

2001	1040	US	Client Information	1
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Hillcrest Tax & Ledger Service
 P.O. Box 34398
 San Diego, CA 92163-4398
 (619) 295-2271

Tax Return Appointment

Date:
 Time:

This tax organizer will assist you in gathering information necessary for the preparation of your 2001 tax return. Please add, change, or delete information as appropriate.

CLIENT INFORMATION (1)

Filing Status	Filing status (table) 1=married filing separate and lived with spouse Year spouse died, if qualifying widow(er) (1999 or 2000)		<p style="text-align:center;">Filing Status</p> <p>1 = Single 2 = Married filing joint 3 = Married filing separate 4 = Head of household 5 = Qualifying widow(er)</p> <p style="text-align:center;">Daytime Phone</p> <p>1 = Work 2 = Home</p>
Taxpayer	First name and initial Last name Title/suffix Social security number Occupation Date of birth (m/d/y) Date of death (m/d/y) 1=blind		
Spouse	First name and initial Last name Title/suffix Social security number Occupation Date of birth (m/d/y) Date of death (m/d/y) 1=blind		
Address	Care of Addressee Street address Apartment number City State ZIP code		
Foreign Address	Region Postal code Country		
Taxpayer Contact Information	Home phone Work phone Work extension Daytime phone (table) Mobile phone Pager number Fax number E-mail address		
Spouse Contact Information	Home phone Work phone Work extension Daytime phone (table) Mobile phone Pager number Fax number E-mail address		

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2001 1040 US Client Information (continued) & Dependents

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Please add, change or delete information for 2001.

CLIENT INFORMATION (1)

Misc.	Preparer number	
	Designee number, if different	
	Staff preparer number	
	State return	

DEPENDENTS (2)

	Dependent	Dependent
First name		
Last name		
Title/suffix		
Date of birth (m/d/y)		
Social security number		
Relationship		
Months lived at home		
Type of dependent (see table)		
Earned income credit (see table)		
Claimed by: 1=taxpayer, 2=spouse		

Type of Dependent

- 1 = Child at home (default)
- 2 = Child not at home
- 3 = Dependent other than child
- 4 = HH only, not a dependent
- 5 = EIC only, not a dependent

Earned Income Credit

- 1 = When applicable (default)
- 2 = Student age 19 to 23
- 3 = Disabled age 19 or older
- 4 = Force
- 5 = Suppress

	Dependent	Dependent
First name		
Last name		
Title/suffix		
Date of birth (m/d/y)		
Social security number		
Relationship		
Months lived at home		
Type of dependent (see table)		
Earned income credit (see table)		
Claimed by: 1=taxpayer, 2=spouse		

	Dependent	Dependent
First name		
Last name		
Title/suffix		
Date of birth (m/d/y)		
Social security number		
Relationship		
Months lived at home		
Type of dependent (see table)		
Earned income credit (see table)		
Claimed by: 1=taxpayer, 2=spouse		

	Dependent	Dependent
First name		
Last name		
Title/suffix		
Date of birth (m/d/y)		
Social security number		
Relationship		
Months lived at home		
Type of dependent (see table)		
Earned income credit (see table)		
Claimed by: 1=taxpayer, 2=spouse		

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2001	1040	US	Miscellaneous Questions
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If any of the following items pertain to you or your spouse for 2001, please check the appropriate box and include all pertinent details. Attach additional schedules if necessary.

YES **NO**

PERSONAL INFORMATION

- Did your marital status change during the year?
- Did your address change during the year?
- Could you be claimed as a dependent on another person's tax return for 2001?

DEPENDENTS

- Were there any changes in dependents?
- Were any of your unmarried children who might be claimed as dependents 19 years of age or older at the end of 2001?
- Did you have any children under age 14 on January 1, 2002 with interest and dividend income in excess of \$750, or total investment income in excess of \$1500?

TAX REBATE/ADVANCE PAYMENT

- Did you receive a tax rebate/advance payment from the Internal Revenue Service?
If yes, specify the amount. \$ _____

INCOME

- Did you receive unreported tip income of \$20 or more in any month?
- Did you cash any Series EE U.S. savings bonds issued after 1989 and pay qualified higher education expenses for yourself, your spouse, or your dependents?
- Did you receive any disability income?
- Did you have any foreign income or pay any foreign taxes?

PURCHASES, SALES AND DEBT

- Did you start a business or farm, purchase rental or royalty property, or acquire an interest in a partnership, S corporation, trust, or REMIC?
- Did you purchase or dispose of any business assets (furniture, equipment, vehicles, real estate, etc.), or convert any personal assets to business use?
- Did you buy or sell any stocks, bonds or other investment property? Specify the sale of any collectibles (e.g., artwork, gems, stamps, coins) and any qualified small business stock.
- Did you purchase, sell, or refinance your principal home or second home, or did you take a home equity loan?
- Did you have any debts cancelled or forgiven?
- Did anyone owe you money which had become uncollectible?

2001	1040	US	Miscellaneous Questions
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If any of the following items pertain to you or your spouse for 2001, please check the appropriate box and include all pertinent details. Attach additional schedules if necessary.

YES **NO**

RETIREMENT PLANS

- Did you receive a distribution from a profit-sharing plan, retirement plan, or individual retirement arrangement (including Traditional IRA, Roth IRA, and Education Savings Account)?
- Did you convert from a Traditional IRA to a Roth IRA?
- Did you contribute to a Traditional IRA , Roth IRA, or Education Savings Account?

ITEMIZED DEDUCTIONS

- Did you incur a loss because of damaged or stolen property?
- Did you work out of town for part of the year?
- Did you use your car on the job (other than to and from work)?

MISCELLANEOUS

- Do you want to allocate \$3 to the Presidential Election Campaign Fund?
- Does your spouse want to allocate \$3 to the Presidential Election Campaign Fund?
- May the IRS discuss this return with the preparer?
- Did you have an interest in or signature or other authority over a financial account in a foreign country, such as a bank account, securities account, or other financial account?
- Did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust?
- Was your home rented out or used for business?
- Did you have a medical savings account (MSA), a Medicare + Choice MSA, or acquire an interest in an MSA or a Medicare + Choice MSA because of the death of the account holder? Or, were you a policyholder who received payments under a long-term care (LTC) insurance contract or received any accelerated death benefits from a life insurance policy?
- Did you incur moving expenses due to a change of employment?
- Did you incur any adoption expenses?
- Did you engage the services of any household employees?
- Were you notified or audited by either the Internal Revenue Service or the State taxing agency?
- Did you or your spouse make any gifts to an individual that total more than \$10,000, or any gifts to a trust?

**Please enter all pertinent 2001 amounts & attach all 1099-INT, 1099-OID and 1099-DIV forms.
Last year's amounts are provided for your reference.**

INTEREST INCOME (11)

No.	Name of Payer (also enter SSN & address for seller-financed mortgage)	1=taxpayer 2=spouse	Interest Income			Tax-Exempt Interest		Early Withdrawal Penalty (Box 2)	2000 Interest
			Banks, S&Ls, C/Us, etc. (Box 1)	Seller- Financed Mtg. (Box 1)	U.S. Bonds, T-Bills (Box 3)	Total Municipal Bonds	In-state Municipal Bonds		

DIVIDEND INCOME (12)

No.	Name of Payer	1=taxpayer 2=spouse	Dividend Income			Tax-Exempt Interest		Foreign tax paid (Box 6)	2000 Dividends
			Ordinary Dividends (Box 1)	Capital Gain Distributions (Box 2a)	U.S. Bonds (% or amt.)	Total Municipal Bonds	In-state Muni-bonds (% or amt.)		

Please enter all pertinent 2001 amounts and attach all 1099-G, 1099-MISC, SSA-1099, and RRB-1099 forms. Last year's amounts are provided for your reference.

MISCELLANEOUS INCOME

Table with columns for 2001 Amount (Taxpayer, Spouse) and 2000 Amount (Taxpayer, Spouse). Rows include State tax refund, Social security benefits, Medicare premiums, Tier 1 RR retirement benefits, Alimony received, Unemployment compensation, Taxable scholarships, Household employee income, Alaska permanent fund dividends, Qualified state tuition program earnings, and Other income.

TAX WITHHELD (only from above sources)

Table for Tax Withheld with rows for Federal income tax withheld and State income tax withheld.

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Business Income (Schedule C)

No.

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Please enter all pertinent 2001 amounts. Last year's amounts are provided for your reference.

GENERAL INFORMATION

Principal business/profession	
Principal business code	
Business name	
Business address	
Business city, state, ZIP code	
Employer identification number	
Other accounting method	

- Accounting method: 1=cash, 2=accrual
- Inventory method: 1=cost, 2=lower c/m, 3=other
- 1=change of inventory method
- 1=spouse, 2=joint
- 1=first Schedule C filed for this business
- 1=W-2 earnings as statutory employee [O]
- 1=not subject to self-employment tax
- 1=did not "materially participate"
- 1=investment

INCOME

Gross receipts or sales

Returns and allowances

Other income:

2001 Amount	2000 Amount

COST OF GOODS SOLD

Inventory at beginning of the year

Purchases

Cost of items for personal use

Cost of labor

Materials and supplies

Other costs:

Inventory at end of the year

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Please enter all pertinent 2001 information. Last year's amounts are provided for your reference.

TRADITIONAL IRA CONTRIBUTIONS

Were you an active participant in an employer/self-employed pension, profit sharing or stock bonus plan, or a tax sheltered annuity at any time during the year? (yes/no) Taxpayer Spouse

Would you like to contribute the maximum Traditional IRA amount that can be deducted? (yes/no)

Enter the amount contributed to your Traditional IRA. (Date paid:)

If you received a distribution from a Traditional IRA, or converted a Traditional IRA to a Roth IRA; enter the total value of all Traditional IRAs at 12/31/01

ROTH IRA CONTRIBUTIONS

Would you like to contribute the maximum Roth IRA? (yes/no)

Enter the amount contributed to your Roth IRA. (Date paid:)

Enter the amount of recharacterizations of contributions to or from Roth IRAs

EDUCATION SAVINGS ACCOUNT CONTRIBUTIONS (formerly Education IRA)

Would you like to contribute the maximum amount to an Education Savings Account? (yes/no)

Enter the amount contributed to an Education Savings Account. (Date paid:) *

If you received a distribution from an Education Savings Account, enter any qualified higher education expenses *

If you received a distribution from an Education Savings Account, enter the total value of the account at 12/31/01 *

FOR PREPARER USE ONLY

TRADITIONAL IRA CONTRIBUTIONS

Table with 4 columns: 2001 Amount (Taxpayer, Spouse), 2000 Amount (Taxpayer, Spouse). Rows include IRA contributions, Contributions made, Other earned income, and 1=covered by plan, 2=not covered [O].

ROTH IRA CONTRIBUTIONS

Table with 4 columns: 2001 Amount (Taxpayer, Spouse), 2000 Amount (Taxpayer, Spouse). Rows include Roth IRA contributions, Recharacterizations, and Contributions made.

Please enter all pertinent 2001 information. Last year's amounts are provided for your reference.

ADJUSTMENTS TO INCOME

Table with columns for 2001 Amount (Taxpayer, Spouse) and 2000 Amount (Taxpayer, Spouse). Rows include Self-employed health insurance, Total premiums, Long-term care premiums, Student loan interest paid, Expenses from rental of personal property, and Other adjustments to income.

Table for Alimony paid with columns for Taxpayer and Spouse. Rows include Recipient's first name, Recipient's last name, Recipient's SSN, and Amount paid (with 2000 amt: sub-column).

SELF-EMPLOYED SEP, SIMPLE and QUALIFIED PLANS (KEOGH)

Form for self-employed plans including questions: 'Would you like to contribute the maximum allowable amount?' and 'Enter the amount contributed to your plan.' with input fields for plan type, rate, and date.

FOR PREPARER USE ONLY

SEP, SIMPLE, KEOGH

Table for SEP, SIMPLE, and KEOGH contributions with columns for 2001 Amount (Taxpayer, Spouse) and 2000 Amount (Taxpayer, Spouse). Rows include Profit-sharing, Money purchase, Defined benefit, Self-employed SEP, SIMPLE contributions, and Net earnings.

Please enter all pertinent 2001 amounts and attach all 1098 forms. Last year's amounts are provided for your reference.

MEDICAL AND DENTAL EXPENSES

NOTE: Enter self-employed health insurance premiums on Sheet 24 p2 and Medicare insurance premiums on Sheet 14.

Table with 3 columns: 2001 Amount, TS, 2000 Amount. Rows include Prescription medicines and drugs, Doctors, dentists and nurses, Hospitals and nursing homes, Insurance premiums (excluding long-term care) [A], Long-term care premiums [A], Insurance reimbursement (enter as a positive number), Lodging and transportation: Out-of-pocket expenses, Number of medical miles, Other medical and dental expenses.

TAXES PAID (State and local withholding and 2001 estimates are automatic.)

Table with 3 columns: 2001 Amount, TS, 2000 Amount. Rows include State and local income taxes - 1/01 payment on 2000 state estimate, State and local income taxes - paid with 2000 state extension, State and local income taxes - paid with 2000 state return, State and local income taxes - paid for prior years and/or to other state, Real estate taxes - principal residence, Real estate taxes - property held for investment, Personal property taxes (including automobile fees), Foreign income taxes, Other taxes.

INTEREST PAID

Home mortgage interest and points reported on Form 1098:

Table with 3 columns: 2001 Amount, TS, 2000 Amount. Row for Home mortgage interest and points reported on Form 1098.

Home mortgage interest not reported on Form 1098:

Payee's name, Payee's SSN or FEIN, Payee's street address, Payee's city, state, ZIP, Amount paid

Points not reported on Form 1098:

Table with 3 columns: 2001 Amount, TS, 2000 Amount. Row for Points not reported on Form 1098.

Investment interest (interest on margin accounts):

Table with 3 columns: 2001 Amount, TS, 2000 Amount. Row for Investment interest (interest on margin accounts).

Table with 3 columns: 2001 Amount, TS, 2000 Amount. Row for Passive interest.

Table with 3 columns: 2001 Amount, TS, 2000 Amount. Row for Certain home mortgage interest included above (6251).

NOTE: Points paid on loans other than to buy, build, or improve your main home are deductible over the life of the mortgage. For these types of loans also provide the dates and lives of the loans.

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Itemized Deductions (continued)

25 p2

Please enter all pertinent 2001 amounts. Last year's amounts are provided for your reference.

CASH CONTRIBUTIONS

50% Limitation (churches, schools, hospitals, and other charitable organizations):

Contributions by cash or check:

Horizontal lines for entering 2001 contribution amounts.

2001 Amount

TS

2000 Amount

Table with 3 columns: 2001 Amount, TS, 2000 Amount. Multiple rows for data entry.

Volunteer expenses (out-of-pocket)

Number of charitable miles

30% limitation (veterans' organizations, fraternal societies, nonprofit cemeteries, and certain private nonoperating foundations):

Contributions by cash or check:

Horizontal lines for entering 2001 contribution amounts.

Volunteer expenses (out-of-pocket)

Number of charitable miles

Table with 3 columns: 2001 Amount, TS, 2000 Amount. Multiple rows for data entry.

NONCASH CONTRIBUTIONS (Use Sheet 26 if total noncash contributions are over \$500)

50% limitation (see above):

Horizontal lines for entering 2001 contribution amounts.

Table with 3 columns: 2001 Amount, TS, 2000 Amount. Multiple rows for data entry.

30% limitation (see above):

Horizontal lines for entering 2001 contribution amounts.

Table with 3 columns: 2001 Amount, TS, 2000 Amount. Multiple rows for data entry.

30% capital gain property (gifts of capital gain property to 50% limit orgs.):

Horizontal lines for entering 2001 contribution amounts.

Table with 3 columns: 2001 Amount, TS, 2000 Amount. Multiple rows for data entry.

20% capital gain property (gifts of capital gain property to non-50% limit orgs.):

Horizontal lines for entering 2001 contribution amounts.

Table with 3 columns: 2001 Amount, TS, 2000 Amount. Multiple rows for data entry.

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Itemized Deductions (continued)

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Please enter all pertinent 2001 amounts. Last year's amounts are provided for your reference.

MISCELLANEOUS DEDUCTIONS (subject to 2% AGI limit)

Union and professional dues

Other unreimbursed employee expenses (uniforms and protective clothing, professional subscriptions, employment agency fees, and certain edu. expenses):

Investment expense:

Tax return preparation fee

Safe deposit box rental

Miscellaneous deductions (2% AGI) (certain legal and accounting fees, and custodial fees):

OTHER MISCELLANEOUS DEDUCTIONS

Gambling losses to extent of winnings

Estate tax, section 691(c)

Other miscellaneous deductions:

2001 Amount

TS

2000 Amount

Table with 3 columns: 2001 Amount, TS, 2000 Amount. Row 1: Union and professional dues

Table with 3 columns: 2001 Amount, TS, 2000 Amount. Rows 2-5: Other unreimbursed employee expenses

Table with 3 columns: 2001 Amount, TS, 2000 Amount. Rows 6-8: Investment expense, Tax return preparation fee, Safe deposit box rental

Table with 3 columns: 2001 Amount, TS, 2000 Amount. Rows 9-11: Miscellaneous deductions (2% AGI)

Table with 3 columns: 2001 Amount, TS, 2000 Amount. Row 12: Gambling losses to extent of winnings

Table with 3 columns: 2001 Amount, TS, 2000 Amount. Rows 13-15: Estate tax, section 691(c); Other miscellaneous deductions

25 p3

Please enter all pertinent 2001 information. Last year's amounts are provided for your reference. You must have paid for the care of one or more dependents enabling you to work or attend school to qualify for this credit.

DEPENDENT CARE EXPENSES (33.1)

	2001 Amount		2000 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
Dependent care expenses incurred but not paid in 2001				
Other earned income [A]				
Employer-provided benefits received (W-2 box 10) [O]				
Employer-provided benefits forfeited in 2001				

PERSONS AND EXPENSES QUALIFYING FOR DEPENDENT CARE CREDIT

No. <input type="text"/>	First name	
	Last name	
	Date of birth (m/d/y)	
	Social security number	
	Qualified dependent care expenses incurred and paid in 2001	2000 amt:

1=spouse, 2=joint

No. <input type="text"/>	First name	
	Last name	
	Date of birth (m/d/y)	
	Social security number	
	Qualified dependent care expenses incurred and paid in 2001	2000 amt:

1=spouse, 2=joint

No. <input type="text"/>	First name	
	Last name	
	Date of birth (m/d/y)	
	Social security number	
	Qualified dependent care expenses incurred and paid in 2001	2000 amt:

1=spouse, 2=joint

PERSONS OR ORGANIZATIONS PROVIDING CARE (33.2)

No. <input type="text"/>	Name of provider	
	Street address	
	City, state, ZIP code	
	Identification number (SSN or EIN)	
	Amount paid to care provider in 2001	2000 amt:

1=spouse, 2=joint

No. <input type="text"/>	Name of provider	
	Street address	
	City, state, ZIP code	
	Identification number (SSN or EIN)	
	Amount paid to care provider in 2001	2000 amt:

1=spouse, 2=joint