2007 CAP COM Financial Tax Organizer

<u>Checklist of Items Your Tax Preparer Will Need</u>

1) **Call our office to scheduled your appointment: (518) 782-0209 or (800) 688-1045**
2) **Note: ______________On:_________At:_________ Location:** <u>4 Century Hill Dr., Latham, NY 12110</u>
   Preparer's name Date Time
3) **All Forms W-2 (wages) and all Forms 1099 and 1098 (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.). Include all copies.**
4) **Copies of Schedule K-1 for partnerships, joint ventures, S corporations, estates or trusts. (See note below.)**
5) **If you sold real estate, stock or mutual funds, please provide description of asset sold and provide documentation of date acquired, date sold, sales price, and cost basis of investment. For real estate please list any improvements to property and any expenses of sale.**
6) **If you acquired or refinanced a home or other property this year, supply copy of your closing statement.**
7) **If you are a <u>new client</u>, provide copies of tax returns for 2004, 2005, and 2006.**
8) **Provide all of the above documentation to our Latham Office <u>at least 1 week prior to your appointment date.</u>**

Note: You do not need item #4 above in order to make your tax appointment. These documents may be dropped off or mailed to your tax preparer at a later date

Name: ________________________________ **Spouses Name:** ______________________________

CU Account #:__________________________ **CU Account #:**______________________________

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:** _________________________________

Present Address: ____ **County:** _______________________

School District: _________________________

Prior year address (only if now 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/Dependant Child

____ Married filing jointly _______Married/filing separately: enter spouse's information above & SS#_____________

Year 2005 *only: Married (Date ________)* *Divorced (Date ________)* *Spouse deceased (Date _______)*

Yes or No (please circle)**:** I want my refund <u>electronically deposited</u> into my CU account #________________

Thank you for completing this information. We'll see you at your appointment!