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**INDIVIDUAL TAX ORGANIZER**  
**FORM 1040**

Enclosed is an organizer that I provide to clients in order to assist them in compiling the information necessary to prepare your individual income tax returns. Complete as much of this organizer as possible. Any sections that do not apply you may cross off or mark "N/A".

The Internal Revenue Service matches information returns with amounts reported. A negligence penalty may be assessed where dividends and interest are underreported. Accordingly, all Forms W-2, 1098 and 1099, Schedules K-1 and other information returns reflecting amounts reported to the Internal Revenue Service should be submitted with your organizer.

**It is essential that you complete the questions concerning foreign bank accounts; Questions #53, #54 and #55 on page 4.**

To continue providing quality services on a timely basis, I urge you to collect your information as soon as possible. If information from "passthrough" entities such as partnerships, trusts and S corporations is the only data you are missing, please send the data you have assembled and forward the missing information as soon as it is available. Tax returns are processed on a first come, first served basis. Please get your information in as soon as possible to avoid any delays in its completion.

Tax organizers are always available on my website. I look forward to providing tax services to you this year. Should you have questions regarding any items, please do not hesitate to contact me at (440) 708-1041 or email to *tom@tombauercpa.com*. You may also wish to visit via my website at [www.tombauercpa.com](http://www.tombauercpa.com).

**Individual Tax Organizer (1040)**

**If I did not prepare your prior year returns, provide a copy of federal, state and city returns for the three previous years. Complete pages 1 through 3 and all applicable sections.**

Taxpayer's Name \_\_\_\_\_ SS# \_\_\_\_\_ Occupation \_\_\_\_\_

Spouse's Name \_\_\_\_\_ SS# \_\_\_\_\_ Occupation \_\_\_\_\_

Home Address \_\_\_\_\_

\_\_\_\_\_  
 City, Town, or Post Office                      County                      State      Zip Code                      School District

Telephone Number                      Telephone Number (T)\*                      Telephone Number (S)\*  
 Home ( ) \_\_\_\_\_                      Office ( ) \_\_\_\_\_                      Office ( ) \_\_\_\_\_  
 Email \_\_\_\_\_                      Fax ( ) \_\_\_\_\_                      Fax ( ) \_\_\_\_\_

Taxpayer: Date of Birth \_\_\_\_\_                      Blind? – Yes \_\_\_\_ No \_\_\_\_  
 Spouse: Date of Birth \_\_\_\_\_                      Blind? – Yes \_\_\_\_ No \_\_\_\_

**Dependent Children Who Lived With You:**

Full Name	Social Security Number	Relationship	Birth Date

**Other Dependents:**

Full Name	Social Security Number	Relationship	Number Months Resided in Your Home	% Support Furnished By You

\*T= Taxpayer                      \*S=Spouse

**Individual Tax Organizer (1040)**

**Please answer the following questions and submit details for any question answered "Yes":**

	<u>YES</u>	<u>NO</u>
1. Has your marital status changed since your last return?	_____	_____
2. Will the address on your current returns be different from that shown on your prior year returns? If yes, provide the new address and date moved.	_____	_____
3. Were there any changes in dependents from the prior year?	_____	_____
4. Did you provide more than 1/2 support for a non-dependent on your return?	_____	_____
5. Are you entitled to a dependency exemption due to a divorce decree?	_____	_____
6. Did any of your dependents earned (wage) income? If yes, please disclose.	_____	_____
7. Did any of your children under age 24 have investment income over \$1,050?	_____	_____
8. Are any dependent children married and filing a joint return with their spouse?	_____	_____
9. Did any dependent child over 18 years of age attend school less than 5 months during the year?	_____	_____
10. Did you receive income from any legal proceedings, cancellation of student loans or other indebtedness during the year? If yes, furnish details.	_____	_____
11. Did you make any gifts during the year directly or in trust exceeding \$14,000 per person?	_____	_____
12. Did you adopt a child or begin adoption proceedings this past year? Provide details.	_____	_____
13. Were you a resident of, or did you earn income in, more than one state during the year?	_____	_____
14. Do you wish to have \$3 (or \$6 on joint return) of your taxes applied to the Presidential Campaign Fund?	_____	_____
15. Do you wish to allocate any Ohio refund to a nature/wildlife fund? If yes, indicate amount(s) and which fund(s):  _____	_____	_____
16. Do you want any overpayment of taxes applied to next year's estimated taxes?	_____	_____
17. Do you want any remaining federal refund deposited directly to your bank account? If yes, enclose a voided check.	_____	_____
18. Do either you or your spouse have any outstanding child or spousal support payments or federal debt?	_____	_____
19. If you owe federal tax upon completion of your return, are you able to pay the balance due?	_____	_____
20. Do you expect a large fluctuation in your income, deductions or withholding next year?	_____	_____
21. 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?	_____	_____

**Individual Tax Organizer (1040)**

	<u>YES</u>	<u>NO</u>
22. If you received an IRA distribution which you did not rollover, provide details.	_____	_____
23. Did you “convert” IRA funds into a Roth IRA? If yes, provide details.	_____	_____
24. Did you receive any disability payments this year?	_____	_____
25. Did you pay any premiums for long term care insurance? List amount paid.	_____	_____
26. Did you sell and/or purchase a principal residence or other real estate? If yes, provide settlement sheet (HUD 1) and 1099-S. See page 13.	_____	_____
27. Did you or spouse have any transactions relating to Health Savings Accounts (HSA) or Medical Savings Accounts (MSA)?	_____	_____
28. Did you receive income from tax-exempt securities?	_____	_____
29. Do you have any worthless securities or any loans that became uncollectible this year?	_____	_____
30. Did you receive unemployment compensation? If yes, provide 1099.	_____	_____
31. Did you have any casualty or theft losses during the year? If yes, provide details.	_____	_____
32. Did you have debts canceled or forgiven?	_____	_____
33. Did you work out of town for part of the year?	_____	_____
34. Has the IRS, or any state or local taxing agency, notified you of changes to a prior year’s tax return? If yes, provide copies of all notices/correspondence received.	_____	_____
35. Are you aware of any changes to your income, deductions and credits reported on a prior year’s returns?	_____	_____
36. If you or your spouse has self-employment income, did you pay any health insurance premiums or long term care premiums? If yes, were either you or your spouse eligible to participate in an employee’s health insurance or long term care plan?	_____	_____
37. If you or your spouse has self-employment income, do you want to make a retirement plan contribution?	_____	_____
38. Did you and/or spouse exercise any stock options?	_____	_____
39. Did you pay any household employee wages of \$1,900 or more?	_____	_____
40. If yes, provide copy of Form W-2 issued to household employees	_____	_____
41. If yes, did you pay total wages of \$2,000 or more in any calendar quarter to household employees?	_____	_____
42. Did you surrender any U.S. savings bonds? If yes, provide detail.	_____	_____
43. Did you use the proceeds from Series EE U.S. savings bonds purchased after 1989 to pay for higher education expenses?	_____	_____

**Individual Tax Organizer (1040)**

- |   | <u>YES</u> | <u>NO</u> |
|---|------------|-----------|
| 44. Did you contribute to the Ohio Tuition Trust College Advantage Plan? This would be the Ohio Sec. 529 plan or prepaid Ohio tuition plan. The recipient does <i>not</i> need to be your dependent. Indicate how much you contributed for each child.  | _____      | _____     |
| 45. Did you start a business?   | _____      | _____     |
| 46. Did you purchase rental property?   | _____      | _____     |
| 47. Did you acquire interests in partnerships or S corporations?  | _____      | _____     |
| 48. Do you have records to support travel and entertainment expenses? The law requires that adequate records be maintained for travel and entertainment expenses. The documentation should include: amount, time and place, date, business purpose, description of gift(s) (if any), and business relationship of recipient(s). | _____      | _____     |
| 49. Did anyone in your family attend college this past tax year? Please provide details on pages 22-23.   | _____      | _____     |
| 50. Do you have a will or trust that has been updated within the last three years?  | _____      | _____     |
| 51. Did you make any political contributions for an Ohio candidate for office?<br>If so, provide type and amount.   | _____      | _____     |
| 52. Did you install energy efficient doors, windows, skylights, furnace, heat pump or central A/C unit? Provide details.  | _____      | _____     |
| 53. Did you receive a distribution from, or were you a grantor or transferor for a foreign trust?   | _____      | _____     |
| 54. Did you have a financial interest in or signature authority over a financial account such as a bank account, securities account, or brokerage account, located in a foreign country?  | _____      | _____     |
| 55. Do you have any foreign financial accounts, foreign financial assets, or hold interest in a foreign entity?   | _____      | _____     |

**ESTIMATED TAX PAYMENTS MADE**

	FEDERAL		STATE (NAME):		CITY/LOCAL	
	Date Paid	Amount Paid	Date Paid	Amount Paid	Date Paid	Amount Paid
Prior year						
1st Quarter						
2nd Quarter						
3rd Quarter						
4th Quarter						

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**WAGES, SALARIES, AND OTHER EMPLOYEE COMPENSATION** - List and enclose all W-2 Forms.

TS*	Employer	Gross Wages	Fed W/H	FICA W/H	Medicare W/H	State W/H	Local W/H

**PENSION AND ANNUITY INCOME** - List and enclose all Forms 1099R.

TS*	Name of Payor	Total Received	Taxable Amount	Federal Tax Withheld	State Tax Withheld

\*T = Taxpayer      S = Spouse

- |    |   |                   |                  |
|----|---|-------------------|------------------|
|    |   | <b><u>YES</u></b> | <b><u>NO</u></b> |
| 1. | Did you receive a lump sum distribution from your employer?                 | _____             | _____            |
| 2. | Did you “convert” a lump sum distribution into another plan or IRA account? | _____             | _____            |
| 3. | Did you convert IRA funds to a Roth IRA this year?                          | _____             | _____            |
| 4. | Have you elected a lump sum treatment after 1986?                           |                   |                  |
|    | Taxpayer  | _____             | _____            |
|    | Spouse  | _____             | _____            |

**SOCIAL SECURITY BENEFITS RECEIVED** - List and enclose all 1099 SSA Forms.

	Gross	Medicare Premiums Deducted	Net Received
Taxpayer	\$	\$	\$
Spouse	\$	\$	\$







**Individual Tax Organizer (1040)**

**INCOME FROM BUSINESS OR PROFESSION**

Who owns this business?     Taxpayer     Spouse     Joint

Principal business or profession \_\_\_\_\_

Business name \_\_\_\_\_

Business taxpayer identification number \_\_\_\_\_

Business address \_\_\_\_\_  
\_\_\_\_\_

Method(s) used to value closing inventory:

\_\_\_ Cost    \_\_\_ Lower of cost or market    \_\_\_ Other (describe) \_\_\_\_\_    N/A \_\_\_\_\_

Accounting method:

\_\_\_ Cash    \_\_\_ Accrual    \_\_\_ Other (describe) \_\_\_\_\_

	<u>YES</u>	<u>NO</u>
1. Was there any change in determining quantities, costs or valuations between the opening and closing inventory? If "yes," attach explanation.	_____	_____
2. Did you deduct expenses for the business use of your home? If "yes," complete office in home schedule	_____	_____
3. Did you materially participate in the operation of the business during the year?	_____	_____
4. Was all of your investment in this activity at risk?	_____	_____
5. Were any assets sold, retired or converted to personal use during the year? If "yes," list assets sold including date acquired, date sold, sales price, basis and gain or loss.	_____	_____
6. Were any assets purchased during the year? If "yes," list assets acquired, including date placed in service and purchase price, including trade-in. Include copies of purchase invoices.	_____	_____
7. Was this business still in operation at the end of the year?	_____	_____
8. List the states in which business was conducted. _____ _____		
9. Provide copies of certification for members of target groups and associated wages qualifying for Work Opportunities Credit. .	_____	_____
10. Provide information for welfare -to -work credit.	_____	_____

**Individual Tax Organizer (1040)**

Attach a schedule of income and expenses of the business or complete the following worksheet. Complete a separate schedule for each business.

Description	Amount
<b>Part I –Income</b>	
Gross receipts or sales	
Returns and allowances	
Other income (List type and amount)	
<b>Part II - Cost of Goods Sold</b>	
Inventory at beginning of year	
Purchases less cost of items withdrawn for personal use	
Cost of labor (Do not include salary paid to yourself)	
Materials and supplies	
Other costs (List type and amount)	
Inventory at end of year	
<b>Part III – Expenses</b>	
Advertising	
Bad debts from sales or services	
Car and truck expenses (Complete Auto Expense Schedule on Page 20)	
Commissions and fees	
Depletion	
Depreciation and section 179 expense deduction (provide depreciation schedules)	
Employee benefit programs (other than Pension and Profit Sharing plans shown below)	
Insurance (other than health)	
Interest:	
a. Mortgage (paid to banks, etc.)	
b. Other	
Legal and professional services	
Office expense	

**Individual Tax Organizer (1040)**

Pension and profit-sharing plans (employee's portion only)	
Rent or lease:	
a. Vehicles, machinery, and equipment	
b. Other business property	
Repairs and maintenance	
Supplies	
Taxes and licenses (Enclose copies of payroll tax returns) State Taxes	
Travel, meals, and entertainment:	
a. Travel	
b. Meals and entertainment	
Utilities	
Wages (enclose copies of W-3/W-2 forms).	
Lobbying expenses	
Club dues:	
a. Civic club dues	
b. Social or entertainment club dues	
Other expenses (list type and amount)	

**OFFICE IN HOME**

To qualify for an office in home deduction, the area must be used exclusively for business purposes on a regular basis in connection with your employer's business and for your employer's convenience. If you are self-employed, it must be your principal place of business or you must be able to show that income is actually produced there. If business use of home relates to daycare, provide total hours of business operation for the year.

Business or activity for which you have an office	Total area of the house (square feet)	Area of business portion (square feet)	Business percentage

**Individual Tax Organizer (1040)**

**I. DEPRECIATION**

	Date Placed in Service	Cost/Basis	Method	Life	Prior Depreciation
House					
Land					
Total Purchase Price					
Improvements (Provide details)					

**II. EXPENSES TO BE PRORATED:**

Mortgage interest \_\_\_\_\_

Real estate taxes \_\_\_\_\_

Utilities \_\_\_\_\_

Property insurance \_\_\_\_\_

Other expenses - itemize \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**III. EXPENSES THAT APPLY DIRECTLY TO HOME OFFICE:**

Telephone \_\_\_\_\_

Maintenance \_\_\_\_\_

Other expenses - itemize \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Individual Tax Organizer (1040)**

**CAPITAL GAINS AND LOSSES** - Enclose all 1099-B and 1099-S Forms. If you wish me to complete the following schedule, furnish all your brokerage account statements which support your cost basis.

Enter sales reported to you on Forms 1099-B and 1099-S:

Description	Date Acquired	Date Sold	Sales Proceeds	Cost or Basis	Gain (Loss)

Enter the sales **NOT** reported on forms 1099-B and 1099-S:

Description	Date Acquired	Date Sold	Sales Proceeds	Cost or Basis	Gain (Loss)

**Individual Tax Organizer (1040)**

**SALE/PURCHASE OF PERSONAL RESIDENCE**

Provide closing statements (HUD-1) on purchase and sale of old residence and purchase of new residence.

Description	Amount

**MOVING EXPENSES**

Did you change your residence during this year incident to a change in employment, transfer, or self-employment? Yes \_\_\_\_\_ No \_\_\_\_\_

If "yes," furnish the following information:

Number of miles from your former residence to your new business location \_\_\_\_\_ miles  
Number of miles from your former residence to your former business location \_\_\_\_\_ miles

Did your employer reimburse or pay directly any of your moving expenses? Yes \_\_\_\_\_ No \_\_\_\_\_

If "yes," enclose the employer provided itemization form and note the amount of reimbursement received. \$ \_\_\_\_\_

Itemize below the total moving costs you paid without reduction for any reimbursement by your employer.

Expenses of moving from old to new home:  
Transportation expenses in moving household goods and family \$ \_\_\_\_\_  
Cost of storing and insuring household goods \$ \_\_\_\_\_

**RESIDENCE CHANGE**

If you changed residences during the year, provide period of residence in each location.

Residence #1                      From \_\_\_\_ / \_\_\_\_ / \_\_\_\_                      To \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Residence #2                      From \_\_\_\_ / \_\_\_\_ / \_\_\_\_                      To \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**RENTAL INCOME** - Complete a separate schedule for each property.

1. Description and location of property \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Individual Tax Organizer (1040)**

2. Residential property? Yes \_\_\_\_\_ No \_\_\_\_\_
3. Personal use? Yes \_\_\_\_\_ No \_\_\_\_\_

If "yes," please complete the information below.

Number of days the property was occupied by you, a member of the family, or any individual not paying rent at the fair market value. \_\_\_\_\_

Number of days the property was not occupied. \_\_\_\_\_

4. Did you actively participate in the operation of the rental property during the year? Yes \_\_\_\_\_ No \_\_\_\_\_
5. a) Were more than half of personal services that you or your spouse performed during the year performed in real property trades or businesses in which you materially participated? Yes \_\_\_\_\_ No \_\_\_\_\_
- b) Did you or your spouse perform more than 750 hours of services during the year in real property trades or businesses in which you materially participated? Yes \_\_\_\_\_ No \_\_\_\_\_

<b>Income:</b>			
Rents received		Other income	
<b>Expenses:</b>			
Mortgage interest		Legal	
Other interest		Cleaning	
Insurance		Assessments	
Repairs and maintenance		Utilities	
Travel		Other (itemize)	
Advertising			
Taxes			

If this is the first year I am preparing your return, provide depreciation records.

If this is a new property, provide the closing statement.

List below any improvements or assets purchased during the year.

Description	Date placed in service	Cost

If the property was sold during the year, provide the closing statement.

**Individual Tax Organizer (1040)**

**INCOME FROM PARTNERSHIPS, ESTATES OR TRUSTS, S CORPORATIONS**

Enclose all schedule K-1 forms received to date. Also list below all K-1 forms not yet received:

Name	Source Code*	Federal ID #

\*Source Code: P = Partnership    E = Estate/Trust    S = S Corporation

**CONTRIBUTIONS TO RETIREMENT PLANS**

	TAXPAYER	SPOUSE
Are you covered by a qualified retirement plan? (Y/N)		
Do you want to make the maximum deductible IRA contribution? (Y/N)		
Do you want to make an IRA contribution even if part or all of it may not be deducted? (Y/N)		
If age 50 or over, do you want to increase your contribution under the "catch up" rules?		
If "Y," provide the following information: Provide a copy of latest Form 8606 filed		
	TAXPAYER	SPOUSE
IRA payments made for this return.	\$	\$
IRA payments made for this return for nonworking spouse.	\$	\$
Do you want to make the maximum allowable Keogh/SEP SIMPLE contribution? (Y/N)		
KEOGH/SEP SIMPLE payments made for this return.	\$	\$
Date Keogh/Simple IRA Plan established		
Do you want to make a Roth IRA contribution for the last tax year?		
Payments made to a Roth IRA		



**Individual Tax Organizer (1040)**

**ALIMONY PAID**

Name of Recipient(s) \_\_\_\_\_

SS# of Recipient(s) \_\_\_\_\_

Amount(s) Paid \$ \_\_\_\_\_

If a divorce occurred this year, enclose a copy of the divorce decree and property settlement.

**MEDICAL AND DENTAL EXPENSES. PLEASE NOTE THAT MEDICAL EXPENSES MUST EXCEED 7.5% of ADJUSTED GROSS INCOME TO BE DEDUCTIBLE**

Description	Amount
Premiums for health and accident insurance including Medicare	
Long-term care premiums: Taxpayer \$ _____ Spouse \$ _____	
Medicine and drugs (prescription only)	
Doctors, dentists, nurses	
Hospitals, clinics, laboratories	
Other:	
Eyeglasses	
Ambulance	
Medical supplies	
Hearing aids	
Lodging and meals	
Travel	
Mileage (number of miles)	
Long-term care expenses	
Payments for in-home care (complete later section on home care expenses)	
Insurance reimbursements received	

Were any of the above expenses related to cosmetic surgery? Yes \_\_\_\_\_ No \_\_\_\_\_



**Individual Tax Organizer (1040)**

Investment/Passive Interest (i.e.- margin interest)

Payee	Investment Purpose	Amount

Business Interest

Payee	Business Purpose	Amount

**CONTRIBUTIONS**

Cash contributions for which you have receipts, canceled checks, etc. NOTE: You need to have written acknowledgment from any charity to which you made individual donations of \$250 or more during the year.

Donee	Amount	Donee	Amount

Cash contributions for which no receipts are available

Donee	Amount	Donee	Amount

**Individual Tax Organizer (1040)**

Expenses incurred in performing volunteer work for charitable organizations:

Parking fees and tolls	\$ _____
Supplies	\$ _____
Meals & Entertainment	\$ _____
Other (itemize)	\$ _____
Automobile Mileage	\$ _____

Other than cash contributions (enclose receipt(s)):

Organization name and address			
Description of property			
Date acquired			
How acquired			
Cost or basis			
Date contributed			
Fair market value (FMV)			
How FMV determined			

**CASUALTY OR THEFT LOSSES (Must Exceed 10% of Adjusted Gross Income)**

Loss of property by theft or damage to property by fire, storm, car accident, shipwreck, flood, or other "act of God."

	Property 1	Property 2	Property 3
Indicate type of property	<input type="checkbox"/> Business <input type="checkbox"/> Personal	<input type="checkbox"/> Business <input type="checkbox"/> Personal	<input type="checkbox"/> Business <input type="checkbox"/> Personal
Description of property			
Date acquired			
Cost			
Date of loss			
Description of loss			
	Property 1	Property 2	Property 3
Was property insured? (Y/N)			
Was insurance claim made? (Y/N)			
Insurance proceeds			
Fair market value before loss			
Fair market value after loss			

**Individual Tax Organizer (1040)**

**MISCELLANEOUS DEDUCTIONS** (must exceed 2% of Adjusted Gross Income)

Description	Amount
Union dues	
Income tax preparation fees	
Legal fees (provide details)	
Safe deposit box rental (if used for storage of documents or items related to income-producing property)	
Small tools	
Uniforms which are not suitable for wear outside work	
Safety equipment and clothing	
Professional dues	
Business publications	
Unreimbursed cost of business supplies	
Employment agency fees	
Necessary expenses connected with producing or collecting income or for managing or protecting property held for producing income not reported on Form 2106 - Employee unreimbursed business expense	
Business use of home - (use "office in home" schedule provided in this organizer)	
Other miscellaneous deductions – itemize	

**EMPLOYEE BUSINESS EXPENSES** (not reimbursed by employer) Note: must exceed 2% of adjusted gross income

Expenses incurred by:     Taxpayer     Spouse     Occupation \_\_\_\_\_

(Complete a separate schedule for each business)

Description	Total Expense Incurred	Employer Reimbursement Reported on W-2	Employer Reimbursement Not on W-2
Travel expenses while away from home:			
Travel fares			
Lodging			
Meals and entertainment			
Other employee business expenses – itemize			

**Individual Tax Organizer (1040)**

**Employee Business Expenses-(continued)**

Automobile Expenses - Complete a separate schedule for each vehicle.

Vehicle description	_____	Total business miles	_____
Date placed in service	_____	Total commuting miles	_____
Cost/Fair market value	_____	Total other personal miles	_____
Lease term, if applicable	_____	Total miles this year	_____
Actual expenses		Average daily round trip commuting distance	_____
Gas, oil	_____	Taxes	_____
Repairs	_____	Tags & licenses	_____
Tires, supplies	_____	Interest	_____
Insurance	_____	Lease payments	_____
Parking	_____	Other	_____

Did you acquire, lease or dispose of a vehicle for business during this year? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, enclose purchase and sales contract or lease agreement.

Did you use the above vehicle in this business less than 12 months? Yes \_\_\_\_\_ No \_\_\_\_\_  
If "yes," enter the number of months \_\_\_\_\_.

Do you have another vehicle available for personal purposes? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have evidence to support your deduction? Yes \_\_\_\_\_ No \_\_\_\_\_

Is the evidence written? Yes \_\_\_\_\_ No \_\_\_\_\_

**CHILD CARE EXPENSES/HOME CARE EXPENSES**

Did you pay an individual or an organization (i.e.-daycare, summer camp) to perform services in the care of a dependent under 13 years old in order to enable you *and* spouse to work or attend school on a full time basis? Yes \_\_\_\_\_ No \_\_\_\_\_

Did you pay an individual to perform in-home health care services for yourself, your spouse, or dependents? Yes \_\_\_\_\_ No \_\_\_\_\_

If "yes," complete the following information:

Name and relationship of the dependents for whom services were rendered

**Individual Tax Organizer (1040)**

**Child Care (continued)**

List individuals or organizations to who expenses were paid during the year. (Services of a relative may be deductible only if that relative is not a dependent and if the relative's services are considered employment for social security purposes.)

Name and Address	ID#	Amount

If payments of \$2,000 or more during the tax year were made to an individual, were the services performed in your home? Yes \_\_\_\_\_ No \_\_\_\_\_

Was the individual who performed the services age 18 or older? Yes \_\_\_\_\_ No \_\_\_\_\_

**EDUCATIONAL EXPENSES**

Did you or any other member of your family pay any educational expenses this year? \* Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, was any tuition paid for either of the first two years of post-secondary education? Yes \_\_\_\_\_ No \_\_\_\_\_

\*NOTE: List all college expenses.  
If yes to *either* of the above, complete the following:

Student Name	Institution	Grade/Level	Amount Paid	Date Paid

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Was any of the preceding tuition paid with funds withdrawn from an educational IRA?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, how much? \$ \_\_\_\_\_

**Notes about Educational Credits:**

American Opportunity Credit: Allowed for the first four years of post-secondary(after high school) education, including first two years of bachelors degree and associate degrees. Expenses must be out of pocket and reduced by any scholarships or educational assistance allowances. Tuition qualifies as expenses for the credit as well as books and activity fees; room and board expenses do NOT qualify. Payments made by a dependent should be used for the credit on the parent's return, not the student's. More than one student may qualify for a tax return, but the credit gets phased out starting at gross income above \$160,000 for joint filers and \$80,000 for single. Expenses over \$4,000 are ineligible; maximum tax credit allowed is \$2,500 for each eligible student. Cannot be combined with Lifetime Learning Credit in the same tax year.

Lifetime Learning Credit: Expenses cannot exceed \$10,000 for the tax return, not per student. Cannot be combined with the American Opportunity Credit. Not limited to just the first four years of post-secondary education; can be for classes to acquire or improve job skills. This credit is available for undergraduate, graduate, or professional degrees as well as job training costs and continuing professional educational expenses that are not reimbursed elsewhere, either by an employer or through a scholarship. Maximum tax credit is \$2,000 per return.