

Kiwi Tax Service

Individual Tax Organizer

Thank you for considering Kiwi Tax Service to assist with your tax returns.

This Tax Organizer will assist you in collecting and reporting information necessary for us to properly prepare your 2009 income tax return. It can also be used for organizing yourself even if you will have another firm prepare your taxes.

This planner can be completed by one of two methods. Printing and filling it out by hand, or all the fields can be completed using the Adobe Reader program. Returning the organizer to us can be by fax, or by clicking on the Submit Form Button when you have completed filling it in. Pages 7 through 10 do not have "fill-in" fields. If you have information for those pages please fill it out by hand and fax them to us.

Your privacy and protection of your personal information is very important to us. If you choose to submit this organizer electronically the information will be encrypted before transmission to our secure server.

We encourage you to review our privacy and data protection procedures on our web site, and if you have any questions do not hesitate to contact us.

Please complete the organizer sections as appropriate and provide supporting documentation where necessary.

Thank you again for your cooperation in completing the Tax Organizer. Please contact us if you need further assistance.

Sincerely,

James Newton

Kiwi Tax Service

1808 Saint Lucie Court
Fort Pierce, FL 34949-3262

Phone: 772-979-4894

Fax: 866-554-2698

Email: taxprep101@kiwitax.com

Taxpayer	Spouse
Name _____	_____
Date of Birth _____	_____
SSN _____	_____
Occupation _____	_____
Cell Phone _____	_____
Work Phone _____	_____
Email _____	_____
Other Email _____	
Home Phone _____	
Address _____	
City _____	State _____ Zip _____

Please check any of the following that apply

_____ Taxpayer	_____ Spouse	_____ Taxpayer	_____ Spouse
Blind		Disabled	

Please choose your filing status for 2008

Tax Form voluntary elections

	Taxpayer Spouse
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Presidential Election Campaign Fund
 Check the box if you would like \$3 to go to this fund
Checking a box will not change your tax or refund

Do you want to allow another person to discuss this return with the IRS?

Yes No Check here if you allow Kiwi Tax Service

If you checked yes provide the following information

Designee Name _____ Phone No _____

5 Digit PIN

DEPENDENTS

1	First Name Last Name	DOB SSN	Relationship Months Lived in Home	Student 19 to 24 years old Disabled - any age Paid Child Care Expenses Did not live with you
2	First Name Last Name	DOB SSN	Relationship Months Lived in Home	Student 19 to 24 years old Disabled - any age Paid Child Care Expenses Did not live with you
3	First Name Last Name	DOB SSN	Relationship Months Lived in Home	Student 19 to 24 years old Disabled - any age Paid Child Care Expenses Did not live with you
4	First Name Last Name	DOB SSN	Relationship Months Lived in Home	Student 19 to 24 years old Disabled - any age Paid Child Care Expenses Did not live with you
5	First Name Last Name	DOB SSN	Relationship Months Lived in Home	Student 19 to 24 years old Disabled - any age Paid Child Care Expenses Did not live with you

Complete the form below if you are claiming child or dependent care information
 The information below is required to claim the deduction

If more space is needed for dependents or care provider information, use the additional information page at the end of this organizer

Child & Other Dependent Care Expenses

Dependent Number from above	Name of Care Provider	Address	Soc Sec Num or Federal ID	Amount Paid

If you are using the Acrobat Reader to fill out this form the Name and Address fields have 2 lines each

Income Information

Please indicate in each box the number of each type of document

W-2 Forms	Wages and Tips
W-2 G	Gambling Winnings (Lucky You !!)
1099-S	Proceeds from Real Estate transactions
1099-DIV	Dividends, Capital Gains, Investment expenses
1099-INT	Interest Income, Early Withdrawal Penalty (IRA, ect)
1099-B	Stocks, Bonds, Futures
1099-G	Unemployment, State tax refunds
1099-MISC	Other Income, Rents, Royalties
1099-R	Distributions from IRA's, Pensions, Annuities
1099-OID	Original Issue Discount, Periodic Interest, early withdrawal
Schedule K-1	Income or loss from Partnerships, S Corporations

Please note that Interest and Dividends can also be reported on Brokerage Statements. Add these in the total count for Interest and Dividends reported on 1099's

Other Income

Review the list below for other types of income that may not have been reported om a 1099 document

Alimony Received	Scholarship (Grants)
Prizes, Bonuses, Awards	Unreported Tips
Director / Executor's Fee	Commissions
Jury Duty	Worker's Compensation
Disability Income	Veteran's Pension
Payments from Prior Installment Sale	

Adjustments to Income

Please list amounts for any of the following expenses you may have occurred

Educator expenses	_____
Health Savings Account deduction	_____
Moving Expenses (Related to a change of job)	_____
Self-employed, SEP, Simple, qualified retirement plans	_____
Self-employed Health Insurance	_____
Student Loan Interest	_____
Tuition and fees deduction	_____

IRA Deduction	Taxpayer	Spouse
Amount	_____	_____

Alimony paid: _____

Name of Recipient: _____ **Social Secueity Number of recipient:** _____

Itemized Deductions

To be deductible the sum of these items must exceed your Standard deduction. If you are claiming work related travel expenses you will most likely exceed the Standard Deduction for your filing status.

Medical Expenses

- Prescription medications _____
- Fees for doctors, dentists, etc _____
- Fees for hospitals, clinics, etc. _____
- Lab and X-ray fees _____
- Medical aids such as eyeglasses, contact lenses, hearing aids, braces, crutches, wheelchair, etc _____
- Insulin and Diabetic Supplies _____
- Health insurance premiums _____
- Medicare B insurance premiums _____
- Medicare D insurance premiums. _____
- COBRA payments _____
- Parking fees, tolls and local transportation for medical activities _____
- Lodging for medical purposes (up to \$50 per night per person) _____
- Mileage driven to doctors, hospitals, etc. _____

Taxes Paid

- Real Estate / Property Tax _____
- Personal Property Tax _____
- Other _____
Describe, such as sales tax on auto, boat, and appliances
- Taxes paid to states from your 2008 returns _____

Interest Expense

- Mortgage interest paid (attach 1098) _____
- Interest paid to individual for your home _____
- Paid to:
- Name _____
- Address _____
- Social Security No. _____
- Investment Interest _____

Charitable Contributions

- Cash or checks paid to Churches, etc. _____
- Goods or property donated to charities _____
Provide Name and Address of organization where donation was made
- Mileage driven for charitable work _____
- Meal expenses paid while performing charitable work _____

Itemized Deductions continued next page

Itemized Deductions

The following Itemized Deductions are subject to the 2% of adjusted gross income limitation

Employment Related Expenses That You Paid

- Union Dues** _____
- Professional Licenses** _____
- Work Clothes** _____
- Safety Equipment** _____
- Job related education expenses** _____
- Job hunting expenses** _____
- Cell Phones (Required for employment)** _____
- Computers (Used exclusively for work)** _____
- Laundry and Dry Cleaning** _____
- Other miscellaneous expenses** _____
- Tax Preparation Fee** _____
- Safe Deposit Box Rental** _____
- Mutual Fund Fee** _____
- Investment Services and Fees** _____

Vehicle Mileage / Expenses

Your work / travel related expenses are taken by one of two methods - actual expenses or the standard mileage allowance. Provide the information on your vehicle if you want the actual expense method to be calculated. The method producing the highest deduction will be used.

- Make & Model** _____
- Year of Vehicle** _____
- Date purchased** _____
- Purchase Price** _____
- Gas** _____
- Maintenance** _____
- Repairs** _____
- Insurance** _____
- Lease payments** _____
- Airfare, Train, etc.** _____
- Tolls, Parking** _____
- Car Rental** _____
- Total miles vehicle driven during the year** _____
- Business / Work related mileage for the year** _____

From home to each job and back, or to the next job if you traveled from one job to the next, and return home.

Work Related Travel Expenses

- Lodging Expenses** _____
- Cost of Meals** _____

If you do not have complete records of these expenses a standard amount for the area of travel can be used, but at least make an estimate of these expenses.

If you use a RV, camper, or travel trailer while on the road put in the lot rents in lodging and make a notation on the next page of this method of lodging

Gains or Losses from Sales of Stocks, Securities or Other Assets

Enter 100 Shares of XYZ as an example of Property and Description

Use 02/06/2008 format for dates entered

	Kind of Property and Description	Date acquired	Date sold	Sales Price	Cost or other basis
1					
2					
3					
4					
5					
6					
7					
8					
9					
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11					
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Self Employed Business Income and Expenses

Name of business (A)				
Address of business (A)				
Name of business (B)				
Address of business (B)				
	Business A		Business B	
	Prior Year	Current Year	Prior Year	Current Year
Gross receipts or sales				
Returns and allowances				
Inventory at beginning of year				
Cost of merchandise purchased				
Cost of labor				
Materials and supplies				
Other costs				
Inventory at end of year				
Advertising				
Car and truck expenses				
Commissions and fees				
Depletion				
Depreciation				
Employee benefit programs				
Insurance (not health)				
Mortgage interest				
Other interest				
Legal and professional services				
Office expense				
Pension and profit-sharing plans				
Rent or lease: machinery/equipment				
Rent or lease: other business property				
Repairs and maintenance				
Supplies				
Taxes and licenses				
Travel				
Meals and entertainment				
Utilities				
Wages				
Other: Describe Below				
New equipment purchases	Date		Did you trade-in any	Was this financed?
Description	Purchased	Cost	equipment? Y/N	If yes, enter amount

