2007 Tax Organizer

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This Tax Organizer was created to assist you with the process of information gathering necessary for us to prepare your income tax return. Please include your 2007 information in the designated areas and bring this organizer with you when you meet with us.

Please provide the following information:

- 1. A copy of your 2006 tax return (if not in our possession).
- 2. Original form(s) W-2.
- 3. Schedule(s) K-1 showing income or loss from partnerships, S corporations or estates or trusts.
- 4. Copies of other compensation or pension documentation, such as Form 1099-MISC or Form 1099-R.
- 5. Form(s) 1099 or statements reporting dividend and interest income.
- 6. Brokerage statements showing transactions for stocks, bonds, etc.
- 7. Form(s) 1098 reporting interest paid, copies of real estate tax bills and other information relating to real property holdings.
- 8. Copies of closing statements regarding the sale or purchase of real property.
- 9. All other information notices you received, or any items you have questions about.

Basic Taxpayer Information

		Personal	Informat	ion			
	Taxpayer				Spouse		
Last Name First Name							
Middle Initial & Suffix	MI	-	Suffix	MI		Suffix	
Social Security Number Occupation			_				
Work Phone/Extension							
Cell Phone							
E-Mail Address							
Birthdate or Age as of 1-1-08 MM/DD/YYYY				MM/DD/YYYY			
Blind	Yes	No		Yes	No		
Contribute to Presidential							
Election Campaign Fund	Yes	No		Yes	No	_	
Eligible to be claimed as a							
dependent on another return	Yes	No		Yes	No		
Street Address				Apartment Number			
CI'.	State						
Home Phone							
Fax		_ Foreign P	hone				
		Filin	g Status				
Single							
Married Filing Jointly	,						
Married Filing Separa							
Place a check on th							
Place a check on th							
Place a check on th	is line if yo	our spouse ite	mizes dedu	ctions			
Head of Household If the qualifying pe	reon is a ch	ild but not w	our donanda	nt ontor			
Child's Name				nt, enter 's Social Securi	tv Number		
Qualifying Widow(er)			Cimu	5 Social Securit	., 1 (4111001		
Place a check on th		ne vear the cr	ouse died		2005	2006	

Dependent Information

		•						
Full Name (first name, middle initial, last name, suffix)			Soc. Sec. Number Relationship		** <u>Code</u> +Months in US	<u>Date of Birth</u> *Not Citizen	<u>Care</u> 2000	7 Child 2 Exp 6 Child 2 Exp
** For the Depender	nt	Code, enter the fe	ollowing:					
<u> </u>		t child who lived	•					
		t child who didn't		du	e to divorce o	or separati	on	
O = other de	-							
+ Enter the number			ent lived with y	ou	, and/or you	spouse if	marr	ied
filing jointly, in the			TI G		• •	1.		
* Check this box if	d	ependent child is	not a U.S. citiz	en	or resident a	lien.		
		Cono	eral Informatio	.				
		Gene	erai imormano)II			Yes	No
1 Did vour marital sta	fus	s change during 2007	'9				103	110
 Did your marital status change during 2007?								
Phone Number								
3. Do you or your spouse plan to retire in 2008? 4. Were you or your spouse permanently and totally disabled during 2007? 5. Enter date of death for taxpayer or spouse(if during 2007 or 2008):								
Taxpayer:Spouse:								
		Additional I	Dependent Info	orı	mation			
6.a Do you have depend	de	nts who must file?						
b If yes, do you want	us	s to prepare the return	n(s)?					
7.a Do you have childre								
b If yes, do you want to include your child's income on your return?								
9. Did you provide over half the support for any other person during 2007?								
10. Did you incur adoption expenses during 2007?								
IRA and Pension Plan								
11. Did you receive pay12. Did you receive a to or totally rolled over13. Did you convert all	ta r ii	l distribution from an nto another IRA or qu	IRA or other qua nalified plan withi	lifi n 6	ed plan that wa 0 days of the d	s partially istribution?		_

Items Related to Income/Losses		
14. Did you receive any disability payments in 2007?		
Prior Year Tax Returns		
 19. Were you notified by the Internal Revenue Service or state taxing authority of changes to a prior year's return?	_	_
Health and Life Insurance		
 21. Did you or your spouse have self-employed health insurance? 22. If you or your spouse are self-employed, are either of you eligible to participate in an employer's health plan at another job? 23. Did your employer pay premiums on life insurance in excess of \$50,000 where the proceeds are payable to beneficiaries name by you? 		
Miscellaneous		
24. Did you make energy-efficient improvements to your home or purchase any energy-saving property during 2007? If yes, attach details. 25. Did you purchase a motor vehicle or boat during 2007?		
If yes, attach documentation showing sales tax paid. 26. Did you purchase a hybrid vehicle in 2007?		
27. Did you donate a vehicle in 2007? If yes, attach Form 1098C		
 31. If there were dues paid to an association, was any portion required to be non-deductible due to political lobbying by the association?		
Medicare+Choice MSA.) 33. Did you pay interest on a student loan for yourself, your spouse, or your dependents? 34. Did you, your spouse, or your dependents attend post-secondary school in 2007? 35. Did you receive any income not included in this Tax Organizer?		

Electronic Filing and Direct Deposit of Refund	
36. If your tax return is eligible for Electronic Filing, would you like to file electronically? 37. The Internal Revenue Service is able to deposit many refunds directly into taxpayers' accounts. If you receive a refund, would you like direct deposit?	 _ _
Business/Investment Questions	
 38. Did you busy or sell any stocks or bonds in 2007?	
 3. Date; 4. Business purpose; 5. Description of gift(s); and Business relationship of recipient. 44. Did you purchase special fuels for non-highway use?	 _