

Ofc Use Only

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ASCOT TAX
2007 TAX ORGANIZER

FILE NR: _____

APPT / DATE IN: _____

TIME: _____

TAX RTN DEPOSIT FEE:\$ _____ (REQUIRED)

INSTRUCTIONS: Fill out this organizer as completely as possible, even if you do not itemize on your Federal Return prior to your scheduled appointment.

TIPS: Use your receipts, check book, and other documents such as payments to dentist, doctors, prescriptions, misc medical expenses, medical mileage, cash and non-cash donations (amount and to whom), etc., and post it to this organizer. Information required and not received by April 8th, 2008 will require that you will be placed on an automatic extension, see below. DO NOT WAIT FOR ALL OF YOUR YEAR END STATEMENTS PRIOR TO MAKING YOUR APPOINTMENT CALL (480)894.2944 TODAY !!!

You will be charged a fee of \$ 45.00 for appointment cancellations / changes not made at least 8 hrs preceding your appointment date & time.

NOTE: Taxpayers making an appointment after April 8th, 2008 will be placed on an automatic extension. If placed on an extension, tax returns will not be processed until after May 6th, 2008. A DEPOSIT WILL BE REQUIRED TO BE MADE WITH THE EXTENSION. Processing will be on a first in and first out basis. You are responsible for penalty and interest charged for late filing!!!! ASCOT TAX WILL BE CLOSED FROM 4-22-2008 > 5-06-2008 FOR VACATION ??????

BASIC INFORMATION: D.O.B _____ D.O.B _____
Name: _____ Spouse: _____
Soc Sec # _____ Soc Sec # _____
Addr _____ City _____ State ___ Zip _____
Hm Nr: _____ Ofc: _____ Wife Ofc: _____ CP H/W: _____

Over Age 65 Y/N [] >>>> [] For Spouse
Blind Y/N [] >>>> [] For Spouse
Occupation _____ >>>> _____
Presidential Election \$3.00 Y/N [] >>>> [] For Spouse

Filing Status: [] Single [] Married Joint [] Married Separate
[] Head of Household [] Qualified Widow/er

Dependents: PLEASE BRING SOC SECURITY CARDS FOR VERIFICATION

Table with 4 columns: First Name, MI, Last Name; Soc. Sec #; Relationship; Date of Birth. Includes multiple rows for dependent information.

Can named dependents be claimed by on another persons tax return? Y/N []

DEPEND. SON / DAU OVER 18 YEARS OF AGE? Y/N [] _____(Initial, Explain)
IF ANY OF THE DEPENDENTS IS YOUR MOTHER / FATHER, ARE THEY RECEIVING SOCIAL SECURITY OR OTHER INCOME? Y/N [] _____ (Initial, Explain)

INCOME SECTION

Please attach all W-2's, 1099 INT, 1099 MISC, 1099 DIV, 1099 G, 1099 B, Social Security 1099 SSA, any other document that you have received indicating income, (**this includes gambling, lottery winnings, unemployment compensation, baby sitting, etc.**).

SOURCE: TAXPAYER, DOC TYPE

- 1. _____
- 2. _____
- 3. _____
- 4. _____

SOURCE: SPOUSE, DOC TYPE

- 5. _____
- 6. _____
- 7. _____
- 8. _____

OTHER ARIZONA INCOME

V.A. Payments _____ R.R. Retirement. _____
 Unemployment Comp... _____ U.S. Govt Interest _____
 Mil/Fed/State Exclusion of
 \$2500 of retirement _____ Other: _____

Withdraw monies from your IRA/KEOGH Account? Y/N [] _____ (Initial).
 Receive Alimony Y/N [] Amt \$ _____ (Initial).

PRIOR YEAR STATE TAX REFUNDS RECEIVED IN 2007 _____

ADJUSTMENTS TO INCOME

Contributions to your IRA/KEOGH Y/N [] Amt. _____ (Initial).
 Contributions to spouse IRA/KEOGH Y/N [] Amt. _____ (Initial).
 Paid Alimony Y/N [] Amt. _____ Name of Receiver _____
 Soc Sec # of Receiver _____
 Early withdrawal of Certificate of Deposit Penalty? Y/N []
 If self employed, cost of medical insurance. Amt \$ _____

INTEREST AND DIVIDEND INCOME RECEIVED

Received From: Amount Tax Exempt Amt.
 \$ _____ Source: _____

 _____ Have a Foreign Account during 2007:
 _____ Y/N [] If Yes, country: _____
 _____ Were you grantor / transferor to a
 _____ Foreign Acct. during 2006: Y/N []

STOCK / BOND TRADES

Did you buy and or sale any stock, bonds, mutual funds? Y/N [] If answer is **yes** attach buy / sale and year end statements from your broker.

PARTNERSHIP / TRUST INCOME

Member of a Limited Partnership? Y/N [] Receive Trust Income Y/N []
If the answer is **yes**, attach copies of the Federal Form 1041 / 1065 K-1 for each Trust / Limited Partnership Venture. _____ (initial)

SUB CHAPTER S CORPORATIONS

Are you a member of a Sub Chapter S Corp? Y/N [] _____ (Initial)
If the answer is **yes**, attach copies of the Federal Form 1120S K-1 for each business venture.

SMALL BUSINESS OWNER

If you operated a small business during the tax year? **Y/N** [] If the answer is **yes**, complete this section. Explain or expand on attached sheet.

TYPE OF BUSINESS: _____ **SALES:\$** _____.

Advertising	\$_____	Travel ...	_____
Clean & Maint ...	_____	Commissions	_____
Insurance	_____	Legal & Prof Fees	_____
Mortgage Interest	_____	Other Interest ..	_____
Repairs	_____	Supplies	_____
Taxes	_____	Utilities	_____
Wages & Salaries	_____	Rent	_____
Begin Inventory	_____	License	_____
Ending Inventory	_____	Postage/Shipping	_____
Purc. for resale	_____	Equip Purchased:	
Other _____	_____	Item / Date / Cost	
Other _____	_____		

TOT MILES: _____ BUS: _____ In Svc: _____ Model: _____

RENTAL PROPERTY

Do you receive income from RENTAL PROPERTY? **Y/N** [] If is **yes**, please fill in the next section. **Provide additional sheets as required.**

Property 1 Location: _____

Placed in Svc: _____ Rents Received: \$ _____

Did you or a family member stay in the house / apt > 14 days? **Y/N** []

Did you actively participate in the operation of the rental? **Y/N** []

Expenses:

Description	Amt.	Description	Amt
Advertising	\$_____	Travel ...	\$_____
Clean & Maint ...	_____	Commissions	_____
Insurance	_____	Legal & Prof Fees	_____
Mortgage Interest	_____	Other Interest ..	_____
Repairs	_____	Supplies	_____
Taxes	_____	Utilities	_____
Wages & Salaries	_____	Tot Miles: _____	Bus: _____
_____	_____	In Svc: _____	Model: _____

Property 2 Location: _____

Placed in Svc: _____ Rents Received: \$ _____

Did you or a family member stay in the house / apt > 14 days? **Y/N** []

Did you actively participate in the operation of the rental? **Y/N** []

Expenses:

Description	Amt.	Description	Amt
Advertising	\$_____	Travel ...	\$_____
Clean & Maint ...	_____	Commissions	_____
Insurance	_____	Legal & Prof Fees	_____
Mortgage Interest	_____	Other Interest ..	_____
Repairs	_____	Supplies	_____
Taxes	_____	Utilities	_____
Wages & Salaries	_____	Tot Miles: _____	Bus: _____
_____	_____	In Svc: _____	Model: _____

MEDICAL EXPENSES

Prescription Drugs \$____.____ Medical Insurance ... \$____.____
Dental Insurance _____ Medical Dr. _____
Dentist _____ Optometrist _____
Hospital _____ X-Rays _____
Lab / Blood Fees _____ Medical Mileage (@.18 per mile)
Medical Lodging _____
Medical Insurance Reimbursement:
..... _____ Glasses _____
Other Medical Expense: _____, _____, _____, _____

TAX EXPENSES

Fed Estimated Taxes Pd \$____.____ AZ Estimated Taxes Pd. \$____.____
AZ Taxes Pd. 2007 _____ Property Taxes Pd. _____
Taxes on Un-developed Land _____ License Plates _____
Other: _____ Other: _____

INTEREST EXPENSES PAID

Home Mortgage _____ Interest Pd. to Individual:
Home Equity Loan _____ Name: _____
Addr: _____
City/State/Zip: _____

CONTRIBUTIONS

Cash Donations: (ATTACH RECEIPT IF SINGLE DONATION IS OVER \$ 250.00)
..... _____
..... _____
..... _____ Charity Mileage: _____

Non-Cash Donations: (PROVIDE RECEIPTS, NAME, ADDRESSES IF OVER \$500.00.)
..... _____
..... _____

THEFT OR CASUALTY LOSS

Have a theft or casualty loss in 2007 that was not reimbursed to you
by insurance? Y/N []. Explain in full detail on an additional sheet
of paper. Basic information required: Amt of loss, insurance deductible,
insurance reimbursement. Was a police report was filed?

MISCELLANEOUS DEDUCTIONS

Union Dues _____ Professional Dues _____
2006 Tax Prep Fees _____ Safety Deposit Box _____
Sml Tools / Safety Equip _____ Uniform / Maint Expenses _____
Professional Supplies ... _____ Job Hunting Expenses ... _____
Gambling Losses _____ Other: _____
Other: _____ Other: _____

FORM 2106:
BUSINESS MILES DRIVEN: _____ TOTAL MILES DRIVEN: _____
TRAVEL _____ HOTELS _____ FOOD: _____
EXPENSES NOT PAID BY EMPLOYER: _____ Employer Reimbursement paid
EXPENSES NOT PAID BY EMPLOYER: _____ to you: _____

Did you have any household employees? Y/N []

TAX CREDITS

Child Care: How many children
Provider of Care: Addr:
Soc Sec # / EIN of Provider: Amount Pd. \$

Provider of Care: Addr:
Soc Sec # / EIN of Provider: Amount Pd. \$

ACCOUNTANT QUESTIONS: ELECT FILING INFO: [] RTN NR:
ACCT NR:

1. 2.

TAX CHECK LIST

Answer the following questions, and if they apply, check the box that applies. (DO NOT MARK QUESTIONS THAT DON'T APPLY).

- Contacted by the IRS/State of any change in prior year. tax return? Y/N []
Are any of your claimed dependents not U.S. citizens? Y/N []
Did you pay or receive any Alimony to/from an ex spouse in 2007 Y/N []
Receive Jury Duty Pay in 2007 Y/N [] Was check given to employer? Y/N []
Receive Tips/Gratuities? (Not reported on on your W2) Y/N []
Receive any prizes/Awards/or Gambling Winnings? Y/N []
Did you give gifts of over \$11,000 (single) or \$22,000 (married)? Y/N []
Did you/spouse work in a foreign country? Y/N []
Did you/spouse use the barter system during tax year? Y/N []
Purchase appliance / air conditioner / windows that are energy efficient? []
Receive insurance benefits from a claim filed in 2006 Y/N []
Have any worthless stocks or uncollectible bad debts? Y/N []
Did you purchase an energy efficient car in 2007 Y/N []
Have interest from children savings account in their name? Y/N []
Buy/Sell a house in 2007 Y/N [] Divorced /separated during 2007 Y/N []
Move into or out of the State in 2007 Y/N []
Use your personal motor vehicle in your job? Y/N []
Have any employee Un-reimbursed business expenses? Y/N []
Receive retirement / pension monies / Annuity / IRA Distributions? Y/N []
Sale any business assets during 2007 Y/N []
Receive Social Security benefits in 2007 Y/N []
Receive any insurance monies during tax year? Y/N []
Receive any Jury Award (Law Suit) in 2007 Y/N []
Did you take any education courses in your current job? Y/N []
Have any Capital losses from prior years tax return? Y/N []
Work out of town during the tax year? Y/N [] Have a second job? Y/N []

DISCLAIMER: THIS QUESTIONNAIRE HAS BEEN SUBMITTED BY THE UNDERSIGNED AND PROVIDED TO ASCOT TAX & ACCOUNTING TO BE USED IN THE PREPARATION OF INCOME TAX RETURNS FOR FEDERAL / STATE TAXING AGENCIES. IF THIS RETURN HAS GENERATED A EARNED INCOME CREDIT (EIC) OR USES HEAD OF HOUSEHOLD (HOH) FILING STATUS, THIS FIRM HAS QUESTIONED THE TAX PAYER AND INFORMED HIM/HER OF CONSEQUENCES IF THEIR REQUEST FOR EIC OR HOH IS DENIED. A COPY OF THE TAX RETURN HAS BEEN GIVEN TO THE TAXPAYER FOR HIS / HER RECORDS. TAX PAYERS ARE ENCOURAGED TO MAINTAIN TAX INCOME AND EXPENSE RECORDS NECESSARY TO SUBSTANTIATE INCOME & EXPENSES TAKEN ON THE TAX RETURNS. Have you reported all income to the IRS Y/N [] / (Initial). ESTIMATE OF TAX FEE:

Signed: Taxpayer Spouse DATE: