

BARRY'S ACCOUNTING SERVICES®

“Helping you get results. Supporting you all the way”™

1852 Flatbush Ave - 2nd Floor; Brooklyn, N.Y. 11210

Tel (718) 677 - 4006

www.ConsultantBarry.com

Client Tax Organizer (Your tax information)

Your Name _____ SS# _____

Spouse Name _____ SS# _____

Cell Phone _____ E-mail _____

Please be sure to include your e-mail address

I have designed the tax organizer for you. Please ***fill out and sign the forms*** that pertain to you. Attached the forms and your other tax documents to this page and send them to me for processing.

If you are a frequent flyer/traveler, the online “Client Tax Organizer” is a convenient way for you to itemize your tax data while you are in-flight for several hours to your destination; and when you are in the privacy of your hotel.

Your note here:-

Sincerely,

Clem Barry

This “Client Tax Organizer” was designed by Clemson Barry, EA for use by his clients

Deductions For Medical Professionals

(This is a partial list, Please fill out this form completely)

Uniform & Maintenance _____ \$ _____

Medical Instruments & Kits _____

Specialty Education _____

Board Examination _____

Union & Professional Fees _____

Seminars & Conventions _____

Journals, publications & reference books _____

State License fee _____

State License fee _____

DEA registration fee _____

Malpractice Insurance _____

Tax preparation fee _____

Job Search (travel, resume, employment agency fee) _____

Employment agency fee _____

Drug tests _____

Travel to Second Job (one way only, IRS rules) _____

Invest Counsel & advisory _____

Safe deposit box _____

Legal & court costs to keep your job/maintain your position _____

** _____

** _____

** _____

****Please use the blank spaces to list other expenses that you have paid but which are not listed above******

Is there evidence to support the expenses that you claimed above? [] Yes [] No
If you check "Yes", Is the evidence written? [] Yes [] No

I hereby declare to the best of my knowledge the information is true, correct and complete.

Client's Signature _____

*****This form was designed by Clemson Barry, EA for use by his clients*******

Vehicle expense deductions for medical & traveling sales professionals

****For Medical & traveling Sales Professionals who must use their vehicle to travel to multiple locations during the year as a requirement for keeping their job****

<u>Vehicle Information</u>	<u>Vehicle #1</u>	<u>Vehicle #2</u>
Make & Model of vehicle	_____	_____
Date vehicle was place in service	_____	_____
Beginning odometer mileage	_____	_____
Ending odometer mileage	_____	_____
Total Personal miles travel (shopping, etc)	_____	_____
Commuting miles per day (from home to work)	_____	_____

Vehicle expenses you paid during the year

Gas (cash, checks & credit card)	\$ _____	\$ _____
Repairs (tires, wipers, etc)	_____	_____
Insurance,	_____	_____
State Inspection fee	_____	_____
Vehicle registration/license	_____	_____
Total vehicle lease payment or rental fees	_____	_____
Parking fees	_____	_____
Tolls	_____	_____

Is there evidence to support the deductions? please check a box	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If your check "Yes," Is the evidence written?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did you use the vehicle to run your personal errand after work?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Was the vehicle leased?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Cost of the vehicle if it was bought	\$ _____	\$ _____

Job related expenses you paid while you were away from home overnight and you were not reimbursed for those expenses (not seminars/conventions)

(1) Lodging \$ _____ (2) Airfare \$ _____ (3) Car rental \$ _____
 (4) Meals & Entertainment \$ _____

I hereby declare to the best of my knowledge the information is true, correct and complete.

Client's Signature _____

Statement of Miscellaneous Deductions

(Partial list for all client except medical professionals)

Union Dues	\$ _____
Professional dues	_____
Tax preparation fee	_____
Safe deposit box	_____
Job relates small disposable tools & supplies	_____
Professional journal subscription	_____
IRA custodial fees	_____
Job search expense (travel, resume, referral/employment agency fee	_____
Gambling losses (only if you have gambling winnings)	_____
Gambling winnings \$ _____	
Investment counsel & advisory fees	_____
Legal & court costs to keep your post/job	_____
Job related tuition & books (college, trade school and on-line)	_____
**Name of school _____	
Travel from work to school (one way only, IRS rules)	_____
Travel to a second job (travel between jobs, one way only)	_____
Education expense while on sabbatical leave	_____
Class room expenses not reimbursed	_____
Tapes, slides & films	_____
Field trips	_____
Seminars/convention (seminar fee, airline, hotel)	_____
Photocopying of lessons & tests	_____
Safety gloves, construction boots, hard hat & eye goggles	_____
Thermal socks, rain coat, safety belt, special winter outfit	_____
Flash light, note pad, pens, pencils	_____
Drug test	_____
Target practice (range fee per hour)	_____
Defensive training (job related)	_____
Ammunition & permit (guns & bullets)	_____
Promotion Examination (tuition & exam fee not reimbursed)	_____
Reefer coat, winter pants & Eisenhower Jacket	_____
Uniform (cap, boots, summer pants & shirts)	_____
NRA membership fee	_____
Helmets, slickers, weight lift belt & goggles	_____

I hereby declare to the best of my knowledge the information is true, correct and complete.

Client Signature _____

****This form was designed by Clemson Barry, EA for use by his clients**

Itemized Deductions (for all clients)

Expenses you have paid that were not reimbursed to you

Medical & Dental Expenses paid

Prescription medications \$ _____

Over the counter medication, kits & supplies _____

(Analgesic balm, liniment, eye wash, bandages, ointment,
Vitamins, inhalers, mentholated spirits, dental floss/tooth picks,
Lip balm, etc)

Health Insurance premiums _____

Payments to hospitals, doctors, dentists, etc _____

Ultrasound, Lab and X-ray fees _____

Eye glasses, contact lenses, examinations/tests _____

Qualified long-term care premiums _____

Medical equipment & supplies _____

Taxi fare to visit doctor & hospital _____

You drive your car for medical visits (_____ Miles x 20cents) _____

Lodging for medical purposes (up to \$50 per night per person) _____

***Doctor prescribed stockings, shoes, etc _____

Medical expenses paid for parents/child not living with you _____

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

***List other medical & dental expenses:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

***You can deduct the amount that you have paid for cosmetic surgery if the surgery was necessary to ameliorate a deformity arising from, or directly related to, a congenital abnormality --- a personal injury resulting from an accident, trauma or disfiguring disease.

Your Signature Here _____

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Taxes paid

Estimated State Income tax (If you pre-paid State/City income taxes) \$ _____
State Income tax (if you paid state tax you previously owed) _____
Real estate tax paid for property where you live _____
(condo., one family house; co-op).
Real estate tax paid on your vacation home _____
Land tax (tax paid for land nearby or in other states) **State** _____
Land tax (" " " " " ") **State** _____
Land tax (" " " " " ") **State** _____
Land tax (" " " " " ") **State** _____
**** (1) Personal tax** (vehicle registration & vehicle/boat sales tax paid) _____ **(1)**
Vehicle make _____ **Model** _____ **Year** _____
Date vehicle was purchased _____ **State** _____ **County** _____
**** (2) Personal tax** (vehicle registration & vehicle sales tax paid) _____ **(2)**
Vehicle make _____ **Model** _____ **Year** _____
Date vehicle was purchased _____ **State** _____ **County** _____
Other taxes paid (school, village, town, etc) **County** _____

Interest paid

Home mortgage Interest you paid the bank (condo; one family; co-op) \$ _____
Bank name _____
Home mortgage interest you paid the bank (vacation home) _____
Bank name _____
Interest you paid time-share company/bank _____
Name of time-share company/bank _____
Home mortgage Interest paid to the seller (seller finance mortgage) _____
Seller's name _____ **SS#** _____
Points paid to the bank at closing _____
Bank Name _____
Investment Interest (interest paid on margin accounts) \$ _____
Name of bank/investment company _____

Client's Signature _____

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Gifts & Charity

Gifts made by cash or checks

<u>Name of charity</u>	<u>Amount Paid</u>
_____	\$ _____
_____	_____
Total of All others charities here _____	\$ _____
Total Cash Gifts	\$ _____

Voluntary work for a charitable organization

Travel (total miles traveled _____ x 14 cents)	\$ _____
Tolls & Parking (tolls \$ _____; parking \$ _____)	\$ _____

Non-Cash Contributions

Personal property (automobile, furniture & clothing)

****You must fill out this form for each item of property that you have donated****

For example if you made 5 donations then you must fill out five of this forms.

This is the IRS rules. Make photocopies of this blank form before filling it out.

Name of charitable organization _____

Address _____

City _____ **State** _____ **Zip** _____

Kind of property (one property only, Full Description) _____

Date donated (Day _____ Mont h _____ Year _____)

Date acquired (Day _____ Month _____ Year _____)

How was the property acquired? Purchased [] received as a Gift []

Cost price \$ _____ Value on the date of donation \$ _____

Are those estimated values? []Yes No []

*** reasonable estimated values are acceptable ***

Client Signature _____

Rental Property (Income & Expenses)

Address of property #1 _____
Number of family _____ **Date acquired** _____ **Total purchase price** _____

Address of Property #2 _____
Number of family _____ **Date acquired** _____ **Total purchase price** _____

Address of Property #3 _____
Number of family _____ **Date acquired** _____ **Total purchase price** _____

<u>Rents & Expenses</u>	<u>Property #1</u>	<u>Property #2</u>	<u>Property #3</u>
Rent Collected:-	\$ _____	\$ _____	\$ _____

Expenses Paid:-

Property management	\$ _____	\$ _____	\$ _____
Advertising	_____	_____	_____
Travel to property	_____	_____	_____
Cleaning (garbage bags, Brooms, mops, salt, gardening, disinfectant)	_____	_____	_____
Insurance paid	_____	_____	_____
Eviction/court fees paid	_____	_____	_____
Real Estate tax paid	_____	_____	_____
Gas/Oil Paid	_____	_____	_____
Water bill paid	_____	_____	_____
Electricity bill paid	_____	_____	_____
Roto rota (drain unclog)	_____	_____	_____
Extermination	_____	_____	_____
Electrician paid	_____	_____	_____
Plummer paid	_____	_____	_____
Painter paid	_____	_____	_____

Client's Signature _____

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Rental Property (Repairs made during the year)

****Please photocopy this blank form If you have more than one rental property. Prepare one form for each property ****

Property address (one Property only) _____

<u>Description</u>	<u>Date repaired or replaced</u>	<u>Amount paid</u>
Roof	Day_____ Month_____ YR_____	\$_____
Tenant Kitchen	_____	_____
Tenant Kitchen	_____	_____
Tenant Kitchen	_____	_____
Tenant Bathroom	_____	_____
Tenant Bathroom	_____	_____
Tenant Bathroom	_____	_____
Tenant Stove	_____	_____
Tenant Stove	_____	_____
Tenant Stove	_____	_____
Tenant Refrigerator	_____	_____
Tenant Refrigerator	_____	_____
Tenant Refrigerator	_____	_____
Step/ stairs	_____	_____
Sidewalk	_____	_____
Driveway	_____	_____
Basement	_____	_____
Boiler	_____	_____
Chimney	_____	_____
Windows	_____	_____
Doors & Locks	_____	_____
Garage	_____	_____
Porch/Patio/back yard	_____	_____
Awning	_____	_____
Fence (wooden/metal/vinyl)	_____	_____

Client's Signature _____

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Daycare or Babysitter

Child's Name _____ Amount Paid \$ _____

Name of Daycare or Babysitter _____

Address _____ City _____ State _____ Zip _____

Day care EIN# _____ or Babysitter SS# _____

Client's Signature _____

Daycare or Babysitter

Child's Name _____ Amount Paid \$ _____

Name of Daycare or Babysitter _____

Address _____ City _____ State _____ Zip _____

Daycare EIN# _____ or Babysitter SS# _____

Daycare or Babysitter

Child's Name _____ Amount Paid \$ _____

Name of Daycare or Babysitter _____

Address _____ City _____ State _____ Zip _____

Daycare EIN# _____ or Babysitter SS# _____

Sale of your Property

Please photocopy this form if you sold more than one property. Use one form for each property sold.

Full Description of the property _____

Full Address/Location of the Property _____

Information about the sale of your property

Date of Sale (Date Sold) _Month_____ Day_____ Year_____

Selling/Sale Price \$_____ Your Concession to the buyer \$_____

Total Selling Expense \$_____ Improvements made just before sale \$_____

Information about the purchase of your property

Amount you paid for the Property \$_____ Date Bought _____

Closing Cost \$_____ Renovation you made over the years \$_____

Add information that you believe is important _____

Your Signature _____

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Moving Expense Deductions

You can deduct moving expenses that were not reimbursed to you by your employer if your new job is more than 50 miles further away from your former residence and you were employed full time in the new location.

Your new home address _____

****Your new job address** _____

****You former home address** _____

****The distance from your former home and your new job** _____ **miles**

****The distance from your former home and your former job** _____ **miles**

House hunting trips(airfare)\$ _____ ;or _____ **miles driven x 18 cents** \$ _____

Cost of Transporting household goods & Personal effects \$ _____

Final airfare you paid from your former home to the new location \$ _____

****If you drive to the new location, total miles** _____ **x 18 cents** \$ _____

Rent you paid to the Storage company in the new location \$ _____

Cost of temporary lodging in the new location \$ _____

Other expense (describe) _____ **\$** _____

Amount you received from your employer for this move \$ _____

Your signature here _____

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**Expense(s) that you incurred that *were not* included anywhere in the
TAX ORGANIZER**

Clear Description _____ \$ _____

Clear Description _____ \$ _____

Clear Description _____ \$ _____

Clear Description _____ \$ _____

Clear Description _____ \$ _____

Clear Description _____ \$ _____

Clear Description _____ \$ _____

Your Signature Here _____

Office-At-Home Deductions

Home office deductions are allowed if an isolated part of your home is used regularly and exclusively as your principal place for conducting business. Who is qualified for the office-at-home deduction?

- 1) A self-employed contractor, merchandiser or professional having an office in his/her home that s/he uses regularly and exclusively to order supplies, bill clients, attend to clients, phone customers and keep the books and records of the business.**

- 2) An employee who has received permission to work from home instead of commuting to work daily and who must check in regularly with his/her employer via telephone, email or conference call; and who is required to attend company meetings at least once a week/month.**

Information about your office

Office Address _____

Office Area (_____ Feet Long x _____ Feet Wide) = _____

Office Repairs, Door, Window, Painting, Carpet & Blinds \$ _____

Gross Income \$ _____

Office Telephone (business cell phone) \$ _____

Advertising & Promotion _____

Stationery (paper, pencils, pens, paper clips) _____

Internet Research Services _____

Software _____

Outsource Services _____

Professional/organization dues _____

Seminars & Convention _____

Your Signature Here _____

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Office-At-Home Deductions (Cont'd)

Toner/Ink \$ _____
Equipment Repairs _____
Electric Bulbs _____
Office Cleaning _____
Business Meals/Entertainment _____
Office Supplies/Toiletries (paper towels, cups, sugar etc) _____
Other _____
Other _____
Other _____
Other _____
Other _____

Office Furniture & Equipment (bought or lease)

Desk & Chairs (Cost \$ _____) **monthly lease payment** \$ _____
Copier, Printer & Fax (Cost \$ _____) " " " _____
Computer & Lap Top (Cost \$ _____) " " " _____
Tables & Stands (Cost \$ _____) " " " _____
Pencil Sharpener (Cost \$ _____) _____
Other _____ **Cost \$** _____ **mtly lease pmt** _____
Other _____ **Cost \$** _____ " " " _____
Other _____ **Cost \$** _____ " " " _____

Information About Your Home

Home Address _____
Area of your home (_____ **Feet Long** x _____ **Feet Wide**) = _____
Date of Purchase _____ **Purchase Price + Closing Cost** \$ _____
Real Estate Tax \$ _____ **Mortgage Interest** _____
Electricity _____ **Heating** _____
Insurance _____ **Exterior Painting** _____
Roof, Pipe, Central Air, Chimney & Boiler Repair \$ _____ **Water** _____

Your Signature Here _____

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Casualty & Theft Loss Deduction

This deduction is allowed to taxpayer who had sustained a loss from a sudden and unexpected event that was not covered or compensated for by insurance.

- 1) Your automobile was damaged in an accident, water damaged your belonging in a flooded basement, your vehicle or residence was damaged by fire, storm, flood, earthquake and volcano and you have the photos, police and fire department report.*
- 2) Burglary and robbery of your personal belongings at home for which you have a police report.*
- 3) Loss of money, jewelry etc as a result of theft or robbery at gun point for which you have a police report.*

Each item of loss or damaged property must be listed separately (IRS rules)

Description of item (One Item Only) _____

Describe the event _____

Date of casualty or loss _____ **Value on the date of loss \$** _____

Date of purchase _____ **Purchase Price \$** _____

Insurance reimbursement \$ _____ **Value after the event \$** _____

Police PC# _____ **Police Report #** _____ **Report Date** _____

Each Item Of loss or damaged property must be listed separately (IRS rules)

Description of Item (One Item Only) _____

Describe the event _____

Date of casualty or loss _____ **Value on the date of loss \$** _____

Date of Purchase _____ **Purchase Price \$** _____

Insurance Reimbursement \$ _____ **Value after the event \$** _____

Police PC# _____ **Police Report #** _____ **Report Date** _____

Your Signature Here _____

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Vacation/Summer Home

1) Do you own a second home/residence ? Yes[] No[]

If no, STOP here. If Yes, CONTINUE.

2) Did you rented out this home/residence during the year? Yes[] No[]

If No, STOP here. If Yes, CONTINUE

Property address _____

Date Purchased:- Day _____ Month _____ Year _____

Date rented out:- from ____/____/____ to ____/____/____

Your personal Use :- from ____/____/____ to ____/____/____

Rent you received _____ \$ _____

Security deposit you received _____ \$ _____

Expenses you paid

Mortgage Interest _____ \$ _____

Real estate tax _____

Security deposit returned _____

Insurance _____

Repairs _____

Utilities _____

Cleaning & maintenance _____

Association/community fee(s) _____

Other (describe) _____

Client Signature _____ Date _____

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Bankruptcy, Repossession & Debt forgiveness

Please complete this form If you were unable to pay your mortgage and you filed for bankruptcy, or if you had refused to pay the mortgage and abandoned the property or the lender foreclosed on the property.

1) Cancellation of debt – attached form 1099-C that you received from the bank or mortgage lender.

2) Acquisition or Abandonment of property – attached form 1099-A that you received from the mortgage lender.

Was the property your residence? No [] Yes []

If yes, how long did you live in the property? _____ years

Was the property a rental property? No [] Yes []

If yes, did you collect rent from the tenants? No [] Yes []

***** If you collected rent you must also complete the form:- “Rental Property”, on Page 08 of the “Client tax organizer”.**

Property address _____

Date Purchased _____ Purchase Price \$ _____

Closing Cost \$ _____ Repairs & Improvements \$ _____

Did you filed for bankruptcy or insolvency? No [] Yes []

If Yes, attached a copy of the supporting document(s)

Was the Fair Market Value of the property less than your debt to the mortgage lender? No [] Yes [].

Client signature _____ Date _____

*****This form was designed by Clemson Barry EA for use by his clients*****

Seamen Sailing aboard Merchant Ships

Job related expenses that you paid (seamen only)

Physical examination _____ \$ _____

Maritime license fee _____

Uniforms:-Jackets, pants, hat, shoes socks _____

Other (please list) _____

Uniform cleaning while at sea _____

Union Dues _____

Other organizational dues (Vacation dues, etc) _____

Seaman related publications, log books, maps & charts _____

Safety equipment, flashlights & disposable tools _____

Computer used in employment (explained how it was used) _____

Explanation _____

Job related Computer software _____

name(s) of software _____

Other hardware (GPS, moving maps, etc) _____

Car & bus fares and rental cars (away from assigned base only) _____

Passport & visas fees _____

Phone calls (at sea and in foreign ports) _____

Cellular phone payment (if needed for assignment calls) _____

Other travel expenses (explain) _____

**Meals (during*DOT hours of service) _____

**Meals (during non-DOT hours of services) _____

****DOT hours of service limits meals while under coast Guard regulations**

Include Certificates of discharge/letter of time at sea and vessel schedules

Vessel Name	Date	Ship's email address
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Seamen sailing aboard Merchant Ships (cont'd)

Seamen Job Search Expenses:-

List each city that you had travelled to throughout the year going to Union Halls, seeking employment. Be sure to list hotel and meals expenses that you paid.

City	Days there	Meals	Hotel	Airfare, bus, train	Total
_____	_____	\$_____	\$_____	\$_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
Rental car costs (if any) \$_____		Other expenses (explain) _____			\$_____

Seamen Continuing Education Expenses:-

(Educational Transportation Costs plus U.S. Coast Guard License Renewal)

City	Days there	Meals	Hotel	Airfare, bus, train	Total
_____	_____	\$_____	\$_____	\$_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
Rental car costs (if any) \$_____		Other(explain)_____			\$_____
Tuition \$_____		Textbooks \$_____	Course supplies \$_____		
Emergency/job related phone calls while you were on school premises \$_____					
Education reimbursements \$_____ or attach Form 1099-Misc from employer					

Other Transportation Expenses

Travel to meet the ship, port transportation, etc. Include dollar amounts on wage pay off from shipping companies. If you were reimbursed for out-of-pocket expenses and the amount was included on your wage payoff sheet, then you are paying income taxes on the reimbursement. Total amount \$_____

Client Signature _____ Date _____

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