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Dear Client,

Welcome to this year's Individual Tax Organizer. The organizer is designed to help you assemble everything needed to complete your return as well as to help with identifying whether any new or existing tax regulations require further research for your benefit.

Please fill out the organizer as completely as possible. It is unlikely that all sections will apply to any single taxpayer, so if some part of the organizer is not relevant to you, just skip it and move to the next part. As always, feel free to call or email me with any questions. If you need a consultation rather than just a question, please call or email so we can arrange an appointment.

Once you have completed the organizer, please mail it back to me. When you mail it, be sure that:

- 1. All W-2 forms are included in the package you send back.**
- 2. All 1099 forms are included in the package you send back.**
- 3. Your completed organizer (include all pages) are included in the package you send back.**
- 4. Please include a copy of your prior year return, if I did not prepare it for you last year.**

Please allow 3-4 weeks for your tax return to be prepared. Organizers mailed within 4 weeks of April 15<sup>th</sup> are not guaranteed to be completed by the deadline. In these cases I will contact you regarding filing for an extension.

Following this cover letter is our confirmation letter to you, which confirms what you are engaging me to perform. If you have questions on this confirmation, please feel free to call or email.

I look forward to serving you.

Best Regards,

Gregg L. Harvey, CPA

# **Tax Return Services Confirmation Letter**

This letter is to confirm our understanding for the preparation of your 2008 tax returns.

We will prepare your 2008 individual and/or business tax returns. Your returns will be prepared from information you provide to us in accordance with the appropriate income tax laws and regulations.

If you have questions about any unique or different situations that occurred during 2008 that you believe may have income tax implications, you are responsible for bringing this to my attention.

Fees for the preparation of your returns are due and payable upon presentation of your returns. Credit will be granted only if arranged for in advance. If your return is audited or if you receive notices from any taxing authority, I am available to assist you in these matters. Fees for any additional services will be billed separately from the preparation of your return. After all information has been delivered to my office, please allow three to four weeks time for the completion of your returns.

I look forward to serving you.

Best Regards,

Gregg L. Harvey, CPA

## Basic Information

Please enter basic information about yourself and your spouse here.

Item	Yourself	Spouse
Last Name		
First Name		
Middle Initial		
Social Security Number		
Occupation		
Date of Birth		
Legally Blind?		
Do you have a permanent and total disability?		
Estimated tax payments made during the year, if any		
Would you like \$3 to go to the Presidential Election Campaign?		
Contact Information:		
Email Address		
Work Phone		
Cell Phone		
Home Phone		
Address:		
Street		
City		
State		
Zip Code		
Foreign Country		
APO/FPO Address		

## Miscellaneous Questions

Please answer these questions.

Question	Yes	No
Did you have a foreign-based work assignment during the year?		
Did you get married during the year?		
Did you get divorced during the year?		
Did you receive a letter from the IRS during the year?		
Did you receive a letter from a state department of treasury during the year?		
Did you have an IRA rollover during the year?		
Were you or any of your dependents a college student during the year?		

## Estimated Tax Payments

If you made any estimated tax payments please provide that information here.

Date	Federal Estimated Tax	State/Local Estimated Tax
April 15, 2008		
June 15, 2008		
September 15, 2008		
January 15, 2009		

## Notes and Comments

Please include any notes, comments, or explanations that would help to better understand your situation for this tax year. Attach another page if necessary.

## Bank Information

Please complete this section ONLY if you want to have your refund direct deposited or your balance paid through electronic funds transfer.

Item	Your Information
Name of Financial Institution or Bank	
Name of Account Holder	
Account Number	
Is this a checking or a savings account?	
9-Digit Routing Number	

## Filing Status

Please select your filing status. Please contact me if you need assistance choosing a status.

Filing Statuses	Please Select One Status
Single	
Married Filing Jointly	
Married Filing Separately	
Head of Household	
Qualifying Widower	

## Dependents

Please provide information about your dependents. Please contact me if you have questions regarding which persons may qualify as a dependent.

Information	Dependent #1	Dependent #2	Dependent #3
Last Name			
First Name			
Middle Initial			
Social Security Number			
Relationship			
Date of Birth			
This Dependent is:			
*A Child who lived with you			
*A Child who did not live with you			

*A student aged 19-23			
*Other			

<b>Information</b>	<b>Dependent #4</b>	<b>Dependent #5</b>	<b>Dependent #6</b>
Last Name			
First Name			
Middle Initial			
Social Security Number			
Relationship			
Date of Birth			
This Dependent is:			
*A Child who lived with you			
*A Child who did not live with you			
*A student aged 19-24			
*Other			

## Child Care Expenses

Please provide child care information, if applicable.

<b>Information</b>	<b>Dependent #1</b>	<b>Dependent #2</b>	<b>Dependent #3</b>
Name of Person or Organization that provided the care			
Care providers address			
Care providers social security number or EIN			
Child care expense for the year			

Name of Person or Organization that provided the care			
Care providers address			
Care providers social security number or EIN			
Child care expense for the year			

<b>Information</b>	<b>Dependent #4</b>	<b>Dependent #5</b>	<b>Dependent #6</b>
Name of Person or Organization that provided the care			
Care providers address			
Care providers social security number or EIN			
Child care expense for the year			
Name of Person or Organization that provided the care			
Care providers address			
Care providers social security number or EIN			
Child care expense for the year			

**State Information**

State of Residence as of December 31<sup>st</sup>? \_\_\_\_\_

Were you a full-year resident of that state? \_\_\_\_\_

If you were not a full year resident of your state, please provide dates of residence information.

<b>State</b>	<b>Resided in this state from:</b>	<b>Resided in this state to:</b>

**Income – Miscellaneous Questions**

1. Did you receive any tip income? \_\_\_\_\_
2. Did you have any foreign earned income? \_\_\_\_\_
3. Did you receive any State/Local tax refunds? \_\_\_\_\_
4. Did you have a foreign financial account? \_\_\_\_\_
5. If Yes at #4, in what countries? \_\_\_\_\_

**Income - W-2 Information**

You/Spouse	Employer	Gross Wages	Federal Tax Withheld	State/Local Tax Withheld

**Income – Home Sale**

Please complete this section if you sold a home during the year.

Date Home Was Purchased	Date Home Was Sold	Selling Price of Home	Selling Expenses	Cost Basis of Home Sold






**Income – Partnerships**

Please provide information if you had any income from partnerships during the year.

Name of Partnership	Partner is: You, Your Spouse, or Joint/Both

**Income – S Corporations**

Please provide information if you had any income from S Corporations during the year.

Name of S Corporation	Shareholder is: You, Your Spouse, or Joint/Both

**Income – Self-Employment**

Please complete this section if you are self-employed, either full time or part time.

Please contact me if you need any assistance gathering or calculating this information.

<b>Information</b>	<b>Business #1</b>	<b>Business #2</b>
Owner of business		
Name of business		
Address of business		
Nature of business		
Employer ID Number (EIN), if any		
Do you use cash or accrual accounting?		
Gross sales		
Sales returns and allowances		
Expenses:		
Advertising		
Commission and Fees		
Contract Labor		
Depreciation		
Pension and Profit Sharing plans		
Other Employee Benefits		
Insurance		
Self employed health insurance		
Interest expense		
Legal and professional services		
Office supplies		
Repairs and Maintenance		
Supplies		
Taxes and licenses		
Utilities		
Gross wages expense		
Travel expenses		
Meals and entertainment expenses		
Other expenses		

**Income – Self-Employment (Continued)**

*This section is continued from the previous page.*

**Cost of Goods Sold information.** Please complete this section only if your business holds inventory for sale. If it does not, you may skip this section.

<b>Information</b>	<b>Business #1</b>	<b>Business #2</b>
Method used to value inventory – Cost; Lower of Cost or Market; or Other		
Inventory value at beginning of the year		
Purchases of inventory during the year		
Cost of labor added to inventory, if any		
Cost of supplies added to inventory, if any		
Any other costs added to inventory		
Inventory value at end of the year		

**Vehicle Information.** Please complete this section if you used a vehicle(s) in your business during the year. If not, you may skip this section.

<b>Information</b>	<b>Business #1</b>	<b>Business #2</b>
Vehicle #1		
Date this vehicle was placed in service		
Total Miles driven this year		
Total Miles for business this year		
Do you have another vehicle available for personal use?		
Do you maintain a log to support your vehicle expenses?		
Vehicle #2		
Date this vehicle was placed in service		
Total Miles driven this year		
Total Miles for business this year		
Do you have another vehicle available for personal use?		
Do you maintain a log to support your vehicle expenses?		

## Income – Self-Employment (Continued)

*This section is continued from the previous page.*

**Home Office Expenses information.** Please complete this section if you use a part of your home to operate your business. If you do not use a part of your home to operate your business you may skip this section.

Information	Business #1	Business #2
Total square feet used for your business		
Total square feet of your home		
Eligible home office expenses:		
Your total real estate taxes paid		
Your total mortgage interest paid		
How much did you spend on repairs?		
How much did you spend on utilities?		
How much did you spend on insurance?		

## Income – Rental Property

Please complete this section if you have rental property.

Please contact me if you need any assistance gathering or calculating this information.

Information	Property #1	Property #2
Property Description		
Address of Property		
Owned by you, your spouse, or both jointly?		
Do you actively participate in managing this property?		
Is this a vacation home? If Yes: Number of days you rented it Number of days you used it		

Total rent received		
Expenses:		
Advertising		
Auto and travel		
Cleaning and maintenance		
Commissions		
Insurance		
Legal and professional fees		
Management fees		
Mortgage interest		
Other interest		
Repairs		
Supplies		
Real estate taxes		
Other taxes		
Utilities		
Other expenses		
Depreciation		

### Income – Rental Property (Continued)

*This section is continued from the previous page.*

Information	Property #3	Property #4
Property Description		
Address of Property		
Owned by you, your spouse, or both jointly?		
Do you actively participate in managing this property?		

Is this a vacation home? If Yes: Number of days you rented it Number of days you used it		
Total rent received		
Expenses:		
Advertising		
Auto and travel		
Cleaning and maintenance		
Commissions		
Insurance		
Legal and professional fees		
Management fees		
Mortgage interest		
Other interest		
Repairs		
Supplies		
Real estate taxes		
Other taxes		
Utilities		
Other expenses		
Depreciation		

### **Contributions to Individual Retirement Plans**

Please complete this section if you made contributions to individual retirement plans during the year.

<b>Information by Plan Type</b>	<b>You</b>	<b>Your Spouse</b>
<b>IRA Plans</b>		
Traditional IRA contributions		
Roth IRA contributions		

Are you covered by a retirement plan where you work?		
<b>Keough Plans</b>		
Contributions made to a Keough plan		
<b>Simplified Employee Pension (SEP) Plans</b>		
Contributions made to a SEP plan		
<b>SIMPLE Plans</b>		
Contributions made to a SIMPLE plan		

**Deductions**

Please complete information for any of the following types of deductible expenses.

**Mortgage Interest and Points**

Lenders Name	Mortgage Interest	Points

**Taxes**

<b>Type of Tax</b>	<b>Amount</b>
Real estate taxes paid on principal residence	
Real estate taxes paid on additional homes or land	
Personal property taxes	
Total sales taxes paid, if known	
Sales taxes paid on vehicles, boats, or other large purchases	

**Moving Expenses**

<b>Moving Expense Information</b>	<b>Amount</b>
New principal place of work for this move (Address)	
Number of miles from your old home to your new workplace	
Number of miles from your old home to your old workplace	
Transportation expenses for this move	
Expenses of storing household goods	
Travel expenses for this move	
Lodging expenses for this move	
Amount you were re-imbursed for this move	

**Education Expenses**

<b>Education Expense Information</b>	<b>Amount</b>
Interest expense on student loans this year	
Qualified education expenses you paid for yourself, your spouse, or one of your dependents	

**Deductions (Continued)**

*This page is continued from the prior page.*

**Charitable Contributions Made in Cash**

<b>Donee Information</b>	<b>Amount</b>


**Charitable Contributions Not Made in Cash**

<b>Donee Information/Description</b>	<b>Amount</b>

**Miles Driven for Charitable Purposes**

<b>Description</b>	<b>Miles Driven</b>

**Deductions (Continued)**

*This page is continued from the prior page.*

**Casualty and Theft Losses - #1**

<b>Description</b>	<b>Information</b>
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Description of this casualty or theft event	
Date of event	
Description of property damaged or stolen	
Date that this property was acquired	
Amount of any insurance or reimbursement	
Fair market value before the event	
Was this a total loss? (Yes or No)	

**Casualty and Theft Losses - #2**

<b>Description</b>	<b>Information</b>
Description of this casualty or theft event	
Date of event	
Description of property damaged or stolen	
Date that this property was acquired	
Amount of any insurance or reimbursement	
Fair market value before the event	
Was this a total loss? (Yes or No)	

**Other Miscellaneous Expenses**

<b>Description</b>	<b>Amount</b>
Tax preparation	
Investment expenses	
Safe deposit box rental	

**Deductions (Continued)**

*This page is continued from the prior page.*

**Medical Expenses**

<b>Description</b>	<b>Amount</b>
Prescription medications	
Health insurance premiums	
Medicare B premiums	
Long term care insurance	
Doctors	
Dentists	
Hospitals and clinics	
Labs, X-rays	
Qualified long term care	
Eyeglasses, contact lenses, Lasik surgery	
Medical equipment and supplies	
Ambulance fees	
Other amounts paid (please specify):	
1 -	
2 -	
3 -	
4 -	
5 -	
Transportation costs for medical purposes	
Transportation – provide number of miles driven	
Lodging for medical purposes	
Insurance reimbursements for any of the above	
MSA or HAS account distributions	

**Alimony Paid**

If you made any alimony payments, please provide that information here.

<b>Name of Person Paid To</b>	<b>Payee's Social Security Number</b>	<b>Amount</b>

## Deductions (Continued)

*This page is continued from the prior page.*

### Employee Business Expenses

Please complete this section if you had employee business expenses. If you are not sure, or have questions, please contact me.

<b>Item Description</b>	<b>Amount</b>
Vehicle Expense – use either the standard rate or the actual expenses, whichever results in the larger deduction	
Standard miles	
Miles driven before September 1 (\$0.405/mile)	
Miles driven after August 31 (\$0.485/mile)	
Actual expenses	
Gasoline, oil	
Insurance	
Repairs	
Vehicle rentals	
Depreciation	
Parking, Tolls, etc that did not involve overnight travel or commuting to/from work	
Travel expenses while away from home overnight	
Other Business Expenses:	
Union and professional dues	
Uniforms	
Job education	
Supplies	
Job search costs	
Professional subscriptions	
Other expenses	
Meals and Entertainment expenses	

Reimbursements from your employer	
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## Deductions (Continued)

*This page is continued from the prior page.*

### Adoption Expenses

Please provide requested information if you had adoption expenses this year.

Item	Child #1	Child #2
Child's name		
Child's date of birth		
Child's Social Security number, or other identifying number		
Is the child a foreign child?		
Does the child have special needs?		
Is the child disabled?		
Did you file a Qualified Adoption Expenses form in a prior year for this child?		
Adoption Expenses:		
Adoption fees		
Court costs		
Attorney fees		
Travel expenses		
Other expenses		
Adoption credit carryforward from prior years, if any:		
From 2000		
From 2001		
From 2002		
From 2003		
From 2004		
From 2005		
From 2006		

## Farm Income and Expenses

Please complete this section only if you operate a farm.

<b>Item</b>	<b>Your Information</b>
Name of this farm	
Principal product or business	
Employer ID Number (EIN), if any	
Income:	
Livestock sales	
Crop sales	
Patronage dividend	
Agriculture program payments	
Crop Insurance	
Custom hire (machine work)	
Other income	
Cost of livestock or crop sales	
Expenses:	
Car, truck, vehicle	
Chemicals	
Conservation	
Custom hire	
Depreciation	
Employee benefits	
Feed	
Fertilizer	
Freight	
Fuel, oil	
Insurance	
Mortgage interest	
Other interest	
Pensions	
Labor hired	

Rent expense	
Repairs	
Seed	
Storage	
Supplies	
Taxes	
Utilities	
Veterinary expense	