ORGANIZER Page 2 Tax Organizer US 2013 1040 **Tax Return Appointment** Steve Tuchscherer, CPA, PC 171 NE Exchange Avenue Roseburg, OR 97470 Date: Telephone number: (541) 677-8100 Time: 541-464-8560 Fax number: Location: E-mail address: steve@oregoncpas.com This tax organizer will assist you in gathering information necessary for the preparation of your 2013 tax return. Please enter all pertinent 2013 information. NOTE: If you claim the earned income credit, please provide proof that your child is a resident of the United States. This proof is typically in the form of: school records or statement, landlord or property management statement, health care provider statement, medical records, child care provider records, placement agency statement, social service records or statement, place of worship, Indian tribal office statement, or employer statement. NOTE: If your child is disabled, please provide one of the following forms of proof of disability: doctor statement, other health care provider statement, or social services agency or program statement. **CLIENT INFORMATION** Taxpayer Spouse First name and initial.... Last name....... Title/suffix..... Social security number... Occupation....... Date of birth (m/d/y)..... Date of death (m/d/y) . . . . 1=blind..... Home phone . . . . . . . . . . . . . . . . Work extension..... Cell phone ..... E-mail address . . . . . . . . In care of ..... Street address..... Apartment number. . Address ZIP code..... **DEPENDENTS** Dependent No. Dependent No. First name ..... Last name....... Title/suffix..... Date of birth (m/d/y) . . . . . Social security number... Relationship..... Months lived at home . . . . Dependent No. Dependent No. First name ...... Last name....... Title/suffix..... Date of birth (m/d/y)..... Social security number... Relationship.....

Months lived at home . . . .

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2013	1040	US	Tax Organizer		
		a governme	ase enter all pertinent 2013 informa ent form for an item, check the box	tion. If you have attached and do not enter a 2013	i amount.
	SES, SALAI	RIES AND	ΓIPS	2012 Amount	2012 Amount
Empio	oyer name:			2013 Amount	2012 Amount
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H					
	DEST ING				
	REST INCO	JME			
	name.				
<u></u> Н				Attach Forms 1099-INT	
	DEND INCO	DME			
	name.				
Щ.				Attach Forms 1099-DIV	
H .					
	~		V-2G	Attach Forms 1099-R & W-2G	
	Total gamblin	g losses			
ОТН	FR GOVFR	NMFNT FO	DRMS - INCOME		
			ck (also include transaction history)		
_			neous income	Attach Forms 1099	
			ard and third party network payments		
	F0III 1099-3	- Sales of rea	il estate (also ilicidue closling statements)		
		- State tax re	funds	Attach Forms 1099	
Taxpa		99 - Social co	ecurity benefits		
			ent compensation	Attach Forms 1099	
Spous		1	,		
			ecurity benefitsent compensation	Attach Forms 1099	
MISC	CELLANEO	US INCOM	E		
			red		
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Other:	:				

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RETIF	REMENT P	LAN CON	TRIBUTIONS	2013 Amount	2012 Amount
Тахрау	er: Tradition	al IRA contril	butions (1=maximum)		
	Roth IRA	contribution	s (1=maximum)		
	Self-employ	ed, SEP, SIMPL	E, & qualified plan contributions (1=maximum)		
Spouse	e: Tradition	al IRA contril	butions (1=maximum)		
	Roth IRA	contribution	s (1=maximum)		
	Self-employ	ed, SEP, SIMPL	E, & qualified plan contributions (1=maximum)		
OTHE	R GOVER	NMENT F	ORMS - DEDUCTIONS		
For	rm 1098-E - S	Student Ioan	interest	Attach Forms 1098	
For	rm 1098-T - 1	uition and re	elated expenses	Attach Forms 1030	
ADJU	ISTMENTS	TO INCO	ME		
Taxpay	/er:				
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Aliı	mony paid - F	recipient nai	me & SSN		
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Sparra	o:				
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Other:					
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		1/12	ant an 2012 state actimate		
			ent on 2012 state estimate		
			2012 state extension		
			2012 state return		
State ii	ricome taxes	- paid for pr	ior years and/or to other states		

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TAXE	ES PAID (co	ontinued)		2013 Amount	2012 Amount
	•	•	ayment on 2012 city/local estimate		
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-			ith 2012 city/local return		
-			ept autos and special items)		
			es		
			turn		
			above		
			aft, and other special items		
			idence		
			d for investment		
_ ~			luding automobile fees in some states)	Attach Tax Notice	
	REST PAID	-	aum g uutomoono rooo m como otatoo,		
	mortgage inte		nts paid:		
				Attach Forms 1098	
Home m	nortgage interest n	ot on Form 109	8 (include name, SSN, & address of payee):		
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Points	not reported	on Form 109	98:		I
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Mortga	age insurance	premiums o	n post 12/31/06 contracts		
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		(Interest on	margin accounts):		
		(interest on	margin accounts):		
Passiv	ve interest		margin accounts):		
Passiv	ve interest  H CONTRIB : No deduction	SUTIONS		donor maintains a bank record, of date(s), and contribution amoun	or a written communication nt(s).
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