

CORREIA FINANCIAL SERVICES
844 UNION AVE. STE. C, FAIRFIELD, CA. 94533
707-426-0920 FAX 707-434-8709

"2009 TAX YEAR ORGANIZER "

Please enter **ONLY** information that has changed

PERSONAL DATA

Taxpayer—Last, Name _____ First _____ SSN _____ DOB _____
Spouse -- Last, Name _____ First _____ SSN _____ DOB _____
Address _____ City _____ St. _____ Zip _____
Phone (H) _____ (Wk) _____ E-Mail Address _____
Occupation: Taxpayer _____ Spouse _____ HOH _____ EIC _____
Direct Deposit. Ch./ Sav/ other **Routing # (9)** _____ **Acct. # (17)** _____
Routing _____ **Acct # (17)** _____

DEPENDENTS

NAME	SSN	DOB
_____	_____	_____
_____	_____	_____

WE NEED THE PAPER COPIES

OF THE INFORMATION YOU BRING IN ORDER TO MAINTAIN YOUR FILE THIS YEAR
WE NEED TO INPUT COPIES INTO OUR DOC. MANAGEMENT SYSTEM

FOR INCOME **WAGES ---** All W-2's from each employer you had during the year.
Any 1099's from employers & any other payers .
INTEREST (the statements) (Foreign Bank Acct Info)
DIVIDENDS (the statements)
OTHER Bring the original 1099's and statement from Savings and Loans Co., Banks, Stock
Brokers, Mutual Fund companies and whoever paid you -to be sure of correct tax
treatment.

FOR THE **SALE OF STOCKS, MUTUAL FUNDS** OR **OTHER CAPITAL GAINS** (Land or homes, etc)

**Please bring the statements and/ or 1099's showing the sales from the brokerage house or mutual
fund company or escrow agent and your records of the cost, any improvements made to
property, and date purchased.**

PLEASE BRING THE ORIGINAL STATEMENTS FOR YOUR INCOME FROM THE FOLLOWING:

IRA 'S ** PENSIONS ** SOCIAL SECURITY *** UNEMPLOYMENT ***
STATE REFUND *** FORECLOSURE ** COD *** MISC : Jury duty ** Prizes **

ADDED SCHEDULES - C (business) **** **E** (Rentals)**** **F** (Farms) **** **K1** (Trust Income, etc)

Please bring the 1099's and statements that shows this income and the invoices and bills for the expense items.

ADJUSTMENTS / OTHER

IRA'S , KEOGH'S , SEP'S. ALIMONY Paid \$ _____ SSN _____ MSA _____
MOVING - Miles to Old _____ to New _____ Cost to move goods \$ _____ travel \$ _____
EDUCATOR EXPENSES T _____ S _____ TUITION Who _____ \$ _____ Who _____ \$ _____
STUDENT LOANS 1. name _____ Amt _____ S. E. INS DED \$ _____ Savings W/Draw _____

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SCHEDULE A

MEDICAL

Hospitals _____ Doctors _____ Dentists _____ Insur. Cost _____ Prescript. _____
Nursing Home Care _____ Lab _____ Equip _____ MSA \$\$ _____ -** Medical Mileage _____

MISC EXPENSES

Union dues _____ Tax prep _____ Tools _____ Phone _____ Uniforms _____
Shoes _____ Materials _____ Job Search _____ Pager _____ Cellular _____ Education _____
Licenses _____ Laundry _____ 2nd job T _____ S _____ ** Mileage _____ Other _____

OTHER DEDUCTIONS

Theft/ Casualty ? Invest Exp. ? Ponzi Loss ? Gambling Losses ? Home Office ? Safety Dep ?

FOR TAXES , HOME INTEREST, INVESTMENT PROPERTY AND CONTRIBUTIONS

PLEASE BRING THE ORIGINAL DOCUMENTS FOR THESE ITEMS

TAXES Home _____ Second Residence _____ Personal Property _____ Vehicles Reg _____
New vehicle car sales tax paid _____ Other state tax paid _____ (Note Taxes for Sch L)

INTEREST Home - 1st _____ , -- 2nd _____ , New 1st _____ , New 2nd _____ , Equity Lines _____
If paid to an individual Name & /SSN * _____
2nd Home 1st _____ 2nd _____ PMI _____ Investment Prop 1st _____ 2nd _____ , 3rd _____

PLEASE NOTE !!!!! If you refinanced any property this year **PLEASE** bring the closing statement

CONTRIBUTIONS Cash _____ Noncash _____ Volunteer Exp. _____ Mileage _____

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CREDITS

CHILD CARE - Name _____ Amt _____ Provider _____ Address _____ SSN _____
Name _____ Amt. _____ Provider _____ Address _____ SSN- _____
FIRST TIME HOMEBUYER _____ Existing Home Buyer _____ CHILD TAX CREDIT _____
EDUC. CREDIT - Hope- Lifetime - Amer. Opp HOME ENERGY # 1 _____ # 2 _____ ADOPT CREDIT _____

TAX- ESTIMATED PAID

FEDERAL - 4/15 \$ _____ 6/15 \$ _____ 9/15 \$ _____ 1/15 _____
STATE 4/15 \$ _____ 6/15 \$ _____ 9/15 \$ _____ 1 /15 \$ _____
OTHER WITHOLDING _____

Computation Fed . \$ _____ St \$ _____ Check other docs _____

To the best of my knowledge, the foregoing information is correct and includes all income, deductions and information necessary for the preparation of this years return and for which I have adequate contemporaneous records. Further, I consent to Correia Financial Services using the figures and information provided in this completed organizer to prepare this years tax returns and their accompanying schedules and statements.

Signed _____ Date _____