Richard Goodman Associates, P.A.

TAX ITEMIZER

Year

New? **(Yes / No)** ________________

Filing Status:________(HH,S,MFJ,MFS, Corporation, Partnership,)

Name____________________________________(Soc.Sec.No. or EIN)______________

Occupation: ___________________ Birth date: ________ Blind?______

(**Spouse's** name_________________________________Soc.Sec.No.(EIN) ____________)

Spouse's occupation: ________________ Spouse birthdate: ________ Blind? _____

Address____

Main Phone _____________ Cell:_______________ **e-mail :**________________________

Domicile or Resident of what State: _________, for all year**? (Yes / No).**

If **No**, what date residency or domicile began____/_____/____

What State did you move from ____________________

List of all the States you worked or operated in _______, ________, ________, ________

Do you have a business**? (Yes / No).** If Yes, please provide **income statement**, **trial balance, balance sheet** (If you do not have, please complete the **Business Income and Expense Worksheet** from http://www.rgabase.com/BusinessIncomeExpenseWorksheet.pdf)

Did you pay Estimated taxes**? (Yes/ No)**

Federal $___________ State $ __________ Local $ __________

what State_______ what locality ______

DEPENDENTS

Name	Soc.Sec.No.	Birthdate	Relationship	Any Income
1)				Yes / No $
2)				Yes / No $
3)				Yes / No $
4)				Yes / No $
5)				Yes / No $
6)				Yes / No $

TAX SERVICE ENGAGEMENT

This is to confirm our understanding of all the following terms of this tax service engagement.
Richard Goodman Associates ("RGA") agrees to provide the following non-attestation service (Tax preparation / tax planning / tax research) applicable to tax form(s) (1040, 1065, 1120, 941, ________) for the (Year / Period) ended ______/_____/______ for the client name ____ ("Client").

Terms:

- It is agreed that "RGA" will provide this tax service based on information provided by the client..
- Client agrees to provide information (verbal or written) that would allow "RGA" to provide this tax service.
- Client agrees to pay according to our published price lists at http://www.rgabase.com/itaxpricing.html, or http://www.rgabase.com/btaxpricing.html
- A good faith (non-refundable) deposit of $_________ is required.
- Client is responsible to file tax returns, and comply with regulations as specified by law.
- It is agreed that if an ethical conflict develops "RGA" may suspend or resign from this engagement.
- It is agreed that "RGA" will make corrections for errors caused by "RGA".
- It is agreed that "RGA" will destroy our own engagement records 5 years after this date.
- It is agreed that RGA" will not be liable due to lack of, or erroneous information provided by client.
- It is agreed that this engagement is completed on the date "RGA" signs the tax return.
- It is agreed that if any portion of this agreement is deemed legally unenforceable said finding shall not invalidate the remainder of this agreement.

Please date and sign this letter to acknowledge your acceptance with the terms of this engagement. It is our policy to initiate services after we receive this executed engagement.

Acceptance by client	X____ Client's authorized signature	______________ this date
"RGA"	X____ "RGA" authorized signature	______________ This date

Privacy Notice

As tax practitioners Richard Goodman Associates, P.A. protects your right to privacy. Like all providers of personal financial services, we are now required by law to inform our clients of our policies regarding privacy of client information.

Types of Nonpublic Personal Information We Collect
We collect nonpublic personal information about you that is provided to us by you or obtained by us with your authorization.

Parties to Whom We Disclose Information
For current and former clients, we do not disclose any nonpublic personal information obtained in the course of our practice except as required or permitted by law. Permitted disclosures include, for instance, providing information to our employees, and in limited situations, to unrelated third parties who need to know that information to assist us in providing services to you. In all such situations, we stress the confidential nature of information being shared.

Protecting the Confidentiality and Security of Current and Former Clients' Information
We retain records relating to professional services that we provide so that we are better able to assist you with your professional needs and, in some cases, to comply with professional guidelines. In order to guard your nonpublic personal information, we maintain physical, electronic, and procedural safeguards that comply with our professional standards. Please call if you have any questions, because your privacy, our professional ethics, and the ability to provide you with quality financial services are very important to us.

Documents and Information Check

			Y/N
Income	W2	Wage Statement	
	W5	Earned Income Credit Advance Payment Certificate	
	K-1	Partnerships or S-Corporation report	
	1099-B	Sale of Stocks, Mutual Funds and other securities. Include cost basis for any stock, mutual funds etc sold if available	
	1099-G	State tax refunds	
		Jury Pay	
	1099-C	Cancellation of debt statement	
	1099-DIV	Dividend Income	
	1099-G	Unemployment Income	
	1099-INT	Interest income	
	1099-MISC	Miscellaneous Income	
	1099-R	Retirement or pension Income, or distributions from 401K or IRA etc	
	1099-	Other 1099 statements received	
	-	Sale of Home or Real Estate and Cost Basis if available	
		Gambling Winnings, Prizes, Awards	
	K-1	Partnerships or S-Corporation report	
		Inheritance information: for inheritances received during the tax year	
		Social Security Income	
		Settlements from law suits, etc	
		Business - Schedule C (or Hobby Income)	
		Rental Income	
Income Adjustments		Self Employment Tax	
		Contributions to Traditional IRA, SEP, SIMPLE, Qualified Plans	
		Contributions to health savings accounts	
		Educator expenses	
		Student loan interest paid	
		Tuition and fees deductions	
		Moving expense	
		Alimony paid	
		Other:	
Deductions		Personal Property Tax	
	1098	Mortgage Interest Statement	
		Points paid because of home purchase, refinance or equity loans	
		Real Estate or Property Taxes	
		Investment Interest or investment expenses	
		Charitable Donations (cash or non-cash)	
		Medical insurance premiums paid (not pre-tax)	
		Medical expenses including medical miles	
		Mortgage Insurance Premium (PMI)	
		Unreimbursed Job Expenses - mileage log, materials, tools, union dues, uniforms, reimbursement information if any	
		Tax advice or preparation fees	
		Gambling losses to the extent of gambling winnings	
		Home office Expenses	
		Charity miles	
		Other:	
Exemptions and Credits			
		Dependents, new members of household, births, adoptions. Include new social security numbers and dates of birth if available	
		Any dependents not living with you (parents, relatives)	
		Adoption expenses	

		Amount paid for day care, pre-school. Include providers name, address, social security or tax ID number
		Energy credit (electric or hybrid car, home heating or cooling systems, new windows, doors, etc)
		Married? Include other spouse information such as SS# and previous year tax return.
		Earned Income Credit and qualification tests include relationship to child or children and residence info.
		Retirement savings for the year IRA, 401K, 403B, etc,. year end tax statements.
		Foreign taxes paid during the year
		Child Tax Credit
		Other:
		First Time Home Buyer Credit
		Education (Hope, Lifetime Learning Credit, or Tuition Deduction). Include tuition and fees paid during the year
Special Documents		Were you a first time homebuyer?
		Last year tax return (new clients only)
		New births during the year
		Settlement statements(HUD-1) home **purchases** during the year
		Settlement statements(HUD-1) home **sales** during the year
		Mortgage forgiveness debt relief?
		Received a rebate credit in 2008
		Did you refinance, 2nd mortgage, or home equity loans. Need Settlement statement: (form HUD-1)
		Receipts for cash donations if any
		Anyone died

W2 details:

	Employer	Taxable Gross	FIT	Tip box 7	SWT Box 17	Box 10	Box 12	Taxable Box 14
1					|			
2					|			
3					|			
4					|			
5					|			
A	Totals				|			

	City/local Tax WH
1	
2	
3	
4	
5	

W2 Notes____

____

1099 Interest details

	Payer	Interest Box 1	Penalty Box 2	US Gov Box 3	FIT Box 4
1					
2					
3					
4					
5					
B	Totals				

1099 INT Notes:____

____

1099 Dividend details

	Payer	Ordinry Box 1a	Qualifid Box 1b	CapGn Box 2a		FIT Box 4
1						
3						
4						
C	Totals					

1099 Div Notes:____

____

Other Income various lines

Description Amount

______________________________ ______________

______________________________ ______________

______________________________ ______________

______________________________ ______________

______________________________ ______________

Totals Other Income ***D*** $

1099-R

	Payer	Gross Dist Box 1	Box 2a (Taxabl Amount)	Box 2b (Txbl not Determ) Y/N	Total Distr Y/N	Box 3 (Capital Gain in Box 2)	Box 4 FIT	Box 5 Empl Contrib	Box 10 SIT
1									|
3									|
4									|
5									|
E	Totals								

1099 Div Notes:____

____

Subtract Adjustments to Income:

Description | Amount

______________________ ______________

______________________ ______________

______________________ ______________

______________________ ______________

Total Adjustments to Income ***F*** $

Total Adjusted Gross Income ***A***+***B***+***C***+***D***+***E***+***F*** = $

Total Federal Tax Withholding = $

Total State Tax Withholdings = $

Total Local Tax Withholdings = $

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"Energy Credit" items must be certified

- External doors or external windows $__________
- New heating, cooling systems or new furnace fan $__________
- Hybrid or electric automobile **$**__________
- New energy efficient building materials **$**__________

DE Firefighter Credit? _____________ _______________
MD _________ Credit? _____________ _______________

ADJUSTMENTS & DEDUCTIONS

CONTRIBUTIONS – must have receipts, or record

Synagogues\Mosques\Churches ____________
Other cash contributions ____________
Charitable auto mileage ____________
Property donated for which you have receipts ____________
Other ____________

MEDICAL EXPENSES

Insurance & Medicare premiums ______________
Prescriptions ______________
Eyeglasses ______________
Doctors ______________
Hospital ______________
Ambulance ______________
Auto medical mileage ______________
Other travel expenses ______________
Reimbursements ______________

TAXES PAID

Real estate tax $___________ plus $_____________

State estimated tax Date pd. ___-___-___ _____________
Date pd. ___-___-___ _____________
Date pd. ___-___-___ _____________

Personal property tax _____________
City/county tax _____________
Other taxes
____

Previous year state or local taxes $________ plus $ _________

INTEREST EXPENSE

Home mortgages – pd. To financial institutions (i) __________

Home mortgages – pd. To financial institutions (ii) __________

Home mortgage – pd. To individuals __________
(include name and SS# of individuals)

Did you Refinance your home Equity, 2nd Mortgage (points)
$__________________ Points paid at closing

PMI paid $ __________________

PERSONAL CASUALTY & THEFT LOSES

Cost of property lost _______________
Fair market value of property _______________
Insurance reimbursement received _______________

PERSONAL JOB RELATED MOVING EXPENSES

Travel & lodging _______________
Moving household goods _______________

PERSONAL JOB AUTOMOBILE EXPENSES

Total miles ______________
Business miles ______________
Gas & oil ______________
Interest ______________
Tolls & local transportation ______________
Other including per diem ______________
______________ ______________

INVESTMENT, JOB, & MISC. EXPENSES

Dues and subscriptions _________________
Education (job required) _________________
Safety equipment _________________
Uniforms & Tools _________________
Job seeking expenses _________________
Legal & accounting _________________
Job entertainment _________________
Union dues _________________
Other job exp.________________ _________________

Investment & tax advice _________________
Safe deposit box _________________
Hobby losses (against hobby income) _________________
Gambling losses (against winnings) _________________
Impairment related work expenses _________________

Total Itemized Deductions = $

Notes (adjustments and deductions):

CREDITS OR DEDUCTIONS

CHILD CARE EXPENSES

Provider's name:	Address:	ID# of provider(s):	Amount pd.

EDUCATION CREDITS

Name of institution	Tuition pd.	Who attended	when classes began?

Notes (credits or deductions):

LOANS: If you borrowed money during the year, bring a list showing the amounts, dates, and use of proceeds.

Home Equity Loan?	(Yes / No)	Date ___________	Points Paid: ____________
Refinanced Mortgage?	(Yes / No)	Date:___________	Points Paid: ____________
Lines of Credit (secured by home)	(Yes / No)	Date:___________	Points Paid: ____________
Automobile Loan (Auto is used for job?)	(Yes / No)	Date:___________	Amount Financed?: $__________ Interest Paid: $_________

Notes for loan items:

Questions:

(i) Would you like to E-File? (Yes, No)
If that return is rejected for any reason RGA will attempt to rectify and re-submit, or mail paper return to you for filing, or to IRS and/or State.

(ii) Would you like to direct deposit? (Yes, No):

Bank Name _______________________ Routing No. __________________ Account No.___________________

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Tax Service:

List of missing documents or information

(Work will not begin or will be delayed until information is provided)

Item description	**Date requested from client or comments**
1.____	_________________________________
2. ____	_________________________________
3. ____	_________________________________
4. ____	_________________________________

Please provide missing information to:
Richard Goodman Associates, P.A., Public Accountant
2394 N. DuPont Parkway; Middletown, DE 19709 Tel. 302-378-3734 Fax.(302) 378-1452

Client acknowledgement at end of interview: X_________________________________ **Date** ____________