

2009 Individual Tax Checklist

Taxpayer's Name:			Spouse's Name:		
Street Address:			Street Address: (check <input type="checkbox"/> if same as taxpayer)		
City:	State:	Zip:	City:	State:	Zip:
School District:		Municipality:		County:	
Occupation:			Occupation:		
Email Address: _____ @ _____ .			Email Address: _____ @ _____ .		
Home Phone #: (____) _____ - _____			Home Phone #: (____) _____ - _____		
Work Phone #: (____) _____ - _____			Work Phone #: (____) _____ - _____		
Cell Phone #: (____) _____ - _____			Cell Phone #: (____) _____ - _____		
Taxpayer's Date of Birth: / /	Taxpayer's Soc. Sec. # - -		Spouse's Date of Birth: / /	Spouse's Soc. Sec. # - -	
Dependent's Name	Soc. Sec. #	Date of Birth	Relationship	# of Months Lived w/ you	
	- -	/ /			
	- -	/ /			
	- -	/ /			
	- -	/ /			

PLEASE PROVIDE COPIES OF SOC. SEC. CARDS FOR ALL FAMILY MEMBERS IF WE HAVE NOT PREVIOUSLY PREPARED YOUR RETURNS.
DO YOU HAVE INCOME FROM THE FOLLOWING SOURCES? PLEASE ENCLOSE ALL FORMS.

- | | |
|---|---|
| <input type="checkbox"/> Wages (W-2's) | <input type="checkbox"/> Pension & Annuity Distributions (1099-R) |
| <input type="checkbox"/> Interest (1099-Int) | <input type="checkbox"/> Rental Income & Expenses (Enclose a Detailed Schedule) |
| <input type="checkbox"/> Dividends (1099-Div) | <input type="checkbox"/> Partnerships , S Corporations & LLC (K-1) |
| <input type="checkbox"/> Tax-Exempt Interest (1099-Int) | <input type="checkbox"/> Estate or Trust (K-1) |
| <input type="checkbox"/> State & Local Tax Refunds (1099-G) | <input type="checkbox"/> Farm Income & Expenses (Complete Enclosed Checklist) |
| <input type="checkbox"/> Alimony Received \$ _____ | <input type="checkbox"/> Unemployment (UC-1099-G) |
| <input type="checkbox"/> Business Income & Expenses (Complete Enclosed Checklist) | <input type="checkbox"/> Social Security (Statement) |
| <input type="checkbox"/> Stocks/Mutual Funds Sales (1099-B) | <input type="checkbox"/> Commissions & Fees Received (1099-MISC) |
| <input type="checkbox"/> Sale of Property or Residence (Settlement Sheet) | <input type="checkbox"/> Prizes/Miscellaneous Income/Gambling Income (W-2G) |
| <input type="checkbox"/> IRA Distributions (1099-R) | <input type="checkbox"/> Interest in Any Foreign Financial Account |

>> Did you make Estimated Tax Payments for 2009? <<

	<u>04/15/2009</u>	<u>06/15/2009</u>	<u>09/15/2009</u>	<u>01/15/2010</u>
IRS (US Treasury)	\$	\$	\$	\$
PA Department of Revenue	\$	\$	\$	\$
Local Tax Collector	\$	\$	\$	\$

<input type="checkbox"/> Regular IRA	Taxpayer	\$	Spouse	\$
<input type="checkbox"/> Roth IRA (not tax deductible)	Taxpayer	\$	Spouse	\$
<input type="checkbox"/> Non-Deductible IRA	Taxpayer	\$	Spouse	\$
<input type="checkbox"/> SEP / Simple / Qualified Plan	Taxpayer	\$	Spouse	\$
<input type="checkbox"/> Alimony Paid – Recipient’s Soc. Sec. # _____ - _____ - _____				\$
<input type="checkbox"/> Medical & Dental Expenses				\$
<input type="checkbox"/> Health Insurance Premiums				\$
<input type="checkbox"/> Long-Term Care Insurance Premiums	Taxpayer	\$	Spouse	\$
<input type="checkbox"/> Medical Mileage - Miles _____ @ .24 cents				\$
<input type="checkbox"/> Real Estate Taxes				\$
<input type="checkbox"/> Occupational Privilege Taxes or EMST				\$
<input type="checkbox"/> Sales Tax Paid on Vehicle & Boat Purchases (need settlement sheet)				\$
<input type="checkbox"/> Home Mortgage Interest (1098)				\$
<input type="checkbox"/> Home Equity Interest (1098)				\$
<input type="checkbox"/> Home Mortgage Interest Paid to Individuals				\$
>Name, Address, Soc. Sec. #				
<input type="checkbox"/> Points not reported on Form 1098				\$
<input type="checkbox"/> Mortgage Insurance Premiums				\$
<input type="checkbox"/> Investment Interest (Broker’s Statement)				\$
<input type="checkbox"/> Student Loan Interest				\$
<input type="checkbox"/> Charitable Contributions – All must be documented				\$
<input type="checkbox"/> Used Clothing & Non-Cash Items to Charity (Details)				\$
<input type="checkbox"/> Mileage Driven for Charity # _____ miles x .14 cents				\$
<input type="checkbox"/> Union & Professional Dues	Taxpayer	\$	Spouse	\$
<input type="checkbox"/> Unreimbursed Employee Expenses (Details)	Taxpayer	\$	Spouse	\$
<input type="checkbox"/> Business Use of Your Auto You must complete the “Vehicle Information Questionnaire”				\$
<input type="checkbox"/> Teaching Supplies				\$
<input type="checkbox"/> Job Education				\$
<input type="checkbox"/> Job Hunting Expenses				\$
<input type="checkbox"/> Tax Return Preparation Fee				\$
<input type="checkbox"/> Investment Expenses				\$
<input type="checkbox"/> Safe Deposit Box Rental				\$
<input type="checkbox"/> Moving Expenses Date Moved: _____				\$
<input type="checkbox"/> Child Care Expenses Dependent Name: _____				\$
>Provider name, address, Soc. Sec. # or EIN #				\$
<input type="checkbox"/> College Tuition & Enrollment Related Expenses				\$
>Which Dependent(s)? <input type="checkbox"/> Freshman <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior				
>Course Materials (See “American Opportunity Credit” at www.dstortz.com/resources for qualifications)				\$
<input type="checkbox"/> Contributions to 529 Plans –Limit \$13,000 per beneficiary, per taxpayer, list beneficiary name(s) and amounts				\$
<input type="checkbox"/> Adoption Expenses				\$
>Which Dependent(s)?				
<input type="checkbox"/> Energy Tax Credits: Provide descriptions & costs for Energy-Efficient Improvements and Energy-Efficient Property. Refer to “Supplemental Information for 2009 Energy Tax Credits” at www.dstortz.com/resources for qualifications and additional information.				
<input type="checkbox"/> Settlement Sheet for purchase of home for 1 st time Homebuyer Credit				
> Other Comments:				
Do you want your refund Direct Deposited? If Yes, please attach a voided check or deposit slip. (up to 3 accounts)				

I (we) have maintained receipts for all expenses listed on this questionnaire and any other spreadsheets, checklists, computer disks, etc. provided to you for preparation of our returns.

Sign X _____ Sign X _____ Date _____

STORTZ

AND ASSOCIATES

Certified Public Accountants &
Business Development Specialists
P.O. Box 247, Emmaus PA 18049 • 4510 Bath Pike Ste. 200, Bethlehem PA 18017

I have engaged your firm to prepare my individual (1040) Federal, Pennsylvania, and local (one per taxpayer) income tax returns for the year ended December 31, 2009. I understand that if additional state or local returns are required there will be an additional fee, based on the time required to prepare those returns. I also understand that it is my responsibility to provide you with all of the information required to complete my tax return. In that regard I state that, to the best of my knowledge and belief:

1. I have provided true, correct, and complete information regarding my income as listed on the attached schedules, computer disk, tax organizers, W-2's, 1099s and/or attached written summaries. I understand that it is my responsibility to provide all the information necessary to complete the returns. I will retain for 4 years all the documents, receipts, cancelled checks and other records required to substantiate the items of income and expenses claimed on my return.
2. I have provided true, correct and complete information regarding amounts I have provided to you to claim as tax deductions, and have maintained written documentation supporting all amounts, including logbooks and receipts. I understand that if a question arises regarding the interpretation of tax law, and a conflict exists between the tax authorities' interpretation of the law, and other supportable positions, that you will use your professional judgment in resolving the issues.
3. I understand that taxing authorities may examine the returns, that documentation should be retained to support the information I provide to you, especially business travel and entertainment deductions, business use % of autos and other assets, and barter activities, and that penalties may be imposed on returns that are late, underpaid or incorrect.
4. I understand that you will not audit or otherwise verify any information, that you may require clarification or additional information, that you are not responsible for disallowed deductions, or the inclusion of additional unreported income or any resulting taxes, penalties or interest.
5. **I understand that I will be charged an additional fee if you are asked to assist or represent me in a tax examination OR INQUIRY.** I understand that, in the event of preparer error, I am responsible for additional tax that may be due, but that the extent of your responsibility is to pay for any penalty that the IRS or the state revenue department may assess.

6. I will contact you immediately if I discover additional information that will lead to a change in my return, or if I receive any letters from the IRS or state taxing authorities.
7. I understand that your policy is to put all tax advice in writing, and that I will not rely upon any unwritten advice because it may be tentative, incomplete, or not fully reviewed.
8. I understand that your bill will be due and payable upon completion of these returns, and that additional services will not be performed until the bill for these services is paid in full.
9. I understand that you will not file any federal, state or local tax extensions without my specific request to do so in writing, by fax or email.
10. I understand that if you do not receive **all** information to complete my returns by March 15, 2010, you may need to file an extension.
11. I understand that an extension is good for late filing penalty, but late payment penalties and interest charges will be assessed if monies are owed with the tax returns.
12. I understand that it is my responsibility to carefully examine and approve my completed tax returns before signing and submitting them to the authorities.
13. I will note at the bottom of the letter, any additional returns required.

RECORD RETENTION

In accordance with our firm's current document retention policy we will retain your tax returns for your engagement for four years. We will provide you a copy of the depreciation schedules and tax returns that should be a part of your books and records. If you should need replacements, we will provide additional copies at our standard copying fees. All of your original records will be returned to you. After four years, our files will no longer be available. Physical deterioration or catastrophic events may shorten the term during which our records will be available. The working papers and files of our firm are not a substitute for the original records.

I have read, understand, and accept the conditions of the engagement letter and the record retention policy discussed above.

Accepted by: _____ Date: _____

Accepted by: _____ Date: _____

Billing Code: _____