



**Tax Organizer**  
**Used to Prepare Your 2009**  
**Schedule A**

Our 2010 Tax Season Location:

355 N. Sheridan, Suite 111  
 (faces Blaine St.)  
 Corona, CA 92880  
 Erik Hassold, CPA  
 951.340.2880

**Deductions Claimed**

**MEDICAL EXPENSES to whom paid**  
**(Subject to 7.5% reduction)**

|  |    |             |
|--|----|-------------|
| Health Insurance Premium                   | \$ | _____       |
| (not reimbursed by insurance company/other |    | _____       |
| Medicare Premium (W/H from Soc. Sec.)      | \$ | _____       |
| Drugs and Medicines                        | \$ | _____       |
| Dr. _____                                  | \$ | _____       |
| Dr. _____                                  | \$ | _____       |
| Dr. _____                                  | \$ | _____       |
| Dr. _____                                  | \$ | _____       |
| Dr. _____                                  | \$ | _____       |
| Dr. _____                                  | \$ | _____       |
| Dr. _____                                  | \$ | _____       |
| Dentist _____                              | \$ | _____       |
| Dentist _____                              | \$ | _____       |
| Hospital _____                             | \$ | _____       |
|  | \$ | _____       |
| Travel Necessary to Get Medical Care       |    | _____ Miles |
| Parking/Taxi/Bus _____                     | \$ | _____       |
| Ambulance _____                            | \$ | _____       |
| Glasses/Eye Exams _____                    | \$ | _____       |
| Hearing Aid/Batteries _____                | \$ | _____       |
| Prosthetic/Appliances _____                | \$ | _____       |
| Sick Room Supplies & Appliances _____      | \$ | _____       |

**TAXES**

|                                     |    |       |
|-------------------------------------|----|-------|
| State Income Tax-Prior Year Returns | \$ | _____ |
| State Current Year Estimate Paid    | \$ | _____ |
| Real Estate Tax                     | \$ | _____ |
| Personal Property Tax               | \$ | _____ |
| Auto License                        | \$ | _____ |

**INTEREST to whom paid**

|   |    |       |
|---|----|-------|
| Home Mortgage Interest on Form 1098     |    | _____ |
| _____                                   | \$ | _____ |
| _____                                   | \$ | _____ |
| _____                                   | \$ | _____ |
| Home Mortgage Interest Not on Form 1098 |    | _____ |
| _____                                   | \$ | _____ |
| _____                                   | \$ | _____ |
| _____                                   | \$ | _____ |
| Mortgage Int. Paid to Individual        | \$ | _____ |
| Name: _____                             |    |       |
| Address: _____                          |    |       |
| _____                                   |    |       |
| TAX ID: _____                           |    |       |
| Points Paid on Mortgage Loan            |    | _____ |
| (Not on Form 1098)                      | \$ | _____ |
| Other Mortgage Interest                 |    | _____ |
| _____                                   | \$ | _____ |
| _____                                   | \$ | _____ |
| Investment Interest                     |    | _____ |
| _____                                   | \$ | _____ |
| _____                                   | \$ | _____ |
| _____                                   | \$ | _____ |

**EXPLANATIONS:**

**CASH CONTRIBUTIONS to whom paid**

|                        |    |       |
|------------------------|----|-------|
| Churches               | \$ | _____ |
| Red Cross              | \$ | _____ |
| Xmas and Easter Seals  | \$ | _____ |
| Heart Fund/Cancer Fund | \$ | _____ |
| Scouts                 | \$ | _____ |
| _____                  | \$ | _____ |
| _____                  | \$ | _____ |
| _____                  | \$ | _____ |

Miles Driven For Charity \_\_\_\_\_ Miles

**NON CASH CONTRIBUTIONS**

|                                    |    |       |
|------------------------------------|----|-------|
| Salvation Army/Goodwill Industries | \$ | _____ |
| Other                              | \$ | _____ |

**CASUALTY**

|  |    |       |
|--|----|-------|
| Total Casualty Loss (Attach Documentation) | \$ | _____ |
|--|----|-------|

**MOVING EXPENSES (Work Related)** \$ \_\_\_\_\_

**Miscellaneous - Subject to 2% reduction**

|  |       |       |
|--|-------|-------|
| Auto Expenses for Business                 | \$    | _____ |
| Business Miles _____                       | Miles |       |
| Commuting Miles _____                      | Miles |       |
| Other Miles _____                          | Miles |       |
| Business Meals and Entertainment           | \$    | _____ |
| Dues and Subscriptions (Trade Journals)    | \$    | _____ |
| Cell Phone                                 | \$    | _____ |
| Employment Agency Fees                     | \$    | _____ |
| Income Tax Preparation                     | \$    | _____ |
| IRA or Keogh Plan Fees                     | \$    | _____ |
| Job Hunting Expenses                       | \$    | _____ |
| Legal (For Protection of Taxable Income)   | \$    | _____ |
| Mutual Funds Fee                           | \$    | _____ |
| Safe Deposit Box Fees                      | \$    | _____ |
| Safety Boots                               | \$    | _____ |
| Small Tools (Estimated Life 1 Yr. or Less) | \$    | _____ |
| Travel (Excluding Entertainment)           | \$    | _____ |
| Uniforms (Not General Wear) - Cost         | \$    | _____ |
| Uniforms, Laundry & Cleaning               | \$    | _____ |
| Union Dues & Professional Dues             | \$    | _____ |
| Others                                     | \$    | _____ |
| _____                                      | \$    | _____ |
| _____                                      | \$    | _____ |

**ADJUSTMENTS TO INCOME**

|  |    |       |
|--|----|-------|
| Alimony (Paid To _____)                    | \$ | _____ |
| SS# _____                                  |    |       |
| Employee Business Expenses that were       |    |       |
| Reimbursed and are included on W-2 or 1099 | \$ | _____ |

**TAX CREDITS**

|                                       |    |       |
|---------------------------------------|----|-------|
| Child Care (No. of Children _____)    | \$ | _____ |
| Energy Credits (Attach Documentation) | \$ | _____ |