

Dear Valued Client and Friend,

We would like to take a moment to thank you for your patronage over the past year. We have enjoyed serving you and look forward to many more years of service.

The following pages are what we call a “Client Organizer”. This Organizer will help you gather all of the needed tax information required to complete your tax return. Please read the information carefully. We have attempted to make this process as easy as possible so please let us know if you have any questions. Also, please keep in mind that some of the pages you may not need to fill out. But what is vitally important to us is the page following this letter; the “Personal Information” page. There are questions that need to be answered so that we can prepare for when you come in for your “Tax Talk” meeting.

Here is the outline of the pages following this letter:

Page No.	Title	Description
Page 2	Personal Information	Required personal contact information, such as Social Security number, Date of Birth, mailing address and telephone numbers.
Pages 3-4	Forms to Bring With You	You will be receiving IRS Tax Forms in the mail. This is a guide to what forms you might receive. We will need the forms you do receive.
Page 5	Itemized Deductions (Schedule A)	List all taxes paid, Medical expenses, Charitable donations, other deductions, Unreimbursed business expenses and child care.
Page 6	Valuation Guide	Guide for Charitable Contributions
Pages 7-8	Business Income (Schedule C)	Personal Business (not corporation) guide for income, cost of goods, expenses and property & equipment purchases.
Page 9	Rent & Royalty Income (Schedule E)	Rental Property income and expenses. Also used to record Royalty income.
Pages 10-11	Farm Income (Schedule F)	Farm income, expenses and property & equipment purchases.
Page 12	Credit Card Authorization	This form is only needed if you plan to pay for our services via credit card.
Page 13	Direct Deposit Authorization	This forms allows the IRS to directly deposit your refund into your account.

The Organizer is set up so that you may enter your information without printing any pages. You can email the document to us when you have completed it at info@sfillc.com. We just ask that you ensure all information needed is present at the time of your “Tax Talk” meeting. You can also include in your email a preferred meeting time so that we may schedule you as soon as possible.

Best regards,



Certified Public Accountant
Sage Financial Logistics, LLC

PERSONAL INFORMATION

Please use black or blue ink, fill in all blanks and print clearly

Taxpayer:

First Name and Initial

Last Name

Social Security Number

Occupation

Date of Birth

Date of Death

Spouse:

First Name and Initial

Last Name

Social Security Number

Occupation

Date of Birth

Date of Death

Contact Information:

Street Address

Please Circle one: Physical or Mailing address

Apartment Number

City

State

ZIP or Postal Code

Taxpayer Daytime/Work Phone

Spouse Daytime/Work Phone

Taxpayer Evening/Home Phone

Spouse Evening/Home Phone

Taxpayer Cell Phone

Spouse Cell Phone

Taxpayer Email Address

Spouse Email Address

Child(ren):

First Name and Initial

Last Name

Date of Birth

Social Security Number

1

2

3

4

5

___ Do you wish to have your refund (if any) directly deposited into your bank account? If yes, bring Voided check.

___ Did your marital status change during the reporting tax year?

___ Did your contact information (address & telephone numbers) within the last year?

___ Were there any changes in child(ren) from the prior year?

___ Did you have any debts canceled, forgiven or refinanced during the reporting year?

___ Did you sell, exchange or purchase any real estate during the reporting year? If so, please attach closing documents

___ Did you contribute property (other than cash) with a fair market value of more than \$5,000 to a charitable organization?

___ Did you make any large purchases, such as motor vehicles and boats?

FORMS TO BRING WITH YOU

Please bring all forms you have received with you.

✓	Form	Title	Description
	W-2	Wage and Tax Statement	Wages, tips, other compensation; social security, Medicare, and withheld income taxes. Include bonuses, vacation allowances, severance pay, certain moving expense payments, some kinds of travel allowances, and third-party payments of sick pay.
	W-2G	Certain Gambling Winnings	Gambling winnings from horse racing, dog racing, jai alai, lotteries, keno, bingo, slot machines, sweepstakes, wagering pools, poker tournaments, etc.
	SSA-1099	Social Security Benefit Statement	Earnings from the Social Security Administration.
	1097-BTC	Bond Tax Credit	Tax credit bond credits to shareholders.
	1098	Mortgage Interest Statement	Mortgage interest (including points) and certain mortgage insurance premiums you received in the course of your trade or business from individuals reimbursements of overpaid interest.
	1098-C	Contributions of Motor Vehicles, Boats and Airplanes	Information regarding a donated motor vehicle, boat or airplane.
	1098-E	Student Loan Interest Statement	Student loan interest received in the course of your trade or business.
	1098-T	Tuition Statement	Qualified tuition and related expenses, reimbursements or refunds, and scholarships or grants (optional).
	1099-A	Acquisition or Abandonment of Secured Property	Information about the acquisition or abandonment of property that is security for a debt for which you are the lender.
	1099-B	Proceeds From Broker and Barter Exchange Transactions	Sales or redemptions of securities, futures transactions, commodities, and barter exchange transactions.
	1099-C	Cancellation of Debt	Cancellation of a debt owed to a financial institution, the Federal Government, a credit union, RTC, FDIC, NCUA, a military department, the U.S. Postal Service, the Postal Rate Commission, or any organization having significant trade or business in lending money.
	1099-CAP	Changes in Corporate Control and Capital Structure	Information about cash, stock, or other property from an acquisition of control or the substantial change in capital structure of a corporation.
	1099-DIV	Dividends and Distributions	Distributions, such as dividends, capital gain distributions, or nontaxable distributions, that were paid on stock and liquidation distributions.
	1099-G	Certain Government Payments	Unemployment compensation, state and local income tax refunds, agricultural payments, and taxable grants.
	1099-H	Health Coverage Tax Credit (HCTC) Advance Payments	Health insurance premiums paid on behalf of certain individuals.
	1099-INT	Interest Income	Interest income
	1099-K	Merchant Card and Third-Party Network Payments	Merchant card
			Third-party network payments
	1099-LTC	Long-Term Care and Accelerated Death Benefits	Payments under a long-term care insurance contract and accelerated death benefits paid under a life insurance contract or by a viatical settlement provider.
	1099-MISC	Miscellaneous Income	Rent or royalty payments; prizes and awards that are not for services, such as winnings on a TV or radio show.
			Payments to crew members by owners or operators of fishing boats including payments of proceeds from sale of catch.

FORMS TO BRING WITH YOU

1099-MISC	(Continued)	Section 409A income from nonqualified deferred compensation plans (NQDCs).
		Payments to a physician, physicians' corporation, or other supplier of health and medical services. Issued mainly by medical assistance programs or health and accident insurance plans.
	(Also, use to report direct sales of \$5,000 or more of consumer goods for resale.)	Payments for services performed for a trade or business by people not treated as its employees. Examples: fees to subcontractors or directors and golden parachute payments.
		Fish purchases paid in cash or resale.
		Crop insurance proceeds.
		Substitute dividends and tax-exempt interest payments reportable by brokers.
		Gross proceeds paid to attorneys.
1099-OID	Original Issue Discount	Original Issue Discount
1099-PATR	Taxable Distributions Received from Cooperatives	Distributions from cooperatives passed through to their patrons including any domestic production activities deduction and certain pass-through credits
1099-Q	Payments from Qualified Education Programs (Under Sections 529 and 530)	Earnings from qualified tuition programs and Coverdell ESAs.
1099-R	Distributions from Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.	Distributions from retirement or profit-sharing plans, any IRA, insurance contracts, and IRA recharacterizations.
1099-S	Proceeds from Real Estate Transactions	Gross proceeds from the sale or exchange of real estate and certain royalty payments
1099-SA	Distributions from an HSA, Archer MSA, or Medicare Advantage MSA	Distributions from an HSA, Archer MSA or Medicare Advantage MSA.
3921	Exercise of an Incentive Stock Option Under Section 422(b)	Transfer of stock pursuant to the exercise of an incentive stock option under section 422(b)
3922	Transfer of Stock Acquired Through an Employee Stock Purchase Plan Under Section 423(c)	Transfer of stock acquired through an employee stock purchase plan under section 423(c)
5498	IRA Contribution Information	Contributions (including rollover contributions) to any individual retirement arrangement (IRA) including a SEP, SIMPLE, and Roth IRA; Roth conversions; IRA recharacterizations; and the fair market value (FMV) of the account.
5498-ESA	Coverdell ESA Contribution Information	Contributions (including rollover contributions) to a Coverdell ESA.
5498-SA	HSA, Archer MSA, or Medicare Advantage MSA Information	Contributions to an HSA (including transfers and rollovers) or Archer MSA and the FMV of an HSA, Archer MSA, or Medicare Advantage MSA.

ITEMIZED DEDUCTIONS (Schedule A)

TAXES PAID (Please attach all documents applicable)

Real estate taxes paid on your home(s). Please bring coupon
 Sales tax paid on auto or boat. Please bring paperwork

QUARTERLY ESTIMATED PAYMENTS:

Quarter	Date Paid	Amt Paid	Quarter	Date Paid	Amt Paid
15-Apr			15-Sep		
15-Jun			15-Jan		

MEDICAL EXPENSES (Please attach all documents applicable)

	Amount
Medical insurance premiums paid by you (NOT Self-Employed)	
Long-Term Medical insurance premiums paid by you	
Prescription drug expense	
Doctor visit expenses	
Dentist visit expenses	
Glasses & hearing aids expenses	
Lab fees and X-Ray expenses	
Hospital visit expenses	
Nursing Home expenses	
Medical miles traveled	
Do you have a Medical Savings Account?	Please circle one: Y N

CHARITABLE CONTRIBUTIONS (Please attach all documents applicable)

Amount of cash/check donations	
Number of miles used while conducting charitable work	
Property contributed	
Including clothing, furniture and other items donated (please see attached Valuation Guide)	

OTHER DEDUCTIONS (Please attach all documents applicable)

Moving expenses		Investment expenses	
Tax preparation fee		Safety deposit box	

UNREIMBURSED EMPLOYMENT/BUSINESS EXPENSES (Please attach all documents applicable)

Professional Organization/ Union Dues		Airfare	
Other Dues & Subscriptions		Lodging	
Telephone		Parking, Taxi, Tolls	
Office Supplies		Meals & Entertainment	
Advertising		Total Travel Miles	
Promotions & Gifts		Total Business Miles	

CHILD CARE (Please attach all documents applicable)

List child care expenses in the same order as the child(ren) is/are listed on your Personal Info form

	Provider's Name	Address	SSN or EIN	Amount Paid
1				
2				
3				
4				
5				
Total \$				

A VALUATION GUIDE FOR ITEMS DONATED

Qty	LADIES CLOTHING	Value	Total
	Blouse	\$ 5.00	
	Bathrobes	6.00	
	Boots	3.50	
	Bras	2.00	
	Bathing suits	5.50	
	Coats	13.50	
	Dresses	9.50	
	Evening dresses	32.50	
	Fur coats	9.50	
	Fur hats	47.50	
	Foundation garments	5.50	
	Handbags	6.00	
	Hats	3.00	
	Jackets	6.00	
	Nightgowns	6.50	
	Pant suits	8.50	
	Socks	0.50	
	Suits	9.50	
	Shoes	3.50	
	Skirts	5.00	
	Sweaters	8.00	
	Slips	2.50	
	Slacks	5.50	
Total Value of Ladies Clothing Donated			
Qty	MENS CLOTHING	Value	Total
	Jackets	11.50	
	Over coats	27.50	
	Pajamas	2.50	
	Pants, shorts	5.00	
	Raincoat	8.50	
	Suits	30.00	
	Slacks	7.50	
	Shirts	6.50	
	Sweaters	5.50	
	Shoes	7.00	
	Swim trunks	4.00	
	Tuxedo	22.50	
	Undershirts	1.50	
	Undershorts	1.50	
Total Value of Mens Clothing Donated			

Qty	CHILDRENS CLOTHING	Value	Total
	Blouses	\$ 4.00	
	Boots	4.50	
	Coats	8.50	
	Dresses	7.00	
	Jackets	10.50	
	Jeans	6.00	
	Pants	5.50	
	Snow-suits	6.50	
	Shoes	5.50	
	Skirts	3.00	
	Sweaters	4.50	
	Slacks	4.00	
	Shirts	3.50	
	Socks	1.00	
	Underwear	2.50	
Total Value of Childrens Clothing Donated			
Qty	DRY GOODS	Value	Total
	Blankets	4.50	
	Bedspreads	7.50	
	Chair covers	25.00	
	Curtains	3.00	
	Drapes	11.00	
	Pillows	4.00	
	Sheets	3.50	
	Throw rugs	3.00	
	Towels	1.50	
Total Value of Dry Goods Donated			
Qty	COMPLETE SETS	Value	Total
	Bedroom set (complete)	525.00	
	Dining room set (complete)	400.00	
	Kitchen set	80.00	
Total Value of Complete Sets Donated			
Qty	FURNITURE	Value	Total
	Air conditioner	32.50	
	Bed complete (dbl)	97.50	
	Bed complete (sgl)	60.00	
	Bicycles	30.00	
	Chest	35.00	

Qty	FURNITURE (cont'd)	Value	Total
	Clothes closet	25.00	
	China cabinet	\$ 117.50	
	Convertible sofa (w/ mattress)	117.50	
	Crib (w/ mattress)	50.00	
	Carriage	52.50	
	Coffee table	30.00	
	Dresser (w/ mirror)	52.50	
	Desk	75.00	
	Dryer	65.00	
	End tables (2)	17.50	
	Floor lamps	16.25	
	Folding beds	32.50	
	Gas stove	87.50	
	Heaters	14.50	
	High chairs	22.50	
	Hi riser	47.50	
	Kitchen chair	4.50	
	Kitchen cabinets	50.00	
	Mattress (dbl)	35.00	
	Mattress (sgl)	25.00	
	Play-pen	13.50	
	Rugs	47.50	
	Refrigerator (working)	80.00	
	Radio	28.50	
	Sewing machine	45.00	
	Studio couch	60.00	
	Secretary	82.50	
	Sofa	60.00	
	TV (B/W working)	42.50	
	TV (Color working)	150.00	
	Trunk	13.50	
	Typewriter	15.00	
	Upholstered chair	40.00	
	Vacuum cleaner (working)	22.50	
	Washing machine (working)	80.00	
	Wardrobe	40.00	
Total Value of Furniture Donated			
Total Value of Donated Goods			

BUSINESS INCOME and COST OF GOODS SOLD (Schedule C)

Name of Business _____

Principle Business or Profession _____

Accounting Method (please circle one) **Cash** **Accrual**

Did you dispose of this business? If yes, what was the disposition date? _____

Mo/Da/Yr

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Was there a change in determining quantities, costs or valuations between opening and closing inventory? _____

<input type="checkbox"/>	<input type="checkbox"/>
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Were you involved in the operations of this business on a regular, continuous and substantial basis? _____

<input type="checkbox"/>	<input type="checkbox"/>
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Have you prepared or will you prepare all required Forms 1099? _____

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

Health insurance premiums paid to yourself and your child(ren) _____

\$

Amount

INCOME (Please enclose copies of all Forms 1099-K)

Other gross receipts or sales _____

Less returns and allowances _____

Amount

COST OF GOODS SOLD

Beginning inventory _____

Purchases less cost of items withdrawn for personal use _____

Cost of labor (do not include amounts paid to yourself) _____

Materials and supplies _____

Amount

OTHER COSTS OF GOODS SOLD

Description	Amount

Ending inventory _____

OTHER INCOME

Description	Amount

BUSINESS INCOME and COST OF GOODS SOLD (Schedule C)

Name of Business _____

EXPENSES

Amount

Advertising	
Parking and toll fees	
Commissions and fees	
Contract labor	
Employee benefit programs and health insurance (other than pension and profit-sharing plans)	
Insurance (other than health)	
Interest - Mortgage (paid to banks, etc.)	
Interest - Other	
Legal and professional fees	
Office expense	
Pension and profit-sharing plans	
Rent/Lease - Vehicles, machinery and equipment	
Rent/Lease - Other business property	
Repairs and maintenance	
Supplies (not included in Cost of Goods Sold)	
Taxes and licenses	
Travel	
Meals and entertainment	
Utilities	
Wages	

BUSINESS MILEAGE

Vehicle Date Put In Service	Personal Mileage	Business Mileage	Total Annual Mileage

OTHER EXPENSES

Description	Amount

PROPERTY and EQUIPMENT (Please attach a list if more space is needed)

Acquisitions - Description	Date Acquired (Mo/Da/Yr)	X if not new	Cost

Dispositions - Description	Date Acquired (Mo/Da/Yr)	Cost	Date Sold (Mo/Da/Yr)	Selling Price

RENTAL and ROYALTY INCOME & EXPENSES (Schedule E)

Location of Property _____

Type of Property _____

Have you prepared or will you prepare all required Forms 1099?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Amount

Ownership percentage if not 100% _____

How many days was this property rented at fair market value (FMV)? _____

How many days was this property used personally (including used by family members)? _____

INCOME (Please enclose copies of all Forms 1099-K)

Amount

Rental income received _____

Royalty income received _____

OTHER INCOME

Description	Amount

EXPENSES

Amount

Advertising _____

Auto and travel _____

Cleaning and maintenance _____

Commissions _____

Insurance _____

Legal and professional fees _____

Management fees _____

Mortgage interest paid to banks, etc. _____

Mortgage interest paid to individuals _____

Other interest _____

Repairs _____

Supplies _____

Taxes _____

Utilities _____

OTHER EXPENSES

Description	Amount

Proprietor's Name _____

Principal Crop or Activity _____

Accounting Method (please circle one) **Cash** **Accrual**

Did you dispose of this farm? If yes, what was the disposition date? _____

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	
<small>Mo/Da/Yr</small>		

Have you prepared or will you preparer all required Forms 1099? _____

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

Health insurance premiums paid to yourself and your child(ren) _____

<input type="checkbox"/>	<input type="checkbox"/>	
		\$ _____
<small>Amount</small>		

SALES of Livestock and Other Items Bought for Resale (cash method only)

Description	Prior Period	
	Amount Received	Cost or Other Basis

INCOME (Accrual Method only)

Description	Beginning Inventory	Cost of Purchased Items	Sales	Ending Inventory

INCOME (please provide all Forms 1099-K)

Amount

Sales of livestock, produce, grains, etc. you raised	
Total cooperative distributions (Forms 1099-PATR)	
Taxable cooperative distributions	
Total agricultural program payments	
Total Commodity Credit Corporation (CCC) loans	
Total crop insurance proceeds received	
Crop insurance proceeds deferred from prior year	
Custom hire (machine work) income	
Federal gasoline tax or fuel tax credit or refund	
State gasoline tax or fuel tax credit refund	

OTHER INCOME

Description	Amount

FARM INCOME (Schedule F)

Proprietor's Name _____

EXPENSES

Amount

Business meals and entertainment	
Car and truck expenses	
Chemicals	
Conservation expenses	
Custom hire (machine work)	
Employee benefits program and health insurance (other than pension and profit sharing plans)	
Feed purchased	
Fertilizers and lime	
Freight and trucking	
Gasoline, fuel and oil	
Insurance (other than health)	
Interest - Mortgage (paid to banks, etc.)	
Interest - Other	
Labor hired	
Pension and profit sharing plans	
Rent/Lease - Vehicles, machinery and equipment	
Rent/Lease - Other (land, animals, etc.)	
Repairs and maintenance	
Seeds and plants purchased	
Storage and warehousing	
Supplies purchased	
Taxes	
Utilities	
Veterinary, breeding and medicine	

OTHER EXPENSES

Description	Amount

PROPERTY and EQUIPMENT (Please attach a list if more space is needed)

Acquisitions - Description	Date Acquired (Mo/Da/Yr)	X if not new	Cost

Dispositions - Description	Date Acquired (Mo/Da/Yr)	Cost	Date Sold (Mo/Da/Yr)	Selling Price

Sage Financial Logistics, LLC

CREDIT CARD AUTHORIZATION FORM

This Form Must be Filled Out Completely

Cardholder Information:

First Name

Last Name

Billing Address

Apartment Number

City

State

ZIP or Postal Code

Daytime/Work Phone

Email Address

Evening/Home Phone

Cell Phone

Credit Card Information:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Credit/Debit Card Number (16 digits)

--	--	--	--

CVV Code (AmEx requires 4 digits)

Expiration Date (Mo/Yr)

Visa

M/C

Disc

AmEx

\$ _____ *

Amount Authorized to Charge

Please check if you would like an emailed receipt after we process your payment

I agree to pay the above total amount according to the card issuer agreement

Cardholder's Signature

Date

Now Accepting*



*Some fees may apply

AUTHORIZATION FOR DIRECT DEPOSIT

Please use black or blue ink, fill in all blanks and print clearly

Section I: Account Holder Information

_____ First Name and Initial	_____ Last Name	
_____ Street Address	_____ Apartment Number	
_____ City	_____ State	_____ ZIP or Postal Code
_____ Daytime Phone Number	_____ Evening Phone Number	

Section II: Financial Institution Information

_____ Financial Institution Name		
_____ Financial Institution Address	_____ Suite Number	
_____ City	_____ State	_____ ZIP or Postal Code
_____ Depository's Phone number	_____ Depository's Fax number	

Section III: Account Information

Bank Type (check one): Bank Credit Union Other

Type of Account (check one): Checking Savings

* | | | | | | | | | |

Transit / ABA Routing Number

***Please call your financial institution to verify this number**

| | | | | | | | | | | | | |

Account Number

Account Holder's Signature

Date

In signing this form, I (we) authorize the Company **Sage Financial Logistics, LLC.** to initiate deposit entries to my (our) account with the depository noted above. This purpose is for any Internal Revenue Service Center (United States Treasury) to directly deposit any (if at all) income tax refunds. By signing this form, I (we) have verified that all depository information is correct and releasing the Company of any liability.

Affix a voided check here
