



142 Linkwood Rd, NW
Atlanta, GA 30311
770-368-1951 (phone) 770-368-1965 (fax)
www.aaservicesonline.com
lavette@aaservicesonline.com

Thank you for allowing Aa Services & Consulting, Inc. to continue to service you.

The tax organizer can be completed **in pdf or in excel**. Fields in the "TAXPAYER INFORMATION" section can be completed using "SALY" same as last year. There are separate worksheets for your Self-employed business, Rental property or Minister activity. The checklist and worksheets are attached in pdf and are available on our website in pdf and excel. **We must have a signed organizer before we file your income tax return.**

Make certain to review your receipts, canceled checks, credit card statements and bank statements for possible tax deductions. Include all documents received in envelopes marked "IMPORTANT TAX INFORMATION". We encourage you to use the tax organizer to ensure complete documents are provided to us to prepare your tax return and to reduce the time your data is in our office.

Once you have gathered **all your tax documents**, you can mail it, email it, drop it by **before March 26th**. **We will no longer accept drop offs during the month of April. Call us to schedule an appointment (last appointment date April 13th).**

Our seasonal extended office dates include Fridays & Saturdays by appointment only.

Remember payment is due at time of service. A \$100 deposit may be required when delivering tax information to us, call our office for more details. We will continue to enforce the 10% late payment account service fees and additional fees for multiple request to get missing tax information, duplicate copies of prior year tax returns, summarizing tax data not on organizer, etc.

Your business is always appreciated. It is our pleasure to continue to provide exceptional services to you. Please tell a friend and receive a **\$25.00 discount** on next year's tax preparation fees.

If mailing your tax documents, please use our home office located at **142 Linkwood Rd NW, Atlanta, GA 30311**. For drop offs use our secured mailbox at the street. I will be in the Norcross area several days during the filing season for convenient pickups and drop offs, please call for more details.

The IRS recommends that you should keep copies of your prior-year tax returns for at least three years.

We are ready to serve you!

The Answer to your Accounting, Administrative and Tax Questions.



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TAXPAYER INFORMATION (Information must match Social Security Card)

		Birth Date	Student Class (form 1098T)	Edu...books/ supplies	Healthcare Coverage
Name:	Occupation:		/	\$	
Spouse:	Occupation:		/	\$	
Phone Numbers: (Day)	(Evening)	(Cell)			
Mailing Address:				County:	
Contact's email address:					
Marital Status on 12/31: (S, HH, MJF, MFS, QW)		# of Months lived with spouse this year (12 or less):			

DEPENDENTS (Information must match Social Security Card)

*** Provide proof of residence for each***

	Name: (first and last)	Social Security #	Birth Date:	Months lived with you (1-12) **	Income	Dependent / Child Care	College classification (form 1098T)	Education: books and supplies	Driver Ed Program
1					\$	\$	/	\$	
2					\$	\$	/	\$	
3					\$	\$	/	\$	
4					\$	\$	/	\$	
5					\$	\$	/	\$	
6					\$	\$	/	\$	

Form 8332 for noncustodial parent, signed by custodial parent **INCOME** If received - Must include documentation ****Relationship:** (S) Son, (D) Daughter, (R) Relative, (O) Other

<input type="checkbox"/> W-2 (Housing Allowance - see worksheet) DCB	<input type="checkbox"/> Business / rental activity 1099 MISC (see worksheet)
<input type="checkbox"/> Interest / Dividend (1099 INT / 1099 DIV) Foreign taxes	<input type="checkbox"/> Stock Sales (1099 B) Provide purchase date and cost amount
<input type="checkbox"/> IRA / Pension Distribution (1099R) Used for _____	<input type="checkbox"/> Schedule K-1
<input type="checkbox"/> Social Security Benefits (1099 SSA)	<input type="checkbox"/> Unemployment Compensation (1099 G)
<input type="checkbox"/> State Refund (1099G)	<input type="checkbox"/> Gambling / Lottery Winnings (W-2 G)
<input type="checkbox"/> Alimony Received	<input type="checkbox"/> Other: Jury Duty Pay / Prizes / Barter / 1099 A,C,Q

ADJUSTMENTS TO INCOME If paid - Must include documentation

<input type="checkbox"/> Educator Expenses	<input type="checkbox"/> Alimony Paid to: SS# _____ \$ _____
<input type="checkbox"/> Self Employed Health Insurance Premiums / HSA	<input type="checkbox"/> IRA / ROTH / SEP / Simple Contributions
<input type="checkbox"/> Moving Expenses (Military only)	<input type="checkbox"/> Student Loan Interest (1098 E)

ITEMIZED DEDUCTIONS If paid - Must include documentation

<input type="checkbox"/> Medical & Dental (paid out of pocket only)	<input type="checkbox"/> Charitable Contributions (Cash / check)
<input type="checkbox"/> Real Estate Taxes	<input type="checkbox"/> Charitable Contributions (Non Cash)
<input type="checkbox"/> Vehicle Registration (taxes only)	<input type="checkbox"/> Gambling (Lottery) losses / Casualty (theft) Losses
<input type="checkbox"/> Mortgage Interest / Points (1098)	<input type="checkbox"/> Purchase, Refi or Sold home (Provide settlement statement)
<input type="checkbox"/> Investment Interest	Miles Driven: Medical <input type="text"/> Charitable <input type="text"/>

OTHER TAXES AND PAYMENTS

First Time Homebuyer Repayment Program (@ \$500/yr)

Direct Deposit Information: Routing Transit #: Depositor Account #:

Type of Account (Circle one): Checking / Savings

Do you owe IRS, State Govt, Student Loans, Child Support? (Circle One) YES / NO Payments for prior taxes: IRS \$ State \$

Did you receive any letters/notices? (Circle One) YES / NO

Copy of last 2 tax return filed (new clients only) Referred By: (new clients only)

QUESTIONS / CONCERNS YOU HAVE: _____

SPECIAL CIRCUMSTANCE: _____

By signature below, I acknowledge that the enclosed information is correct and includes all income and expenditures necessary for preparing my tax return. I authorize my practitioner at Aa Services & Consulting to generate my PIN as my electronic signature for e-filing my tax return.

Taxpayer: _____ **Date:** _____ **Spouse:** _____ **Date:** _____

OFFICE USE ONLY

*PBC documentation EF WP/DOCs (DISC/PYMT) Date In / Via

ID % of AGI _____ Plans for next year: Recommendations: Missing items:

Questionable items (?)

Compare prior ITR:

for use only by Armed Forces reservists, qualified performing artists,
 fee-basis state or local government officials, and employees with impairment-related work expenses

Unreimbursed Job Expenses	Taxpayer	Spouse
Job Title:		
Expense:		
Advertising & Marketing		
Business Gifts		
Conference & Seminars		
Dues, Subscriptions & Publications		
Insurance		
Interest / finance charges		
Legal, Accounting & Professional		
Meals & Entertainment		
Office Expenses & Bank Fees		
Postage & Delivery		
Rent & Lease (Building & Equipment)		
Repairs & Maintenance		
Supplies		
Taxes & License		
Telephone, Fax & Cellular Service		
Travel & Laundry (away from home)		
Uniforms (purchase & cleaning)		
Other Expenses: _____		
Other Expenses: _____		
Vehicle Expense Model:		
Business Use percentage		
Vehicle Registration (tax and tag)		
Business Parking & Tolls		
Gas, repairs, insurance, wash/wax, etc.		
Business Miles: Jan. - Dec.		
Odometer reading: Beginning (1/1)		
Ending (12/31)		
Home Office: (Used regularly and exclusively for business? circle one: YES NO)		
Office Space (sq ft) / Total Living (sq ft)		
Utilities, Trash, internet, phone, fax		
Rent		
Insurance		
Repairs and Maintenance		
Other Expenses:		
Exterminator / Pest control		
Condo / Management / HOA fees		
Carpet cleaning / Janitorial		
Alarm		

*****Business Property & Equipment purchased (Provide receipts)**

SELF EMPLOYED

Business 1

Business 2

Business Type:

Income:

1099 MISC

Other Cash & Checks

Expense:

Refunds & Allowances

Advertising & Marketing

Business Gifts

Conference & Seminars

Dues, Subscriptions & Publications

Independent Contractors

Insurance

Interest / finance charges

Legal, Accounting & Professional

Office Expenses & Bank Fees

Postage & Delivery

Rent & Lease (Building & Equipment)

Repairs & Maintenance

Salaries & Wages

Supplies

Taxes & License

Telephone, Fax & Cellular Service

Travel & Laundry (away from tax home)

Travel Meals (away from tax home)

Uniforms (purchase & cleaning)

Other Expenses: _____

Other Expenses: _____

Cost of Merchandise Sold (Provide sales & use tax reports filed)

Inventory at end of year

Purchases (less personal use items)

Materials & Supplies

Vehicle Expense

Model:

Business Use percentage

Vehicle Registration (tax and tag)

Business Parking & Tolls

Gas, repairs, insurance, wash/wax, etc.

Business Miles: Jan. - Dec.

Odometer reading: Beginning (1/1)

Ending (12/31)

Home Office: (Used regularly and exclusively for business? circle one: YES NO)

Office Space (sq ft) / Total Living (sq ft)

Utilities, Trash, internet, phone, fax

Rent

Insurance

Repairs and Maintenance

Other Expenses:

Exterminator / Pest control

Condo / Management / HOA fees

Carpet cleaning / Janitorial

Alarm

*****Business Property & Equipment purchased (Provide receipts)**

RENTAL PROPERTY

Property 1

Property 2

Property 3

Address:

Income:

1099 MISC

Other Cash & Checks

Expense:

Advertising & Marketing

Cleaning

Condo / Management / HOA fees

Equipment Rental

Independent Contractors

Insurance

Interest / Finance Charges

Lawn care

Legal, Accounting & Professional

Mortgage Interest & Mort InsPrem

Office Expenses & Bank Fees

Postage & Delivery

Repairs & Maintenance

Security

Supplies

Property Taxes

Telephone, Fax & Cellular Service

Travel & Laundry (away from tax home)

Travel Meals (away from tax home)

Utilities

Other Expenses: _____

Other Expenses: _____

Vehicle Expense

Model:

Business Use percentage

Vehicle Registration (tax and tag)

Business Parking & Tolls

Gas, repairs, insurance, wash/wax, etc.

Business Miles: Jan. - Dec.

Odometer reading: Beginning (1/1)

Ending (12/31)

*****Business Appliances and Fixtures purchases (Provide receipts)**

*****Provide settlement statements for new purchases, sold properties & refinances**

COMMENTS OR NOTES OF CONCERN:

Schedule C Allocation

Income:

1099 Misc

Other Cash & Checks

Expense:

Business Gifts

Conference & Seminars

Dues, Subscriptions & Publications

Independent Contractors

Legal, Accounting & Professional

Office Expenses & Bank Fees

Postage & Delivery

Supplies

Telephone, Fax & Cellular Service

Travel & Laundry (away from home)

Travel Meals (away from tax home)

Uniforms (purchase & cleaning)

Other Expenses: _____

Property & Equipment (Provide receipts of large purchases)

Vehicle Expense

Model:

Business Use percentage

Veh Registration (tax/tag)

Business Parking & Tolls

Gas, repairs, insurance, wash/wax, etc.

Business Miles: Jan. - Dec.

Odometer reading: Beginning (1/1)

Ending (12/31)

Housing Allowance Allocation:

Housing Allowance received

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Fair Rental Value of home

--

Actual Expenditures:

Utilities, Trash, internet, phone, fax

Alarm

Carpet cleaning / Janitorial

Cleaning supplies, light bulbs, etc.

Condo / Management / HOA fees

Decorations and décor items

Down payment on purchase of home

Exterminator / Pest control

Furnishings and appliances

Improvements

Insurance

Lawn care

Rent or Mortgage payments

Repairs and Maintenance

An approved form 4361

An approved form 4029
