

Knoll & Company P.C. Client Tax Organizer & Questionnaire

*****Please bring a copy of last year's tax return if we did not prepare it for you last year*****

Personal Data

Your Name	SSN	Date of Birth
Spouse's Name	SSN	Date of Birth
Address		
City	State	ZIP
County	School District	
Evening Phone	Daytime Phone	
Cell Phone	Email Address	
Occupation	Spouse's Occupation	
Do you want \$3 to go to the Presidential Election Campaign Fund? Yes No		Legally Blind?
Does your spouse want \$3 to go to the Presidential Election Campaign Fund? Yes No		Legally Blind?
Your Colorado Driver's License #	Spouses Colorado Driver's License #	

Your Dependents

	Dependent #1	Dependent #2	Dependent #3	Dependent #4
First Name				
Last Name				
SSN				
Relationship				
Months lived with you				
Age / DOB				
Child Care Expenses				
College Tuition				
Income				
Student over age 18?				

Income Taxes Paid

FEDERAL

STATE

2007 Estimates:	Amount	Date Paid	Amount	Date Paid
April 16 2007				
June 15 2007				
Sept 17 2007				
Jan 15 2008				
2006 Overpay Applied				
2006 Balance Due				
2006 Refund				

INCOME

1. Wages - Attach all W-2s
2. Interest Income - Attach all 1099-INT and broker statements
3. Dividend Income from Mutual Funds and Stocks - Attach all 1099-DIV
4. Partnership, Trust, Estate Income - Attach all K-1s
5. Investments Sold - Attach all 1099-B and **list original cost and date purchased**
6. Property Sold - Attach 1099s and closing statements
7. Pension and Annuity Income - Attach 1099-R
8. Social Security Benefits - Attach SSA 1099
9. Railroad Retirement - Attach RRB 1099
10. Other Income - Please indicate amount if you have any of the following:

Alimony	_____	Disability Income	_____
Child Support	_____	Veteran's Pension	_____
Scholarship (Grants)	_____	Payment from Prior Installment Sale	_____
Unemployment Compensation (repaid)	_____	Principal	_____
Prizes, Bonuses, Awards	_____	Interest	_____
Gambling, Lottery (Expenses _____)	_____	Other	_____
Unreported Tips	_____	Other	_____
Director / Executor's Fee	_____		_____
Commission	_____		_____
Jury Duty	_____		_____
Worker's Compensation	_____		_____

Over

NAME

Miscellaneous Information

YES	NO	
		Did any births, adoptions, marriages, divorces, or deaths occur in your family during the year?
		Can you or your spouse be claimed as a dependent by someone else?
		Have you received all W-2's from all employers? How many? _____ Please attach
		Have you received any disability income during the year? \$_____
		Did you have a change in residence or job location during the year?
		Did you use your vehicle on the job other than for commuting to work?
		Did you go through bankruptcy proceedings?
		Are you or your spouse permanently and totally disabled and under age 65?
		Did you start a new business or purchase any new rental property during 2007?
		Did you purchase, sell or refinance your principle home, second home, or make a home equity loan? If yes, please bring closing papers (settlement sheet) and other pertinent information.
		Have you purchased any business assets (furniture, equipment, etc.) or converted personal assets to business use? If yes, please provide a list and any escrow papers for purchase of business real estate.
		Did you dispose of any business assets (including real estate)? If yes, please list.
		Did you receive any notices from the IRS or the state? If yes, please attach notice.
		Did you have an interest in or signature over a bank or brokerage account in a foreign country, or were you a grantor of or transferor to a foreign trust?
		Did you receive any type of prize or award during 2007?
		Did you engage in any bartering transactions in 2007?
		Did you surrender any U.S. Savings Bonds during 2007?
		Does anyone owe you money which has become uncollectible? (If relatives, it's usually not deductible)
		Did you incur a loss due to damaged or stolen property?
		Did you or your spouse "roll over" a profit-sharing or retirement plan distribution into another plan?
		Did you make any gifts over \$12,000 to any one person in 2007?
		Did you purchase any gasoline, diesel, or special fuels for non-highway business uses?
		Did you contribute to a CO Section 529 Plan? (college savings plan) If so, attach end of year statement.
		If you owned rental property, how much time did you spend working on your rentals?
		Did you have any household employees? (babysitter, housekeeper, nanny, etc.)
		Do you or your spouse contribute to any IRA accounts? If yes, what amount? \$_____
		Did you recharacterize any IRA's this year? (EX: convert from traditional to ROTH, etc.)
		Did you have any child care expenses?
		Did you receive Advance Child Tax Credit? If yes, what amount? \$_____
		Did you have property damaged by storm, water, fire, accident, or stolen? If yes, list details.
		Did you pay alimony? To whom? Name _____ SSN _____ \$ _____
		Did you or your spouse pay college tuition? If yes, list amount \$_____
		Do you anticipate any substantial change in your income, deductions or tax withholding for next year?

NAME _____

EXPENSES & ITEMIZED DEDUCTIONS

Medical / Dental Expenses

Medical Insurance Premiums (Paid by you) _____
 Prescription Drugs _____
 Insulin _____
 Glasses, Contacts _____
 Hearing Aids, Batteries _____
 Braces _____
 Medical Equipment, Supplies _____
 Nursing Care _____
 Medical Therapy _____
 Hospital _____
 Doctor / Dental / Orthodontist _____
 Mileage (No. of Miles) _____

Taxes Paid

Real Property Tax (attach bills) _____
 Personal Property Tax _____
 Other : _____

Interest Expense

Mortgage Interest Paid (Attach 1098) _____
 Interest paid to individual for your home (include amortization schedule) _____
 Paid To: Name _____
 Address _____
 SSN _____
 Investment Interest _____

Charitable Contributions

Church _____
 United Way _____
 Scouts _____
 Telethons _____
 University, Public TV / Radio _____
 Heart, Lung, Cancer, Etc. _____
 Wildlife Fund _____
 Salvation Army, Goodwill _____
 Other _____
 Non-Cash _____
 Volunteer (No. of Miles) _____

Employment-Related Expenses that you paid

Dues - Union, Professional _____
 Books, Subscriptions, Supplies _____
 Licenses _____
 Tools, Equipment, Safety Equip. _____
 Uniforms (include cleaning) _____
 Sales Expense, Gifts _____
 Tuition, Books (work related) _____
 Entertainment _____
 Travel _____

Investment-Related Expenses

Tax Preparation Fee _____
 Safe Deposit Box Rental _____
 IRA Fee _____
 Investment Counselor _____
 Other _____

Office in home:
 In Sq. Ft. a) Total Home _____
 b) Office _____
 c) Storage _____
 Rent _____
 Insurance _____
 Utilities _____
 Maintenance _____

Employee Business Mileage - Business & Rental Mileage see other page

Do you have written records? Yes / No _____
 Did you sell or trade in a car used for business? Yes / No _____
 (If yes, attach copy of purchase agreement)
 Make / Year Vehicle _____
 Date Purchased _____
 Total Miles (personal & business) _____
 Business Miles 1-1 to 12-31 _____
 Parking _____
 Gas, Oil, Lubrication _____
 Batteries, Tires, etc. _____
 Repairs _____
 Wash _____
 Insurance _____
 Interest _____
 Lease Payments _____
 Garage Rent _____

Child & Other Dependent Care Expenses

Name of Care Provider _____
 Address _____
 SSN or Employer ID _____
 Amount Paid \$ _____
 Name of Care Provider _____
 Address _____
 SSN or Employer ID _____
 Amount Paid \$ _____
 Name of Care Provider _____
 Address _____
 SSN or Employer ID _____
 Amount Paid \$ _____

NAME _____

Business Income & Expenses

Business Name _____

Employer I.D Number _____

<u>Income and COGS</u>	_____	<u>Expenses</u>	_____
Gross Receipts or Sales	_____	Advertising	_____
Returns and Allowances	_____	Bad Debts from sales or service	_____
Other Income	_____	Car & Truck Expenses	_____
Inventory at beginning of the year	_____	Commissions and Fees	_____
Purchases (less cost of items for personal use)	_____	Depletion	_____
Cost of Labor	_____	Employee Benefit Programs	_____
Materials and Supplies	_____	Insurance (other than health)	_____
Other Costs	_____	Mortgage Interest (paid to banks etc.)	_____
Inventory at end of year	_____	Legal and Professional Services	_____
		Office Expense	_____
		Pension and profit sharing plans	_____
		Rent or Lease (vehicles, machinery, equipment)	_____
		Rent (other business property)	_____
		Repairs and Maintenance	_____
		Supplies	_____
		Taxes and Licenses (including real estate taxes)	_____
		Travel	_____
		Total meals and entertainment	_____
		Utilities	_____
		Wages	_____
		Other expenses	_____

Rental Income & Expenses

Property Address Ownership if less than 100%

1		%
2		%
3		%

Property	Property			Improvements (Furniture, appliances, etc)			
	1	2	3	Item	Date	Cost	Property #
Rents Received							
Rental Deposits							
Advertising							
Auto Mileage							
Cleaning & Maintenance							
Commissions							
Insurance							
Legal & Professional Fees							
Mortgage Interest Paid to Banks							
Other Interest _____							
Repairs							
Taxes							
Utilities							
Wages & Salaries							
Bank Charges							
Homeowner Assoc. Dues/Fees							
Licenses & Permits							
Management Fees							
Office Expenses							
Telephone							
Improvements (list where indicated)							
Number of Days Used Personally							