

2009	1040	US	Tax Organizer
-------------	-------------	-----------	----------------------

Laciak Accountancy Group, PC
833 West Lincoln Hwy, Ste 109W
Schererville, IN 46375
Telephone number: (219) 864-7000
Fax number: (219) 864-7007
E-mail address:

Tax Return Appointment

Date:
Time:
Location:

This tax organizer will assist you in gathering information necessary for the preparation of your 2009 tax return. Please enter all pertinent 2009 information.

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 phone		
Work extension		
Cell phone		
E-mail address		

Address

In care of	
Street address	
Apartment number	
City	
State	
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		

2009 1040 US Tax Organizer

Please enter all pertinent 2009 information. If you have attached a government form for an item, check the box and do not enter a 2009 amount.

WAGES, SALARIES AND TIPS

Employer name:

<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____

2009 Amount	2008 Amount
Attach Forms W-2	_____

INTEREST INCOME

Payer name:

<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____

Attach Forms 1099-INT	_____

DIVIDEND INCOME

Payer name:

<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____

Attach Forms 1099-DIV	_____

PENSIONS, IRA AND GAMBLING INCOME

Payer name:

<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____

Attach Forms 1099-R & W-2G	_____

_____	_____
_____	_____

Winnings not reported on W-2G
 Total gambling losses

OTHER GOVERNMENT FORMS - INCOME

Form 1099-B - Sales of stock (also include transaction history)

Form 1099-MISC - Miscellaneous income

Form 1099-S - Sales of real estate (also include closing statements)

Form 1099-G - State tax refunds

Attach Forms 1099	
--------------------------	--

Attach Forms 1099	_____
--------------------------	-------

Taxpayer:

Form SSA-1099 - Social security benefits

Form 1099-G - Unemployment compensation

Attach Forms 1099	_____
--------------------------	-------

Spouse:

Form SSA-1099 - Social security benefits

Form 1099-G - Unemployment compensation

Attach Forms 1099	_____
--------------------------	-------

MISCELLANEOUS INCOME

Taxpayer: Alimony received

Spouse: Alimony received

Other: _____

_____	_____
_____	_____
_____	_____

