

**AHLBECK & COMPANY**

CERTIFIED PUBLIC ACCOUNTANTS

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C L I E N T T A X

O R G A N I Z E R

NAME: \_\_\_\_\_

Complete the applicable sections and attach a separate sheet for other information. Note that client engagement documents will be retained/destroyed according to firm policy.

- Mark if you do NOT want your return filed electronically
- Mark if you do NOT authorize us to discuss your return with the IRS
- Taxpayer  Spouse: Mark to allocate \$3.00 to Presidential Election Campaign Fund

*"We've simplified our Tax Organizer this year. Complete the sections that pertain to your tax situation."*

**Contact Information:**

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**PLEASE PROVIDE THE FOLLOWING DOCUMENTS**

- Forms W-2 for wages, salaries and tips.
- Form SSA-1099 for Social Security benefits.
- All Forms 1099 for interest, dividends, miscellaneous, income etc.
- All Forms 1098.
- Schedule K-1 showing income from partnerships, S corporations, estates & trusts.

**TAXPAYER'S PERSONAL INFORMATION**

- Mark if information below is unchanged from last year (If not, then please update)

Change in marital status during the year?  Yes  No

	Taxpayer	Spouse
Social Security #		
First name		
Last name		
Occupation		
Mark if legally blind	<input type="checkbox"/>	<input type="checkbox"/>
Date of birth		
Work/daytime phone	( ) ( ) ( )	( ) ( ) ( )
Home/eve. phone	( ) ( ) ( )	( ) ( ) ( )
Cell phone	( ) ( ) ( )	( ) ( ) ( )
E-Mail address		
Address	County	
City	State	Zip

## DEPENDENT INFORMATION

Please provide us with any Social Security number(s) and date(s) of birth we may not have for your dependents.

Elementary / High School  
Expenses  
(Enter "0" if no expenses)

First Name	Last Name	Date of Birth	Social Security #	Relationship	Grade (K-12)	Tuition / Book Fees / Lab Fees
						Total \$
						Total \$

School name(s) and city from above  
Elementary/High School Expenses:

Do you have dependents under age 24 with investment income over \$1,900?  Yes  No

Did you incur any adoption expenses?  Yes  No Amount \$

Did any dependents have expenses for tuition and related fees for undergraduate or professional courses?  Yes  No

Student's name: \_\_\_\_\_ Amount \$ \_\_\_\_\_  Check if for first 2 years of undergraduate

Provide school information: Name \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_

Did you incur any child or dependent care expense due to employment?  Yes  No

	Child Name	Provider Name & Address	Provider Tax ID #	Amount of Expense
Child 1				
Child 2				

## INCOME INFORMATION

Did you earn municipal interest and/or dividends?  Yes  No (If yes, please provide an itemized list.)

Did you have foreign income?  Yes  No

Did you dispose of investments in 2009?  Yes  No (Provide brokerage statements/details)

Did you have income from another state?  Yes  No

Did you have any taxable income that was previously taxed by an estate?  Yes  No

Any alimony received?  Yes  No Amount \$

Any gambling winnings?  Yes  No

Gross winnings \$ \_\_\_\_\_ Amount of offsetting losses \$ \_\_\_\_\_



"Using this tax organizer will enable us  
to provide you with more efficient service."

## RENTAL PROPERTY INFORMATION

Total income received Income

Property name: \$

Expenses paid by category Maintenance Utilities Interest Taxes Insurance Other

Property name: \$ \$ \$ \$ \$ \$

## REAL ESTATE / PROPERTY INFORMATION

Did you sell, exchange or purchase real estate/rental property during the year?  Yes  No (If yes, attach settlement statement)

Did you purchase a principal residence in 2009?  Yes  No Date:

“Please call us at  
847/824-4000 if you have  
any questions about filling  
out this tax organizer.”



### ADJUSTMENTS TO GROSS INCOME

Teachers and eligible educators: Do you have \$250 in qualifying expenses?  Yes  No

Did you incur expenses during the year related to a “greater than 50 mile” move?  Yes  No Date: \_\_\_\_\_ Amount \$ \_\_\_\_\_

Make any alimony payments?  Yes  No Amount \$ \_\_\_\_\_ Recipient’s SSN: \_\_\_\_\_

Did you or your spouse have expenses for tuition and related fees for post-secondary studies?  Yes  No \$ \_\_\_\_\_

Did you pay qualified student loan interest?  Yes  No Amount \$ \_\_\_\_\_

### DEDUCTIONS — NOT LIMITED BY INCOME

Did you purchase a motor vehicle/boat in 2009?  Yes  No Date: \_\_\_\_\_

Purchase price \$ \_\_\_\_\_ State & local sales tax paid \$ \_\_\_\_\_ Was it new?  Yes  No

Did you make real estate tax payments? Primary home \$ \_\_\_\_\_ (Provide property tax bill) Secondary home \$ \_\_\_\_\_

Did you pay allowable home mortgage interest?  Yes  No Amount \$ \_\_\_\_\_

Did you pay allowable interest on a home equity loan?  Yes  No Amount \$ \_\_\_\_\_

Did you pay any points to acquire a home mortgage? \$ \_\_\_\_\_ Term of loan: \_\_\_\_\_ years (Please attach settlement statement)

Did you pay any investment or margin interest this year?  Yes  No Amount \$ \_\_\_\_\_

Charitable contributions: Cash/Check \$ \_\_\_\_\_ Non-cash\* \$ \_\_\_\_\_ (\*If over \$500, provide detail) IRA \$ \_\_\_\_\_

Number of miles driven for charitable purposes: \_\_\_\_\_

Casualty or theft loss: Amount \$ \_\_\_\_\_

### DEDUCTIONS — LIMITED BY INCOME

Medical/dental expenses not covered by insurance (must exceed 7.5% of adjusted gross income to deduct):

Health insurance premiums (excl. Medicare premiums) \$ \_\_\_\_\_ Prescription Drugs \$ \_\_\_\_\_

Long term health care premiums: Taxpayer \$ \_\_\_\_\_ Spouse \$ \_\_\_\_\_

Other medical/dental expenses \$ \_\_\_\_\_ Number of miles driven for medical travel: \_\_\_\_\_

Nonreimbursed business expenses (must exceed 2% of adjusted gross income to deduct):

Auto expense (noncommuting purposes) \_\_\_\_\_ miles Union/Professional Dues \$ \_\_\_\_\_

Small Tools \$ \_\_\_\_\_ Uniforms \$ \_\_\_\_\_ Safe Deposit Box \$ \_\_\_\_\_ Professional Courses \$ \_\_\_\_\_

Job Hunting \$ \_\_\_\_\_ Business Publications \$ \_\_\_\_\_ Other \_\_\_\_\_ \$ \_\_\_\_\_

Total investment management fees (must exceed 2% of adjusted gross income to deduct): \$ \_\_\_\_\_

## MISCELLANEOUS INFORMATION

Did you receive the one-time \$250 economic recovery payment?  Yes  No

List contributions to: Coverdell Education Savings Account (Education IRA) Amount \$  
Bright Start (college savings) \$ College Illinois (prepaid tuition) \$ Bright Directions (college savings) \$

Purchase qualified energy savings improvements for your principal residence?  Yes  No Amount \$

Are you tracking the costs of improvements to your personal residence?  Yes  No

Did you owe tax for any household employees?  Yes  No

Do you provide support for a parent not living with you?  Yes  No

Name of person (child or adult) who lived with you but is not your dependent: \_\_\_\_\_

Did you make gifts of more than \$13,000 to an individual?  Yes  No

## SELF-EMPLOYMENT INFORMATION

Will you make a contribution to a retirement plan? (SIMPLE, SEP, etc.)  Yes  No Amount \$  Maximum Amount

What was the cost of health insurance for you and your dependents? \$ \_\_\_\_\_

Do you have an office-in-the-home used exclusively for business?  Yes  No  
Area in relation to house: \_\_\_\_\_ office sq. ft. to \_\_\_\_\_ total sq. ft.  
Office expenses: Utilities \$ \_\_\_\_\_ Home insurance \$ \_\_\_\_\_ Other \$ \_\_\_\_\_

Auto Mileage: Commuting: \_\_\_\_\_ Business: \_\_\_\_\_ Personal: \_\_\_\_\_  
Make/model/year: \_\_\_\_\_ Date purchased: \_\_\_\_\_ Cost of vehicle \$ \_\_\_\_\_

## RETIREMENT INFORMATION

List contributions to: IRA (Self \$ \_\_\_\_\_ Spouse \$ \_\_\_\_\_) Roth IRA (Self \$ \_\_\_\_\_ Spouse \$ \_\_\_\_\_)

Do you know your prior year non-deductible contributions to your IRA(s)?  Yes  No Taxpayer \$ \_\_\_\_\_ Spouse \$ \_\_\_\_\_

Are you aware of the ability to withdraw IRA/pension funds without penalty before age 59 1/2 using periodic payments?  Yes  No

Are you aware of the exceptions that apply to penalties on early withdrawal of IRA/pension funds?  Yes  No

SENIORS: Are you aware of rules regarding required distributions from retirement funds?  Yes  No

## TAX PAYMENT INFORMATION

If you made estimated tax payments, please list below.

	Federal Tax Payments		State Tax Payments	
	<u>Amount</u>	<u>Date Paid</u>	<u>Amount</u>	<u>Date Paid</u>
Extension Payment 4/15/09	_____	_____	_____	_____
Installments - due 4/15/09	_____	_____	_____	_____
- due 6/15/09	_____	_____	_____	_____
- due 9/15/09	_____	_____	_____	_____
- due 1/15/10	_____	_____	_____	_____

*"Our depth of expertise and an integrated team approach allow us to serve our clients at the highest level."*

