T & H Accounting, LLC 24 Onville Rd Suite 206 Stafford, VA 22556

(540) 720-2550 Fax: (888) 909-8619

*****PLEASE NOTE****

By completing this form I/we have the proper receipts or canceled checks for all expenses listed herein.

TAX RETURN ORGANIZER

NAME(S) OF TAXPAYER(S)		FOF	R CALENDAR	SSN:			Bank Name Routing #: Account # Checking:	Saving	ıs:
ADDRESS									
if changed from prior year) Tel #:					E.Mail				
	PLE	ASI	E ROUN	D TO TH	E NEARE	ST DOL	LAR		
DIVIDEND INCOME	Total		Qualified				INTEREST INCO	OME	
Autual Fund/Stock Name	Dividends		Dividends	Cap. Gain	Foreign Tax		Bank/CU Name		Amount
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Employer Name	Т		axable Wages	Federal WH	Soc.Sec.	Medicare	State WH		
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	Pens	sion/	IRA Income Re	ceived					
Pension/IRA Name		Γ/S	Gross Amount	Taxable	Federal WH	State WH	_		
		T					1	Current	Year
		\dashv					1	Payments	
		+			1		1	Regular	Roth
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		+					Taxpayer		1
		+					Spouse		
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Miscellan	neous Incom	າe Sດ	urces (other ti	han rental and	l self-employed	income)			
tate Tax Refund				Other	Jpioyeu		Т		

Other:

Other:

MEDICAL EXPENSES	QUARTERLY TAX PAYMENTS MADE				
Drugs	Federa	nl			
Doctors/Dentists	Credit from Overpayment				
Hospitals	1st Quarter				
Health Insurance	2nd Quarter				
Long Term Care Ins	3rd Quarter				
Mileage	4th Quarter				
Parking	Paid With Extension				
	Total				
	State				
TAXES PAID	Prior Yr Overpayment Credit				
Real Estate	1st Quarter				
Real Estate	2nd Quarter				
Real Estate	3rd Quarter				
Personal Prop.	4th Quarter				
Personal Prop.	Paid With Extension				
Personal Prop.	Total				
Pr Yr Add'l Pymt					
	MISCELLAN	EOUS			
DEDUCTIBLE INTERECT	Tax Preparation				
DEDUCTIBLE INTEREST	Safe Deposit Box				
Mortgage	Employment Fees				
Mortgage	Safety Shoes				
Mortgage	Uniforms				
Line of Credit	Tools				
La contra cont	Union Dues				
Investment	Professional Dues				
Total	Investment Pubs.				
CONTRIBUTIONS	Continue Education				
I/we attest that we have cancelled checks or	Business Expenses:				
receipts for all contributions					
Signature:					
Cash/Checks					
Cushi, Checks					
Non Cash -	Tuition Payments & Books				
Total	Student Loan Interest				
	LD CARE CREDIT				
Providers Name & Address	SSN/FEIN	Amount			
	Total				

SCHEDULE C - SOLE PROPRIETORSHIPS

Address: Business Type & Code: Gross Receipts Uniforms Wages Dither Income Wages Dither Income Wages Dither Income Wages Dither Expenses Dither Expense Dither E	Company Name:	
Gross Receipts Returns Utilities Utilities Other Income Inventory - Beginning Inventory - Beginning Accounting Accounting Accounting Accounting Accounting Accounting Accounting Accounting Actoritishing Bank Charges Car & Truck Expenses Uverlice Usage For SCHEDULE C Year of Vehicle Inding Odometer Dues & Subscriptions Employee Benefits Insurance (Non-Health) Interest Mortgage Other Other Janitorial Laundry & Cleaning Legal & Professional Office Expense Outside Services Parking & Tolls Porstage Printing Rent or Lesse Vehicle, Machinery, Etc. Other Repairs Security Start Up Costs Supplies Suspines Start Up Costs Supplies Taxes & Licenses Real Estate Fayroll Sales Tax included in G.R. Other Travel, Meals, Etc Travel Meals, Etc Travel Meals, Etc Icense/Registration Icease Payments Vehicle insurance If using actual expenses complete the following also: Fire Spatiance Utilities Wages Other Expenses VeHICLE USAGE FOR SCHEDULE C Vear of Vehicle Inding Odometer Beginning Odome	Address:	
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Telephone Tires/Batteries Tools Vehicle Insurance Travel, Meals, Etc License/Registration Travel Lease Payments	Sales Tax included in G.R.	Fuel & Oil
Tools Vehicle Insurance Travel, Meals, Etc License/Registration Travel Lease Payments	Other	Repairs
Travel, Meals, Etc License/Registration Travel Lease Payments	Telephone	Tires/Batteries
Travel Lease Payments	Tools	Vehicle Insurance
	Travel, Meals, Etc	License/Registration
Meals & Entertainment Other:	Travel	Lease Payments
	Meals & Entertainment	Other:

		SCHEDULE D				
	(Sale of assets	such as stocks, mi	utual funds, etc.)			
DATE DATE SALE						
DESCRIPTION	ACQUIRED	SOLD	PRICE	COST	SALE EXP	
		0022		0001	011222	
	l			l	· I	
			K-1 INFORMATION			
OFFICE IN HOME			K-1	K-1	K-1	
TOTAL HOME SQ. FT.						
TOTAL OFFICE SQ. FT.		Income (Loss)				
MORTGAGE INTEREST		R.E. Rental				
REAL ESTATE TAXES		Other Rental				
QUALIFIED MORTGAGE INS.		Interest				
NSURANCE		Dividends				
RENT		S/T Cap Gain				
		I	1			

OFFICE IN HOME		K-1	K-1	K-1
TOTAL HOME SQ. FT.				
TOTAL OFFICE SQ. FT.	Income (Loss)			
MORTGAGE INTEREST	R.E. Rental			
REAL ESTATE TAXES	Other Rental			
QUALIFIED MORTGAGE INS.	Interest			
INSURANCE	Dividends			
RENT	S/T Cap Gain			
REPAIRS & MAINTENANCE	L/T Cap Gain			
UTILITIES	Contributions			
OTHER	Sec 179 Exp			

OTHER INFORMATION

Address:		JCHEDOLE L - NE	Address:		
Address.			Address.		
	T		D 111		I
Rental Income			Rental Income		
A di la districa			Advantation		
Advertising			Advertising		
Association Dues			Association Dues		
Auto and Travel			Auto and Travel		
Cleaning & Maintenance			Cleaning & Maintenance		
Commissions			Commissions		
Gardening			Gardening		
Insurance			Insurance		
Legal & Professional			Legal & Professional		
Licenses & Permits			Licenses & Permits		
Management Fees			Management Fees		
Mortgage Interest			Mortgage Interest		
Other Interest			Other Interest		
Painting			Painting		
Pest Control			Pest Control		
Plumbing & Electrical			Plumbing & Electrical		
Repairs			Repairs		
Supplies			Supplies		
Taxes - Property			Taxes - Property		
Telephone		Telephone			
Utilities		Utilities			
Other Expenses			Other Expenses		
 					
RENTAL PROPERTY AS:	SETS		RENTAL PROPERTY	ASSETS	
Asset Description	Date	Cost	Asset Description	Date	Cost