National Society of Accountants **Tax Organizer**

for Tax Year 2010

Compliments of: TICE ASSOCIATES, P.C.

PUBLIC ACCOUNTANTS 1709 W. Market St.

York, PA 17404 Phone: 717-843-9572

Web: www.ticeassociates.com

Name: Taxpay			SS No.		Birthdate/Age						
				Telephone (Home) ()							
Addies			Telephone (V	Vork) ()							
	Cel	Il Phone: ()	Cell Phone:	()							
Email A	Addre	ess:									
Occup	ation	: Taxpayer	Spo	ouse							
Check	One:	: ☐ Single ☐ Married Filing Joint ☐ Married Filing Separately (enter sp			parried Head of Household						
Depe	ndon		ecurity Number*	·	No. of Months lived in						
Name		Age	curity Number	neiationship	your home in 2010						
*A per	sonal	l exemption is disallowed for any dep	endent unless t	he Social Security	number is provided on the	tax return.					
		your family attending college may make									
		tion. # Students	,								
Taxpay	yer:	☐ 65 or over ☐ Blind/Disabled Spo	use: □ 65 or ove	r 🗆 Blind/Disabled							
The ch	مدلاازو	st below could lead to helpful deductions	Plassa answar	and provide suppor	ting information All guestion	s helow nertain t					
the yea	ar 201	n below could lead to helpful deductions	. I lease allswei	and provide suppor	ing information. All question	is below pertain t					
YES	NO										
			d aducational acc	istance? \$							
				ursen, your spouse,	or a dependent:						
		If you are an educator, did you have u		k-related evnenses	2 Amount: \$ (not ve	t extended)					
	П	Do you or your spouse have any kind	of nension profit-	sharing 401K Retir	rement Keagh IRA Roth or	τοποπασαγ					
		tax sheltered annuity plan? If yes, plea			emont, reogn, nav, rear or						
	П	If yes, were you or your spouse at least	st 70 ½ vears of a	ge on Dec. 31 st ?							
			during the vear?	If so, please indicat	e the amount of funds:						
		Withdrawn: \$ Date									
		Were any funds withheld? ☐ Yes	□ No Amou	No Amount: \$							
		Were the withdrawn funds used to pay	medial expenses	No Amount: \$							
		Were you called to active duty before	ou withdrew the	amounts?							
		If you are self-employed, did you pay h	nealth insurance p	premiums for yourse	olf and your family?						
		Amount: \$	•	•	,						
		Did you pay alimony? If yes, paid to:									
		SS no.:	Am	ount Paid: \$							
		Did you receive alimony, if so how much									
				_							
		- , + ,									
		. ,									
		- ,									
		,									
		,									
		- ,									
		date of loss), insurance information re			d police report.						
		Did you purchase an alternative motor									
		- ,									
		- ,			uch as solar water heaters, so	olar electric					
_		equipment, geothermal heat pumps or		d tuel cell plants?							
		Did you purchase a home as a first tim	ie homebuyer?								

18 Quarter 2 nd Quarter 3 dd Quarter 4 nd Q	stimated			;																
Paid Paid Paid Paid TOTAL Federal State City Wage Income Employer's Name Tor S Wages W/H FICA Medicare State W/H City W/H FICA Medicare State W/H FICA Medicare State W/H City W/H FICA Medicare State W/H FICA Medicare State W/H City W/H FICA Medicare State W/H FICA Me		1 st	Quarter		2 nd	Quar	ter	3 rd (Quarte	er	4 th	Quarl	ter							
Federal State			Amour	nt		Ar	nount		Am	ount		An	noun	t	TC	IATC				
Wage Income Employer's Name	Federal																			
Age Income Employer's Name	State																			
Employer's Name	City																			
Employer's Name	age Inc	ome																		
Amount Seller Financed Withdrawal Penalty (Y) Payer T or S Amount Plan Type Vithdrawal Penalty (Y) Payer T or S Amount Plan Type Vithdrawal Penalty (Y)								Fed	leral											
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vidend Income (Enclose all 1099-DIV Forms)	Payer							T or	S		Amou	nt								(Y or
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	or seller	finance	ed morto	gage	: Buye	er's n	ame,	Social Se	curity	numb	er and	addre	esse	s:						
Payer T or S Total Amount Qualified Dividends Capital Gain Dist. Non-Taxable	ividend I	ncome	(Enclose	e all	1099-[DIV F	orms)			1			1							
	² ayer				Т	or S		Total Am	ount	Qua	alified Di	viden	ıds	Can	ital G	ain D	ist.	No	on-Tax	able
										1						-				
										1						-				1
										+						-				
												1								
o you have funds in a foreign account? □ Yes □ No		_			•		- -											•		
lid you have any stock sales in 2010? If yes, submit all 1099B forms. □ Yes □ No	nstallmen	t Sale	Paymen	ts Re	eceive	d: In	teres	t \$		Pri	incipal	\$								
stallment Sale Payments Received: Interest \$ Principal \$	ıyer's na	mai				CC #				A al al										

	Socia	l Securi	ty	Une	employr	nent		Alimo	ny	S	tate Re	efund		Other					
Taxpayer																			
Spouse							` • • •												
Capital Ass				s, Rea			•											1	
Descr	ription of	Proper	ty		Date Acqui		L	ate So	ld	Sale F	rice	Depred (if a	ciation ipplical		Cos	st or I	Basis		
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							1		<u>ı </u>		1	<u>I</u>		1				J	
*To qualify f	or long t	erm ca	oital g	gain ra	ates, as	sets	sold r	nust ha	ve be	en held f	or more	e than on	e year	•					
Rental Inco	me (Atta	ach 109	9 For	rms)															
Property De			1																
Gross Incon																			Т
Expenses																			
Advertisin	g																		Т
Auto & Tra																			
Cleaning 8		nance																	
Commissi																			_
Insurance Profession																			-
Mortgage																			+
Other Inte																			╁
Repairs	rest																		╁
Supplies																			+
Taxes																			+
Utilities																			+
Wages/Sc	hedule																		+
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% Occupan	cy by Ta	xpaver																1	
<u> </u>								1				I				<u>I</u>		1	
Depreciable		Additio	ns							1			1			1			
For Schedul					Des	orio±	on				Date	Duraha	204	0-	o.t		Trade	In /if -	n.
C, E, F, 210	0				Des	scripti	UII				Dale	e Purchas	seu	Co	<u>ગ</u>		Hade	-In (if a	T
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mproveme	nts to P	ersona	l Res	siden	ce No	te: If	you re	efinance	ed you	r home t	this yea	ar, please	bring	a copy of	your	closir	ng stater	ment.	
For Sched	ule								•										٦
C, E, F, 21	06	Description						Date Purchased				Cost							

2010		\sim	•
2010	Tax	()rc	ganizer
2010	тил	V12	annzei

Business Income (Attach 1099-MI		Farm Income (Attach 1099 Forms)
Business Name		Farm Name
Federal ID No.		Principal Activity
Principal Business Activity Principal Product		Accounting Method: ☐ Cash ☐ Accrual
Method Used to Value Inventory		Income
Accounting Method: Cash	Accrual	Sales of Items Bought for Resale
Gross Income	Amount	Cost of Items Bought for Resale
Gross Income		Sales of Livestock & Produce Raised
Less Returns/Allowances		Except for Breeding Stock
Cost of Sales		Feeders & Calves
D : : I .		Pigs & Sheep
Beginning Inventory		Poultry & Eggs
Purchases		Dairy Products
Cost of Labor		Corn, Peas, etc
Materials and Supplies		Wheat, Oats, Hay & Straw
Freight In		Fruit
Other		Patronage Dividends
Ending Inventory		Agricultural Program Payments
Ending inventory		Commodity Credit Loans Neglected
Deductions		CCC Loans: Forfeited
		Repaid with Certificates
Advertising		Crop Insurance Proceeds
Auto-Truck Expense		Federal Gasoline Tax Credit
Bad Debts		Other
Collection Expense		
Commissions		Deductions
Professional Dues & Subscriptions		D 1' E
Employee Benefit Program		Breeding Fees
Freight & Express		Chemicals
Utilities		Conservation Expenses
Insurance		Custom Hire (Machine Work)
Interest—Mortgage		Employee Benefits Programs
T 4 0.1		Feed Purchased
Janitorial & Cleaning		Fertilizers & Lime
Laundry		Freight & Trucking
Legal & Accounting Fees		Gasoline, Fuel, Oil
Office Expense		Insurance
Postage		Interest—Mortgage
Rent		Interest—Other
Repairs		Labor Hired
Salaries	-	Pension & Profit Sharing Plans
Supplies		Rent of Farm, Pasture
Telephone		Repairs, Maintenance
Travel		Seeds, Plants Purchased
Total Meals & Entertainment		Storage, Warehousing
		Supplies Purchased
		Taxes
		Utilities
		Veterinary Fees, Medicine
Did you have business start on sect	en in 00100	
Did you have business start-up cost		
If so, was the business running by to Did you have income (or loss) on K-		rp., Estate or Trust in 2010? Provide all copies of K-1.
	•	·
Business Use of Home		
Total Area of Home: sq.		sed for Business: sq. ft.
Nature of Business Activity Perform	ed in Home:	·
Was Another Office Available to You	u Outside the Home? Yes	□ No
Non-Exclusive Use by Day Care F		D 0
Hours/Day Used for Day Care:	Days/Year Used for I	Day Care:

Retirement Contri	butions 1	for 2010 Do you	want to make any	/ nondedu	ctible IRA contribu	ıtions? □	Yes □ No
			Taxpayer			Sp	oouse
IRA or Roth, Spec	cify		1 2				
SEP							
Keogh							
Other:							
Other.							
Personal Itemized	d Deducti	ions		_			
Medical		Amount		Taxe Real	es Estate		
Prescription Drugs					onal Property		
Medical Insurance P	remiume	·····		State	& Local Income Ta	 ax	
Long Term Care Ins.				State	& Local General S:	ales Tax	
Medicare Premiums.					& Local General St		
Doctors/Dentists							
Clinic/Lab Tests				Chai	ritable Contributi	ons	
Hospitals				Cash	Contributions*	OHS	
				Casii	Contributions	··	
Eyeglasses/Hearing A Orthopedic Shoes/Br							
Medical Long Distar				Other	r Than Cash Contrib		
Other							
Miles							
Miles							
Fares: Taxi, Bus, etc				*Con			uire written substantiation
Do you have a medic	zai savings	s acci.!			the organizations.	n more req	une written substantiatio
Interest			<u> </u>	110111	the organizations.		
Deductible Home Me	ortgage In	terest Paid to			ellaneous Deduc		
Financial Institutions				Unre	imbursed Employee	Business I	Expense
Home Equity Interes					n & Professional Di		
Deductible Home M				Safe	Deposit Box Rental		
Individuals:*	origage in	icrest I and to		Tax I	Return Preparation I	Fee	
Name Address:*					ness Publications		
Name Address.				Busir	ness Telephone Call	s	
Social Security No.:				Tools	s, Supplies, Equipm	ent	
*Failure to provide				Empl	oyment-Related Ed	ucation	
Deductible Points (In				Inves	tment Expenses		
Points from Prior Ye				Other	r		
Investment Interest ('
							t Subject to 2% AGI
				Gaml	oling Losses (limite	d to winnin	ıgs)
	··						
Household Emp	olovee Inf	formation					I
Household Emple							
		sehold employee \$	1.700 or more in	2010? 🗆	Yes □ No		
Did you withhold	Federal i	ncome tax during	2010 at the requ	est of any	household employ	vee? □ Y	es □ No
Did you pay total	cash wa	ges of \$1,000 in a	nv calendar quar	ter of 2010	to household em	plovees?	□ Yes □ No
		age 18? Yes				' '	
		n file for your hous					
						Number:	
Address:							
710010001							
Gross Wages	FITW	SS Withheld	Employer Sha	re FICA	Advance EIC	FUTA	State Unemployme
ccccagec			p.o,o. oa		7.0.00 2.0		otato ottomproyimo
Moving Evens	00						
Moving Expense		ur old home to	ur nouveorlenia				
Enter No. 01 IIIIle	e from vo	our old home to your old home to yo	ur old workplace	-			
Date of Marca	s iioiii yo	iui olu nome to yo	ui <i>olu</i> workpiace	ral at Nam	Location	·	
Date Of MOVE			Arriv	ai al New	LUCAUUII		Amount
		ehold Goods					No
Cost to Travel to N	New Home)		Other:			

Cost of Lodging During Move.....

Employee Business Expense

ravel Expense	Amo	unt			Amo	ount
ir Fares			Road Tolls			
ıto Rentals	·		Taxi, Subway			
ntertainment			Telephone, Te	elegraph		
arage						
otel/Motel			Other			
eals						
arking						
ostage						
Automobile Expense					Car 1	Car 2
Total Miles Driven	Car 1	Car 2		omobile Expenses		
Total Mileage			Gas & Oil			
Business Mileage			Insurance			
Business Use %			Licenses			
Average Daily Commuting			Lubrication			
Written Records Available	Y/N	Y/N	Repairs			
Is another vehicle available	1/11	1/11	Tires, Tire R	enair	<u> </u>	
	V/NI	V/N		сран	+	
for personal use? Is an employer-provided	Y/N	Y/N	Wash		1	
vehicle available for	Y/N	Y/N	Other:			
personal use?	1/1N	1/1N				
Did you receive employer-pro	ovided dependen	t care assistance	benefits? Ye	s 🗆 No Amount:	\$	
Sale of Personal Residence	(Attach copy of					
Date Old Residence Acquire			Cost or Basis of C	Old Residence		
Cost of Improvements (lands	scaping, drivewa	• • •				
Date Old Residence Sold			Selling Price			
Expenses of Sale (commiss			ips, etc.)			
Was any part of residence re				(10		
Was it your principal place o			rs, ending on date	e of sale?		
Date New Residence Acquir	•	<u> </u>	0 / (1/ 5 /	1		
Date you occupied new residue.			Cost of New Resi			
If married do you and/or you	ır spouse meet th	ne ownership and				
Do you wish to designate yo regarding your tax return? I		or someone else t	to be contacted by No	y the IRS in case any	y questior	ns arise
Do you wish to designate yo	f yes, name the p lge the enclosed the preparation	or someone else to person. □ Yes d information is	□ No	udes all income ded	ductions	and other