2007 MLM TAX ORGANIZER

Client Name:______________________________

Your e-mail addresses:_____________________

Taxpayer | Spouse

Home #:_______________ Home #:____________

Work #:________________ Work #:____________

Presented by:

MLM TAX AND FINANCIAL SERVICES
1414 S. Friendswood Dr., Ste. 410
FRIENDSWOOD, TX 77546
Cell: (281) 728-2329
www.mlmdoestaxes.com

It's not what you earn that counts, it's what you keep that matters!!!!

PLEASE READ AND SIGN BEFORE PROCEEDING

TAX RETURN ENGAGEMENT LETTER:

Dear Client,

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

INTRODUCTION

In order to ensure a more complete understanding of the nature and extent of the services we agree to perform, your responsibilities, and our fee arrangements, we have set forth in the following paragraphs our understanding of these arrangements and responsibilities.

We will prepare your federal income tax return, as well as any applicable state income tax returns for the year 2007, from information furnished to us by you. We will not audit or independently verify the data you submit. However, we may ask for clarification of some of the information. We have furnished this Organizer to guide you in gathering the information required for us to prepare complete and accurate tax returns.

FEE STRUCTURE

Our fee for these services will be based on the amount of required time that takes for us to prepare the returns, at our standard billing rates. ALL INVOICES RENDERED BY US TO YOU FOR THESE SERVICES PERFORMED ARE PAYABLE UPON COMPLETION OF THE WORK AND PRESENTATION OF THE BILL.

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 us immediately! The resolution of many matters involving these agencies should be handled by our firm to minimize any potential aggravation to you. Such additional services will have an additional fee.

SIGNATURES REQUIRED

To indicate your approval of this agreement, please sign in the space below. We are pleased to have you as a client and look forward to a prosperous future together.

Sincerely,

Marianne McBride, Owner

Taxpayer	**Date**	**Taxpayer**	**Date**

GENERAL INFORMATION:

Full Legal/Given Name **MI** **Last Name** **SS#** **Occupation**

Taxpayer (T)____

Spouse (S)____

Address____

City, State, Zip____

Home Phone________________Work Phone (T)______________Work Phone (S)______________

Cellular Phone (T)______________________Cellular Phone(S)______________________

Fax Number (T)______________________Fax Number(S)______________________

Birth Date (T)______________________Birth Date(S)______________________

Legally Blind on 12/31/07 (Yes/No) __________(T) ________ (S) _______

Presidential Campaign Election (Yes/No) ______(T) ________ (S) _______

Filing Status (Please circle one):

1.) Single

2.) Married Filing Jointly

3.) Married Filing Separately

a. Former Spouse Name__________

b. Former Spouse SS#______________________

4.) Head of Household

Non-dependent's Name______________________________

5.) Qualifying Widow(er) ______________________________

Year spouse died_____________

Dependents:

Full Given Name	Date of Birth	SS#	Relationship	Number of Months in home in 2007

WAGES AND INCOME

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 401k	Gross Wages	Federal Withholding	Social Security	State Withholding	Medicare Withheld

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	Interest	Dividends	Short Term Capital Gains	Long Term Capital Gains

1099's: If you received an IRS form 1099 for any other reason, **please attach all copies of your forms 1099 below**. IE: 1099-A, 1099-B, 1099-G, 1099-MISC, 1099-OID, 1099-PATR, 1099-S.

Institution	Amount

1099R: 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/IRA	Taxable Pension/IRA	Federal W/H

INCOME FROM SELF-EMPLOYMENT OR CONTRACT LABOR

(Please use a separate form for each separate business)

Name of business or dba____

Address (if different from residence) ____________________________________

Is the business owned by the taxpayer, spouse, or jointly?__________________________

When did this business start?________________# of months operated in 2007________________

INCOME:

Gross receipts or Sales (actual monies collected) $__________

Less: Returns and allowances $__________

Other income (describe) $__________

COST OF GOODS SOLD:

Beginning Inventory @ 01/01/07 (same as 12/31/06)______________________________

Purchases $__________

Direct Labor $__________

Miscellaneous materials and supplies $__________

Other costs (describe) $__________

Ending inventory @ 12/31/07____

AUTO:

(The following information is required for each vehicle used in the business)

Date acquired________________Cost (if purchased) $___________Type of auto________________

Total miles vehicle driven in 2007 (required)__________________________________

Business miles driven in 2007 (required)____________________________________

Commuting miles driven in 2007 (required)__________________________________

Gas $______________________________Loan Interest $______________________________

Repairs & Maintenance $__________________Lease Payments $___________________________

Insurance $__________________________License & Inspection $_________________________

Other $____

(Continued on next page)

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 $____

FURNISHINGS & EQUIPMENT:

Description _____________________ $ ________________ Date purchased_____________________________

Description _____________________ $ ________________ Date purchased_____________________________

Description _____________________ $ ________________ Date purchased_____________________________

OTHER EXPENSES:

Advertising	$__________________	Repairs	$__________________
Bad debts	$__________________	Returns & Allowances	$__________________
Commissions	$__________________	Seminars	$__________________
Dues and Publications	$__________________	Supplies	$__________________
Freight and Delivery	$__________________	Utilities	$__________________
Insurance	$__________________	Taxes	$__________________
Interest	$__________________	Training Costs	$__________________
Legal & Accounting	$__________________	Travel	$__________________
Meeting Costs	$__________________	Meals & Entertainment	$__________________
Office Expenses	$__________________	Wages & Salaries	$__________________
Rent	$__________________	Client Gifts	$__________________
Long Distance Phone	$__________________	Demo's & Samples	$__________________
Cellular Phone	$__________________	Bank Fees	$__________________
Postage	$__________________	Tolls & Parking	$__________________
Other (please describe)	$__________________		

OTHER INCOME:

(T) (S)

Did you **receive ALIMONY** from a prior spouse in 2006? $____ $____
(please attach Form 1099-G below)

Did you **receive any REIMBURSEMENTS FOR BUSINESS EXPENSES** from you employer in 2007 not included on Forms W-2 or 1099? $____ $____

Did you **receive any GAMBLING WINNINGS** (attach Form W-2 G) in 2007? $____ $____

Did you **receive any other income** from any other Source not previously listed on this or prior pages? *(Please list)*
$____ $____
$____ $____
$____ $____
$____ $____

OTHER ITEMS:

Adjustments to income

Did you **pay ALIMONY** to a prior spouse in 2007? $____ $____

Prior spouse SS#:________________________

Did you **contribute any money** to an IRA in 2007? $____ $____

Did you **contribute any money** to an ROTH IRA in 2007? $____ $____

Did you **contribute any money** to a Medical Savings Account (MSA) in 2007? $____ $____

Were/are you a **participant in a company-sponsored Pension or Profit Sharing Plan** in 2007? ☐ Yes ☐ No

Did you **incur a PENALTY FOR EARLY WITHDRAWEL** from a savings account or Certificate of Deposit from a financial institution in 2007? $____ $____

If you are/were self employed:

Did you make a **contribution to a KEOGH, SEP, PENSION, or PROFIT SHARING PLAN** in 2007? $____ $____

Did you **pay for your own HEALTH INSURANCE** in 2007? $____ $____

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.

ESTIMATED PAYMENTS

Did you make any estimated payments in 2007 tax year? If so:

Date Due	Date Actually Paid	Amount
4/16/07		$
6/15/07		$
9/17/07		$
1/15/08		$

Do you have refunds due from 2006 that you applied to 2007?

If Yes, how much $

If you have a refund for your 2007 tax return, do you want to have it refunded to you?

☐ Yes ☐ No , or applied to your 2008 estimated payments or return?

☐ Yes ☐ No , if so, how much $

ELECTRONIC FILING

Do you wish to file your tax return electronically in 2007? ☐ Yes ☐ No

DIRECT DEPOSIT

Do you wish to have your refund direct deposited into a checking or savings? 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 the IRS, you can expect your refund to be sent by wire transfer directly to your bank account from IRS in **approximately 3-14 working days** from the date electronically transmitted).

ITEMIZED DEDUCTIONS

MEDICAL:

Medicines, Doctors, Dentists, Insurance Premiums, etc. $__________________

Medical-related Mileage $__________________

TAXES:

State & local income taxes $__________________

Real Estate Taxes paid on your primary residence $__________________

Real Estate Taxes on other property you own (NOT rental property) $__________________

INTEREST: **(Please attach your year-end mortgage statement and/or 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 #: ____________________________________

Did you refinance? Yes No
(circle one)

Points paid on the purchase of 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:

Contributions in **cash, check or by credit card**
If over $3,000.00 to any one organization, please list:

Name: ____________________________________ $__________________

Address: ____________________________________

City, State & ZIP: ________________________________

CHARITABLE CONTRIBUTIONS (CONT'D):

Non-cash contributions such as Salvation Army, Goodwill, etc $________________

If over $250.00 donation, please list: (YOU MUST HAVE A RECEIPT!)

Name: ____

Address: ____

City, State & ZIP: ____

Description of Donated Property: ____

____

Date of Contribution ______________________ Date Acquired ______________________

Fair Market Value at the Date of the Gift $________________

How Acquired__________________Method used to determine FMV ____________________
(Fair market value)

MISCELLANEOUS:

Tax Return Preparation/Planning Fees $________________

Safe Deposit Box Rental $________________

Professional Financial Advisory Fees $________________

Professional Society or Union Dues $________________

Job Search Expenses $________________

Tools, Uniforms, Work Shoes, Goggles, etc. $________________

Gambling Losses $________________

Other (describe) $________________

EMPLOYEE BUSINESS EXPENSES:

These are expenses incurred while employed by a Company or other organization. Please indicate where you were employed when you incurred these expenses. Use a separate column for taxpayer and spouse.

Company employed by:____

Vehicle Expenses:	T___ S___ Vehicle #1	T___ S___ Vehicle #2	T___ S___ Vehicle #3
Date Acquired	____________	____________	____________
Cost (After trade-in, if any)	____________	____________	____________
TOTAL Miles driven in 2007	____________	____________	____________
BUSINESS Miles driven in 2007	____________	____________	____________
Commuting Miles Driven in 2007	____________	____________	____________

Gas, Repairs, Maintenance, Insurance, Interest Expense, and all other vehicle expenses:

	$___________	$___________	$___________

OTHER EXPENSES:	**Taxpayer**	**Spouse**
Parking, Tolls, Tips, Pay Phones	$___________	$___________
Airfare, Lodging, Car Rental, etc.	$___________	$___________
Meals & Entertainment	$___________	$___________
Other Misc. Expenses	$___________	$___________

REIMBURSEMENTS:

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

	$___________	$___________	$___________

CHILD AND DEPENDANT CARE EXPENSES:
PERSONS/ORGANIZATIONS PROVIDING CARE:
(Address and social security number/federal ID number is mandatory on day care providers!)

Name: Address, City, State & Zip SS # or Fed ID # Amount Paid

____ $__________

____ $__________

____ $__________

____ $__________

Number of Qualifying Dependents________________________________

EDUCATION CREDIT:
PERSONS ATTENDING HIGHER EDUCATION:

Student's Name	Amount Paid for Tuition and Fees	What class is student in? (i.e. Freshmen, Sophomore)	Was student enrolled at least half time?

NOTE: When calculating tuition and fees, do not include the cost of any items such as school books, supplies, room and board, travel or meals. Only consider tuition and related fees that must be paid to the institution as a condition of enrollment or attendance. An example of these fees may include lab and or computer fees.

Did any student receive any tax-free funds such as scholarships, Pell grants, employer-provided educational assistance or veteran's educational assistance in 2007?

If so, how much? $________________

RENTAL PROPERTY INCOME AND EXPENSE:

GENERAL INFORMATION:

	Property A	Property B	Property C
Address:			
City, State & Zip			
RENTAL INCOME	$	$	$

EXPENSES:

	Property A	Property B	Property C
Advertising	$	$	$
Auto & Travel	$	$	$
Cleaning & Maintenance	$	$	$
Commissions	$	$	$
Insurance	$	$	$
Legal & Prof. Fees	$	$	$
Mortgage Interest	$	$	$
Repairs	$	$	$
Supplies	$	$	$
Taxes	$	$	$
Utilities	$	$	$
Wages & Salaries	$	$	$
HOA Dues	$	$	$
Other (describe)	$	$	$
DATE PROPERTY PLACED IN SERVICE			
COST 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 *(circle one)* If Yes, How much? $___________

Expenses of sale (commissions, closing costs, etc.) $___________

Fixing-up expenses prior to sale of old residence $___________

NEW RESIDENCE:

Did you purchase a new residence in 2007? Yes No *(Circle one)*

What is the purchase price of your new residence $___________

Date new residence purchased____

Note: Please attach a copy of the closing papers from both the purchase and sale of old residence and the purchase of the new residence (if applicable).

MOVING EXPENSES

(If for business reasons only and over 50 miles)

Number of miles from old residence to your new workplace ______________________________

Number of miles from old residence to your old workplace______________________________

ACTUAL MOVING EXPENSES:

Cost of moving furniture and household goods $___________

Airfares, lodging, auto expenses, etc. $___________

Note: Please attach IRS Form 4792- Employee Moving Expense Information provided by your company.

Remember, it's not what you earn that counts, it's what you keep that matters!!!

If there are items that you did not record anywhere else on this organizer, or, you need further clarification on something, please list below: