

<b>2010</b>	<b>1040</b>	<b>US</b>	<b>Tax Organizer</b>
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**LAUGHLIN, OGLE & RODGERS, LLC**  
 605 W TUDOR RD  
 ANCHORAGE, AK 99503-6607  
 Telephone number: 907-563-5270  
 Fax number: 907-562-4437  
 E-mail address:

**Tax Return Appointment**

Date:  
 Time:  
 Location:

This tax organizer will assist you in gathering information necessary for the preparation of your 2010 tax return. Please enter all pertinent 2010 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 . . . . .		

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Please enter all pertinent 2010 information. If you have attached a government form for an item, check the box and do not enter a 2010 amount.

**WAGES, SALARIES AND TIPS**

Employer name:

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

2010 Amount	2009 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**

- Form 1099-B - Sales of stock (also include transaction history).....
- Form 1099-MISC - Miscellaneous income.....
- Form 1099-S - Sales of real estate (also include closing statements).
- Form 1099-G - State tax refunds.....

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

Taxpayer:

- Form SSA-1099 - Social security benefits.....
- Form 1099-G - Unemployment compensation.....

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

- Form SSA-1099 - Social security benefits.....
- Form 1099-G - Unemployment compensation.....

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

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

_____	_____
_____	_____
_____	_____

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**RETIREMENT PLAN CONTRIBUTIONS**

Taxpayer: Traditional IRA contributions (1=maximum).....  
 Roth IRA contributions (1=maximum).....  
 Self-employed, SEP, SIMPLE, & qualified plan contributions (1=maximum).....  
 Spouse: Traditional IRA contributions (1=maximum).....  
 Roth IRA contributions (1=maximum).....  
 Self-employed, SEP, SIMPLE, & qualified plan contributions (1=maximum).....

2010 Amount	2009 Amount

**OTHER GOVERNMENT FORMS - DEDUCTIONS**

Form 1098-E - Student loan interest.....  
 Form 1098-T - Tuition and related expenses.....

<b>Attach Forms 1098</b>	
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**ADJUSTMENTS TO INCOME**

Taxpayer:  
 Self-employed health insurance premiums.....  
 Educator expenses.....  
 Expenses from rental of personal property.....  
 Other adjustments to income:


\_\_\_\_\_  
 Alimony paid - Recipient name & SSN.....


Spouse:  
 Self-employed health insurance premiums.....  
 Educator expenses.....  
 Expenses from rental of personal property.....  
 Other adjustments to income:


\_\_\_\_\_  
 Alimony paid - Recipient name & SSN.....


**MEDICAL AND DENTAL EXPENSES**

Prescription medicines and drugs.....  
 Doctors, dentists and nurses.....  
 Hospitals and nursing homes.....  
 Insurance premiums.....  
 Long-term care premiums - taxpayer.....  
 Long-term care premiums - spouse.....  
 Insurance reimbursement.....  
 Out-of-pocket lodging and transportation expenses.....  
 Number of medical miles.....  
 Other: \_\_\_\_\_


**TAXES PAID**

State income taxes - 1/10 payment on 2009 state estimate.....  
 State income taxes - paid with 2009 state extension.....  
 State income taxes - paid with 2009 state return.....  
 State income taxes - paid for prior years and/or to other states.....


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**TAXES PAID (continued)**

City/local income taxes - 1/10 payment on 2009 city/local estimate.....

City/local income taxes - paid with 2009 city/local extension.....

City/local income taxes - paid with 2009 city/local return.....

State and local sales taxes (except autos and special items).....

Sales taxes paid on vehicles, boats, and aircraft.....

Use taxes paid on 2010 purchases.....

Use taxes paid on 2009 state return.....

Taxes paid in 2010 on new motor vehicles purchased 2/17/09 - 12/31/09.....

Sales tax on autos not included above.....

Sales taxes paid on boats, aircraft, and other special items.....

Real estate taxes - principal residence.....

Real estate taxes - property held for investment.....

Foreign income taxes.....

Personal property taxes (including automobile fees in some states)....

2010 Amount	2009 Amount
<b>Attach Vehicle/Tax Information</b>	
<b>Attach Tax Notice</b>	

**INTEREST PAID**

Home mortgage interest and points paid:

\_\_\_\_\_

\_\_\_\_\_

Home mortgage interest not on Form 1098 (include name, SSN, & address of payee):

\_\_\_\_\_

\_\_\_\_\_

Points not reported on Form 1098:

\_\_\_\_\_

\_\_\_\_\_

Mortgage insurance premiums on post 12/31/06 contracts.....

Investment interest (interest on margin accounts):

\_\_\_\_\_

\_\_\_\_\_

Passive interest.....

<b>Attach Forms 1098</b>	

**CASH CONTRIBUTIONS**

NOTE: No deduction is allowed for cash or check contributions unless the donor maintains a bank record, or a written communication from the donee, showing the name of the organization, contribution date(s), and contribution amount(s).

\_\_\_\_\_

\_\_\_\_\_

Volunteer expenses (out-of-pocket).....

Number of charitable miles.....


**NONCASH CONTRIBUTIONS**

NOTE: No deduction is allowed for contributions of clothing and household items that are not in good used condition or better, in addition, a deduction for any item with minimal monetary value may be denied.

\_\_\_\_\_

\_\_\_\_\_


**MISCELLANEOUS DEDUCTIONS**

Union and professional dues.....

Tax return preparation fee.....

Safe deposit box rental.....

Investment expenses.....

Estate tax, section 691(c).....

Unreimbursed employee expenses:

\_\_\_\_\_

\_\_\_\_\_

Other: \_\_\_\_\_

\_\_\_\_\_


2010

1040

US

## Miscellaneous Questions

If any of the following items pertain to you or your spouse for 2010, please check the appropriate box and provide additional information if necessary.

- | YES                      | NO                       |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Did your marital status change during the year?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Did your address change during the year?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Could you be claimed as a dependent on another person's tax return?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Were there any changes in dependents?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive unreported tip income of \$20 or more in any month?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive any disability income?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you buy or sell any stocks, bonds or other investment property?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you purchase, sell, or refinance your principal home or second home, or did you take a home equity loan?                             |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you make any residential energy-efficient improvements or purchases involving solar, wind, geothermal or fuel cell energy sources?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you purchase a new alternative motor vehicle (hybrid, advanced lean burn, fuel cell, plug-in)?                                       |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive a distribution from or make a contribution to a retirement plan (401(k), IRA, etc.)?                                     |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you transfer or rollover any amount from one retirement plan to another?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you convert part or all of your traditional/SEP/SIMPLE IRA to a Roth IRA?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you, your spouse, or a dependent incur any tuition expenses that are required to attend a college, university, or vocational school? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you incur a loss because of damaged or stolen property?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you use your car on the job (other than to and from work)?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you want to electronically file your tax return?  |
| <input type="checkbox"/> | <input type="checkbox"/> | May the IRS discuss your tax return with your preparer?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Was your home rented out or used for business?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Were you notified or audited by either the IRS or the State taxing agency?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Were you (or your spouse) the beneficiary of COBRA premium assistance for any month during 2010?   |