

# Accurate Tax Service

*Tax & Investment Counseling*

Dear New Client,

This letter is to introduce you to **Accurate Tax Service**. Our philosophy is based on the belief that we are on our client's side, not the I.R.S.'s. Besides preparing your tax return with emphasis on customer service, efficiency and expertise, the following services are ***included in your fee:***

1. **Electronic Filing.** By filing electronically you can speed up your refund and receive it in as little as ten days.
2. **Short inquiries.** We encourage clients to ask us questions during the year. (We always try to return calls within 48 hours and for short inquiries, there is no charge.) We have found that many clients overpay their taxes, something which could be avoided by a short phone call or visit. When you hear something from a so-called "expert", please call us and get the facts right. We would rather spend the time in off-season (when we have more time) than during the tax appointment when it is already too late. (We have found that the moaning takes longer than doing it right the first time!) If the question requires more time to discuss, calculate or research, we charge a consulting fee.
3. **Computerized returns.** We use one of the largest and most respected software companies in the U.S. This insures that your tax return is done as quickly and efficiently as possible.
4. **Handling of Letters** from the I.R.S. or Franchise Tax Board (as long as they are presented to us in a timely manner).
5. **Audit services.** Many personal audits can be handled at no charge. (We reserve the right to charge for audits based on the complexity or location.)
6. **Aspirin** for those rough tax times (limit two per client).

When you come in for your appointment, please ***bring a copy of last year's tax return*** as well as all W2's, 1099's, 1098's and any other income-related documents.

Thank you for your interest in **Accurate Tax Service**. We look forward to meeting you. If you have any questions regarding the above, please don't hesitate to contact us.

Sincerely,



Nancy Schwartz, Office Manager

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? If you got married during 2010, please bring a copy of your spouse's tax return for 2009.  |
| <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 for 2010?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Were there any changes in dependents? If a child was born in 2010, or you are claiming a child that you did not claim in previous years, please bring a social security card for the new dependent.  |
| <input type="checkbox"/> | <input type="checkbox"/> | If your dependents worked for wages, will they be filing a tax return? If so, make sure that they don't claim themselves as a dependent. If they do, your return could get rejected. One solution to this would be to bring your dependent's information to your appointment to ensure it gets done correctly. (Our fees are reduced for your dependents when prepared at the time of your appointment.) |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you have any children under age 19 or full-time students under age 24 at the end of 2010, with interest and dividend income in excess of \$950, or total investment income in excess of \$1,900?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you sell any stocks, bonds or other investment property in 2010? If so, please furnish us with cost basis information. If you don't have it, call your investment broker for the information.  |
| <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? Please furnish your final settlement statement.   |
| <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 motor vehicle or alternative motor vehicle?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you have any debts cancelled or forgiven?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive a distribution from a retirement plan (401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.)?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you convert part or all of your traditional, SEP, or 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"/> | If you have a refund coming to you, do you want your refund direct deposited? If so, please provide a copy of the check where you want the funds direct deposited. If it's the same account as last year we will have the account number on file.  |

ORGANIZER

<b>2010</b>	<b>1040</b>	<b>US</b>	<b>Tax Organizer</b>
-------------	-------------	-----------	----------------------

**Accurate Tax Service**  
 175 Placerville Drive, Suite C  
 Placerville, CA 95667

Telephone number: (530) 622-5546  
 Fax number: 530-622-8874  
 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 . . . .		

Please bring all of your pertinent 2010 income documents:

- |          |                         |           |                              |
|----------|-------------------------|-----------|------------------------------|
| W-2      | Wages Salaries and Tips | 1099-B    | Stock Sales                  |
| 1099-INT | Interest Income         | 1099-MISC | Miscellaneous Income         |
| 1099-DIV | Dividend Income         | 1099-G    | State Refund or Unemployment |
| 1099-R   | Pension or IRA          | 1099-SA   | Social Security              |
| W-2G     | Gambling Winnings       | 1099-S    | Real Estate Sales            |

\*\*\*\*Also Bring Copy of 2009 Tax Return\*\*\*\*

2010 1040 US Tax Organizer

RETIREMENT PLAN CONTRIBUTIONS

2010 Amount

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)

Table with 6 rows for recording retirement contributions.

OTHER GOVERNMENT FORMS - DEDUCTIONS

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

Attach Forms 1098

ADJUSTMENTS TO INCOME

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

Table with 3 rows for recording adjustments to income for taxpayer.

Alimony paid - Recipient name & SSN

Table with 4 rows for recording alimony paid.

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

Table with 3 rows for recording adjustments to income for spouse.

Alimony paid - Recipient name & SSN

Table with 4 rows for recording alimony paid for spouse.

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:

Table with 10 rows for recording medical and dental expenses.

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

Table with 4 rows for recording taxes paid.



<b>2010</b>	<b>1040</b>	<b>US</b>	<b>Child and Dependent Care Expenses (Form 2441)</b>	<b>33.1,33.2</b>
-------------	-------------	-----------	--	------------------

Please enter all pertinent 2010 information. Last year's amounts are provided for your reference. You must have paid for the care of one or more dependents enabling you to work or attend school to qualify for this credit.

**DEPENDENT CARE EXPENSES (33.1)**

	2010 Amount		2009 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
Dependent care expenses incurred but not paid in 2010...				
Employer-provided benefits forfeited in 2010.....				

**PERSONS AND EXPENSES QUALIFYING FOR DEPENDENT CARE CREDIT**

No. <input style="width:40px;" type="text"/>	First name.....			
	Last name.....			
	Date of birth (m/d/y).....			
	Social security number.....			
	Qualified dependent care expenses incurred and paid in 2010.....			2009 amt:
	1=disabled.....			
1=spouse, 2=joint.....				

No. <input style="width:40px;" type="text"/>	First name.....			
	Last name.....			
	Date of birth (m/d/y).....			
	Social security number.....			
	Qualified dependent care expenses incurred and paid in 2010.....			2009 amt:
	1=disabled.....			
1=spouse, 2=joint.....				

No. <input style="width:40px;" type="text"/>	First name.....			
	Last name.....			
	Date of birth (m/d/y).....			
	Social security number.....			
	Qualified dependent care expenses incurred and paid in 2010.....			2009 amt:
	1=disabled.....			
1=spouse, 2=joint.....				

**PERSONS OR ORGANIZATIONS PROVIDING CARE (33.2)**

No. <input style="width:40px;" type="text"/>	Name of provider.....			
	Street address.....			
	City, state, ZIP code.....			
	Identification number (SSN or EIN).....			
	Amount paid to care provider in 2010.....			2009 amt:
	1=spouse, 2=joint.....			

No. <input style="width:40px;" type="text"/>	Name of provider.....			
	Street address.....			
	City, state, ZIP code.....			
	Identification number (SSN or EIN).....			
	Amount paid to care provider in 2010.....			2009 amt:
	1=spouse, 2=joint.....			

