Court A. Koep, CPA, PA

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Dear Client:

This Client Organizer is designed to help you gather tax information needed to prepare your 2007 personal income tax return. We have preprinted certain information from your 2006 personal income tax return to help you complete the organizer with minimal time and effort.

Enter 2007 information on the Client Organizer sheets provided. If any information does not apply to you or is incorrect, please draw a line through it or make the necessary corrections.

The Client Questionnaire asks about pertinent tax items necessary for preparing the most accurate tax return possible. Please answer all applicable questions and attach a statement when necessary for additional information not provided in the Client Organizer.

We will also need the following information:

- Forms W-2 for wages, salaries and tips.
- All Forms 1099 for interest, dividends, miscellaneous income, etc.
- Brokerage statements showing investment transactions for stocks, bonds, etc.
- Schedule K-1 showing income from partnerships, S corporations, estates and trusts.
- Statements supporting deductions for mortgage interest and taxes.
- Any tax notices sent to you by the IRS or other taxing authority.
- A copy of your income tax return from last year, if not prepared by this office.

Thank you for the opportunity to serve you.

Sincerely,

Court A. Koep, CPA, PA

Questions

Please check the appropriate box and include all necessary details.

	Yes	No
Personal Information		
Did your marital status change during the year?	p	p
Did your address change from last year?	p	p
Can you be claimed as a dependent by another taxpayer?	p	p
Did your bank account change to direct deposit your refund last year?	p	p
Dependent Information		
Were there any changes in dependents from the prior year?	p	p
If yes, explain: ____		
Do you have any children under age 14 with unearned income in excess of $1600?	p	p
IF YOUR CHILD FILED THIER OWN TAX RETURN THIS YEAR AND YOU ARE CLAIMING THEM AS AN EXEMPTION, BRING A COPY OF THIER RETURN.		
Purchases, Sales and Debt Information		
Did you start a new business or purchase rental property during the year?	p	p
Did you sell, exchange, or purchase any real estate during the year?	p	p
Did you acquire or dispose of any stock during the year?	p	p
Did you refinance a principal residence or second home this year?	p	p
Did you sell an existing business, rental, or other property this year?	p	p
Income Information		
Did you have any foreign income or pay any foreign taxes during the year?	p	p
Did you receive any income from property sold prior to this year?	p	p
Did you receive lump-sum payments from pension, profit sharing or 401(k) plan?	p	p
Did you make any withdrawals from an IRA, Keogh, SIMPLE, or SEP account?	p	p
Did you make any withdrawals from an education savings/529 Plan account?	p	p
Did you receive any disability income during the year?	p	p
Did you cash any Series EE or I U.S. Savings bonds issued after 1989?	p	p
Itemized Deduction Information		
Do you have evidence to substantiate charitable contributions of $250 or more?	p	p
Did you make any noncash charitable contributions (clothing, furniture, etc.)?	p	p
Did you use your car on the job, for other than commuting?	p	p
Did you work out of town for part of the year?	p	p
Did you have any educational expenses during the year?	p	p
Did you have any expenses related to seeking a new job during the year?	p	p
Did you make any major purchases during the year (cars, boats, etc.)?	p	p
Did you make any out-of-state purchases (by telephone, internet, mail, in person) that the seller did not collect state sales or use tax?	p	p
Miscellaneous Information		
Did you make gifts of more than $11,000 to any individual?	p	p
Did you engage in any bartering transactions?	p	p
Are you covered by a pension or retirement plan?	p	p
Did you incur moving costs because of a job change?	p	p
Were you a grantor or transferor for a foreign trust, have an interest in or a signature or other authority over a bank account, securities account, or other financial account in a foreign country?	p	p
Did you receive correspondence from the State or the Internal Revenue Service?	p	p
If yes, bring all correspondense with you.		

Personal Information

Filing (Marital) status code (1 = Single, 2 = Married filing joint, 3 = Married filing separate, 4 = Head of household, 5 = Qualifying widow(er)) ___ [1]
Mark if you were married but living apart all year ___ [2]

	Taxpayer		Spouse	
Social security number	___	[3]	___	[4]
First name	CLIENT	[5]	___	[6]
Last name	___	[7]	___	[8]
Occupation	___	[9]	___	[10]
Designate $3.00 to the presidential election campaign fund? (1 = Yes, 2 = No, 3 = Blank)	2	[11]	___	[13]
Mark if legally blind	___	[14]	___	[15]
Mark if dependent of another taxpayer	___	[16]	___	[17]
Date of birth	___	[18]	___	[19]
Date of death	___	[20]	___	[21]
Work/daytime telephone number/ext number	___ [22] ___	[23]	___ [24] ___	[25]
Do you authorize us to discuss your return with the IRS? (1 = Yes, 2 = No)	1	[26]		

Present Mailing Address

Address ___ [30]
Apartment number ___ [31]
City ___ [32]
State postal code ___ [33]
Zip code ___ [34]
Home/evening telephone number ___ [35]
Email address ___ [36]
In care of addressee ___ [37]

Dependent Information

(*Please refer to Dependent Codes located at the bottom)

[38]

First Name	Last Name	Date of Birth	Social Security No.	Relationship	Months lived in your home	Dep Codes *	Dep Codes **	Care expenses paid for dependent

Name of child who lived with you but is not your dependent ___ [39]
Social security number of qualifying person ___ [40]

Dependent Codes

***Basic**
- **1 = Child who lived with you**
- **2 = Child who did not live with you**
- **3 = Other dependent**
- **4 = Claimed under pre-1985 agreement**
- **5 = Qualifying child for Earned Income Credit only**
- **6 = Children who lived with you, but do not qualify for Earned Income Credit**
- **7 = Children who lived with you, but do not qualify for Child Tax Credit**
- **8 = Children who lived with you, but do not qualify for Child Tax Credit or Earned Income Credit**
- **9 = Qualifying child for Child Tax Credit only, who is not a dependent**
- **10 = Qualifying child for Earned Income Credit and Child Tax Credit only, who is not a dependent**

****Other**
- **1 = Student (Age 19 - 23)**
- **2 = Disabled dependent**
- **3 = Dependent who is both a student and disabled**

Direct Deposit/Electronic Funds Withdrawal Information

If you would like to have a refund direct deposited into or a balance due debited from your bank account(s), please enter the following information:

Primary account:
- Financial institution routing transit number ____ [1]
- Name of financial institution ____ [2]
- Your account number ____ [3]
- Type of account (1 = Savings, 2 = Checking, 3 = IRA*) _ [4]

Secondary account #1:
- Financial institution routing transit number ____ [7]
- Name of financial institution ____ [8]
- Your account number ____ [9]
- Type of account (1 = Savings, 2 = Checking, 3 = IRA*) _ [10]

Secondary account #2:
- Financial institution routing transit number ____ [13]
- Name of financial institution ____ [14]
- Your account number ____ [15]
- Type of account (1 = Savings, 2 = Checking, 3 = IRA*) _ [16]

*Refunds may only be direct deposited to established traditional, Roth or SEP-IRA accounts. Make sure direct deposits will be accepted by the bank or financial institution.

Client Contact Information

Preparer - Enter on Screen Contac

Car telephone number ____ [6]
Fax telephone number ____ [7]
Mobile telephone number ____ [8]
Pager number ____ [9]
Other: ____ [10]
- Telephone number ____ [11]
- Extension ____ [12]

NOTES/QUESTIONS:

Electronic Filing

Please note that not all returns qualify for electronic filing under IRS rules

If you qualify for electronic filing, mark if you would like to file the return electronically with the IRS X [1]
Mark if you would like your return prepared and filed electronically only if you receive a refund ___ [4]
Mark if you would like your return prepared and filed electronically if your refund is greater than a certain amount ___ [5]
Enter the minimum refund amount here ___ [6]
Mark if you are filing a balance due return electronically and you want to pay the amount due by debiting your financial institution account ___ [7]

The IRS requires a Personal Identification Number (PIN) be used in signing returns that are electronically filed.
Each taxpayer and spouse, if applicable, must provide a 5 digit self-selected PIN of your choice other than all zeroes.
Taxpayer self-selected Personal Identification Number (PIN) ___ [2]
Spouse self-selected Personal Identification Number (PIN) ___ [3]

NOTES/QUESTIONS:

Estimated Taxes

If you have an overpayment of 2007 taxes, do you want the excess:

Refunded ___ [38]

Applied to 2008 estimated tax liability ___ [39]

Do you expect a considerable change in your 2008 income? (1 = Yes, 2 = No) ___ [40]

If yes, please explain any differences:

___ [41]

___ [42]

___ [43]

___ [44]

Do you expect a considerable change in your deductions for 2008? (1 = Yes, 2 = No) ___ [45]

If yes, please explain any differences:

___ [46]

___ [47]

___ [48]

___ [49]

Do you expect a considerable change in the amount of your 2008 withholding? (1 = Yes, 2 = No) ___ [50]

If yes, please explain any differences:

___ [51]

___ [52]

___ [53]

___ [54]

Do you expect a change in the number of dependents claimed for 2008? (1 = Yes, 2 = No) ___ [55]

If yes, please explain any differences:

___ [56]

___ [57]

___ [58]

___ [59]

2007 Federal Estimated Tax Payments

2006 overpayment applied to 2007 estimates + ___ [1]

Mark if you paid the calculated amounts on the dates due indicated below. Skip the remaining fields. ___ [4]

If your estimated payments were not made on the date due or were for an amount other than the calculated amount below, please enter the actual date and amount paid.

	Date Due	Date Paid if After Date Due	Amount Paid	Calculated Amount
1st quarter payment	4/17/07	___ [5]	+ ___ [6]	___
2nd quarter payment	6/15/07	___ [7]	+ ___ [8]	___
3rd quarter payment	9/17/07	___ [9]	+ ___ [10]	___
4th quarter payment	1/15/08	___ [11]	+ ___ [12]	___
Additional payment		___ [13]	+ ___ [14]	

NOTES/QUESTIONS:

Interest Income

Please provide copies of all Form 1099-INT or other statements reporting interest income.

Enter percentages in the XXX.XX format. For example, enter 100% as 100 or 75% as 75.

T/S/J	Type Code (*See codes below)			Interest Income [1]	Tax Exempt Income	Penalty on Early Withdrawal	U.S. Obligations Percent	Tax Exempt Percent	Foreign Taxes Paid	Prior Year Information
		1	Payer							
			Amounts	+						
		2	Payer							
			Amounts	+						
		3	Payer							
			Amounts	+						
		4	Payer							
			Amounts	+						
		5	Payer							
			Amounts	+						
		6	Payer							
			Amounts	+						
		7	Payer							
			Amounts	+						
		8	Payer							
			Amounts	+						
		9	Payer							
			Amounts	+						
		10	Payer							
			Amounts	+						

*Interest Codes		
Blank = Regular Interest	4 = Accrued Interest	6 = ABP Adjustment
3 = Nominee Distribution	5 = OID Adjustment	7 = Series EE & I Bond

	Control Totals +		Form ID: B1

Dividend Income

Please provide copies of all Form 1099-DIV or other statements reporting dividend income.

Enter percentages in the XXX.XX format. For example, enter 100% as 100 or 75% as 75.

T S J	Type Code (*See codes below)			Ordinary Dividends [1]	Qualified Dividends	Total Cap Gain Distributions	Section 1250	Sec. 1202 Exclusion	28% Capital Gain	Tax Exempt Dividends	U.S. Obligations Percent	Tax Exempt Percent	Foreign Taxes Paid	Prior Year Information
		1	Payer											
			Amounts	+										
		2	Payer											
			Amounts	+										
		3	Payer											
			Amounts	+										
		4	Payer											
			Amounts	+										
		5	Payer											
			Amounts	+										
		6	Payer											
			Amounts	+										
		7	Payer											
			Amounts	+										
		8	Payer											
			Amounts	+										
		9	Payer											
			Amounts	+										
		10	Payer											
			Amounts	+										

*Dividend Codes	
Blank = Other	3 = Nominee

	Control Totals +		Form ID: B2

Form ID: D

Sales of Stocks, Securities, and Other Investment Property

Please provide copies of all Forms 1099-B and 1099-S

Did you have any securities become worthless during 2007? (1 = Yes; 2 = No) _[9]

Did you have any debts become uncollectible during 2007? (1 = Yes; 2 = No) _[10]

Did you have any commodity sales, short sales, or straddles? (1 = Yes; 2 = No) _[11]

Did you exchange any securities or investments for something other than cash? (1 = Yes; 2 = No) _[13]

T/S/J	Description of Property	Date Acquired	Date Sold	Gross Sales Price (Less expenses of sale)	Cost or Other Basis
				+ [1]	+ [2]
				+	+
				+	+
				+	+
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	Control Totals +	INCOME	**Form ID: D**

Other Income

Please provide all Forms 1099 showing miscellaneous income

	2007 Information: Taxpayer		2007 Information: Spouse		Prior Year Information
State and local income tax refunds			+	[1]	
Alimony received	+	[3]	+	[4]	
Unemployment compensation	+	[8]	+	[9]	
Unemployment compensation federal withholding	+	[8]	+	[9]	
Unemployment compensation state withholding	+	[8]	+	[9]	
Unemployment compensation repaid	+	[11]	+	[12]	
Social security benefits	+	[16]	+	[17]	
Social security benefits federal withholding	+	[16]	+	[17]	
Social security benefits state withholding	+	[16]	+	[17]	
Medicare premiums to be reported on Schedule A	+	[19]	+	[20]	
Railroad retirement benefits	+	[24]	+	[25]	
Railroad retirement benefits federal withholding	+	[24]	+	[25]	
Railroad retirement benefits state withholding	+	[24]	+	[25]	

T/S/J	Self-Employment Income ? 1 = Yes, 2 = No	Other income, such as: Commissions, Jury pay, Director fees, Taxable scholarships	2007 Information		Prior Year Information
			+	[27]	
			+		
			+		
			+		
			+		
			+		
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			+		
			+		

	Taxpayer		Spouse	
Alaska Permanent Fund dividends	+	[29]	+	[30]

NOTES/QUESTIONS:

Traditional IRA

		Taxpayer		Spouse
Are you or your spouse (if MFJ or MFS) covered by an employer's retirement plan? (1 = Yes, 2 = No)		_[1]		_[2]
Do you want to contribute the maximum allowable traditional IRA contribution amount? If yes, enter the applicable code: (1 = Deductible only, 2 = Both deductible and nondeductible)		_[3]		_[4]
Enter the total traditional IRA contributions made for use in 2007	+	[5]	+	[6]

		Taxpayer		Spouse
Enter the nondeductible contribution amount made for use in 2007	+	[9]	+	[10]
Enter the nondeductible contribution amount made in 2008 for use in 2007	+	[11]	+	[12]
Traditional IRA basis	+	[13]	+	[14]
Value of all your traditional IRA's on December 31, 2007:				
	+	[15]	+	[16]
	+		+	
	+		+	
	+		+	
	+		+	

Roth IRA

Please provide copies of any 1998 through 2006 Form 8606 not prepared by this office

		Taxpayer		Spouse
Mark if you want to contribute the maximum Roth IRA contribution		_[25]		_[26]
Enter the total Roth IRA contributions made for use in 2007	+	[27]	+	[28]
Enter the total amount of Roth IRA conversion recharacterizations for 2007	+	[33]	+	[34]
Enter the total contribution Roth IRA basis on December 31, 2006	+	[37]	+	[38]
Enter the total Roth IRA contribution recharacterizations for 2007	+	[39]	+	[40]
Enter the Roth conversion IRA basis on December 31, 2006	+	[41]	+	[42]
Value of all your Roth IRA's on December 31, 2007:				
	+	[43]	+	[44]
	+		+	
	+		+	
	+		+	
	+		+	

NOTES/QUESTIONS:

Other Adjustments

Alimony Paid:

T/S/J	Recipient name	Recipient SSN	2007 Information	Prior Year Information
			+ [1]	
Address				
			+	
Address				
			+	
Address				

	2007 Information Taxpayer	2007 Information Spouse	Prior Year Information
Educator expenses:			
+	[3]	+ [4]	
+		+	
Self-employed health insurance premiums: (Not entered elsewhere)			
+	[6]	+ [7]	
+		+	
Self-employed long-term care premiums: (Not entered elsewhere)			
+	[9]	+ [10]	
+		+	
Other adjustments:			
+	[12]	+ [13]	
+		+	
+		+	
+		+	
+		+	
+		+	
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NOTES/QUESTIONS:

Schedule A - Medical and Dental Expenses

T/S/J | 2007 Information | Prior Year Information

Medical and dental expenses, such as: Doctors, Dentists, Nurses, Hospital and nursing homes, Lab fees and x-rays, Medical and surgical supplies, Hearing aids, Guide dogs, Eyeglasses and contact lenses, and Insurance reimbursements received

[1] + [2]

Medical insurance premiums you paid*:

[4] + [5]

Long-term care premiums you paid*:

[7] + [8]

Prescription medicines and drugs:

[10] + [11]

[13] Miles driven for medical items [14]

*Not entered elsewhere

Schedule A - Tax Expenses

T/S/J | 2007 Information | Prior Year Information

State/local income taxes paid:

[16] + [17]

2006 state and local income taxes paid in 2007:

[19] + [20]

Real estate taxes paid on:

[22] + [23]

Personal property taxes:

[25] + [26]

Other taxes, such as: Intangible taxes and State disability taxes

[28] + [29]

Sales tax paid on major purchases:

[34] + [35]

Sales tax paid on actual expenses:

[37] + [38]

Control Totals + | ITEMIZED | Form ID: A1

Interest Expenses

T/S/J		2007 Information	Type*	Percentage (XXX.XX)	Mortgage Ins. Premiums Paid	Prior Year Information
[1]	Home mortgage interest: From Form 1098	+	[2]		+	
		+			+	
		+			+	
		+			+	
		+			+	
		+			+	
		+			+	
		+			+	
		+			+	
		+			+	

***Mortgage Types**

Blank = Used to buy, build or improve main/qualified second home
1 = Not used to buy, build, improve home or investment
2 = Used to pay off previous mortgage
3 = Used to pay off previous mortgage, excess proceeds invested
4 = Taken out before 7/1/82 and secured by home used by taxpayer

Other, such as: Home mortgage interest paid to individuals

T/S/J	Name	SSN	2007 Information	Prior Year Information
[4]			+ [5]	
Address				
			+	
Address				
			+	
Address				
			+	
Address				
			+	
Address				

Refinancing Points paid in 2007:

Taxpayer/Spouse/Joint (T, S, J) [7]
Description
Total points paid
Percentage of principal exceeding original mortgage (For AMT adjustment)
Points paid in 2007 **(Preparer use only)**
Date of refinance
Total number of payments
Reported on Form 1098 in 2007
Taxpayer/Spouse/Joint (T, S, J)
Description
Total points paid
Percentage of principal exceeding original mortgage (For AMT adjustment)
Points paid in 2007 **(Preparer use only)**
Date of refinance
Total number of payments
Reported on Form 1098 in 2007

T/S/J		2007 Information	Prior Year Information
	Investment interest expense, other than on K-1s:		
[10]		+ [11]	
		+	
		+	
		+	
		+	
		+	
		+	
		+	
		+	
		+	

	Control Totals +	ITEMIZED	Form ID: A2

Charitable Contributions

T/S/J		2007 Information	Prior Year Information
	Contributions made by cash or check		
_[1]		+ [2]	
_		+	
_		+	
_		+	
_		+	
_		+	
_		+	
_		+	
_		+	
_[4]	Volunteer miles driven	[5]	
	Noncash items, such as: Goodwill, Salvation Army		
_[7]		+ [8]	
_		+	
_		+	
_		+	
_		+	
_		+	

Miscellaneous Deductions

T/S/J		2007 Information	Prior Year Information
	Unreimbursed expenses, such as: Uniforms, Professional dues, Business publications, Job seeking expenses, Educational expenses		
_[10]		+ [11]	
_		+	
_		+	
_		+	
_		+	
	Union dues:		
_[13]		+ [14]	
_		+	
_[16]	Tax preparation fees	+ [17]	
	Other expenses, subject to 2% AGI limitation, such as: Legal/accounting fees, IRA custodian fees		
_[19]		+ [20]	
_		+	
_		+	
_		+	
_[22]	Safe deposit box rental	+ [23]	
	Investment expenses, other than on K1s:		
_[25]		+ [26]	
_		+	
_		+	
	Other expenses, not subject to the 2% AGI limitation:		
_[29]		+ [30]	
_		+	
_		+	
_		+	
	Gambling losses: (Enter only if you have gambling income)		
_[32]		+ [33]	
_		+	

Client Notes

Submit questions and provide additional information to your tax return preparer here.

Taxpayer name(s) CLIENT

Social security number