

_____ Taxpayer Name

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2009 Form 1040 Tax Organizer

PLEASE READ THESE INSTRUCTIONS VERY CAREFULLY!

▶ **First-year Form 1040 client:** Please complete ALL pages. You also need to send us copies of last year's Form 1040, PA40 & local earned income tax return. KFS will not send sensitive information by email. Accordingly, you need to register for a Cybercabinet on our website. When on our website, select "File Transfer" and follow the instructions for a new registrant. This is a 128-bit encrypted site where sensitive documents can be transferred in a secure environment.

▶ **Returning 1040 client:** You do NOT need to enter information on page 2 unless something has changed from the prior year. Be sure to complete all the other pages.

▶ **Print legibly & Use Whole Dollars Only.** It is important that you diligently complete this organizer. If you don't understand something, don't ignore it, but call us for an explanation. Your diligence will assist us in preparing a complete and accurate return for you and to minimize your tax liabilities.

▶ If we need additional information from you or clarification, we will contact you by email. Accordingly, it is important that you include your email address on page one and **check your email daily** after sending us your tax information. It would be appreciated if you responded to our email for additional information when you have ALL of the requested information rather than send separate responses for each question.

▶ **Print your name in the upper left-hand corner of each page in the space provided.**

▶ **Complete the Exhibit pages if you have dependents, if you made estimated tax payments, if you have rental properties, if you have a sole proprietorship, medical deductions, charitable deductions, unreimbursed employee business expenses, or dependent care.**

▶ Include a copy of your 2009 **local earned income tax return**. If you do not include the return, we will assume that you either do not have a local EIT or you will prepare it yourself.

▶ If you are due a refund and would like your refund directly deposited in your checking account or to have any balances due directly withdrawn from your checking account for the IRS and PA, you **MUST** initial below **AND provide us with a voided check for the account that you want used** (voided check not necessary for returning clients unless bank account information has changed). It is your sole responsibility to ensure that sufficient funds are in your account to pay the taxes due.

_____ Yes, deposit any refund due me (us) and withdraw any balance due the IRS or PA from this account as per the attached voided check or as provided to you in a prior year.

▶ **Check the appropriate choice:** () mail my completed returns to me or () call me and I'll pick up my returns. If no selection is made, the returns will be mailed to you.

▶ **Check the appropriate choice:** () I/we wish to review my/our Form 1040 before the e-file authorization forms are executed or () I/we do not wish to review the Form 1040 before the e-file forms are executed. If no selection is made, the second choice will be the default option.

_____Taxpayer Name

▶ **New Clients: Complete this page in full**

▶ **Returning Clients: Only complete those items that have changed from last year.**

Taxpayer Name: _____ Occupation: _____

Date of Birth: _____ Social Security # _____

Taxpayer: 65 or over Blind/Disabled _____

Spouse Name: _____ Occupation: _____

Date of Birth: _____ Social Security # _____

Spouse: 65 or over Bind/Disabled _____

Address: _____ Day Time Phone: _____

_____ Evening Phone: _____

_____ Cell Phone: _____

E-mail address: _____

Please place a check mark (✓) on the appropriate line below regarding your desired filing status.

- _____ Single
- _____ Married Joint
- _____ Surviving Widow / Widower
- _____ Head of Household (requires a dependent)
- _____ Married Filing Separately (enter spouse's name/SS #) _____

To keep your tax preparation fees to a minimum, please remove all tax documents from their mailing envelopes, dispose of the mailing envelopes, and remove all staples. Upon receipt of your tax information, we will assume that your information is complete unless you indicate otherwise. We scan your documents in our computer files and retain this information for three years. All tax documents received from you will be returned to you upon the completion of your tax returns. We suggest that you retain the returned information for a minimum of 4-7 years from the date of filing.

All tax returns will be electronically filed with the IRS and PA unless you instruct us otherwise. KFS cannot guarantee that the IRS will accept an electronically filed return, particularly those submitted within 72 hours of the due date. It is your responsibility to timely provide us with your tax documentation to avoid late filings. KFS reserves the right to prepare a paper return on your behalf if we believe that the return will not be electronically accepted by the IRS by the due date of such return. Because of the additional time and costs associated with preparing paper returns, there will be a \$50 surcharge for these returns. You will ALWAYS receive a paper copy of your tax returns regardless if an electronic or paper return is prepared for filing with IRS. If you desire to file paper returns with the tax authorities rather than electronic returns, please initial here _____ to confirm the \$50 surcharge.

If you received any **correspondence from a tax authority** during the past year, enclose a copy. No **NOT** send us any voucher forms or estimated income tax voucher payments forms as we will generate these for you.

_____Taxpayer Name

Include the originals of all **W-2s** received from employers and **attach a copy of your last pay stub received in December** (unless KFS prepared your company's W-2s).

Attach your **1099 interest statements** from your banks, credit unions, S&L's, etc., including any tax exempt income or federal bond interest.

Do you have any foreign bank accounts? Yes or No (circle one).

Attach your **1099 dividend statements** received from brokerage firms, mutual fund companies, etc. It is your responsibility to include any literature that came with the tax statements to identify if any portions of the dividends receive favorable tax treatment.

Include your **stock brokerage statements** showing stocks and securities sold during the year. Make sure that these statements include your **purchase price and date of purchase** for all stocks sold. Complete Exhibit E if you have stock sales and the broker did not provide your cost basis for any security.

If you *received* alimony during the year, indicate the amount received _____.

If you *paid* any alimony, indicate the name, social security number, and amount paid to the recipient _____.

Include the **1099R forms** you received for any monies received from traditional IRAs or pension plans.

Include **K-1 statements from partnerships and S corporations** (unless KFS prepared these returns for you). Please send us all the documents received from any partnerships that accompany the K-1.

Include copies of **unemployment and 1099-MISC** forms received by you.

Indicate the amount of gambling winnings you received during the year that were reported to the IRS _____.

If you receive social security benefits, **enclose Form SSA-1099**.

Indicate amounts received for jury duty _____ and prizes & awards _____.

Are you receiving installment payments for property sold? _____.

Did you pay any household employees \$1,000 or more? _____.

If you made a contribution to a traditional IRA for the 2009 tax year, what was the amount contributed (List each spouse separately) _____. If you desire to make a contributions before April 15, please indicate the amount of such contribution here (List each spouse separately) _____.

If you are self-employed and have made or will be making a contribution to your retirement plan for the 2009 tax year, indicate the amount here _____. If you would like to make the maximum contribution allowed by law, write "maximum" here. _____.

If you paid any **student loan interest**, attach the statement you received from the education institution or lender.

_____Taxpayer Name

If you paid any **tuition** for yourself, your spouse, or a dependent, indicate the name of the person who attended school, the reason for the expenditure, if for college, indicate whether the student was full-time or part-time, **circle whether this is the student's first, second, third or fourth year of college, and attach the statement** from the school showing the amount of tuition paid.

If you have a 529 plan, please provide support for any contributions made to the plan this year and provide documentation showing withdrawals from the plan.

If you are a business owner, indicate the amount of health insurance _____, dental insurance _____, and long-term care insurance _____ paid during the year. Were these policies in your company's name? _____ (Note: Do not complete this if you are a monthly business client of KFS).

If you incurred any **day care expenses**, complete Exhibit I.

If you exercised **employer stock options**, attach employer stock option statement.

If you moved during the year, and the move was greater than 50 miles, contact our office.

If you purchased a home during the year, enclose a copy of the settlement sheet. Please be sure to indicate if you are a first-time home buyer entitled to a tax credit.

If you sold a home during the year, enclose a copy of the settlement sheet you received for the property sold AND the settlement sheet for the purchase of this same residence.

If you had a property foreclosed on, had a short sale, or relinquished the property in lieu of foreclosure, please provide details.

If you are an educator/teacher, did you have any unreimbursed work-related expenses? Indicate amount _____.

Did you withdraw any retirement funds and use them for medical purposes? If yes, indicate amount spent for medical _____.

Did you incur any adoption expenses? If yes, indicate amount spent for adoption. _____.

If you made any energy improvements to your residence, attach copy of invoices & any tax credit certifications received from the contractor. Likewise if you purchased an alternative motor vehicle (energy efficient), please provide a copy of the paperwork received from the car dealership.

Do you wish to designate \$3.00 to the Presidential Campaign Fund? _____

Did you have any major life changes in your household or anticipate any next year? If yes, please provide details.

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Itemized Deductions

Medical Care:

If you spent significant dollars on **UNREIMBURSED medical expenses**, complete Exhibit G.

Mortgage Interest & Home Equity Loans:

Enclose copies of Form 1098 or other documentation showing the amount of **mortgage interest** or home equity interest paid during the tax year.

If you refinanced any properties during the year, please provide us with a copy of the settlement sheet. What is the length of the refinanced loan? _____ Years

Real Estate Taxes:

Enclose copies of Form 1098 or other documentation showing the amount of **real estate taxes and mortgage interest** paid during the tax year. ► **NOTE: Be sure to send us your real estate property taxes paid during 2008 even if you do not itemize.**

Charitable Contributions:

Complete Exhibit F if you made **cash contributions or donated non-cash property** to charitable organizations.

Casualty Loss:

If you had a significant casualty or theft loss, attach an itemized list of the property damaged or lost, include the approximate original cost of the property, an estimate of the property's fair market value, the police report and a copy of your insurance claim and monies paid to you by the insurance company.

Misc. Deductions:

If you paid for any unreimbursed investment expenses, tax preparation or planning fees, safe deposit box rental fees to maintain your investments or tax records, union & professional fees, tools or special clothing required by your employer, indicate the type of expenditure and the dollar amount.

Gambling Winnings:

If you received a Form 1099 reporting gambling wins, provide the amount of any gambling losses (not in excess of winnings) that you incurred during the year.

► **NOTE:** Congratulations on completing your 2009 Tax Organizer. Make sure that you have printed your surname on every page.

(Be sure to insert your name on this line)

**EXHIBIT A
DEPENDENTS**

NOTE: New clients must complete this exhibit.

Returning clients check this box if there are no changes from the prior year.

NOTE: Returning clients must complete this exhibit only to show adds or deletions.

First & Last Name	Date of Birth	Social Security #	Relationship

(Be sure to insert your name on this line)

EXHIBIT B
ESTIMATED PAYMENTS

Check this box if you do not want KFS to compute quarterly estimated taxes.

	First Quarter		Second Quarter	
	Date	Amount	Date	Amount
Federal				
State				
Local				

	Third Quarter		Fourth Quarter	
	Date	Amount	Date	Amount
Federal				
State				
Local				

For 2010, do you want to pay the minimum amount of estimated taxes to avoid underpayment penalties, or the maximum amount to avoid a balance due next April? Please circle: Minimum or Maximum

(Be sure to insert your name here)

**EXHIBIT C
RENTAL PROPERTIES**

Only complete this form if you have rental properties.

List the complete address for each rental real estate property			
A	_____		
B	_____		
C	_____		
	Properties		
Income	A	B	C
1 Rental Income Received			
2 Interest Income			
Expenses			
3 Advertising			
4 Automobile			
5 Cleaning & Maintenance			
6 Commissions			
7 Insurance			
8 Professional Fees			
9 Management Fees			
10 Mortgage Interest			
11 Other Interest			
12 Repairs			
13 Supplies			
14 Taxes			
15 Utilities			
Other Expenses			
16			
17			
18			
19			
20			
21			
22			
Total Expenses	0	0	0
Net Income or (Loss)	0	0	0

If you purchased any assets or made improvements greater than \$500, **attach copies** of invoices paid. Do **NOT** include these expenditures above.

(Be sure to insert your name here)

EXHIBIT D

SELF-EMPLOYMENT EARNINGS - FOR SOLE PROPRIETORSHIPS ONLY

NOTE: Do NOT complete if KFS maintains your accounting records * * *

Category	Amount	Category	Amount
Gross Income		Professional Services	
Gross Income		Accounting	
Less Returns/Allowances		Legal	
Total Net Revenues	-	Payroll	
Cost of Sales		Recruiting	
Beginning Inventory		Relocation	
Purchases		Rent	
Cost of Labor		Property	
Materials and Supplies		Equipment	
Freight In		Repairs & Maintenance	
Other		Salaries & Wages	
Other		Security	
Ending Inventory		Supplies	
Total Cost of Sales	-	Taxes	
Gross Profit	-	Employer Payroll	
Deductions		Real Estate Taxes	
Advertising		Other Taxes	
Automobile		Telephone	
Bank Service Fees		Temporary Help	-
Charitable Contributions		Training	
Credit Card Fees		Travel & Lodging	
Commissions		Uniforms	
Computer		Utilities	
Education		Cable	
Contracted Services		Electric, Gas, & Oil	
Delivery & Freight		Recycling & Trash	
Dues & Subscriptions		Water	
Fines & Penalties		Water	
Gifts			
Insurance			
General Liability			
Workers Comp		Other Income	
Auto Insurance		Dividend & Interest	
Health Insurance		Other Expenses	
Janitorial		Interest	
Licenses & Permits		Mortgage	
Meals & Entertainment		Loan	
Office Services		Non-Deductible	
Postage & Shipping			
Printing		Total Expenses	-
		Net Income	-

If you purchased any assets greater than \$500, **attach copies** of invoices paid. Do **NOT** include these expenditures in the table above.

If you use a portion of your home **EXCLUSIVELY** for business purposes and desire to claim a home office deduction, please provide the following information:

- Total Square Footage of Home (to be completed by new clients or first use) _____
- Square Footage of Business Use _____
- Gas/electric/heating oil spent during the year _____
- Homeowner's Insurance _____
- Date Home First Used for Business (to be completed by new clients or first use) _____
- Original Purchase Price of Home (to be completed by new clients or first use) _____
- Value of Land When Home was Purchased (to be completed by new clients or first use) _____
- Improvements Made to Home (show amounts, when made & describe) _____

(Be sure to insert your name here)

EXHIBIT F - Page 1 of 2
CHARITABLE CONTRIBUTIONS MADE BY CASH OR CHECK

NOTE: The IRS requires that all cash contributions be evidenced by a check, written receipt from the charitable organization, or a payroll deduction. Please read all instructions carefully to avoid losing a tax deduction.

NOTE: For individual donations over \$249, the IRS requires that you have a contemporaneous written acknowledgement from the charitable party stating the value of the contribution, whether any goods or services were provided to you in consideration for the contribution, and if goods or services were provided, the fair value of that consideration.

NOTE: For individual donations under \$250, the IRS requires that you have a cancelled check or receipt from the charity.

NOTE: For contributions greater than \$249, you **MUST** insert a "Yes" by the name of each charity to acknowledge that you have obtained the contemporaneous written acknowledgement from the charity.

NOTE: For contributions less than \$249, you **MUST** insert a "Yes" by the name of each charity to acknowledge that you have obtained the contemporaneous written acknowledgement from the charity or have a cancelled check.

Name of Charitable Organization	Cash	Contemporaneous	
	Contribution	Written	
	Amount	Acknowledgement	
		Obtained?	
Donations > \$249			
Church/synagogue/etc.			
Heart Association			
March of Dimes			
United Way			
Other: List below			
			Canceled Check
			Written Receipt
			Available?
Donations < \$250			
Church/synagogue/etc.			_____
Heart Association			_____
March of Dimes			_____
United Way			_____
Other: List below			_____

	-		
Total Cash Contributions			

(Be sure to insert your name on this line)

**EXHIBIT I
DEPENDENT & DAY CARE**

NOTE: Complete this page only if you have a child under age 16 during some part of 2009.

NOTE: If your child turned 16 during the year, only include expenses paid before the child turned age 16.

Name of Child	Name of Provider	Full Address of Provider	EIN of Provider	Cost of Day Care

Did you receive employer-provided dependent care assistance? Yes ____ No ____ Amount received: \$ ____