

# 2009 CAP COM Financial Tax Organizer

## Checklist of Items Your Tax Preparer Will Need Prior to Appointment

- 1) Call our office to scheduled your appointment: (518) 782-0209 or (800) 688-1045  
 \_\_\_\_\_ On: \_\_\_\_\_ At: \_\_\_\_\_ Location: 21 Aviation Road, Albany, NY  
Preparer's name                      Date                      Time
  - 2) All Forms W-2 (wages) and all Forms 1099 and 1098 (1099-INT for interest, 1099-DIV for dividends, 1099-B for sale of securities, 1099-R for annuities, pensions and IRA/Keogh or other retirement plan withdrawals, 1099-G for state tax refund, SSA-1099 for Social Security, 1099-G for unemployment compensation and 1099-MISC for commissions and fees, etc.). Include all copies.
  - 3) Copies of Schedule K-1 for partnerships, joint ventures, S corporations, estates or trusts. (See note below.)
  - 4) If you sold real estate, stock or mutual funds, please provide description of asset sold and provide documentation of date acquired, date sold, sales price, and cost basis of investment. For real estate please list any improvements to property and any expenses of sale.
  - 5) If you acquired or refinanced a home or other property this year, supply copy of your closing statement.
  - 6) If you are a new client, provide copies of tax returns for 2007 and 2008.
  - 7) Provide all of the above documentation to our office at least 1 week prior to your appointment date.
- Note: You do not need item #4 above in order to make your tax appointment. These documents may be dropped off or mailed to your tax preparer at a later date

Name: \_\_\_\_\_  
 CU Account #: \_\_\_\_\_  
 Occupation: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_  
 Social Security #: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_  
 E-mail: \_\_\_\_\_

Spouses Name: \_\_\_\_\_  
 CU Account #: \_\_\_\_\_  
 Occupation: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_  
 Social Security #: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_  
 E-mail: \_\_\_\_\_

(Please circle best contact phone # during the day)

Present Address: \_\_\_\_\_ County: \_\_\_\_\_

School District: \_\_\_\_\_

Prior year address (only if now different): \_\_\_\_\_ Date changed: \_\_\_\_\_

**Dependent information:**

Name _____	Date of Birth _____	Social Security # _____
Name _____	Date of Birth _____	Social Security # _____
Name _____	Date of Birth _____	Social Security # _____
Name _____	Date of Birth _____	Social Security # _____

**Filing Status:**    \_\_\_ Single    \_\_\_ Head of Household    \_\_\_ Surviving Widow w/Dependant Child  
 \_\_\_ Married filing jointly    \_\_\_ Married/filing separately: enter spouse's information above & SS# \_\_\_\_\_  
*Married (Date \_\_\_\_\_)      Divorced (Date \_\_\_\_\_)      Spouse deceased (Date \_\_\_\_\_)*

**Yes or No** (please circle): I want my refund electronically deposited into my CCFCU account # \_\_\_\_\_

**Payment for Tax Prep Services:** Can be taken from CCFCU account # \_\_\_\_\_ (Total to be discussed at appt.)

Thank you for completing this information. We'll see you at your appointment!