Pavlik Assoc., LLC
certified public accounting
and business consulting

2009 Individual Tax Organizer

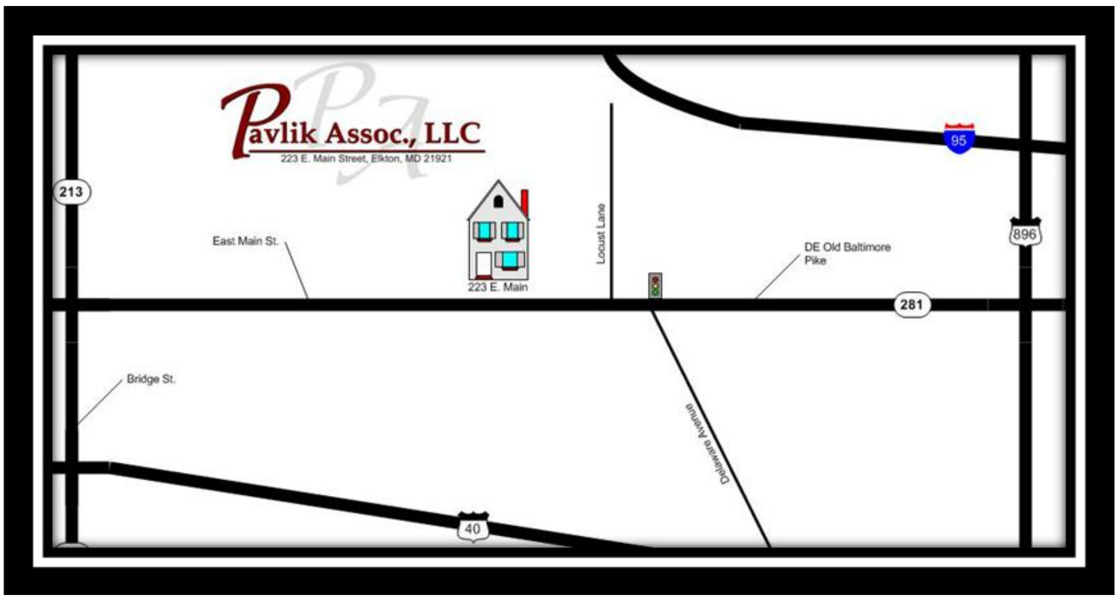
Pavlik Associates, LLC
223 E. Main Street, Etlkon, MD 21921
Voice: 410.398.0110 eMail: info@pavassoc.com

Pavlik Assoc., LLC Was Voted One of Cecil County's Favorite Accounting Firms for 2009!

CERTIFIED TAX COACH

This **2009** Tax Organizer contains important information that can reduce your taxes. There are over 200 tax saving opportunities included here! Please take a little time to look it over to see if anything applies to you. To make it easier, just review the section headings. **If a section does not apply to you, simply check the N/A box.**

Getting to Our Office



Preparing for your Tax Appointment

Here is how you can best prepare for your tax appointment:

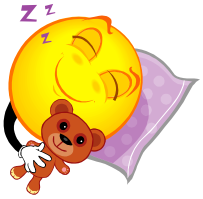
- Bring all your Tax Documents
- Review and sign the work agreement on the last page
- Complete the organizer as best you can. There are many tax saving opportunities enclosed

Feel free to call if you have any questions, or if you need to change your appointment date or time. ***We especially appreciate it when you take the time to make a referral or recommend us.***

Looking forward to helping you with your taxes,

Christine Pavlik

Christine Pavlik, CPA



Worry Free Guarantee

With the continuing shortfall in revenues in Washington, IRS audits and notices are on the rise.

In the event that you are selected for an audit, Christine Pavlik, CPA is there to help. I provide an audit protection plan that is designed to help guide you through the audit process, up through and including my personal representation at audit. You will **NEVER** have to meet directly with the IRS. With my extensive experience in tax preparation and planning, you can have confidence that you will get through the IRS Audit process as easily as possible. Although I will aggressively represent you**, I make no GUARANTEE,** as the final outcome will be determined based upon the documentation provided, with the decision being rendered by the Internal Revenue Service.

Maximum Coverage – Minimum Cost

Expenses for preparing for an audit, audit representation and notice research are expensive and can add up quickly. My minimum fee for audit representation begins at $1,500. For a minimal onetime fee, you can easily save thousands of dollars in defending yourself at an audit.

The Pavlik Assoc., LLC. ***Worry Free Guarantee*** includes all of the following for the **2009** tax year:

- **No Stress IRS and One State Audit** (We do everything… you stay home)
  If your 2009 individual income tax return is selected for audit, we will do the talking with the IRS. Give us the notice as soon as you get it (fax, mail or drop it off).
  - Audit Protection is provided in the amount of $1,500. If the audit is more complex and fees are expected to exceed $1,500, a fixed fee quote will be made for additional time incurred.
  - We will handle all communications with the IRS including letters and telephone calls
  - Our office will develop a defense strategy to help us achieve the best possible outcome.
  - We will provide guidance to help you compile the necessary information and in the required format that will be needed to successfully represent you at audit. No accounting work will be performed. This can be arranged for an additional fee, if desired.
  - Personally represent you at audit.
- **No hassle IRS and State Notices** (Give us the notice and we'll do the research)
  With the increase in IRS checking this year comes the assurance of more nasty IRS letters. Have you ever gotten one of these? If not, consider yourself lucky. These notices MUST be responded to in a timely manner or else the IRS will bill you for any additional taxes, penalties and interest they think you owe.
- **60 Minutes of free phone consultation** – mix it up however you want; 15 minutes 4 times a year, or 30 minutes twice a year, it's up to you. Just schedule the time through our appointment desk.

If you choose not to participate in this program, our billable rates will be as follows:

- Audit rates start at $1,500 retainer (minimum)
- IRS notices and correspondence - $185 - $225 per correspondence (of course there is no charge if it is our mistake)
- State notices and Head of Household audit letters - $185 per correspondence (of course there is no charge if it is our mistake).
- Phone consultations - $185 an hour with a 15 minute minimum.
- Additional copies of tax returns - $25 ($10 for faxed or emailed copies).

The total savings for this program is $2,129.

The program fee is payable at the time of your preparation. The phone consultations are for the year during which the fee is paid. The audit fee and letter answering are for the current year only and covers that tax year for three years following the date the return was filed. If coverage is desired for subsequent years, coverage may be purchased in those years. There is **no guarantee of any result** when providing IRS Representation services. The better the documentation that is provided to substantiate your tax return, the better the results will be.

(This charge will appear on your bill and is based on certain schedules in your return. If you do not wish to participate in this program, please tell the receptionist and we will be happy to adjust your bill).

The Preliminaries…

FOR NEW CLIENTS ONLY: If we have done your returns in the past, we already have this information and it's not necessary for you to fill it out again.

Your Name ____ SS# ____ Birthday ____ Occupation ____

Your Spouse's Name ____ SS# ____ Birthday ____ Occupation ____

Current Address (to be used in tax return) ____ City, State, Zip ____ County ____ Home Phone ____

Your Work Phone ____ Your email address ____

Your Spouses work phone ____ Spouses email address ____

Where you lived last year:
Date: _____ _____ _____

Begun: _____ _____ _____

Ended: _____ _____ _____

Dependents:

Name	Birthday	SS#	Relation	Months in home	Daycare Costs Pd

➔ If you or your spouse changed names last year (such as in a marriage or divorce), be sure to bring a copy of your corrected social security card. The IRS matches information to the SS database and any discrepancy will delay processing.

For New & Existing Clients:

Dependents & Child Care Expenses

For dependents under age 14, or if dependent or spouse is physically or mentally incapable of caring for themselves.

Name of Provider	Address	Tax ID#	Amount Paid

➔ Are you enrolled in your employer's Cafeteria Plan? Usually, it's the best way to handle child care costs.

List of Important Items! Check (if any apply) and supply details:

- [ ] Letters received from the IRS (please bring)
- [ ] Audit or Tax notice received (bring)
- [ ] Prior year's returns need to be amended
- [ ] Provided partial support to possible dependent
- [ ] Received proceeds from an installment sale
- [ ] Part time business or side venture
- [ ] Gifts of more than $12,000 to any one person
- [ ] Inherited assets last year
- [ ] Business returns need to be completed
- [ ] Legal matters (lawsuit, etc.) during year
- [ ] Marital Status changed
- [ ] Debt Forgiven, short sale or foreclosure
- [ ] Other matters that we should be aware of:
- [ ] You or spouse in military or Guard
- [ ] You or spouse reach 70 ½ this year or next
- [ ] You or spouse legally blind/disabled
- [ ] Adoption expenses incurred
- [ ] Large casualty/disaster loss
- [ ] Paid employees or household help last year
- [ ] Foreign Income, bank account or trust
- [ ] Ownership/beneficial interest in foreign account
- [ ] Dependent with investment income over $1800
- [ ] Dependent with capital gains
- [ ] Dependent returns need to be completed
- [ ] Bankruptcy or insolvency
- [ ] **None of these apply this year**

____

Income

Wages and Salaries- Please provide all W-2 forms.

Interest & Dividend Income Received- Please provide all 1099 forms received, including mutual fund year-end reports. Even though exempt from taxes, the IRS requires that you report non-taxable interest, such as that earned on municipal bonds, etc. **<u>Bring all 1099's</u>** received. If you are missing a 1099, call payer for another copy.

Capital Gains- Capital gains come from sales or redemptions of stocks, mutual funds, bonds, real estate or personal property. We need any 1099 forms, brokerage statements, or mutual fund statements. Many times the brokerage statements will contain this information. We don't need information on transactions in your tax-deferred accounts, such as 401k, pension or IRA accounts. Please fill in the form below, bring your brokerage statements, or make a list (we do not need all three). <u>It is very important that we have the information shown in the column headings of the table below!</u>

[ ] Brokerage statements attached [ ] See list attached Here's the information we need:

Description	Date Acquired	Cost or basis	Date Sold	Sales Proceeds

[ ] Employee stock options exercised- bring statements
[ ] Stocks or securities became worthless, or money due you became uncollectible
[ ] Tax Free Exchange (Sec 1031 Exchange) last year: bring closing statements.

Other Income

[ ] State and local tax refunds received: MD:____ DE:____ PA:____ Other:____
[ ] Distributions from Pension(s) IRA's or annuities- Provide 1099 or W2-P forms
Note- if you change jobs and have 401(k) loans, that's considered a distribution- bring 1099R
[ ] IRA or pension plans rolled over- bring any 1099-R forms received
[ ] Social security received: bring SSA-1099 forms received
[ ] Alimony received (do not include child support): _____________
[ ] Gambling winnings: ___________ Gambling losses: ___________(be sure you have support for losses)
[ ] Partnerships, Sub-S Corps, Joint Ventures, Estate and Trusts- Provide forms K-1
[ ] Self employment income: (self employed business or farm) - see worksheets enclosed
[ ] Rental income - see worksheets enclosed
[ ] Prizes and awards (you/spouse) ___________
[ ] Jury duty (you/spouse) ___________
[ ] Scholarships/taxable fellowships (bring 1099 or W-2 forms) ___________
[ ] Unemployment compensation: bring 1099
[ ] Other income: _____________________ You: ___________ Spouse: ___________

[ ] N/A **Sales, Refinance or Purchase of Residence**
[ ] Bring closing (settlement) statements for any house refinanced, purchased or sold.
[ ] N/A **Adjustments to Income (Deductions)**
[ ] Educator expenses (for teachers-supplies, etc.) ___________
[ ] Student loan interest paid ___________ (Benefits disappear if income is over $65,000 single or $130,000 married)
[ ] Alimony paid (NOT child support): _______________ ____-___-_____ $_____________
Paid to Social Security # Amount
[ ] Penalty for early withdrawal of savings from savings accounts and C.D.s… ________________
[ ] N/A **Deductions for Moving Expenses**
If you moved at least 50 miles closer to work, you can deduct some of your moving expenses. If your employer reimbursed some or all of your expenses, we need to see the paperwork.

Miles from old home to new work place: _____
Miles from old home to old work place: _____
Miles driven in move: ______
Date of move: _____

Moving Van	
Packing Materials	
Transport	
Storage of Goods	
Lodging	

[ ] N/A **Deductions/Credits for Educational Expenses**
[ ] Did you pay for college or vocational (post secondary education) costs last year? There are several ways to deduct these costs, or get credits (Hope or Lifetime Learning Credit).

Note: there are limitations on this… typically the benefits "disappear" if you have income over $65,000 if single or $130,000 if married.

	Parents	Student 1	Student 2
Tuition/ Fees			
Room & Board			
Computer			
Books & Supplies			

[ ] N/A **Deductions for IRA, SEP, SIMPLE, Keogh Plans & Other Retirement Plans**
[ ] Did you convert a regular IRA to a Roth IRA during the year?
[ ] Did you withdraw money from any retirement plan, such as an IRA or Roth? Bring details!
[ ] Did you have a roll-over from one plan to another during the year? We need details!

If you or your spouse has a non-deductable IRA, be sure to provide statements showing the beginning and the ending value of all accounts.

	You	*Spouse*
Covered by a retirement plan?	Y/N	Y/N
Contributions for:		
IRA- deductible		
IRA- non-deductible		
Roth IRA		
Cloverdale Account		
SEP/SIMPLE/Keogh		

[ ] N/A **Health Savings Account (HSA & MSA)**

These plans use a high deductible health insurance policy, coupled with an IRA - like savings account; they allow you to make tax deductible contributions to the savings account. These contributions can be used to pay for qualified medical expenses without tax implications. Did you make a contribution to one? Bring details!

Contributions to HSA Savings Account: _____ Health insurance premiums paid: _____
Amounts disbursed from HSA: Qualified Medical Expenses: _____
Other (non-qualified): _____

Estimated Taxes Paid for 2009

		Federal		State of Residence:		Other State	
Quarter	Due Date	Date Paid	Amount	Date Paid	Amount	Date Paid	Other Amount
1st 2009	4/15/2009						
2nd 2009	6/15/2009						
3rd 2009	9/15/2009						
4th 2009	1/15/2010						
’09 Extension	4/15/2010						

[ ] Did you have any other payments to tax authorities during this year? Please provide details!
[ ] Will your income and deductions change significantly for 2010?

[ ] N/A **Tax Credits**

[ ] Purchased a Hybrid auto during the year- bring sales documents
[ ] Installed solar energy system (skylights, water heater, photocell-system)- bring documentation
[ ] Installed energy efficient improvements
[ ] Mortgage interest credit certificate - bring documentation
[ ] Disabled access credit
[ ] Fuel tax credit (number of gallons of fuel used for off-road use, such as for boats) _____
[ ] Historic preservation credit
[ ] Adoption credit
[ ] New first-time homeowner’s credit (purchased new home 4/9/09-6/30/10)
[ ] Repeat Buyer

Charitable Contributions- Cash & Checks
The law now requires that you have a receipt or cancelled check for all contributions. For any contribution over $250 you must have a written statement from the charity. Use the chart below, or a separate list.

Name of Charity	*Amount*
Church, Temple, House of Worship	
Payroll Deductions (United Way, etc.)	

[ ] List is attached

Non- Cash Charity
(If total value is under $500, the list below is not required)
Value, if under $500: ______

Gift #1

Name of Charity	
Brief Description of the items	
Date given	
Original Cost	Value:

Gift #2

Name of Charity	
Brief Description of the items	
Date given	
Original Cost	Value:

Gift #3

Name of Charity	
Brief Description of the items	
Date given	
Original Cost	Value:

Gift #4

Name of Charity	
Brief Description of the items	
Date given	
Original Cost	Value:

If you have more gifts, use a separate sheet or combine gifts to the same charity. **Value at market value, not garage sale value!**

Charitable Contributions Volunteer Work

Name of Charity/ description of cost	Amount
Miles driven related to charity	
Materials & Supplies	

Medical Expenses
Don't bother unless the total exceeds 7.5% of your income!

Doctor, dentist, orthodontist, eye doctor, chiropractor, counselor, psychologist & other health professionals	
Hospital, Health facility, nursing	
Eye glasses, contacts, hearing aids	
Mileage to/from doctor, etc.	
Ambulance, parking, taxi/bus	
Sick room supplies, wheel chair etc.	
Prescription drugs	
Home improvements for health	
Health insurance, Medicare supplement	
Long Term Care Insurance premiums	

Don't include withholding or estimated taxes here

Interest Expense

Mortgage interest- home- 1st	
Home equity line- 2nd- other	
Other home interest	
Investment interest paid	
Points paid- refinancing this year	

[ ] Bring 1098 forms and/or mortgage statements
Consumer interest (credit cards, cars, etc) is not deductible, unless used for business, farm or rental
[ ] If refinanced, bring escrow statements

Taxes Paid

Real estate taxes- home(s)	
Real estate taxes- land, etc.	
Auto/boat personal property tax	
Sales taxes paid on large purchases	
Personal property taxes paid	

*New law allows you to claim either sales tax or state income tax, but not both. This may work for you if auto or large purchases were made during the year. Bring details and we will compute!

Itemized Deductions, continued.

➔ Ignore this page unless the total of all expenses below are greater than 2% of your income.

Miscellaneous Itemized Deductions

	You	Spouse
Investment Costs:		
Subscriptions, publications		
Supplies, phone, office		
Seminars, education, etc		
Fees and costs		
Job Hunting Costs:		
Resume, stationary,		
Phone/Fax		
Travel (airfare/lodging)		
Mileage (# of miles)		
Parking		
Publications		
Internet		
Fees Paid		
Other:		
Accounting/ tax prep		
Legal		
Estate tax planning		
Safe deposit box		

Employee Business Auto Expenses

If you used your car for your job, other than to commute to work, and you did not receive reimbursement, you may claim employee business auto expenses. Check the boxes:

[ ] No reimbursement received from employer
[ ] Employer did not reimburse all expenses.
Amount received: __________
[ ] Employer pays monthly flat "allowance" or set amount.
If so, you need to claim employee mileage, since a flat Allowance is included as taxable income in your W-2.
[ ] Employer paid all expenses (Don't complete table)

Car#	1	2	3
Used by **Y**ou/**S**pouse	Y/S	Y/S	Y/S
Date began using			
Date no longer using			
Business miles			
Commuting miles/yr			
Other miles driven in year			
Total miles driven in year			

Year/Model of Car #1: ______________________

Year/Model of Car #2: ______________________

Employee Business Expenses

These are expenses of employees, related to their job or employment. Don't include self-employed business expenses, or expenses for which you were reimbursed!

Unreimbursed Expenses

Books/ Magazines		
Business gifts, cards		
Cell phone (work portion)		
Calendar/ organizer		
Computer used for work		
Dues, memberships - re: work		
Education cost related to work		
Work related internet access		
Prof. dues/ union dues		
Professional license renewal		
Safety equipment		
Software		
Supplies for work		
Tools, calculator, briefcase		
Uniforms, uniform cleaning		
Business entertainment/ meals		
Business travel: airfare		
Cabs, tips, tolls, parking		
Lodging, rental car, gas		
Work required medical exam		

Office in home: for an **employee**, related to job

Deductible only if required by employer, or necessary for health and safety of employee. Home office area must be used regularly and exclusively for business. Document your files with a picture and diagram, plus a letter from employer. [ ] see separate worksheet

Total square footage of home	
Exclusive business use Sq. Ft.	
Home is for You/ Spouse	Y S
Expenses: Rent/ lease payments	
House/yard repairs, maintenance, windows, etc.	
Home insurance	
Utilities, gas, electric, water/ trash, home phone, cable, etc.	
Association dues	

[ ] Reimbursement received, not on W-2: _____
Ask about depreciation on your home.
We will get mortgage interest and property taxes itemized deductions

Year/Model of Car #3: ______________________

Rental Income and Expense

Location and Description: [ ] attach separate sheets

Property 1: ____________________________

Rented [ ] all year Number of days rented _____
[ ] Personal Use: _____ days
[ ] If bought, sold or refinanced: bring escrow papers
[ ] Additions/ improvements last year
(descriptions + costs):

Property 2: ____________________________

Rented [ ] all year Number of days rented _____
[ ] Personal Use: _____ days
[ ] If bought, sold or refinanced: bring escrow papers
[ ] Additions/ improvements last year
(Descriptions + costs):

Use this chart or provide us with your own documentation

	Prop #1	Prop #2
Revenues/ Rentals received		
Expenses:		
Advertising		
Association dues		
Accounting		
Auto Mileage to/from		
Cleaning/ maintenance		
Carpet cleaning		
Pest control		
Gardening/ yard		
Commissions		
Dues, Publications		
Insurance		
Interest on credit cards used For Rental expenses		
Legal/ Eviction costs		
Management fees		
Mortgage interest		
Office expense		
Repairs		
Plumbing		
Painting		
Roofing repairs		
Supplies		
Taxes- property & license		
Travel		
Utilities/ trash/ telephone		
Wages Paid		

Important Rental Considerations

In general, rental losses are limited to $25,000 per year. If your adjusted gross income is over $125,000 (married filing joint), they are phased out entirely, except for real estate professionals. Note: losses can be limited if you are not “at risk” or if you spend less than 500 hrs per year (9.6 hr/week) on rental activities. There are some exceptions: check with us.

[ ] I meet the “at risk” & “active participation” tests
[ ] **Home office?** Complete worksheet below.

Farm Income and Expense

Location of farm: _______________
Crops: _________________________

Income:	
Sales of Livestock/ crops	
CCC Loans	
Other program payments	
Cost of goods sold	
Other Costs:	
Auto and truck	
Chemicals	
Custom hire	
Feed	
Fertilizer	
Insurance	
Interest	
Labor	
Management fees	
Seeds and plants	
Supplies	
Taxes	
Utilities	

[ ] Did you manage the farm?

Office-in-Home Deduction

Requirements: an office in home must be used regularly and exclusively for business tasks not performed at another office. Keep a diagram and a picture as support in your files. Allowable for a rented or owned home

Total square footage	
Office use Sq. Ft.	
Expenses:	
House rent/lease payments	
House/yard maintenance, cleaning, windows, etc.	
Repairs	
Home Insurance	
Utilities- Gas/water/electric, trash, home phone, cable	
Association dues	

from
me.

2009 Client Information Sheet

Important Information

I understand that these time frames are not guaranteed and that if I am refused a Bonus or the IRS holds my refund for any reason, that I still owe Pavlik Assoc., LLC their fee and I will come in and pay in full immediately. I also understand that if my personal check is no good, and I do not make arrangements to pay, it will be turned over to the proper authorities in which I have to pay all court costs.

I have engaged your office to prepare my Individual Federal and State(s) income tax returns for the year ended December 31, 2008. In that regard I state to the best of my knowledge and belief:

1. I have provided true, correct and complete information regarding my income as listed on the attached W-2, 1099, and/or attached written summaries. I understand that it is my responsibility to provide all the information necessary to complete the returns. I will retain for 4 years all the documents, receipts, canceled checks and other records required to substantiate the items of income and expense claimed on my return.
2. I have provided true, correct and complete information regarding amounts I have provided to you to claim as tax deductions, and have maintained written documentation supporting all amounts, including logbooks and receipts. I understand that if a question arises regarding the interpretation of tax law, and a conflict exists between the tax authorities' interpretation of the law, and other supportable positions, that you will use your professional judgment in resolving issues.
3. I understand that taxing authorities may examine the returns, that documentation should be retained to support the information provided to you, especially business travel & entertainment deductions, business use % of autos and other assets, and barter activities and that penalties may be imposed on returns that are late, underpaid or incorrect.
4. I understand that you will not audit or otherwise verify any information, that you may require clarification or additional information, that you are not responsible for disallowed deductions, or the inclusion of additional unreported income or any resulting taxes, penalties or interest.
5. I understand that I will be charged an additional fee if you are asked to assist or represent me in a tax examination OR INQUIRY. I understand that, in the event of preparer error, I am responsible for additional tax and interest that may be due, but that the extent of your responsibility is to pay for any penalty that the IRS or the above state revenue department may assess.
6. I will contact you immediately if I discover additional information that will lead to a change in my return, or if I receive any letters from the IRS or state taxing authorities.
7. I understand that your bill will be due and payable upon completion of these returns, and that additional services will not be performed until the bill for these services is paid in full.

If there are other services or tax returns that I expect you to prepare, such as estate, gift, sales, fiduciary, property, other states or cities, or other returns I will note them at the bottom of this page.

For your convenience, we have entered into an arrangement with a software provider to help us prepare tax-planning reports. To determine whether this service may be of interest to you, we will need to use your tax return information.

If you would like us to use your tax return information to determine whether this service is appropriate for you while we are preparing your return, please check the box below.

[ ] I authorize you to use the information I provide to you during the preparation of my tax return for 2009 to determine whether to offer me an opportunity to engage you for tax planning services.

[ ] I do not authorize the use of my information for anything other than tax return purposes.

Discussed, Understood and Accepted By,

Signature____ Date___________________________

Signature____ Date___________________________
(Spouse signature required if joint return)

If you believe your tax return information has been disclosed or used improperly in a manner unauthorized by law or without your permission, you may contact the Treasury Inspector General for Tax Administration (TIGTA) by telephone at 1-800-366-4484, or by email at *complaints@tigta.treas.gov*.