

<b>2009</b>	<b>1040</b>	<b>US</b>	<b>Tax Organizer</b>
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**Kleinhenz & Company, LLP**  
 4029 West Tilghman St.  
 Allentown, PA 18104  
 Telephone number: (610) 432-9417  
 Fax number: 610-432-4686  
 E-mail address: kleinhenz@verizon.net

**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"/>	_____

2009 Amount	2008 Amount
<b>Attach Forms W-2</b>	_____
	_____
	_____
	_____

**INTEREST INCOME**

Payer name:

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

<b>Attach Forms 1099-INT</b>	_____
	_____
	_____
	_____

**DIVIDEND INCOME**

Payer name:

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

<b>Attach Forms 1099-DIV</b>	_____
	_____
	_____
	_____

**PENSIONS, IRA AND GAMBLING INCOME**

Payer name:

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

<b>Attach Forms 1099-R &amp; W-2G</b>	_____
	_____
	_____
	_____
_____	_____
_____	_____

Winnings not reported on W-2G. . . . .  
 Total gambling losses . . . . .

**OTHER GOVERNMENT FORMS - INCOME**

<input type="checkbox"/>	Form 1099-B - Sales of stock (also include transaction history) . . . . .
<input type="checkbox"/>	Form 1099-MISC - Miscellaneous income . . . . .
<input type="checkbox"/>	Form 1099-S - Sales of real estate (also include closing statements) . . . . .
<input type="checkbox"/>	Form 1099-G - State tax refunds . . . . .

<b>Attach Forms 1099</b>	
<b>Attach Forms 1099</b>	

Taxpayer:

<input type="checkbox"/>	Form SSA-1099 - Social security benefits . . . . .
<input type="checkbox"/>	Form 1099-G - Unemployment compensation . . . . .

<b>Attach Forms 1099</b>	
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Spouse:

<input type="checkbox"/>	Form SSA-1099 - Social security benefits . . . . .
<input type="checkbox"/>	Form 1099-G - Unemployment compensation . . . . .

<b>Attach Forms 1099</b>	
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**MISCELLANEOUS INCOME**

Taxpayer: Alimony received . . . . .  
 Spouse: Alimony received . . . . .  
 Other: \_\_\_\_\_

_____	_____
_____	_____
_____	_____



