Taxable Year:

Tax Organizer

Compliments of: -

James M. Gundersdorff, EA

Enrolled Agent—Enrolled To Practice Before The Internal Revenue Service

Gundersdorff & Company—Accountants

18 W. Colony Place, Suite 210 Durham, North Carolina 27705 (919) 490-9014 • fax (919) 493-2462 e-mail: imgundersdorff@prodigy.net

Name:	Taxp	payer		S	S No.				Birthdate/Age _	
	Spot	use		S	S No.				Birthdate/Age	
Address	s:		τ	elepho	ne (He	ome)	()		
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Members	s of y	exemption is disallowed for an our family attending college may be 65 or over	e eligible for a		chola	ırship	Cre	dit or Lif		# Students
The chec	cklist	below could lead to helpful deduc	tions. Please ar	iswer a	ınd pr	ovide	sup	porting i	nformation.	
YES	NO									
		Did you receive any employer-pro								
		Did you incur any educational ex								
0		Do you or your spouse have any annuity plan? If so, circle above		, profit	sharir	ng, 4	01K,	Retirem	ent, Keogh, IRA, or tax	sheltered
0		If yes, were you or your spouse a		ars of	age of	n De	c. 31	st?		
ā		Did you withdraw IRA or Keogh f							ne amount of funds:	
		Withdrawn: \$	Date:			· F	Re-d€	eposited	: \$ D	ate:
		Were any funds withheld? **D years.**	es 🗆 no .	Amoun	t: \$			<u> </u>	-	
а		Were the withdrawn funds used t If you are self-employed, did you	o pay medical e pay health insu	xpense rance i	es <i>r</i> oremi	ums ums	yes for vo	ourself a	nd vour family? Amou	ınt: \$
<u> </u>		Did you pay alimony? If Yes, pai								. , , , , , , , , , , , , , , , , , , ,
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a		Did you have any adoption exper								•
ā		Did you receive gifts in excess of								
		Did your college student receive	educational ber	efits u	nder a	a pre	paid	tuition p	rogram?	
		Do you wish to designate \$3 of y								
u		Did you receive an advance reba								
		Have you ever qualified for the E	arned Income T	ax Cre	dit?					
ם	a	Did you have a casualty or theft insurance information regarding	oss? If so, attac	h itemi ursem	ized li ent ar	ist (ir nd po	cludi lice r	ing origit report.	nal cost and the value of	on date of loss), -1-

Federal State City Wage Income (Enclose all W-2 Forms) Employer's Name T or S Wages Federal W/H Fica W/H State W/H City W/H State W/H City W/H Property Name Retirement Benefits Received (Enclose all 1099R Forms) Payer T or S Amount IRA Dist. Payer T or S Amount II Payer Penalty (1) Payer Penalty (1	otal
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Total Municipal Bond Interest Earned in 2001: \$	
Total Municipal Bond Interest Earned in 2001: \$	
Total Municipal Bond Interest Earned in 2001: \$	
For seller financed mortgage: Buyer's name, social security number and address:	
Dividend Income (Enclose all 1099-DIV Forms)	
Payer Tor S Total Amount Capital Gain Dist. Non-1	Faxable
Do you have funds in a foreign account? u yes u no	
Installment Sale Payments Received: Interest \$ Principal \$	
Buyer's name; SS# Address:	
Other Benefits/Income Received (Enclose all 1099, SSA-1099, K-1s and other Misc. Forms)	* ho ==
Social Security Unemployment Alimony State Refund O	ther
Taxpayer	
Spouse	

Description of Property		Date Acquired	Date So	ld Sale	e Price	Depreciat (if app	tion Taken licable)	Cost or Bas	is :	
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* To qualify for the lower c		assets sold after	1/1/98 must	have been he	eld 12 m	onths or m	nore.			
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Other Interest										
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A THE RESIDENCE OF THE PERSON								py of your	nnt.	
								closing statement.		

(Attach Forms 1099B and 1099S)

Capital Assets Sold (Securities, Real Estate, etc.)

Principal Product	of Items Bought for Resale
Principal Product Method Used to Value Inventory Accounting Method:	of Items Bought for Resale
Method Used to Value Inventory Accounting Method:	of Items Bought for Resale
Accounting Method:	of Items Bought for Resale
Gross Income	bt for Breeding Stock lers & Calves
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Total Meals & Entertainment	pplies Purchased
	es
i itil	ties
	erinary Fees, Medicine
Did you have income (or loss) on K-1 from Partnership, LLC, S Corp., Es	tate or Trust in 2001? Provide all copies of K-1.
Business Use of Home	
Total Area of Home: sq. ft. Total area Used for Br	

Perscription Drugs Stat Medical Insurance Premiums Medicare Premiums Medicare Premiums State Doctors/Dentists Sclinic/Lab Tests Hospitals State Eyeglasses/Hearing Aids Scription Distance Phone Other Miles; Taxi, Bus, etc Scription Doyou have a medical savings account? Misce Misce State Misce Misce Misce Misce Misce Misce State Misce State Misce Misc	I Estate Sonal Property e & Local Income Tax table Contributions h Contributions* er Than Cash Contributions Miles for Charity contributions of \$250 or more require written substantiation om the organizations Ilaneous Deductions Subject to 2% AGI eimbursed Employee Business Expense on & Professional Dues Deposit Box Rental							
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Hospitals Eyeglasses/Hearing Aids Orthopedic Shoes/Braces Medical Long Distance Phone Other Miles; Taxi, Bus, etc Do you have a medical savings account? Interest Deductible Home Mortgage Interest Paid to Financial Institutions Home Equity Interest Eyeglasses/Hearing Aids Oth *C *C Misce *C Misce *C Misce *C Misce *C Misce *C Misce *C *C *C *C *C *C *C *C *C *	er Than Cash Contributions							
Eyeglasses/Hearing Aids Orthopedic Shoes/Braces Medical Long Distance Phone Other Miles; Taxi, Bus, etc Do you have a medical savings account? Deductible Home Mortgage Interest Paid to Financial Institutions Home Equity Interest Oth *Co *Co Misce *Co M	er Than Cash Contributions							
Orthopedic Shoes/Braces Oth Medical Long Distance Phone Other Miles; Taxi, Bus, etc *C Do you have a medical savings account? Misce Deductible Home Mortgage Interest Paid to Unic Financial Institutions Safe Home Equity Interest Tax	er Than Cash Contributions							
Medical Long Distance Phone	Miles for Charity							
Other	Miles for Charity							
Miles; Taxi, Bus, etc *C Do you have a medical savings account? Interest Deductible Home Mortgage Interest Paid to Unic Financial Institutions	Miles for Charity							
Miles; Taxi, Bus, etc *C Do you have a medical savings account? Interest Deductible Home Mortgage Interest Paid to Unic Financial Institutions	Miles for Charity							
Miles; Taxi, Bus, etc Do you have a medical savings account? Interest Deductible Home Mortgage Interest Paid to Financial Institutions	ontributions of \$250 or more require written substantiation om the organizations Ilaneous Deductions Subject to 2% AGI eimbursed Employee Business Expense on & Professional Dues							
Do you have a medical savings account? fr Interest Deductible Home Mortgage Interest Paid to Financial Institutions Safe Home Equity Interest Tax	om the organizations Ilaneous Deductions Subject to 2% AGI eimbursed Employee Business Expense on & Professional Dues							
Interest Unrest Unrest Unrest Paid to Unice Financial Institutions Safe Home Equity Interest Unice Tax	Ilaneous Deductions Subject to 2% AGI eimbursed Employee Business Expense on & Professional Dues							
Deductible Home Mortgage Interest Paid to Financial Institutions	eimbursed Employee Business Expense on & Professional Dues							
Deductible Home Mortgage Interest Paid to Financial Institutions Safe Home Equity Interest Tax	on & Professional Dues							
Financial Institutions Safe	Deposit Box Rental							
Home Equity Interest								
	Tax Return Preparation Fee							
Deductible Home Mortgage Interest Paid to Bus	iness Publications							
	Business Telephone Calls							
	ls, Supplies, Equipment							
	ployment-Related Education							
· · · · · · · · · · · · · · · · · · ·	stment Expenses							
	er							
* Failure to provide is subject to a \$50 penalty.								
Deductible Points (Include Amortization Misce Points from Prior Years)	lianeous Deductions Not Subject to 2% AGI							
Investment Interest (list)	nbling Losses (limited to winnings)							
lousehold Employee Information								
Household Employer EIN:								
Did you pay any one household employee \$1,100 or more in 2001?	yes Q no							
Did you withhold Federal income tax during 2000 at the request of any ho	ousehold employee? 🔾 yes 🔾 no							
Did you pay total cash wages of \$1,000 in any calendar quarter of 2001 to	o household employees? 🖸 yes 🖸 no							
Was the employee under age 18?	es 🖸 no							
Do you have a Form I-9 on file for your household employee? uyes	□ no							
Household Employee Name:	Social Security Number:							
Address:								
Gross Wages FITW SS Withheld Employer Share FICA	Advance EIC FUTA State Unemployment							
Gross Wages FITW SS Withheld Employer Share FICA	Advance EIC FUTA State Unemployment							
Moving Expenses								
Enter No. of miles from your old home to your new workplace								
Enter No. of miles from your old home to your old workplace								
	val at New Location							
Amount	Amount							
	mbursements (on W-2) Yes No							
	er:							
Cost of Lodging During Move								

Trave! Expense	,	Amount		•	А	mount
Air Fares	*********		Road Tolle		11,	
Auto Rentals				•••••••••••		
Entertainment				raph		- 1
Garage	********		,	•		- 1
Hotel—Motel						
Meals			•			
Parking		1	FrMaria	· · · · · · · · · · · · · · · · · · ·		
Postage			AND AND THE TAX TO LOCK I WAS A STATE OF THE PARTY OF THE			
Automobile Expense	Car 1	Car 2			Car 1	Car
otal Miles Driven			Actual Automobile	Expenses		*************
Personal Mileage		<u> </u>	Gas & Oil			
Business Miles Driven			Insurance			
Business Use %			Licenses			
Average Daily Commuting			Lubrication			
Written Records Available	Y/N	Y/N	Repairs			
Is another vehicle available for			Tires, Tire Repair			
personal use?	Y/N	Y/N	Wash			
Is an employer-provided vehicle available for personal use?			Other:			
	Y/N	Y/N		TO THE LOCAL PROPERTY AND ADDRESS OF THE LOCAL PROPERTY ADDRESS OF THE LOCAL PROPERTY AND ADDRESS OF THE LOCAL PROPERTY ADDRESS OF THE LOCAL PROPERTY ADDRESS OF THE LOCAL PROPERTY AND ADDRESS OF THE LOCAL PROPERTY ADDRESS		
Child Care Deductions (Number of E Provider's Name & Address (Include In				SS No. or Federal II	D An	nount
	pendent care	assistance be	nefits? 🗀 yes 🗅	no Amount: \$		
Did you receive employer-provided de						
ale of Personal Residence (Attach c	opy of closing	/settlement st	atement)			
ale of Personal Residence (Attach c	opy of closing		atement) or Basis of Old Reside	nce		
ale of Personal Residence (Attach c Date Old Residence Acquired		Cost		nce		
ale of Personal Residence (Attach of Date Old Residence Acquired Cost of Improvements (landscaping,	driveway, roof	Cost		nce		
Date Old Residence (Attach of Date Old Residence Acquired Cost of Improvements (landscaping, Fixing Up Expenses (painting, repairs Date Old Residence Sold	driveway, rool s, etc.,) to Pre	Cost f, etc.) pare for Sale Sellir	or Basis of Old Resider	nce		
Date Old Residence (Attach of Date Old Residence Acquired Cost of Improvements (landscaping, Fixing Up Expenses (painting, repairs Date Old Residence Sold Expenses of Sale (commissions, legal	driveway, root s, etc.,) to Pre al fees, points,	Cost , etc.) pare for Sale Sellir deed stamps	or Basis of Old Resider	nce		
Date Old Residence (Attach of Date Old Residence Acquired Cost of Improvements (landscaping, Fixing Up Expenses (painting, repairs Date Old Residence Sold Expenses of Sale (commissions, legawas any part of residence rented or the or the organization of the organizat	driveway, roof s, etc.,) to Pre al fees, points, used for busin	Cost f, etc.) pare for Sale Sellir deed stamps ess?	or Basis of Old Resider ng Price , etc.)			
Date Old Residence (Attach of Date Old Residence Acquired Cost of Improvements (landscaping, Fixing Up Expenses (painting, repairs Date Old Residence Sold Expenses of Sale (commissions, legawas any part of residence rented or expense of the Commissions of the Commissions of Sale (commissions).	driveway, roof s, etc.,) to Pre al fees, points, used for busin ence for 2 of t	Cost f, etc.) pare for Sale Sellir deed stamps ess? he last 5 years	or Basis of Old Resider ng Price , etc.)			
Date Old Residence Acquired Cost of Improvements (landscaping, Fixing Up Expenses (painting, repairs Date Old Residence Sold Expenses of Sale (commissions, lega Was any part of residence rented or a * Was it your principal place of reside * Date New Residence Acquired (or	driveway, roof s, etc.,) to Pre al fees, points, used for busin ence for 2 of t	Cost f, etc.) pare for Sale Sellir deed stamps ess? he last 5 years	or Basis of Old Resider ng Price , etc.)			
Date Old Residence (Attach of Date Old Residence Acquired Cost of Improvements (landscaping, Fixing Up Expenses (painting, repairs Date Old Residence Sold Expenses of Sale (commissions, legal Was any part of residence rented or expense of the Was it your principal place of residence rented or expense of the Was it your principal place of residence rented or expense of the Was it your principal place of residence rented or expense of the Was it your principal place of residence rented or expense of the Was it your principal place of the Was it your principal place of residence rented or expense of the Was it your principal place of residence rented or expense of the Was it your principal place of the Was it your	driveway, roof s, etc.,) to Pre al fees, points, used for busin ence for 2 of t construction b	Cost , etc.) pare for Sale Sellir deed stamps ess? he last 5 years egan) Cost	or Basis of Old Resider ng Price , etc.) s, ending on date of sal of New Residence	e?		

To the best of my knowledge the enclosed information is correct and includes all income deductions and other information necessary for the preparation of this year's income tax returns for which I have adequate contemporaneous records.

Do you wish to designate your tax preparer or someone else to be contacted by the IRS in case any questions arise

Please Sign

regarding your tax return? If yes, name of the person. $\ \Box$ yes $\ \Box$ no

Date