

Dempsey Scheiman & Associates – Client Organizer
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Taxpayer Information	Spouse Information
Name _____ <small>(AS IT APPEARS ON SOCIAL SECURITY CARD)</small> Social Security # _____ Occupation _____ Date Of Birth _____ Date of Death _____ Daytime Phone Number _____ Evening Phone Number _____ Signature _____	_____ <small>(AS IT APPEARS ON SOCIAL SECURITY CARD)</small> _____ _____ _____ _____ _____ _____
Residence Information	
Did you take the 2008 Homebuyer Credit of \$7,500? <input type="checkbox"/> Yes <input type="checkbox"/> No Real Estate Taxes Paid on Personal Residence _____ Address _____ Apartment Number _____ City _____ State _____ Zip Code _____ Did You Move In 2010? <input type="checkbox"/> Yes <input type="checkbox"/> No Date of Move _____ Old Address _____ City _____ State _____ Zip Code _____	
Wages--Attach W-2 Form/Retirement	Attach 1099 Form
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 (Pending Government Approval)			
Complete this portion if you paid qualified education expenses for higher education costs in 2010. Qualified education expenses include tuition and fees required for enrollment or attendance at an eligible educational institution. Attach copies of Form 1098-T.			
	Yrs.		
Student's First/Last name	Attended	Student's Soc. Sec. #	Qualified Expenses
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Child and Dependent Care Expenses
Please enter all amounts paid in 2010 for the care of one or more dependents which enabled you to work or attend school.
Total Qualified expenses incurred in 2010: _____
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 2010: _____

Student Loan Interest Paid (Pending Government Approval)
Complete this section if you paid interest on a qualified student loan in 2010 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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2010 Federal Estimates	2010 State Estimates																																				
2009 Overpayment _____ <table style="width:100%; border:none;"> <tr> <td style="width:20%;">Due Date</td> <td style="width:20%;">Date Paid</td> <td style="width:60%;">Amount</td> </tr> <tr> <td>Jan 2010</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>April 2010</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>June 2010</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Sept 2010</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Jan 2011</td> <td>_____</td> <td>_____</td> </tr> </table>	Due Date	Date Paid	Amount	Jan 2010	_____	_____	April 2010	_____	_____	June 2010	_____	_____	Sept 2010	_____	_____	Jan 2011	_____	_____	2009 Overpayment _____ <table style="width:100%; border:none;"> <tr> <td style="width:20%;">Due Date</td> <td style="width:20%;">Date Paid</td> <td style="width:60%;">Amount</td> </tr> <tr> <td>Jan 2010</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>April 2010</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>June 2010</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Sept 2010</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Jan 2011</td> <td>_____</td> <td>_____</td> </tr> </table>	Due Date	Date Paid	Amount	Jan 2010	_____	_____	April 2010	_____	_____	June 2010	_____	_____	Sept 2010	_____	_____	Jan 2011	_____	_____
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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 2010? _____	Sales Tax Paid _____ Purchase Price of Car _____																																				

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<p>Schedule A – Medical</p>	<p>Charitable Contributions</p>
<p>Insurance Premiums (if not payroll deducted) _____ Prescription Drugs _____ Doctor/Dental Exp. _____ Hospital/Lab Exp. _____ Long-Term Care Premiums _____ Miles Driven _____ Other _____</p>	<p>*Documentation required upon Audit</p> <p>Cash Contributions: _____</p> <p>Churches _____ Am. Cancer Society _____ Heart Association _____ March of Dimes _____ United Way _____ Other: _____ _____</p> <p>Non-cash Contributions (Itemized list on file with Taxpayer)</p> <p>Goodwill _____ Salvation Army _____ AM Vets _____ Other: _____ _____</p> <p>If over \$500 list Organization, date _____ Donated & items: _____ _____</p>
<p>Taxes Paid</p>	<p>Interest Expense</p>
<p>Real Estate Taxes – Home: _____ Real Estate Other Itemize: _____ _____ _____</p> <p>Sales Tax on Major Purchase: _____</p>	<p>Home Mortgage Interest _____ Second Mortgage _____ Home Equity Loan _____ Did you refinance your house in 2010? _____ If yes: Points paid _____ Term of loan _____</p>
<p align="center">Miscellaneous Expense</p>	
<p>Unreimbursed Business Expenses _____ Union Dues _____ Tax Preparation Fees _____ Safe Deposit Box Rental _____ Uniform & Small Tools _____ Continuing Education Expenses _____ Investment Publications _____ Gambling Losses _____ Other Itemize: _____</p>	

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**2011 TAX LAW CHANGE -- 1099's Must Be Issued To ALL Vendors For Amounts
Totaling \$600. Or More. Must Be Tracked Starting January 1, 2012*****

Schedule C General Information	Cost Of Goods Sold
Taxpayer/Spouse/Joint _____ Principal Business/Profession: _____ Business Name: _____ Business Address: _____ _____ _____ Employer Identification # _____ Accounting Method(Cash/Accrual) _____ Inventory Method (Cost/LCM/Other) _____ Change Of Inventory? _____ Material Participation? _____ Began Business In 2010? _____ Health Insurance Premiums _____ Disposition Of Activity _____	Beginning Inventory: _____ Purchases: _____ Labor: _____ Materials: _____ Other Costs: _____ Ending Inventory: _____
	Expenses
Income	Advertising: _____ Car & Truck Expense: _____ Depreciation: _____ Employee Benefits: _____ Insurance: _____ Interest—Financial Institutions: _____ Interest Expense—Other: _____ Legal/Professional Fees: _____ Office Expenses: _____ Pension/Profit Sharing: _____ Rent—Machinery: _____ Rent—Other: _____ Repairs./Maintenance: _____ Supplies: _____ Taxes/Licenses: _____ Travel: _____ Meals/Entertainment: _____ Utilities: _____ Wages: _____ Other Expenses: _____ _____ _____ _____ _____ _____ _____
Gross Receipts Or Sales: _____ Returns And Allowances: _____ Other Income: _____	
Mileage	
Total Mileage: _____ Business Mileage: _____ Make of Auto: _____ Date of vehicle placed in service for business: _____ Do you have another vehicle available for personal use? _____ Do you have evidence to support your deduction? _____ Purchase of Lease? _____	

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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
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____