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Tax Return Appointment

Date:
Time:

This tax organizer will assist you in gathering information necessary for the preparation of your 2002 tax return. Please add, change, or delete information as appropriate.

CLIENT INFORMATION (1)

Filing Status	Filing status (table) 1=married filing separate and lived with spouse Year spouse died, if qualifying widow(er) (2000 or 2001).....		<p>Filing Status</p> 1 = Single 2 = Married filing joint 3 = Married filing separate 4 = Head of household 5 = Qualifying widow(er) <p>Daytime Phone</p> 1 = Work 2 = Home
Taxpayer	First name and initial		
	Last name		
	Title/suffix		
	Social security number		
	Occupation		
	Date of birth (m/d/y)		
	Date of death (m/d/y)		
1=blind			
Spouse	First name and initial		
	Last name		
	Title/suffix		
	Social security number		
	Occupation		
	Date of birth (m/d/y)		
	Date of death (m/d/y)		
1=blind			
Address	In care of		
	Street address		
	Apartment number.....		
	City.....		
	State		
Foreign Address	Region.....		
	Postal code		
	Country.....		
Taxpayer Contact Information	Home phone		
	Work phone		
	Work extension.....		
	Daytime phone (table)		
	Mobile phone		
	Pager number		
	Fax number		
E-mail address.....			
Spouse Contact Information	Home phone		
	Work phone		
	Work extension.....		
	Daytime phone (table)		
	Mobile phone		
	Pager number		
	Fax number		
E-mail address.....			

Please add, change or delete information for 2002.

CLIENT INFORMATION (1)

Misc.	Preparer number		
	Designee number, if different		
	Staff preparer number		
	State return		

DEPENDENTS (2)

	Dependent	Dependent	
First name			<p>Type of Dependent</p> <p>1 = Child at home (default) 2 = Child not at home 3 = Dependent other than child 4 = Head of household only, not a dependent 5 = Earned income credit only, not a dependent</p>
Last name			
Title/suffix			
Date of birth (m/d/y)			
Social security number			
Relationship			
Months lived at home			
Type of dependent (see table)			
Earned income credit (see table)			
Claimed by: 1=taxpayer, 2=spouse			
	Dependent	Dependent	<p>Earned Income Credit</p> <p>1 = When applicable (default) 2 = Student age 19 to 23 3 = Disabled age 19 or older 4 = Force 5 = Suppress</p>
First name			
Last name			
Title/suffix			
Date of birth (m/d/y)			
Social security number			
Relationship			
Months lived at home			
Type of dependent (see table)			
Earned income credit (see table)			
Claimed by: 1=taxpayer, 2=spouse			
	Dependent	Dependent	
First name			
Last name			
Title/suffix			
Date of birth (m/d/y)			
Social security number			
Relationship			
Months lived at home			
Type of dependent (see table)			
Earned income credit (see table)			
Claimed by: 1=taxpayer, 2=spouse			
	Dependent	Dependent	
First name			
Last name			
Title/suffix			
Date of birth (m/d/y)			
Social security number			
Relationship			
Months lived at home			
Type of dependent (see table)			
Earned income credit (see table)			
Claimed by: 1=taxpayer, 2=spouse			

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Miscellaneous Questions

If any of the following items pertain to you or your spouse for 2002, please check the appropriate box and provide additional information if necessary.

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	PERSONAL INFORMATION
<input type="checkbox"/>	<input type="checkbox"/>	Did your marital status change during the year?
<input type="checkbox"/>	<input type="checkbox"/>	Did your address change during the year?
<input type="checkbox"/>	<input type="checkbox"/>	Could you be claimed as a dependent on another person's tax return for 2002?
		DEPENDENTS
<input type="checkbox"/>	<input type="checkbox"/>	Were there any changes in dependents?
<input type="checkbox"/>	<input type="checkbox"/>	Were any of your unmarried children who might be claimed as dependents 19 years of age or older at the end of 2002?
<input type="checkbox"/>	<input type="checkbox"/>	Did you have any children under age 14 on January 1, 2003 with interest and dividend income in excess of \$750, or total investment income in excess of \$1500?
		INCOME
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive unreported tip income of \$20 or more in any month?
<input type="checkbox"/>	<input type="checkbox"/>	Did you cash any Series EE U.S. savings bonds issued after 1989 and pay qualified higher education expenses for yourself, your spouse, or your dependents?
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive any disability income?
<input type="checkbox"/>	<input type="checkbox"/>	Did you have any foreign income or pay any foreign taxes?
		PURCHASES, SALES AND DEBT
<input type="checkbox"/>	<input type="checkbox"/>	Did you start a business or farm, purchase rental or royalty property, or acquire an interest in a partnership, S corporation, trust, or REMIC?
<input type="checkbox"/>	<input type="checkbox"/>	Did you purchase or dispose of any business assets (furniture, equipment, vehicles, real estate, etc.), or convert any personal assets to business use?
<input type="checkbox"/>	<input type="checkbox"/>	Did you buy or sell any stocks, bonds or other investment property?
<input type="checkbox"/>	<input type="checkbox"/>	Did you purchase, sell, or refinance your principal home or second home, or did you take a home equity loan?
<input type="checkbox"/>	<input type="checkbox"/>	Did you have any debts cancelled or forgiven?
<input type="checkbox"/>	<input type="checkbox"/>	Did anyone owe you money which had become uncollectible?
		RETIREMENT PLANS
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive a distribution from a retirement plan (401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.)?
<input type="checkbox"/>	<input type="checkbox"/>	Did you make a contribution to a retirement plan (401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.)?
<input type="checkbox"/>	<input type="checkbox"/>	Did you convert part or all of your traditional, SEP, or SIMPLE IRA to a Roth IRA?

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Miscellaneous Questions (continued)

If any of the following items pertain to you or your spouse for 2002, please check the appropriate box and provide additional information if necessary.

- | YES | NO | EDUCATION |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive a distribution from an Education Savings Account or a Qualified Tuition Program? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you, your spouse, or a dependent incur any tuition expenses that are required to attend a college, university, or vocational school? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you incur any expenses working as a teacher, counselor, or principal for classes kindergarten through grade 12? |

ITEMIZED DEDUCTIONS

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Did you incur a loss because of damaged or stolen property? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you work out of town for part of the year? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you use your car on the job (other than to and from work)? |

ESTIMATED TAXES

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Did you apply an overpayment of 2001 taxes to your 2002 estimated tax (instead of being refunded)? |
| <input type="checkbox"/> | <input type="checkbox"/> | If you have an overpayment of 2002 taxes, do you want the excess applied to your 2003 estimated tax (instead of being refunded)? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you expect your 2003 taxable income and withholdings to be generally the same as 2002 ? |

MISCELLANEOUS

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Do you want to electronically file your tax return? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you want to allocate \$3 to the Presidential Election Campaign Fund? |
| <input type="checkbox"/> | <input type="checkbox"/> | Does your spouse want to allocate \$3 to the Presidential Election Campaign Fund? |
| <input type="checkbox"/> | <input type="checkbox"/> | May the IRS discuss this return with the preparer? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you have an interest in or signature or other authority over a financial account in a foreign country, such as a bank account, securities account, or other financial account? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? |
| <input type="checkbox"/> | <input type="checkbox"/> | Was your home rented out or used for business? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you have a medical savings account (MSA), a Medicare + Choice MSA, or acquire an interest in an MSA or a Medicare + Choice MSA because of the death of the account holder? Or, were you a policyholder who received payments under a long-term care (LTC) insurance contract or received any accelerated death benefits from a life insurance policy? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you incur moving expenses due to a change of employment? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you engage the services of any household employees? |
| <input type="checkbox"/> | <input type="checkbox"/> | Were you notified or audited by either the Internal Revenue Service or the State taxing agency? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you or your spouse make any gifts to an individual that total more than \$11,000, or any gifts to a trust? |

Please enter all pertinent 2002 information.

DIRECT DEPOSIT OF REFUND (3)

1=direct deposit of federal tax refund into bank account.....	
Name of bank.....	
Routing transit number (9 digit no. beginning with 01 thru 12 or 21 thru 32) ..	
Depositor account number (up to 17 characters).....	
Type of account: 1=savings, 2=checking.....	

2002 ESTIMATED TAX (6)

	Federal			State		
	Amount Paid	Date Paid	TS	Amount Paid	Date Paid	TS
1st quarter payment (due 4/15/02).....						
2nd quarter payment (due 6/17/02).....						
3rd quarter payment (due 9/16/02).....						
4th quarter payment (due 1/15/03).....						
Additional Estimated Tax Payments						
Paid with extension (not later than 4/15/03)						

2002	1040	US	Wages & Pensions	10, 13
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Please enter all pertinent 2002 amounts & attach all W-2, W-2G and 1099-R forms.
Last year's amounts are provided for your reference.

WAGES, SALARIES, TIPS (10)

No.	Name of Employer (Box c)	1=retirement plan (Box 13)		Wages, Tips, Other Compensation (Box 1)	Tax Withheld					2001 Wages
		1=spouse			Federal (Box 2)	Social Security (Box 4)	Medicare (Box 6)	State (Box 17)	Local (Box 19)	

PENSIONS, IRA DISTRIBUTIONS, W-2G (13)

No.	Name of Payer	1=IRA/SEP/SIMPLE (Box 7) 2=W-2G		1=rollover (Box 7)	Taxable Amount (Box 2a)	Tax Withheld			2001 Distribution
		1=spouse		Gross Distribution (Box 1)		Federal (Box 4)	State (Box 10)	Local (Box 13)	

2002	1040	US	Interest & Dividend Income	11, 12
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Please enter all pertinent 2002 amounts & attach all 1099-INT, 1099-OID and 1099-DIV forms.
Last year's amounts are provided for your reference.

INTEREST INCOME (11)

No.	Name of Payer (also enter SSN & address for seller-financed mortgage)	1=taxpayer 2=spouse	Interest Income			Tax-Exempt Interest		Early Withdrawal Penalty (Box 2)	2001 Interest
			Banks, S&Ls, C/Us, etc. (Box 1)	Seller- Financed Mtg. (Box 1)	U.S. Bonds, T-Bills (Box 3)	Total Municipal Bonds	In-state Municipal Bonds		

DIVIDEND INCOME (12)

No.	Name of Payer	1=taxpayer 2=spouse	Dividend Income				Tax-Exempt Interest	Foreign Tax Paid (Box 6)	2001 Dividends
			Ordinary Dividends (Box 1)	Capital Gain Distributions (Box 2a)	Qualified 5-Year Gain (Box 2c)	U.S. Bonds (% or amt.)	Total Municipal Bonds		

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Miscellaneous Income

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Please enter all pertinent 2002 amounts and attach all 1099-MISC, SSA-1099, and RRB-1099 forms. Last year's amounts are provided for your reference.

MISCELLANEOUS INCOME

	2002 Amount		2001 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
Social security benefits (SSA-1099, box 5)				
Medicare premiums paid (SSA-1099)				
Tier 1 RR retirement benefits (RRB-1099, box 5)				
1=lump-sum election for SS benefits				
Alimony received				
Taxable scholarships and fellowships				
Household employee income not on W-2				
Alaska permanent fund dividends				
Income from rental of personal property				
Income subject to S/E tax:				

Other income (1099-MISC, box 3)				

TAX WITHHELD

Federal income tax withheld				
State income tax withheld				

14.1

2002	1040	US	Unemployment Compensation and ESAs	14.2,14.3
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Please enter all pertinent 2002 amounts and attach all 1099-G and 1099-R forms.
Last year's amounts are provided for your reference.

UNEMPLOYMENT COMPENSATION (Form 1099-G) (14.2)

2002 Amount 2001 Amount

No. <input style="width:40px;" type="text"/>	Name of payer.....		
	1=spouse.....		
	Unemployment compensation (Box 1).....		
	2002 overpayment repaid.....		
	Federal income tax withheld (Box 4).....		
	State income tax withheld.....		

No. <input style="width:40px;" type="text"/>	Name of payer.....		
	1=spouse.....		
	Unemployment compensation (Box 1).....		
	2002 overpayment repaid.....		
	Federal income tax withheld (Box 4).....		
	State income tax withheld.....		

No. <input style="width:40px;" type="text"/>	Name of payer.....		
	1=spouse.....		
	Unemployment compensation (Box 1).....		
	2002 overpayment repaid.....		
	Federal income tax withheld (Box 4).....		
	State income tax withheld.....		

EDUCATION SAVINGS ACCOUNTS (Form 1099-R) (14.3)

2002 Amount 2001 Amount

No. <input style="width:40px;" type="text"/>	Name of payer.....		
	1=spouse.....		
	1=Education Savings Account.....		
	Gross distribution (Box 1).....		
	2002 contributions to this ESA.....		
	Qualified education expenses (elementary, secondary, postsecondary).....		
	Value of this account at 12/31/02.....		

No. <input style="width:40px;" type="text"/>	Name of payer.....		
	1=spouse.....		
	1=Education Savings Account.....		
	Gross distribution (Box 1).....		
	2002 contributions to this ESA.....		
	Qualified education expenses (elementary, secondary, postsecondary).....		
	Value of this account at 12/31/02.....		

No. <input style="width:40px;" type="text"/>	Name of payer.....		
	1=spouse.....		
	1=Education Savings Account.....		
	Gross distribution (Box 1).....		
	2002 contributions to this ESA.....		
	Qualified education expenses (elementary, secondary, postsecondary).....		
	Value of this account at 12/31/02.....		

Please enter all pertinent 2002 information. Last year's amounts are provided for your reference.

TRADITIONAL IRA CONTRIBUTIONS

	2002 Amount		2001 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
IRA contributions you made or expect to make (1=maximum) (\$3,000/\$3,500 if 50 or older).....				
Contributions made to date.....				
1=covered by plan, 2=not covered.....				
2002 payments from 1/1/03 to 4/15/03.....				

ROTH IRA CONTRIBUTIONS

	2002 Amount	2001 Amount
Roth IRA contributions you made or expect to make (1=maximum) (\$3,000/\$3,500 if 50 or older).....		
Contributions made to date.....		

SEP, SIMPLE AND QUALIFIED PLANS (KEOGH)

	2002 Amount	2001 Amount
Profit-sharing (25%/1.25) contributions you made or expect to make (1=maximum).....		
Money purchase (25%/1.25) contributions you made or expect to make (1=maximum).....		
Defined benefit contributions you expect to make.....		
Self-employed SEP (25%/1.25) contributions you made or expect to make (1=maximum).....		
Plan contribution rate if not .25 (.xxxx).....		
SIMPLE contributions:		
Self-employed SIMPLE contributions you made or expect to make (1=maximum).....		
Employer matching rate if not .03 (.xxxx).....		
1=nonelective contributions (2%).....		
Contributions made to date.....		

ADJUSTMENTS TO INCOME

Self-employed health insurance:		
Total premiums (excluding long-term care).....		
Long-term care premiums.....		
Student loan interest paid (1098-E, box 1).....		
Educator expenses (kindergarten thru grade 12).....		
Tuition and related expenses (accredited post secondary institutions).....		
Expenses from rental of personal property.....		
Other adjustments to income:		

Alimony paid:	Taxpayer	Spouse
Recipient's first name.....		
Recipient's last name.....		
Recipient's SSN.....		
Amount paid.....	2001 amt:	2001 amt:

Please enter all pertinent 2002 amounts and attach all 1098 forms. Last year's amounts are provided for your reference.

MEDICAL AND DENTAL EXPENSES

NOTE: Enter self-employed health insurance premiums on Sheet 24 and Medicare insurance premiums on Sheet 14.

Table with 3 columns: Description, 2002 Amount, TS, 2001 Amount. Rows include Prescription medicines and drugs, Doctors, dentists and nurses, Hospitals and nursing homes, Insurance premiums, Long-term care premiums, Insurance reimbursement, Lodging and transportation, Out-of-pocket expenses, Number of medical miles, and Other medical and dental expenses.

TAXES PAID (State and local withholding and 2002 estimates are automatic.)

Table with 3 columns: Description, 2002 Amount, TS, 2001 Amount. Rows include State and local income taxes, Real estate taxes - principal residence, Real estate taxes - property held for investment, Personal property taxes, Foreign income taxes, and Other taxes.

INTEREST PAID

Home mortgage interest (Box 1) and points (Box 2) reported on Form 1098:

Table with 3 columns: Description, 2002 Amount, TS, 2001 Amount. Row for Home mortgage interest and points reported on Form 1098.

Home mortgage interest not reported on Form 1098:

Table with 3 columns: Description, 2002 Amount, TS, 2001 Amount. Rows for Payee's name, SSN or FEIN, street address, and city, state, ZIP.

Points not reported on Form 1098:

Table with 3 columns: Description, 2002 Amount, TS, 2001 Amount. Row for Points not reported on Form 1098.

Investment interest (interest on margin accounts):

Table with 3 columns: Description, 2002 Amount, TS, 2001 Amount. Row for Investment interest.

Passive interest:

Certain home mortgage interest included above (6251):

Table with 3 columns: Description, 2002 Amount, TS, 2001 Amount. Rows for Passive interest and Certain home mortgage interest.

NOTE: Points paid on loans other than to buy, build, or improve your main home are deductible over the life of the mortgage. For these types of loans also provide the dates and lives of the loans.

Please enter all pertinent 2002 amounts. Last year's amounts are provided for your reference.

CASH CONTRIBUTIONS

50% Limitation (churches, schools, hospitals, and other charitable organizations):

Contributions by cash or check:

Horizontal lines for entering 2002 contribution amounts.

Table with 3 columns: 2002 Amount, TS, 2001 Amount. Rows for contributions and volunteer expenses.

Volunteer expenses (out-of-pocket)
Number of charitable miles

30% limitation (veterans' organizations, fraternal societies, nonprofit cemeteries, and certain private nonoperating foundations):

Contributions by cash or check:

Horizontal lines for entering 2002 contribution amounts.

Table with 3 columns: 2002 Amount, TS, 2001 Amount. Rows for contributions and volunteer expenses.

Volunteer expenses (out-of-pocket)
Number of charitable miles

NONCASH CONTRIBUTIONS (Use Sheet 26 if total noncash contributions are over \$500)

50% limitation (see above):

Horizontal lines for entering 2002 contribution amounts.

Table with 3 columns: 2002 Amount, TS, 2001 Amount.

30% limitation (see above):

Horizontal lines for entering 2002 contribution amounts.

Table with 3 columns: 2002 Amount, TS, 2001 Amount.

30% capital gain property (gifts of capital gain property to 50% limit orgs.):

Horizontal lines for entering 2002 contribution amounts.

Table with 3 columns: 2002 Amount, TS, 2001 Amount.

20% capital gain property (gifts of capital gain property to non-50% limit orgs.):

Horizontal lines for entering 2002 contribution amounts.

Table with 3 columns: 2002 Amount, TS, 2001 Amount.

Please enter all pertinent 2002 amounts. Last year's amounts are provided for your reference.

MISCELLANEOUS DEDUCTIONS (subject to 2% AGI limit)

	2002 Amount	TS	2001 Amount
Union and professional dues.....			

Other unreimbursed employee expenses (uniforms and protective clothing, professional subscriptions, employment agency fees, and certain edu. expenses):

Investment expense:

Tax return preparation fee.....

Safe deposit box rental.....

Miscellaneous deductions (2% AGI) (certain legal and accounting fees, and custodial fees):

OTHER MISCELLANEOUS DEDUCTIONS

Gambling losses to extent of winnings.....

Estate tax, section 691(c).....

Other miscellaneous deductions:

