



**CYGNET
INCOME TAX
& BOOKKEEPING SERVICE**

**TAX YEAR
2011**

Client Tax Organizer

**Please complete this questionnaire
before your appointment.**

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Organizer**

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Please provide for you appointment or drop-off service:

- Last years tax return (**new clients only**).
- Copies of W-2's, 1099's and K-1 forms.
- All year-end lender loan statements, including those refinanced or paid off during the year.
- Settlement statements for properties bought or sold during the year.
- 1099 forms reporting all stock sales for the year as well as the purchase dates and purchases prices.
- 1099 forms reporting :
 Unemployment Compensation,
 Social Security Benefits
 State Tax Refunds.
- Form 5498 reporting all IRA balances in accounts and from 1099 forms showing

IRA withdrawals and rollovers.

- Social Security Numbers of all dependents not previously supplied.
- Is there anyone that will not be reported as a dependent this year and must be removed from your tax return? Let us know.



We are available year round to assist with your tax questions.

!!!!REMINDER!!!!

It is important to keep all receipts and supporting documents used in preparing each year's tax return for at least four (4) years.

These records and receipts may be required by your **STATE** and/or the **INTERNAL REVENUE SERVICE** in the event your tax return is audited.

Available Services

- Payroll
- Accounts Receivable
- Accounts Payable
- Sales Tax Payable
- Bank Reconciliation
- Estimated Taxes
- Daily Money Management Services
- Business Consulting

Section One-Personal Information

Taxpayer (T): _____
 S/S# _____ - _____ - _____
 DOB: _____/_____/_____
Spouses (S): _____
 S/S# _____ - _____ - _____
 DOB: _____/_____/_____
 Address: _____
 City: _____
 State: _____
 Zip Code: _____

Home Phone #:(_____) _____ - _____
 Daytime Phone #:(_____) _____ - _____ T/S _____

Dependents (Children and Others)

Name: _____
 S/S# _____ - _____ - _____
 DOB: _____/_____/_____
 Relationship: _____ Student: F/T P/T _____
Name: _____
 S/S# _____ - _____ - _____
 DOB: _____/_____/_____
 Relationship: _____ Student: F/T P/T _____

Section Two-Income

Income

WAGES Amount
 _____ #W-2's GROSS \$ _____ T
 _____ #W-2's GROSS \$ _____ S

INTEREST Amount
 _____ #1099's TOTAL \$ _____ T
 _____ #1099's TOTAL \$ _____ S
 _____ #1099's TOTAL \$ _____ J

DIVIDENDS Amount
 _____ #1099's TOTAL \$ _____ T
 _____ #1099's TOTAL \$ _____ S
 _____ #1099's TOTAL \$ _____ J

RENTAL INCOME

Gross Income: \$ _____
Expenses Amount
 _____ \$ _____
 _____ \$ _____
 _____ \$ _____
 _____ \$ _____
 _____ \$ _____
 _____ \$ _____
 _____ \$ _____

Other Income

Alimony: \$ _____
 Self-Employed Income: \$ _____
 Pensions/Annuities: \$ _____
 Royalties: \$ _____
 Estates/Trusts (K-1's): \$ _____
 Jury Duty: \$ _____
 Unemployment Comp: \$ _____
 Tips: \$ _____
 Lottery: \$ _____
 Prizes/Awards: \$ _____
 Hobby: \$ _____
 Commissions: \$ _____
 State/Local Tax Refund: \$ _____ J
 Social Security Benefits: \$ _____ T
 _____ \$ _____ S
 IRA/Retirement/Annuity: \$ _____ T
 _____ \$ _____ S



Let us take the confusion out of your taxes and get you all the deductions you deserve.



Purchasing a vacation time share, mobile home or second home can save you tax dollars as well as give you the needed time to relax. Ask us why.

Section Three-Medical Deductions

Prescriptions: T \$ _____ S \$ _____
 Medical Ins. T \$ _____ S \$ _____
 CO pays: T \$ _____ S \$ _____
 Doctor Bills: T \$ _____ S \$ _____
 Dentist Bills: T \$ _____ S \$ _____
 Optometrist Bills: T \$ _____ S \$ _____
 Medical Sup: T \$ _____ S \$ _____
 Hearing Aids and Batteries: T \$ _____ S \$ _____
 Lodging away from home for Medical: T \$ _____ S \$ _____
 Medical Transportation: T _____ miles S _____ miles

Section Four-Child & Dependent Care Expenses

Child's Name: _____ **Child's Name:** _____
Amount: \$ _____ **Amount:** \$ _____
Provider Name: _____ **Provider Name:** _____
Address: _____ **Address:** _____

S/S or EIN of Provider: _____ **S/S or EIN of Provider:** _____



Day-care and Summer Camp can be deductible if you are looking for a job. Ask us how.



Section Five— Taxes Paid

Federal Income Tax Paid \$ _____

Federal Estimated Income Tax Paid

Date	Amount
04/ __ / __	\$ _____
06/ __ / __	\$ _____
09/ __ / __	\$ _____
01/ __ / __	\$ _____

State Income Tax Paid \$ _____

State Estimated Income Tax Paid

Date	Amount
04/ __ / __	\$ _____
06/ __ / __	\$ _____
09/ __ / __	\$ _____
01/ __ / __	\$ _____

Personal Property Tax

Automobile: \$ _____
 Real Estate Tax: \$ _____

State Renters Relief Deduction

Rent: \$ _____ Monthly \$ _____ Yearly

Landlord Name: _____
 Address: _____

Deductible Interest

Home Mortgage Interest: \$ _____
 Home Equity Interest: \$ _____
 Investments: \$ _____
 Student Interest Paid: \$ _____



If you're having too much money withheld, the government has your money free of interest. Ask how to put more money in your pocket.

Section Six— Tax Related Deductions and Credits

Charitable Contributions

Name of Organization	Amount
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
Contributions other than CASH*	
_____	\$ _____
_____	\$ _____

*Must have receipt with Name of Organization, Description of Donation and Value.

Other Deductions

IRA Contributions: \$ _____ T
 \$ _____ S
 Alimony Paid: \$ _____
 To Whom: _____
 Social Security #: _____ / _____ / _____
 Moving Expenses: \$ _____
 Miles from old home to new job: _____ miles
 Investment Expenses: \$ _____
 Safe Deposit Box Fees: \$ _____
 Tax Preparation Fees: \$ _____
 Casualty or Theft Loss? () Yes () No

Employee Business Expenses

	Auto	One	Auto	Two
Begin. Mileage 01/01	_____	_____	_____	_____
End. Mileage 12/31	_____	_____	_____	_____
Miles to work:	_____	_____	_____	_____
Work Miles:	_____	_____	_____	_____
Parking / Tolls:	\$ _____	_____	_____	_____
Education:	\$ _____	_____	_____	_____
Entertainment & Meals:	\$ _____	_____	_____	_____
Job Seeking Expenses:	\$ _____	_____	_____	_____
Professional Dues:	\$ _____	_____	_____	_____
Publications:	\$ _____	_____	_____	_____
Safety Equipment:	\$ _____	_____	_____	_____
Uniforms:	\$ _____	_____	_____	_____

Qualified Home Office Expenses

In Square Feet: A.) Total Home: _____
 B.) Office: _____
 C.) Storage: _____
 Rent: \$ _____
 Insurance: \$ _____
 Utilities: \$ _____
 Maintenance: \$ _____



Are you self employed or do you receive hobby income? Ask us about deductions you may be eligible for.



Moving Expenses can be deductible because of relocation to a new job. Ask about the qualifications to be eligible to get a tax deduction

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VISIT US ON THE WEB AT
WWW.CYGNETTAX.COM

251 Pawtuxet Avenue
Warwick, Rhode Island 02888

**Call TODAY
to schedule your
tax appointment**

IMPORTANT: Tax Organizer Enclosed



Our Privacy Policy Statement

Protecting your privacy is important to our business. CYGNET TAX will not voluntarily disclose without written consent our client's private information to nonaffiliated third parties, except as permitted by law.

Since CYGNET TAX collects personal information about you from information we receive when preparing your tax return, we restrict access to private client information to those employees who need to know that information to provide services to you. We maintain physical, electronic, and procedural safeguards that comply with federal standards to protect your nonpublic personal information.

CYGNET TAX doesn't
disclose any of your
Personal Information.

Your confidence in us is important and we want you to know that your personal account information is safe. If you have any questions or concerns, please contact us.

Client Disclosure

By signing below you attest to the best of your knowledge that the enclosed information is correct and includes all income, deductions, and other information necessary for the preparation of this year's income tax returns for which you have adequate records.

You also acknowledge that you have read the "Our Privacy Policy Statement" and understand that CYGNET TAX does not disclose your nonpublic personal information to nonaffiliated third parties.

You further acknowledge that CYGNET TAX will send you information from time to time about services or products that they might introduce.

_____ Date: _____ Date: _____