	1	2
Type of Property and Location		
Actively Participated in Management?	Yes ______ No _____	Yes _____ No _____
Are you the sole investor in this property?	Yes ______ No _____	Yes _____ No _____
Did you sell this property, or a portion of it, this year?	Yes ______ No _____	Yes _____ No _____
Portion of home rented if not 100%		
Number of months rented		
Gross Rents		
Gross Royalties		
Advertising		
Auto and Travel		
Cleaning and Maintenance		
Commissions		
Insurance		
Legal and Professional		
Management fees		
Mortgage Interest		
Other Interest		
Repairs		
Supplies		
Taxes		
Utilities		
Other		
Other		
Other		
Days away from home overnight to tend to rental		
Mileage associated with rental		
How many days did you occupy the dwelling?		

Purchased Assets, Improvements. List item and costs and date

_Please Initial: _________________

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Questions or Comments for Your Preparer……………………………………………….

Please finish the rest of the workbook appendixes before you formulate your questions.

Please Initial: ________________

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A few words about your tax returns

Keep for your Records

The majority of our clients file returns in multiple tax jurisdictions. Because of the complex nature of these situations, it is not uncommon for the following events to occur after a return is filed.

1) States tax boards may ask for documentation or copies of returns filed in other states and other documentation.

2) If you work as an independent contractor or receive a 1099, local tax jurisdictions will occasionally ask for business licenses. Call us if this occurs so we can send a response.

3) States aggressively pursue residency issues and will occasionally send letters to any person who possibly spent time in the state.

4) Each state has its own timetable for refund deposits.

5) Clients with large amounts of business expenses have a higher chance of being audited. It has little to do with the tax preparer and a lot to do with statistics. If you receive a letter, call us. We defend any return we prepare. (*see our policy regarding this*) Keep all tax records with receipts for 7 years.

6) The Canadian Revenue Agency will send a letter to confirm, via paper documents, 50% of returns that have foreign tax credits.

Common Questions

1) What if I get a notice? *Call us immediately. We are available all year. We will defend any return that we prepare. We will handle the details with the IRS and other taxing agencies.*

2) What if I need copies of my returns in the future. Can you fax those to another person? *Yes, call us. We will need a signed consent.*

3) If I am getting a very small refund, why should I pay you to prepare the return? *Tax returns settle your annual account. The refund or amount due has no bearing on your requirement to file. If income is reported to a state jurisdiction on your behalf, you need to file to close out the year.*

4) Why do I have to pay home state and/or home city/school district taxes when I did not work there all year? *If you are claiming a tax home, you must report total income to that jurisdiction. Otherwise, you are stating that you are not a resident of that area.*

5) I need help in filling out my W-4 (withholding) forms, can you help me? *Yes, we are available year round to help you with tax questions.*

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