

Dempsey Scheiman & Associates – Client Organizer
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Taxpayer Information	Spouse Information
Name _____ <div style="display: flex; justify-content: space-around; font-size: small;"> FIRST MIDDLE LAST </div>	_____
Social Security # _____	_____
Occupation _____	_____
Date Of Birth _____	_____
Daytime Phone Number _____	_____
Evening Phone Number _____	_____
E-File Federal Return _____ Yes _____ No	_____
Signature _____	_____
Residence Information	
Title of Home in Your Name? _____ Yes _____ No	
Real Estate Taxes Paid on Personal Residence _____	
Address _____ Apartment Number _____	
City _____ State _____ Zip Code _____	
Did You Move In 2009? _____ Yes _____ No Date of Move _____	
First-Time Homebuyer? _____ Yes _____ No	
If No, Did You Live in House 5 Consecutive Years Out of 8? _____ Yes _____ No	
Wages--Attach W-2s	Pensions--Attach 1099s
List The Names Of Your Employers: _____ _____ _____	List Sources Of Pension Income: _____ _____ _____
Other Income Taxpayer	Other Income Spouse
State/Local Refunds _____	_____
Unemployment Compensation _____	_____
Social Security Benefits _____	_____
Social Security Withholding _____	_____
Advanced Child Credit Payment _____	_____
Alimony Received _____	_____

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Dependent Information

First, Last Name	Social Security number	Date Of Birth	Relationship	FT Student Y/N	Months Lived in Home
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Education Credit

Complete this portion if you paid qualified education expenses for higher education costs in 2009. Qualified education expenses include tuition and fees required for enrollment or attendance at an eligible educational institution.

Student's First/Last name	Yrs. Attended	Student's Soc. Sec. #	Qualified Expenses
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Child and Dependent Care Expenses

Please enter all amounts paid in 2009 for the care of one or more dependents which enabled you to work or attend school.

Total Qualified expenses incurred in 2009: _____

Were you or spouse a full time student or disabled? _____

Employer provided dependent care benefits: _____

Dependent Care Provider (attach additional sheet if more than one)

Name of Provider: _____

Street address of provider: _____

City State and Zip Code: _____

Social Security Number or Employer Identification number: _____

Is provider a tax-exempt organization? _____

Amount paid to care provider in 2009: _____

Student Loan Interest Paid

Complete this section if you paid interest on a qualified student loan in 2009 for qualified higher education expenses for you, your spouse or dependent when you took out the loan.

Qualified student interest paid: _____

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2009 Federal Estimates	2009 State Estimates
2008 Overpayment _____ <div style="text-align: center; margin-top: 10px;"> Date Amount </div> 1 st Payment _____ _____ 2 nd Payment _____ _____ 3 rd Payment _____ _____ 4 th Payment _____ _____ 5 th Payment _____ _____	2008 Overpayment _____ <div style="text-align: center; margin-top: 10px;"> Date Amount </div> 1 st Payment _____ _____ 2 nd Payment _____ _____ 3 rd Payment _____ _____ 4 th Payment _____ _____ 5 th Payment _____ _____
2009 City Estimates	2009 Additional City Estimates
2008 Overpayment _____ <div style="text-align: center; margin-top: 10px;"> Date Amount </div> 1 st Payment _____ _____ 2 nd Payment _____ _____ 3 rd Payment _____ _____ 4 th Payment _____ _____ 5 th Payment _____ _____	2008 Overpayment _____ <div style="text-align: center; margin-top: 10px;"> Date Amount </div> 1 st Payment _____ _____ 2 nd Payment _____ _____ 3 rd Payment _____ _____ 4 th Payment _____ _____ 5 th Payment _____ _____
IRA Deductions	
Are you covered by a retirement plan? _____ Traditional IRA contribution: _____ Roth IRA contribution: _____ Education IRA contribution: _____ Roth Conversion: _____	
Other Adjustments	
Penalty on early withdrawal of savings: _____ Alimony Paid: _____ SS# of Spouse _____	
Purchased a new car in 2009?	Sales Tax Paid _____ Purchase Price of Car _____

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Schedule A – Medical	Charitable Contributions
Insurance Premiums (if not payroll deducted) _____ Prescription Drugs _____ Doctor/Dental Exp. _____ Hospital/Lab Exp. _____ Long-Term Care Premiums _____ Miles Driven _____ Other _____	*Documentation required upon Audit Cash Contributions: _____ Churches _____ Am. Cancer Society _____ Heart Association _____ March of Dimes _____ United Way _____ Other: _____ _____ _____ Non-cash Contributions _____ Goodwill _____ Salvation Army _____ AM Vets _____ Other: _____ _____ _____ If over \$500 list Organization, date _____ Donated & items: _____ _____
Taxes Paid	Interest Expense
Real Estate Taxes – Home: _____ Real Estate Other Itemize: _____ _____ _____ _____ _____ Sales Tax on New Car: _____ Purchase Price of Car: _____	Home Mortgage Interest _____ Second Mortgage _____ Home Equity Loan _____ Did you refinance your house in 2009? _____ If yes: Points paid _____ Term of loan _____
Miscellaneous Expense	
Unreimbursed Business Expenses _____ Union Dues _____ Tax Preparation Fees _____ Safe Deposit Box Rental _____ Uniform & Small Tools _____ Continuing Education Expenses _____ Investment Publications _____ Gambling Losses _____ Other Itemize: _____	

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Rent & Royalty Properties			
	Unit 1	Unit 2	Unit3
Property/Location	_____	_____	_____
	_____	_____	_____
Taxpayer/Spouse/Joint Ownership Percentage	_____	_____	_____
	_____	_____	_____
Income			
Gross Rents	_____	_____	_____
Gross Royalties	_____	_____	_____
Expenses			
Advertising	_____	_____	_____
Auto	_____	_____	_____
Cleaning & Maintenance	_____	_____	_____
Commissions	_____	_____	_____
Insurance	_____	_____	_____
Legal & Professional Fees	_____	_____	_____
Management Fees	_____	_____	_____
Mortgage Interest	_____	_____	_____
Other Interest	_____	_____	_____
Repairs	_____	_____	_____
Supplies	_____	_____	_____
Taxes	_____	_____	_____
Travel	_____	_____	_____
Utilities	_____	_____	_____
Depreciation	_____	_____	_____
Other Expenses:	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Large Purchases/Improvements (Not listed above)		
New Property Purchases/Sales – Attach Escrow Statement		
Description/Unit #	Date	Cost Basis
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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Schedule C General Information	Cost Of Goods Sold
Taxpayer/Spouse/Joint _____	Beginning Inventory: _____
Principal Business/Profession: _____	Purchases: _____
Business Name: _____	Labor: _____
Business Address: _____ _____	Materials: _____
	Other Costs: _____
	Ending Inventory: _____
	Expenses
Employer Identification # _____	Advertising: _____
Accounting Method(Cash/Accrual) _____	Car & Truck Expense: _____
Inventory Method (Cost/LCM/Other) _____	Depreciation: _____
Change Of Inventory? _____	Employee Benefits: _____
Material Participation? _____	Insurance: _____
Began Business In 2009? _____	Interest—Financial Institutions: _____
Health Insurance Premiums _____	Interest Expense—Other: _____
Disposition Of Activity _____	Legal/Professional Fees: _____
Income	Office Expenses: _____
Gross Receipts Or Sales: _____	Pension/Profit Sharing: _____
Returns And Allowances: _____	Rent—Machinery: _____
Other Income: _____	Rent—Other: _____
	Repairs./Maintenance: _____
Mileage	Supplies: _____
Total Mileage: _____	Taxes/Licenses: _____
Business Mileage: _____	Travel: _____
Make of Auto: _____	Meals/Entertainment: _____
Date of vehicle placed in service for business: _____	Utilities: _____
Do you have another vehicle available for personal use? _____	Wages: _____
Do you have evidence to support your deduction? _____	Other Expenses: _____ _____ _____ _____ _____ _____
Purchase or Lease? _____	

