

Taxpayer: _____
 SSN First Name MI Last Name Date of Birth Occupation
(Exactly as shown on Social Security Card)

Spouse: _____
 SSN First Name MI Last Name Date of Birth Occupation
(Exactly as shown on Social Security Card)

Address: _____
 Mailing Address Apt. Number City State Zip Code

Cell/Work # _____ Email: _____

This Organizer is provided to help you gather and organize information relating to preparation of your personal income tax return. Where indicated, we have provided additional worksheets and other specialized organizers where you can provide additional important information.

Filing Information. Please answer "Yes" or "No" to ALL of the following questions.	Yes	No
Do you wish to designate \$3 to Presidential Election Campaign Fund? <i>(Your answer will not affect your refund)</i>	<input type="checkbox"/>	<input type="checkbox"/>
Do you want Pacific Northwest Tax Service to prepare your Oregon return?	<input type="checkbox"/>	<input type="checkbox"/>
Do you want to donate part of your Oregon state refund to charity?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have income from another state ? If yes, which state(s)?	<input type="checkbox"/>	<input type="checkbox"/>
Do you want PNW to prepare your out-of-state return?	<input type="checkbox"/>	<input type="checkbox"/>
Are you the dependent of another person?	<input type="checkbox"/>	<input type="checkbox"/>
Are you or your dependents blind or otherwise disabled?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive federal retirement income during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive self-employment income or work as an independent contractor during the year? If yes, do you want us to prepare Portland and/or Trimet tax returns?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive active duty military pay during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you and your dependents live inside the United States for more than half the year?	<input type="checkbox"/>	<input type="checkbox"/>
Do the name(s) on your Social Security Card(s) exactly match the names on this form?	<input type="checkbox"/>	<input type="checkbox"/>

Dependent Information First Name—Last Name <small>(Exactly as shown on each dependent's Social Security Card)</small>	Social Security Number	Dependent's Relationship to you	# of Months dependent lived in your home in 2007	Date of Birth	\$ Paid for childcare for each child in 2007	Higher Education expense paid in 2007	Is the dependent disabled? Yes <input type="checkbox"/> No <input type="checkbox"/>
							Yes <input type="checkbox"/> No <input type="checkbox"/>
							Yes <input type="checkbox"/> No <input type="checkbox"/>
							Yes <input type="checkbox"/> No <input type="checkbox"/>
							Yes <input type="checkbox"/> No <input type="checkbox"/>
							Yes <input type="checkbox"/> No <input type="checkbox"/>

Questions to determine if you are entitled to EITC. Answer "Yes" or "No" to every question. Provide details where applicable.	Yes	No	Details
Did your child(ren) or grandchild(ren) live with you more than 1/2 yr?	<input type="checkbox"/>	<input type="checkbox"/>	
Did your brother/sister/niece/nephew live with you more than 1/2 yr?	<input type="checkbox"/>	<input type="checkbox"/>	
Did your fosterchild (placed by agency) live with you more than 1/2 yr?	<input type="checkbox"/>	<input type="checkbox"/>	
Did another person live with you during the year? Were they related?	<input type="checkbox"/>	<input type="checkbox"/>	
Is there anyone else who might be able to claim your child for EIC? If yes, whom?	<input type="checkbox"/>	<input type="checkbox"/>	
Did you and your child(ren) live in USA more than 1/2 year?	<input type="checkbox"/>	<input type="checkbox"/>	

Childcare Provider Information

- You may be eligible to claim childcare credits on both your federal and Oregon returns.
- You may claim costs paid for the care of your child under age 14 or a disabled dependent of any age.
- You may claim costs for sending your child to after school programs and summer camps if these camps serve as child care to enable you to work, go to school or look for work.
- You must keep proof of your expenses in the form of cancelled checks and receipts.

Provider Name	SSN/EIN	Childcare Provider Address	\$ Paid

Questions to determine your filing status. Answer "Yes" or "No" for every question. Provide details where applicable.	Yes	No	Details
Are you married?	<input type="checkbox"/>	<input type="checkbox"/>	
If yes, did you live with your spouse during the last 6 months of the year?	<input type="checkbox"/>	<input type="checkbox"/>	
Did anyone help support you or your household?	<input type="checkbox"/>	<input type="checkbox"/>	
Did you pay over 1/2 of the support of any person not listed under Dependent. Information on Page 1 of this organizer?	<input type="checkbox"/>	<input type="checkbox"/>	
Are you a surviving widow(er)? If yes, what was your spouse's year of death?	<input type="checkbox"/>	<input type="checkbox"/>	
Did you pay to keep up a home for a related person? If yes, name and relationship of the person you provided a home for.	<input type="checkbox"/>	<input type="checkbox"/>	

Estimated Tax Payment Worksheet

Complete this worksheet if you made estimated tax payments for 2007.

Refund applied to 2007 from 2006 refund	First Quarter payment due APRIL 15	Second Quarter payment due JUNE 15	Third Quarter payment due SEPT 15	Fourth Quarter payment due JAN 15	TOTAL FOR YEAR
Federal					
\$	\$	\$	\$	\$	\$
State					
\$	\$	\$	\$	\$	\$

Preparer use only: W-2 Manual Review (Hand total all W2s & 1099s)

	Wages	1099 Inc.	Fed w/h	State w/h
List	1. _____	_____	_____	_____
Taxpayer's	2. _____	_____	_____	_____
W2s first	3. _____	_____	_____	_____
then	4. _____	_____	_____	_____
spouse's	5. _____	_____	_____	_____
	6. _____	_____	_____	_____
	7. _____	_____	_____	_____
Total	_____	_____	_____	_____
Total # of W2s	Total # of 1099Rs			

Preparer Use Only	Y	N
Tips? (W2-Box 8)	<input type="checkbox"/>	<input type="checkbox"/>
Adv. EIC? (W2 - Box 9)	<input type="checkbox"/>	<input type="checkbox"/>
Stock Opt Sale?	<input type="checkbox"/>	<input type="checkbox"/>
Dependent care benefits? (W2- Box 10)	<input type="checkbox"/>	<input type="checkbox"/>
Taxpayer Qualifies for Retirement Savings Credit? (W2-Box 12)	<input type="checkbox"/>	<input type="checkbox"/>
IRA/Pens withdrawal in last 3 yrs? \$ _____	<input type="checkbox"/>	<input type="checkbox"/>

The following questions relate to sources of income you had for the year. Answer "Yes" or "No" to every question. Please provide us with copies of ALL income statements.	Yes	No	DETAILS (Enter the # of income statements you have for each income type)
Wage income from an employer	<input type="checkbox"/>	<input type="checkbox"/>	
Interest income from bank, credit union, sale of property etc. (See page 5 for Interest Income Worksheet)	<input type="checkbox"/>	<input type="checkbox"/>	
Dividend income (See Page 5 for Dividend Income Worksheet)	<input type="checkbox"/>	<input type="checkbox"/>	
Unemployment income	<input type="checkbox"/>	<input type="checkbox"/>	
Pension/Annuity/IRA income (on Form 1099R)	<input type="checkbox"/>	<input type="checkbox"/>	
Social Security or Railroad Retirement Income	<input type="checkbox"/>	<input type="checkbox"/>	
Tip income	<input type="checkbox"/>	<input type="checkbox"/>	
Self employment or 1099 Misc. Income (Please complete our Self Employment Organizer)	<input type="checkbox"/>	<input type="checkbox"/>	
Childcare or daycare income (Please complete our Self Employment Organizer)	<input type="checkbox"/>	<input type="checkbox"/>	
Alimony or spousal support income	<input type="checkbox"/>	<input type="checkbox"/>	
Partnership, S-Corporation, Trust or Estate income (K-1)	<input type="checkbox"/>	<input type="checkbox"/>	
Rental property income (Please complete our Rental Property Organizer)	<input type="checkbox"/>	<input type="checkbox"/>	
Lotto or gambling winnings	<input type="checkbox"/>	<input type="checkbox"/>	
Sale of Stock (Please complete our Stock Sale Organizer page)	<input type="checkbox"/>	<input type="checkbox"/>	
Sale of home or other property	<input type="checkbox"/>	<input type="checkbox"/>	
Did you have any other form of income not listed above?	<input type="checkbox"/>	<input type="checkbox"/>	
SSI, Disability, Child Support, Food Stamps, Welfare, Housing Assistance, or other non-taxable income?	<input type="checkbox"/>	<input type="checkbox"/>	

Information relating to deductions and credits you may qualify for. Answer "Yes" or "No" and provide information as applicable. Where indicated, provide statements or receipts.	Yes	No	Details
Are you a teacher or educator ? If yes, how much did you spend on school supplies?	<input type="checkbox"/>	<input type="checkbox"/>	
If you are a Military Reservist , did you incur expenses traveling to reserve camp? If so, provide details of commute and lodging expenses. (Please complete our Employee Expense Organizer Page)	<input type="checkbox"/>	<input type="checkbox"/>	
Did you make contributions to a Health Savings Account ? If so, how much did you contribute?	<input type="checkbox"/>	<input type="checkbox"/>	
Did you move more than 50 miles during the year? If so, provide description of Moving Expenses and \$ spent. (See Page 5 for Moving Expense Worksheet).	<input type="checkbox"/>	<input type="checkbox"/>	
Did you or will you make contributions to a SEP or SIMPLE IRA plan during for the 2007 tax year? If so, how much?	<input type="checkbox"/>	<input type="checkbox"/>	
If you are self-employed , did you pay for health insurance premiums during the year? If so, how much did you pay?	<input type="checkbox"/>	<input type="checkbox"/>	
Did you pay a penalty for early withdrawal from a deposit at your bank or credit union? If so, how much?	<input type="checkbox"/>	<input type="checkbox"/>	
Did you pay or receive alimony during the year? If yes, enter the amount.	<input type="checkbox"/>	<input type="checkbox"/>	
Have you or will you contribute \$ to a Traditional IRA by April 15? If yes, enter \$ contributed.	<input type="checkbox"/>	<input type="checkbox"/>	

Did you pay student loan interest during the year? If so, enter interest amount paid. <i>(Please provide copy of Form 1098E)</i>	<input type="checkbox"/>	<input type="checkbox"/>	
Did you, your spouse or dependents attend higher education programs during the year? If yes, enter tuition and fee expenses paid by cash, student loan or other means for the year. <i>(Please provide a copy of Form 1098T for each student and expense.)</i>	<input type="checkbox"/>	<input type="checkbox"/>	
Did you adopt a child or incur adoption expenses during the year?	<input type="checkbox"/>	<input type="checkbox"/>	
Did you purchase a new hybrid vehicle ? If yes, what is the make and model of car? If so, have you completed your application for Oregon's Energy Credit for Hybrid Vehicles? <i>(See our main Organizer page for a link to the Oregon Department of Energy website.)</i>	<input type="checkbox"/>	<input type="checkbox"/>	
Did you purchase an energy efficient appliance or make any energy efficiency improvements to your home ? If yes, provide description and \$ spent. <i>(You may qualify for Oregon Energy credit. See our main Organizer page for a link to the Oregon Department of Energy website.)</i>	<input type="checkbox"/>	<input type="checkbox"/>	
Did you pay for unreimbursed medical expenses during the year? <i>(If so, complete the Medical Expense Worksheet on page 5 of this organizer)</i>	<input type="checkbox"/>	<input type="checkbox"/>	
Did you make estimated tax payments during the year? If so, provide dates and amounts paid. <i>(See Page 2 for ES Worksheet)</i>	<input type="checkbox"/>	<input type="checkbox"/>	
Did you pay property taxes on your home residence during the year?	<input type="checkbox"/>	<input type="checkbox"/>	
Did you pay property taxes on a second home or vacant land? If so, enter amounts paid.	<input type="checkbox"/>	<input type="checkbox"/>	
If you are a resident of WA, CA or other state with sales tax, did you purchase a new car, RV or other high-cost item during the year? If yes, enter sales taxes paid on applicable items.	<input type="checkbox"/>	<input type="checkbox"/>	
Did you buy or sell a home during the year? <i>(If yes, please provide us with closing papers from sale and/or purchase.)</i>	<input type="checkbox"/>	<input type="checkbox"/>	
Did you pay mortgage interest on your first or second home? <i>(If yes, please provide us with Form 1098 for ALL loans secured by your home.)</i>	<input type="checkbox"/>	<input type="checkbox"/>	
Did you pay any interest on a boat or RV loan ? <i>(If yes, provide us with Form 1098 or another interest statement from lender.)</i>	<input type="checkbox"/>	<input type="checkbox"/>	
Did you pay margin interest or other interest on investment property ? <i>(Please provide financial statement).</i>	<input type="checkbox"/>	<input type="checkbox"/>	
Did you donate money or personal belongings or property to charity ? If so, please provide copies of charitable receipts. <i>(See Page 6 for Charitable Contributions Worksheet).</i>	<input type="checkbox"/>	<input type="checkbox"/>	
Did you lose property of value due to casualty or theft loss ? If yes, provide details about the event and property lost.	<input type="checkbox"/>	<input type="checkbox"/>	
Did you incur any job-related expenses such as: Union or Professional Dues, Safety Equipment, Supplies, Continuing Education, Travel, Meals, Entertainment? <i>(If yes, please complete our Employee Expense Organizer Page)</i>	<input type="checkbox"/>	<input type="checkbox"/>	
Did you incur investment related expenses ? <i>(If yes, provide details and \$ spent.)</i>	<input type="checkbox"/>	<input type="checkbox"/>	
Did you pay for tax preparation, tax consulting, tax software? <i>(If yes, provide details and \$ spent.)</i>	<input type="checkbox"/>	<input type="checkbox"/>	
Did you have any gambling losses during the year? <i>(If yes, \$ lost.)</i>	<input type="checkbox"/>	<input type="checkbox"/>	
Did you make any political contributions during the year? <i>(If yes, please give \$ contributed and organization name.)</i>	<input type="checkbox"/>	<input type="checkbox"/>	
Did you make a contribution to the Oregon College Savings Plan ? <i>(If so, enter \$ contributed.)</i>	<input type="checkbox"/>	<input type="checkbox"/>	
Did you make a contribution to the Oregon Cultural Trust ? If so, how much? <i>(Attach copy of receipt)</i>	<input type="checkbox"/>	<input type="checkbox"/>	

Are you a construction worker or logger who commuted 50 miles or more to work? If so, what were your commute costs?	<input type="checkbox"/>	<input type="checkbox"/>	
Were you forced to move because of a mobile home park closure ?	<input type="checkbox"/>	<input type="checkbox"/>	

Moving Expense Worksheet	
<i>You may deduct unreimbursed costs of moving to a new work location. Your move must be more than 50 miles. You must work at least 39 weeks at your new job unless an exception applies.</i>	
Miles from old home to old job	<i>miles</i>
Miles from old home to new job	<i>miles</i>
Cost of packing and transporting household property	\$
Cost of travel and lodging (do not include meals)	\$
Truck or trailer rental	\$
Other expenses (describe)	\$
Employer reimbursements	\$

Medical Expense Worksheet			
<ul style="list-style-type: none"> You may deduct unreimbursed medical expenses to the extent they exceed 7.5% of your income. If you are age 62 or older, you may claim 100% of your medical expenses as a deduction on your Oregon return even if you do not qualify to claim expenses on your federal return. If you withdrew money from your health savings account, you must use the money to pay qualified medical expenses. The range of medical expenses deductible under the law is quite broad. It is worthwhile to keep track of all medical expenses and to tax plan by paying large medical bills in a single year rather than paying them over time. You may deduct medical costs paid by credit card or other loan. 			
Doctors	\$	Stop smoking & weight loss programs	\$
Dentists	\$	Hospitals	\$
Medical insurance premiums	\$	Optometrists, contacts, glasses	\$
Long term care insurance premiums	\$	Medical equipment	\$
Naturopaths, chiropractors, massage therapists	\$	Medical improvements to home	\$
Prescription drugs	\$	Other costs	\$
Mental health and other counseling programs	\$	Medical miles driven	<i>miles</i>

Interest and Dividend Income Worksheet			
<ul style="list-style-type: none"> Please attach copies of all 1099INT and 1099DIV statements you received for the year. If you are receiving interest payments under a seller financed mortgage, we will need the name, address and SSN of the person making payments to you. For each payer of interest or dividends, enter the total payment received. 			
Do you have money in or ownership over a bank account in a foreign country? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Do you wish to nominee any interest to a secondary account holder? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Name of bank or other payer	Interest Received	Name of corporation or other payer	Dividends Received
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$

