

2009
JAMES J. TOWEY, P.C.
Information
Summarizer for Self Employed

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CLIENT: _____

Taxpayers E-mail Address:

Home _____@_____

Work _____@_____

PLEASE READ AND SIGN BEFORE PROCEEDING

1) TAX RETURN ENGAGEMENT LETTER

Dear Client,

This letter confirms the arrangements for accounting and tax services that I will perform for you.

a) INTRODUCTION

In order to ensure a more complete understanding of the nature and extent of the services I agree to perform for you, I have included the following paragraphs my understanding of these arrangements and responsibilities.

I will prepare your federal income tax return, as well as any applicable state income tax returns for the year 2009, from information furnished to me by you. I will not audit or independently verify the data you submit. However, I could ask for explanation of some of the information. I have furnished this summarizer to guide you in gathering the information required for me to prepare and complete accurate tax returns.

b) FEE STRUCTURE

My fee for these services will be based on the amount of required time that it takes me to prepare the returns at my standard rates. All invoices presented by my firm to you for services performed are payable upon completion of the work.

c) OTHER SERVICES

All returns filed with federal and state agencies are potentially subject to review by the taxing authorities. In the event that you should receive any correspondence or contact from one of these agencies, please contact me immediately. Resolution of many matters involving these agencies should be handled by my firm to minimize the potential aggravation to you. Additionally, should that contact represent a request for examination of your tax return, I will be available at your request, to represent you. Such additional services are not included in my fee for the preparation of these tax returns. Finally, if extensions to file your tax return are prepared by my office, there will be a \$40.00 additional fee per extension filed.

d) SIGNATURES REQUIRED

To indicate your approval of this agreement, please sign in the space below. I am pleased to have you as a client and look forward to a long relationship.

Sincerely,

James J. Towey

Taxpayer

Date

Spouse

Date

The Tax Information Summarizer:

Attached, you will find a Tax Information Summarizer to assist you with organizing and summarizing your tax information. It is designed to not only remind you of the things you need to prepare for your tax return each year, but it also allows me to efficiently prepare your tax return from the data you organize and summarize.

Your Tax Return:

I will prepare two (2) copies of your tax return(s) for you. One copy marked “Client Copy” has a cover sheet titled “Instructions for Filing Tax Return”. These instructions clearly advise you what type of tax return was prepared, how much you are being refunded (or in some cases, owe), where to sign the tax return, and, where to mail the tax return. Please read the instructions carefully to ensure that you correctly file the second copy of your tax return(s) that has the green certified mail receipts attached. ALWAYS attempt to mail your tax return certified mail, return receipt requested!

In the case of electronic returns, your file will be sent directly to the IRS from my station, upon your acceptance or request. A copy of this return will be sent to you upon verification received by my office that the IRS has accepted your file. You will not need to do anything from that point forward. For instance, if a refund is due to you through direct deposit to your bank account, then upon receipt of your copy it will be your responsibility to gauge acceptance of that refund into your bank account. Meanwhile, your return has been accepted per the paperwork I attach to your file copy.

GENERAL INFORMATION

Full Legal: First Name **MI** **Last Name** **SS#** **Occupation**

Taxpayer (T) _____

Spouse(S) _____

Address _____

City, State, Zip _____

Home Phone _____ Work Phone (T) _____ Work Phone (S) _____

E-Mail (T) _____ E-Mail (S) _____

Cellular Phone (T) _____ (S) _____

Fax (T) _____ (S) _____

Birthdates (T) _____ (S) _____

Filing Status (Please circle appropriate selection):

- | | |
|-------------------------------|----------------------------|
| 1.) Single | 4.) Head of Household |
| 2.) Married Filing Jointly | Non-dependent's Name _____ |
| 3.) Married Filing Separately | 5.) Qualifying Widow(er) |
| a. Former Spouse Name _____ | Year spouse died _____ |
| b. Former Spouse SS# _____ | |

Dependents:

<i>Full Name</i>	<i>Date of Birth</i>	<i>SS#</i>	<i>Relationship</i>	<i># of Months a resident - 2009</i>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

WAGES AND INCOME

WAGES (W-2'S)

**CONTRACT WORKER INCOME (1099-MISC),
SEE PAGE 6!**

(ATTACH FORMS TO THE APPROPRIATE PAGE)

PLEASE NOTE: List, in the appropriate spaces below, the items that apply.

W-2's: If you have Federal Income Taxes and Social Security Taxes withheld from your wages **please attach ALL copies of your IRS forms W-2 below and list here:**

Employer	Gross Wages	Federal Withholding	Social Security	State Withholding	Medicare	401K

INTEREST AND DIVIDEND INCOME: If you have interest or dividend income from savings accounts, CD's, money market funds, etc., **please attach copies of the year end statement and list here: (1099-INT, 1099-DIV)**

Institution	Amount

OTHER INCOME

*1099's: If you received an IRS form 1099 for ANY other reason, **please attach ALL copies of your forms 1099 below.** Included would be 1099-A, 1099-B, 1099-INT, 1099-G, 1099-Misc, 1099-OID, and 1099-S.*

Institution	

*1099-R: If you receive payments from a pension plan or IRA, **please attach ALL copies of IRS form 1099-R below and list here:***

Institution	Gross Pension	Taxable Pension	Federal Withholding

INCOME FROM SELF-EMPLOYMENT OR CONTRACT LABOR

(Please use a separate form for each separate business)

Name of the business or dba _____

Address (if different from residence) _____

Is the business owned by the taxpayer, spouse, or jointly? (T, S, J.) _____

When did this business start? _____ # of months operated in 2009 _____

INCOME:

Gross receipts or Sales (**actual monies collected**) \$ _____

Less: Returns and allowances (_____)

Other income (describe) _____

AUTO: (Following information required for EACH car you used in your business).

Date Acquired _____ Cost (if purchased) \$ _____ Type of auto _____

Total miles vehicle driven in 2009 _____

Business miles driven in 2009 _____

Commuting miles driven in 2009 _____

Gas _____ Loan Interest _____

Repairs & Maintenance _____ Lease Payments _____

Insurance _____ License & Inspections _____

Other _____

OFFICE IN THE HOME:

Date Residence Acquired _____ Cost (if purchased) _____

Number of Rooms in Residence _____ Business rooms _____

Square Footage in Residence _____ Business Square Footage _____

Interest on Mortgage _____ Utilities _____

Rent paid \$ _____ Insurance _____

Taxes paid \$ _____ Repairs _____

Improvements _____ (Date made) _____

Home Owner's Association Dues _____

INCOME FROM SELF-EMPLOYMENT OR CONTRACT LABOR (continued)

FURNISHINGS & EQUIPMENT:

Description _____ \$ _____ % - ____ (Date purchased) _____

Description _____ \$ _____ % - ____ (Date purchased) _____

Description _____ \$ _____ % - ____ (Date purchased) _____

OTHER EXPENSES:

Advertising/Website _____ Repairs _____

Bad Debts _____ Returns & Allowances _____

Commission's _____ Seminars _____

Dues and Publications _____ Supplies _____

Freight and Delivery _____ Utilities _____

Insurance _____ Taxes _____

Interest _____ Training Costs _____

Legal and Accounting _____ Travel _____

Meeting Costs _____ Meals and Entertainment _____

Office Expenses _____ Wages and Salaries _____

Rent _____ Client Gifts _____

Long Distance Phone _____ Demo's and Samples _____

Cellular Phone _____ Bank Fees _____

Postage _____ Other _____

Website _____

Tolls and Parking _____

OTHER INCOME

	<u>Taxpayer</u>	<u>Spouse</u>
Did you receive ALIMONY from a prior spouse in 2009?	\$ _____	\$ _____
Did you receive UNEMPLOYMENT COMPENSATION in 2009? (Please attach Form 1099-G below)	\$ _____	\$ _____
Did you receive SOCIAL SECURITY BENEFITS in 2009? (Please attach End-of-Year forms below)	\$ _____	\$ _____
Did you receive any REIMBURSEMENTS FOR BUSINESS EXPENSES from your employer in 2009 not included on Forms W-2 or 1099?	\$ _____	\$ _____
Did you receive any GAMBLING WINNINGS? (Attach Form W-2G) in 2009?	\$ _____	\$ _____
Did you receive ANY OTHER INCOME FROM ANY OTHER SOURCE not already previously listed on this or prior pages? (Please list below)		
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

(PLEASE ATTACH REPORTING NOTICES FROM AGENCIES OR COMPANIES FOR ALL ITEMS LISTED ON THIS PAGE IN THE SPACE BELOW).

OTHER ITEMS

ADJUSTMENTS TO INCOME

	<u>Taxpayer</u>	<u>Spouse</u>
ALIMONY paid to a prior spouse in 2009? Prior spouse SS# _____	\$ _____	\$ _____
Traditional IRA Contribution in 2009?	\$ _____	\$ _____
ROTH IRA contribution in 2009?	\$ _____	\$ _____
Contribution to a Medical Savings Account (MSA) In 2009?	\$ _____	\$ _____
Student Loan Interest paid in 2009?	\$ _____	\$ _____
Were/are you a participant in a company-sponsored Pension or Profit Sharing Plan in 2009? (Yes/No)	_____	_____
Did you incur a PENALTY FOR EARLY WITHDRAWAL from a savings account or Certificate of Deposit from a financial institution in 2009	\$ _____	\$ _____
<u>If you are/were self employed:</u>		
Contribution to a KEOGH, SEP, SIMPLE, SMALL 401K? Or PROFIT SHARING PLAN in 2009 <i>(Please indicate what type)</i>	\$ _____	\$ _____
Did you pay for your own HEALTH INSURANCE in 2009	\$ _____	\$ _____

i. ESTIMATED PAYMENTS

Did you make estimated quarterly payments for the 2009 tax year *(if state taxes paid, please list alongside federal)*.

Date Due	Date Actually Paid	Amount
04/15/09	_____	\$ _____
06/15/09	_____	\$ _____
09/15/09	_____	\$ _____
01/15/10	_____	\$ _____

Did you elect to apply refunds due from the 2008 tax return to 2009? If Yes, how much?
\$ _____

If you are due a refund on your 2009 tax return, do you wish to have it refunded to you? _____ (Yes/No), or, applied to your 2010 estimated payments? _____ (Yes/No)

ii. ELECTRONIC FILING

Do you wish to file your tax return electronically for 2009? Yes _____ No _____

If yes, **please attach here a copy of a voided check on the account you wish your refund sent to.** (If your tax return is accepted for electronic filing by IRS, you can expect your refund to be sent by wire transfer directly to your bank account from IRS in **approximately 7-10 working days** from the date electronically transmitted).

Why use Electronic Filing? It reduces the time required for you to receive your refund and it reduces the paperwork you are required to file with the IRS.

ITEMIZED DEDUCTIONS

MEDICAL:

Pharmaceuticals, medicines (no over-the-counter) \$ _____
Doctors, Dentists, etc. \$ _____
Insurance Premiums \$ _____
Medical-related Mileage _____

TAXES:

State and local income taxes OR Sales Taxes (greater of the two) \$ _____
Real estate taxes on your residence \$ _____
Real estate taxes on other property you own (**Not** rental property) \$ _____

INTEREST: *(Please attach your year-end mortgage statement and Forms 1098 here).*

Mortgage interest on your residence (1st and 2nd liens) \$ _____

If paid to an individual, please list:

Name _____

Address _____

City, State & ZIP _____

Social Security # _____

Points paid on the purchase of a residence \$ _____

Points paid on the refinancing of an existing residence \$ _____
(Please attach closing statement here)

Interest paid on investment-related loans \$ _____
(Margin accounts, etc.)

CHARITABLE CONTRIBUTIONS:

Paid in cash or by check (attach document as proof of contribution).

If over \$ 250.00 to any one organization, please list:

Name _____ Amount \$ _____

Address _____

City, State & ZIP _____

ITEMIZED DEDUCTIONS (continued)

CHARITABLE CONTRIBUTIONS (CONT'D):

Non-cash contributions such as Salvation Army, Goodwill, etc. \$ _____

If over \$250.00, please list: (**YOU MUST HAVE A RECEIPT**)

Name _____

Address _____

City, State & ZIP _____

Description of Donated Property: _____

Date of Contribution _____ Date Acquired _____ Donor's Cost _____

Fair Market Value at Date of Gift: \$ _____ How Acquired _____

Method used to determine Fair Market Value? _____

CASUALTY OR THEFT LOSSES:

Did you have a loss greater than 10% of your gross income in 2007? \$ _____

If so, please describe in detail here:

MISCELLANEOUS:

Tax Return Preparation/Planning Fees \$ _____

Safe Deposit Box Rental \$ _____

Professional Financial Advisory Fees \$ _____

Professional Society or Union Dues \$ _____

Employment Related Journals and Publications \$ _____

Job Search Expenses \$ _____

Tools, Uniforms, Work Shoes, Goggles, etc. \$ _____

Gambling Losses \$ _____

Other (describe) \$ _____

EMPLOYEE BUSINESS EXPENSES

(Expenses incurred while employed by A Company or other organization)

(Please use a separate column for taxpayer and spouse)

VEHICLE EXPENSES:	T or S _____	T or S _____	T or S _____
	Vehicle #1	Vehicle #2	Vehicle #3
Employed By:	_____	_____	_____
Date Acquired	_____	_____	_____
Cost (After trade-in, if any)	_____	_____	_____
TOTAL Miles driven in 2009	_____	_____	_____
BUSINESS Miles driven in 2009	_____	_____	_____
Commuting Miles driven in 2009	_____	_____	_____
Gas, Repairs, Maintenance, Insurance, and ALL other vehicle expenses:			
	\$ _____	\$ _____	\$ _____

OTHER EXPENSES:			
Parking, Tolls, Tips, Pay Phones	\$ _____	\$ _____	\$ _____
Airfare, Lodging, Car Rental, etc.	\$ _____	\$ _____	\$ _____
Meals & Entertainment	\$ _____	\$ _____	\$ _____
Other Miscellaneous Expenses	\$ _____	\$ _____	\$ _____

REIMBURSEMENTS:
 Amounts reimbursed to you by employers **NOT RECORDED ON W-2's & 1099's:**

	\$ _____	\$ _____	\$ _____
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CHILD & DEPENDENT CARE EXPENSE

PERSON(S)/ORGANIZATIONS PROVIDING CARE:

Name	Address, City, State & ZIP	SS# or Federal ID#	Amount Paid
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

Number of Qualifying Dependents _____

NOTE:
**ADDRESS AND SOCIAL SECURITY NUMBER/FEDERAL ID NUMBER IS
 MANDATORY ON DAY CARE PROVIDERS!**

INCOME/EXPENSES FROM FARM/RANCH

(Please use a separate form for each separate business)

Name of the farm/ranch _____

Address (if different from residence) _____

Is the farm/ranch owned by the taxpayer, spouse, or jointly (T, S, J)

When did this farm/ranch start? _____ # of months operated in 2008

INCOME:

Sales of farm/ranch products \$ _____

Cost of products produced \$ (_____)

Other Income (describe) _____ \$ _____

EXPENSES:

Breeding Fees \$ _____ Labor \$ _____

Chemicals _____ Pension & Profit-sharing _____

Conservation Expenses _____ Rent or Lease _____

Custom Hire _____ Repair & Maintenance _____

Depreciation _____ Seed & Plants purchased _____

Employee Benefits _____ Storage & Warehousing _____

Feed _____ Supplies _____

Fertilizer & Lime _____ Taxes _____

Freight & Trucking _____ Utilities _____

Gasoline, Fuel, & Oil _____ Veterinary Fees _____

Insurance _____ other (describe) _____

Interest _____

FARM VEHICLE: (Following information required for EACH VEHICLE you used on your farm).

Date Acquired _____ Cost (if purchased) \$_____ Vehicle Type _____

Total miles vehicle driven in 2009 _____

Business miles driven in 2009 _____

Commuting miles driven in 2009 _____

Fuel _____ Loan Interest _____

Repairs & Maintenance _____ Lease Payments _____

Insurance _____ License & Inspections _____

Other _____

RENTAL OR ROYALTY PROPERTY INCOME & EXPENSE

	<i>Property A</i>	<i>Property B</i>	<i>Property C</i>
Address	_____	_____	_____
City, State & ZIP	_____	_____	_____
RENTAL INCOME	\$ _____	\$ _____	\$ _____
ROYALTY INCOME	_____	_____	_____
<u>EXPENSES:</u>			
Advertising	_____	_____	_____
Auto & Travel	_____	_____	_____
Cleaning & Maintenance	_____	_____	_____
Commissions'	_____	_____	_____
Insurance	_____	_____	_____
Legal & Prof. Fees	_____	_____	_____
Mortgage Interest	_____	_____	_____
Repairs	_____	_____	_____
Supplies	_____	_____	_____
Prop Taxes	_____	_____	_____
Utilities	_____	_____	_____
Wages and Salaries	_____	_____	_____
HOA Dues	_____	_____	_____
Other (describe)	_____	_____	_____
_____	_____	_____	_____
DATE PROPERTY ACQUIRED	_____	_____	_____
COST BASIS	\$ _____	\$ _____	\$ _____

SALE OF INVESTMENT ASSETS

If you sold stock, bonds, or other types of investments, *please attach ALL pages of the year end summary statement from your brokerage firm(s) below. In addition, please provide the date purchased and your cost basis in those assets sold:*

Description	Date Acquired	Date Sold	Net Selling Price	Cost or Basis
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$

SALE OF RESIDENCE

OLD RESIDENCE:

Cost basis of old residence sold (includes original purchase price, closing costs, and all improvements since purchase). \$ _____

Date old residence purchased _____

Date old residence sold _____

Sale price of old residence \$ _____

Did you owner-finance the new buyer (Yes/No) _____ If Yes, How Much?

Expenses of sale (commissions, closing costs, etc) \$ _____

Fixing-up Expenses prior to sale of old residence \$ _____

NEW RESIDENCE:

Are you a First-time homebuyer? _____

Did you purchase a new residence in 2009? _____ What date did you purchase this residence?

What is the purchase price of the new residence? \$ _____

***PLEASE ATTACH A COPY OF THE CLOSING PAPERS FROM BOTH THE
PURCHASE AND SALE OF THE OLD RESIDENCE AND THE PURCHASE OF
THE NEW RESIDENCE (if applicable)***

MOVING EXPENSES (If for business reasons and over 50 miles)

Number of miles from your old residence to your new workplace? _____

Number of miles from your old residence to your old workplace? _____

ACTUAL MOVING EXPENSES:

Cost of moving furniture and household goods \$ _____

Airfares, lodging, auto expenses, etc. \$ _____

Meals and entertainment \$ _____

NOTE:
Please attach Form 4782 – Employee Moving Expense Information provided by your company.

DISTRIBUTIONS FROM PARTNERSHIPS, “S” CORPORATIONS, & TRUSTS

If you received a Form K-1 from Partnerships, “S” Corporations, or Trusts in which you have an interest, please attach ALL pages of those K-1’s and list below:
