2011 CAP COM Financial Tax Organizer

Checklist of Items Your Tax Preparer Will Need Prior to Appointment

1) **All W-2's, 1099's (1099-INT for interest, 1099-DIV for dividends, 1099-B for sale of securities, 1099-R for annuities, pensions and IRA/Keogh or other retirement plan withdrawals, 1099-G for state tax refund, SSA-1099 for Social Security, 1099-G for unemployment compensation and 1099-MISC for commissions and fees, etc.), 1098's, Federal & state estimated payments made and records of Traditional IRA contributions.**
2) **Copies of Schedule K-1 for partnerships, joint ventures, S corporations, estates or trusts. (See note below.)**
3) **If you sold stock or mutual funds, please provide a description of asset sold and provide documentation of the date acquired, date sold, purchase price, sales price, and cost basis of investment.**
4) **If you sold any real estate, please provide the HUD-1 statement, list any capital improvements to the property and any expenses of sale.**
5) **If you refinanced a home or other property this year, supply copy of your closing statement.**
6) **If you are a new tax client, provide copies of tax returns for 2009 and 2010.**
7) **Provide all of the above documentation to our office at least 1 week prior to your appointment date.**

Note: You do not need item #3 above in order to make your tax appointment. These documents may be dropped off or mailed to your tax preparer at a later date

Primary Taxpayer:_______________________________ **Secondary Taxpayer:**_______________________________

Occupation:_______________________________ **Occupation:**_______________________________

Date of Birth:_______________________________ **Date of Birth:**_______________________________

Social Security #:_______________________________ **Social Security #:**_______________________________

Home Phone:_______________________________ **Home Phone:**_______________________________

Work Phone:_______________________________ **Work Phone:**_______________________________

Cell Phone:_______________________________ **Cell Phone:**_______________________________

E-mail:_______________________________ **E-mail:**_______________________________

(Please circle best contact phone # during the day)

Present Address:____

County:_______________________________ **School District:**_______________________________

Prior year address, if different:_____________________________________ **Date changed:**__________

Dependent information:

Name__________________________ Date of Birth____________ Social Security #____________________

Name__________________________ Date of Birth____________ Social Security #____________________

Name__________________________ Date of Birth____________ Social Security #____________________

Name__________________________ Date of Birth____________ Social Security #____________________

Filing Status: ________Single, _______ Head of Household, ________ Surviving Widow w/Dependent Child

_______ Married filing jointly, ________Married/filing separately: enter spouse's information above

Change in Marital Status & Date: *Divorced* _________ *Taxpayer deceased*________, *Spouse deceased* ________

Yes or No (please circle)**:** I want my refund to be electronically deposited into my CCFCU Account #__________

Payment for Tax Prep Services: Can be taken from CCFCU account #__________(Total to be discussed at appt.)