

<b>2009</b>	<b>1040</b>	<b>US</b>	<b>Tax Organizer</b>
-------------	-------------	-----------	----------------------

**KEVIN E. LEWIS EA**  
**908 KUMUKOA ST.**  
**Hilo, HI 96720**  
**Telephone number: (808) 895-4956**  
**Fax number: (808) 934-0144**  
**E-mail address: hiloagent @ yahoo.com**

**Tax Return Appointment**

**Date:**  
**Time:**

This tax organizer will assist you in gathering information necessary for the preparation of your 2009 tax return. Please enter **NEW** or **CHANGED** information below.

**CLIENT INFORMATION**

**Taxpayer**

**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 . . . . .		
Home phone . . . . .		
Work phone . . . . .		
Work extension . . . . .		
Cell phone . . . . .		
E-mail address . . . . .		

Address	In care of . . . . .	
	Street address . . . . .	
	Apartment number . . . . .	
	City . . . . .	
	State . . . . .	
	ZIP code . . . . .	

**DEPENDENTS**

**Dependent No.**

**Dependent No.**

First name . . . . .		
Last name . . . . .		
Title/suffix . . . . .		
Date of birth (m/d/y) . . . .		
Social security number . .		
Relationship . . . . .		
Months lived at home . . . .		

**Dependent No.**

**Dependent No.**

First name . . . . .		
Last name . . . . .		
Title/suffix . . . . .		
Date of birth (m/d/y) . . . .		
Social security number . .		
Relationship . . . . .		
Months lived at home . . . .		

**2009**

**1040**

**US**

**Tax Organizer**

Please enter all pertinent 2009 information. If you have attached a government form for an item, check the box and do not enter a 2009 amount.

**WAGES, SALARIES AND TIPS**

Employer name:

<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____

<b>Attach Forms W-2</b>	_____
	_____
	_____
	_____

**INTEREST INCOME**

Payer name:

<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____

<b>Attach Forms 1099-INT</b>	_____
	_____
	_____
	_____

**DIVIDEND INCOME**

Payer name:

<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____

<b>Attach Forms 1099-DIV</b>	_____
	_____
	_____
	_____

**PENSIONS, IRA AND GAMBLING INCOME**

Payer name:

<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____

<b>Attach Forms 1099-R &amp; W-2G</b>	_____
	_____
	_____
	_____
_____	_____
_____	_____

Winnings not reported on W-2G. ....  
Total gambling losses. ....

**OTHER GOVERNMENT FORMS - INCOME**

<input type="checkbox"/>	Form 1099-B - Sales of stock (also include transaction history).....
<input type="checkbox"/>	Form 1099-MISC - Miscellaneous income.....
<input type="checkbox"/>	Form 1099-S - Sales of real estate (also include closing statements).....
<input type="checkbox"/>	Form 1099-G - State tax refunds.....

<b>Attach Forms 1099</b>	_____
	_____
	_____
<b>Attach Forms 1099</b>	_____

Taxpayer:

<input type="checkbox"/>	Form SSA-1099 - Social security benefits.....
<input type="checkbox"/>	Form 1099-G - Unemployment compensation.....

<b>Attach Forms 1099</b>	_____
--------------------------	-------

Spouse:

<input type="checkbox"/>	Form SSA-1099 - Social security benefits.....
<input type="checkbox"/>	Form 1099-G - Unemployment compensation.....

<b>Attach Forms 1099</b>	_____
--------------------------	-------

**MISCELLANEOUS INCOME**

Taxpayer: Alimony received .....

Spouse: Alimony received.....

Other: \_\_\_\_\_

_____	_____
_____	_____
_____	_____

2009

1040

US

Tax Organizer

**RETIREMENT PLAN CONTRIBUTIONS**

Taxpayer: Traditional IRA contributions (1=maximum).....

Roth IRA contributions (1=maximum).....

Self-employed, SEP, SIMPLE, & qualified plan contributions (1=maximum) . . . .

Spouse: Traditional IRA contributions (1=maximum).....

Roth IRA contributions (1=maximum).....

Self-employed, SEP, SIMPLE, & qualified plan contributions (1=maximum) . . . .


**OTHER GOVERNMENT FORMS - DEDUCTIONS**

Form 1098-E - Student loan interest .....

Form 1098-T - Tuition and related expenses .....

<b>Attach Forms 1098</b>	

**ADJUSTMENTS TO INCOME**

Taxpayer:

Self-employed health insurance premiums.....

Educator expenses.....

Expenses from rental of personal property.....

Other adjustments to income:


\_\_\_\_\_

Alimony paid - Recipient name & SSN .....


Spouse:

Self-employed health insurance premiums.....

Educator expenses.....

Expenses from rental of personal property.....

Other adjustments to income:


\_\_\_\_\_

Alimony paid - Recipient name & SSN .....


**MEDICAL AND DENTAL EXPENSES**

Prescription medicines and drugs .....

Doctors, dentists and nurses.....

Hospitals and nursing homes .....

Insurance premiums .....

Long-term care premiums - taxpayer.....

Long-term care premiums - spouse.....

Insurance reimbursement .....

Out-of-pocket lodging and transportation expenses.....

Number of medical miles .....

Other: \_\_\_\_\_


**TAXES PAID**

State income taxes - 1/09 payment on 2008 state estimate.....

State income taxes - paid with 2008 state extension.....

State income taxes - paid with 2008 state return.....

State income taxes - paid for prior years and/or to other states.....








2009

1040

US

## Miscellaneous Questions

If any of the following items pertain to you or your spouse for 2009, please check the appropriate box and provide additional information if necessary.

YES	NO	
<b>PERSONAL INFORMATION</b>		
<input type="checkbox"/>	<input type="checkbox"/>	Did your marital status change during the year?
<input type="checkbox"/>	<input type="checkbox"/>	Did your address change during the year?
<input type="checkbox"/>	<input type="checkbox"/>	Could you be claimed as a dependent on another person's tax return for 2009?
<b>DEPENDENTS</b>		
<input type="checkbox"/>	<input type="checkbox"/>	Were there any changes in dependents?
<input type="checkbox"/>	<input type="checkbox"/>	Were any of your unmarried children who might be claimed as dependents 19 years of age or older at the end of 2009?
<input type="checkbox"/>	<input type="checkbox"/>	Did you have any children under age 19 or full-time students under age 24 at the end of 2009, with interest and dividend income in excess of \$950, or total investment income in excess of \$1,900?
<b>INCOME</b>		
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive unreported tip income of \$20 or more in any month?
<input type="checkbox"/>	<input type="checkbox"/>	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?
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive any disability income?
<input type="checkbox"/>	<input type="checkbox"/>	Did you have any foreign income or pay any foreign taxes?
<b>PURCHASES, SALES AND DEBT</b>		
<input type="checkbox"/>	<input type="checkbox"/>	Did you start a business or farm, purchase rental or royalty property, or acquire an interest in a partnership, S corporation, trust, or REMIC?
<input type="checkbox"/>	<input type="checkbox"/>	Did you purchase or dispose of any business assets (furniture, equipment, vehicles, real estate, etc.), or convert any personal assets to business use?
<input type="checkbox"/>	<input type="checkbox"/>	Did you buy or sell any stocks, bonds or other investment property in 2009?
<input type="checkbox"/>	<input type="checkbox"/>	Did you purchase, sell, or refinance your principal home or second home, or did you take a home equity loan?
<input type="checkbox"/>	<input type="checkbox"/>	Did you buy a main home before May 1, 2010 and you (and your spouse) did not own any other home during the 3-year period ending on the date of purchase?
<input type="checkbox"/>	<input type="checkbox"/>	Did you buy a main home after November 6, 2009 and before May 1, 2010, which replaced a main home that you (and your spouse) maintained for 5 consecutive years during the 8-year period before this latest purchase?
<input type="checkbox"/>	<input type="checkbox"/>	Did you purchase any residential energy-efficient, solar energy, wind energy, geothermal, or fuel cell property or improvements?
<input type="checkbox"/>	<input type="checkbox"/>	Did you purchase a new motor vehicle in 2009?
<input type="checkbox"/>	<input type="checkbox"/>	Did you purchase a new alternative motor vehicle (hybrid, advanced lean burn, fuel cell, plug-in)?
<input type="checkbox"/>	<input type="checkbox"/>	Did you have any debts cancelled or forgiven?
<input type="checkbox"/>	<input type="checkbox"/>	Did anyone owe you money which had become uncollectible?

2009

1040

US

## Miscellaneous Questions (continued)

If any of the following items pertain to you or your spouse for 2009, please check the appropriate box and provide additional information if necessary.

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	<b>RETIREMENT PLANS</b>
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive a distribution from a retirement plan (401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.)?
<input type="checkbox"/>	<input type="checkbox"/>	Did you make a contribution to a retirement plan (401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.)?
<input type="checkbox"/>	<input type="checkbox"/>	Did you transfer or rollover any amount from one retirement plan to another retirement plan?
<input type="checkbox"/>	<input type="checkbox"/>	Did you convert part or all of your traditional, SEP, or SIMPLE IRA to a Roth IRA?
<input type="checkbox"/>	<input type="checkbox"/>	<b>EDUCATION</b>
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive a distribution from an Education Savings Account or a Qualified Tuition Program?
<input type="checkbox"/>	<input type="checkbox"/>	Did you, your spouse, or a dependent incur any tuition expenses that are required to attend a college, university, or vocational school?
<input type="checkbox"/>	<input type="checkbox"/>	<b>ITEMIZED DEDUCTIONS</b>
<input type="checkbox"/>	<input type="checkbox"/>	Did you incur a loss because of damaged or stolen property?
<input type="checkbox"/>	<input type="checkbox"/>	Did you work out of town for part of the year?
<input type="checkbox"/>	<input type="checkbox"/>	Did you use your car on the job (other than to and from work)?
<input type="checkbox"/>	<input type="checkbox"/>	<b>ESTIMATED TAXES</b>
<input type="checkbox"/>	<input type="checkbox"/>	Did you apply an overpayment of 2008 taxes to your 2009 estimated tax (instead of being refunded)?
<input type="checkbox"/>	<input type="checkbox"/>	If you have an overpayment of 2009 taxes, do you want the excess applied to your 2010 estimated tax (instead of being refunded)?
<input type="checkbox"/>	<input type="checkbox"/>	Do you expect your 2010 taxable income and withholdings to be different from 2009?
<input type="checkbox"/>	<input type="checkbox"/>	<b>MISCELLANEOUS</b>
<input type="checkbox"/>	<input type="checkbox"/>	Do you want to electronically file your tax return?
<input type="checkbox"/>	<input type="checkbox"/>	Do you want to allocate \$3 to the Presidential Election Campaign Fund?
<input type="checkbox"/>	<input type="checkbox"/>	Does your spouse want to allocate \$3 to the Presidential Election Campaign Fund?
<input type="checkbox"/>	<input type="checkbox"/>	May the IRS discuss your tax return with your preparer?
<input type="checkbox"/>	<input type="checkbox"/>	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?

2009

1040

US

Miscellaneous Questions

If any of the following items pertain to you or your spouse for 2009, please check the appropriate box and provide additional information if necessary.

YES	NO	<b>MISCELLANEOUS (continued)</b>
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust?
<input type="checkbox"/>	<input type="checkbox"/>	Was your home rented out or used for business?
<input type="checkbox"/>	<input type="checkbox"/>	Did you have a medical savings account (MSA), a Medicare Advantage MSA, or acquire an interest in an MSA or a Medicare Advantage 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?
<input type="checkbox"/>	<input type="checkbox"/>	Did you incur moving expenses due to a change of employment?
<input type="checkbox"/>	<input type="checkbox"/>	Did you engage the services of any household employees?
<input type="checkbox"/>	<input type="checkbox"/>	Were you notified or audited by either the Internal Revenue Service or the State taxing agency?
<input type="checkbox"/>	<input type="checkbox"/>	Did you or your spouse make any gifts to an individual that total more than \$13,000, or any gifts to a trust?
<input type="checkbox"/>	<input type="checkbox"/>	Were you or was any of your property located in a federally declared disaster area?
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive a \$250 economic recovery payment in 2009 that was made to social security recipients, railroad retirement recipients and certain veterans?
<input type="checkbox"/>	<input type="checkbox"/>	Did your spouse receive a \$250 economic recovery payment in 2009 that was made to social security recipients, railroad retirement recipients and certain veterans?
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive a pension or annuity in 2009 for services performed as an employee of the U.S., state or local government from work not covered by social security?
<input type="checkbox"/>	<input type="checkbox"/>	Did your spouse receive a pension or annuity in 2009 for services performed as an employee of the U.S., state or local government from work not covered by social security?
<input type="checkbox"/>	<input type="checkbox"/>	Did you elect to receive COBRA continuation health coverage (35% of premium) between February 17, 2009 and December 31, 2009 as a result of an involuntary termination?
<input type="checkbox"/>	<input type="checkbox"/>	Did your spouse elect to receive COBRA continuation health coverage (35% of premium) between February 17, 2009 and December 31, 2009 as a result of an involuntary termination?

**KEVIN E. LEWIS EA**  
**908 KUMUKOA ST, HILO, HI 96720 Tel/Fax: (808) 934-0144**

**Tax Return Preparation Engagement Letter**

Thank you for choosing Kevin E Lewis, EA to assist you with your tax return. This letter confirms the terms of our engagement with you and outlines the nature and extent of the services we provide.

We will prepare your federal and state income tax returns for each year for which this service is requested. We will depend on you to provide the information we need to prepare complete and accurate returns. We do not audit the data you submit, although we may request clarification of the information from you. Organizers and worksheets are available on our website to help you avoid overlooking important information. By using them, you will contribute to efficient preparation of your returns and help minimize the cost of our services.

We will use our judgment in resolving questions where the tax law is unclear or where there may be different interpretations of the law, and try to resolve such questions in your favor if there is reasonable justification for such a position. Unusual positions may be noted on your tax return receipt. Our work does not include procedures to find irregularities, but we will inform you of any material errors, fraud, or other illegal acts we discover.

Taxing authorities, by regulation, require you to retain information substantiating all items reported on your returns. You should retain your tax return records and returns for a minimum of three (3) years after the filing date. Your returns are subject to review (audit) or you may receive requests for additional information from the tax authorities. If your return is selected, it does not mean there is a problem. In your interest, it is advisable to contact us immediately upon receiving correspondence from the taxing agency. We may be available to assist or represent you if an examination occurs, charging additional fees based on a standard hourly rate then in effect. Audit services are not a part of this engagement. If your return is selected for audit, it is important for you to realize that you are solely responsible for providing the documents and other substantiation to the tax authorities.

If there are errors on the returns prepared from the data you provided to us, we cannot be held liable for the payment of the additional tax that would have been properly due on the original returns, or for the interest charged by the taxing agency as you have had use of the money. However, we may be liable for any penalties charged as a result of the incorrect payment of tax when the penalty results from an error in the preparation of the return by us, except in the case of questionable or unusual positions that you have taken in the preparation of your return. In any event, you agree that our firm's liabilities will be limited to the amount of fees paid to us for services in the preparation of your return. In the event of a dispute between preparer and taxpayer, we agree to resolve through mediation.

Fees for our services are generally computed according to the "Schedule of Charges" in effect at the time that the return is prepared, and are due prior to the filing of your return. We do, however, reserve the right to ask for retainer fees to be paid in advance of any work performed. Payments more than thirty (30) days late may be subject to a late fee of 1% per month. If your account is turned over to a collection service, you agree to pay any and all collection costs. Any bookkeeping, audit or other services needed to complete the tax return will be additional cost.

This engagement letter shall remain in force from year to year until canceled by your failure to request the preparation of the income tax returns of a subsequent year, or by written notice from us prior to the end of the tax year for which return preparation is declined. We reserve the right to perform no work unless we have a signed engagement letter in our possession.

To affirm that this letter correctly summarizes your understanding of the arrangements for this work, please sign the enclosed copy of the this letter in the space below. We appreciate your confidence in us.

Print Name \_\_\_\_\_ Signature/Date \_\_\_\_\_ REV. 1/2011

## Privacy Notice

We value our clients, and their privacy is important to us. Please read our privacy policy below.

We collect nonpublic personal information about our clients from various sources, including the following:

- \* Information we receive from interviews regarding clients' tax situations
- \* Information we receive on applications, organizers, or by other means, such as client names, addresses, telephone numbers, Social Security Numbers, dependents, income, and other tax-related data
- \* Information from tax-related documents that we require from clients in order to process their tax returns (Forms W-2, 1099R, 1099-INT and 1099-DIV, and stock transactions, etc.)

We do not disclose any nonpublic personal information about our clients or former clients to anyone except as requested by our clients or as required by law.

We restrict access to nonpublic personal information concerning our clients except to employees who need access to such information in order to provide products or services. We maintain physical, electronic, and procedural safeguards that comply with federal regulations to guard all nonpublic personal information.

For questions about our privacy policy, please contact us.

Sincerely,

*Kevin E Lewis, EA*