

## **Jodee Paape & Associates, LLC**

100 BridgePoint Drive, Suite 120

South St. Paul, MN 55075

651-455-4621

Fax: 651-552-9641

Email: [jodee.paape@jodeepaape.com](mailto:jodee.paape@jodeepaape.com) or [lbates@jodeepaape.com](mailto:lbates@jodeepaape.com) or  
[dnelson@jodeepaape.com](mailto:dnelson@jodeepaape.com)

### **2009 CLIENT ORGANIZER**

This Client Organizer is designed to help you gather tax information needed to prepare your 2009 personal income tax return. Please complete as much of the organizer as you can. A completed organizer reduces preparation time - and your bill! We cannot begin working on your return until we have a signed engagement letter (yellow paper). Be sure to include it with your organizer.

Enter 2009 information on the Client Organizer sheets provided. Some of your personalized information has been pre-printed. It is VERY important that you verify the accuracy of ALL information and make additions or changes as necessary. If the organizer is incomplete, we will call you to make sure we have correct and complete information for your file. This may result in delays and extra costs in processing your return.

The "Questions" segment asks about pertinent tax items necessary for preparing the most accurate tax return possible. Please answer all questions and attach a note containing any additional information not provided in the Client Organizer.

When you have completed the organizer and assembled all your documentation, you have several options for delivering it to us. If you have a scheduled appointment, please bring it all with you at that time. If you do not believe you need an appointment, you can drop off or mail your information to us. If you choose to mail your information to us, please retain copies of everything in the event the package is lost in the mail.

Remember, the earlier we receive your information, the better. Even if you are waiting for one or two items, we'd rather get started on what you do have prepared. **If we receive your information after March 19, there will be an additional charge and your return will most likely be extended.**

Please review all enclosures and complete the organizer to the best of your ability. Sign the Engagement Letter, make sure you have answered all of the questions in the Client Questionnaire and enclosed all pertinent documentation from the checklist on the green paper.

**CHECKLIST OF ITEMS TO INCLUDE**  
**(indicate with "X" if included, "NA" if not applicable)**

- \_\_\_ Signed Engagement Letter
- \_\_\_ Completed "Questions" pages
- \_\_\_ Completed Organizer
- \_\_\_ A voided check or copy of a check if you want any refunds directly deposited
- \_\_\_ Forms W-2 and final paystubs for 2009
- \_\_\_ Forms 1099 (examples: INT, DIV, B, G, R, SSA and MISC)
- \_\_\_ Year end brokerage account statements showing investment transactions
- \_\_\_ Schedule K-1 showing income/loss from partnerships, S Corps, estates & trusts
- \_\_\_ Form 1098 showing mortgage interest paid in 2009
- \_\_\_ Settlement statement from purchase, sale or refinance of real estate
- \_\_\_ Real estate tax statements for all taxes paid in 2009
- \_\_\_ Receipts for non-cash charitable contributions greater than \$500
- \_\_\_ Receipts for cash contributions in excess of \$1000
- \_\_\_ Form 1098T from educational institutions AND a printout of all charges and payments made to that educational institution
- \_\_\_ Your estimated tax payment record
- \_\_\_ Receipts from any residential energy expenditures qualifying for the credit
- \_\_\_ Statements from day care providers
- \_\_\_ Copy of social security card for any new dependents
- \_\_\_ Tax notices sent to you by taxing authorities, if not already provided to us
- \_\_\_ A copy of your income tax return from last year, if not prepared by this office
- \_\_\_ If you do **NOT** want us to file your return electronically, please include a signed written statement to that effect. There is an additional charge of \$30 if you want to paper-file your return.

# Jodee Paape & Associates, LLC

## 2009 Tax Engagement Letter

We are pleased to have the opportunity of preparing your income tax returns this year and providing you with professional advice. As you know, this process places responsibilities on both of us. The IRS and other taxing authorities impose penalties on taxpayers and tax preparers for failure to observe due care in reporting on income tax returns.

We will prepare your 2009 federal and state individual income tax returns from information that you furnish to us. The enclosed 2009 Organizer is designed to be a guide as to the types of information we need to prepare your returns. Properly completing it will reduce the potential for errors, help minimize the cost of preparation and allow us to give you better service.

It is your responsibility to provide all the information required for the preparation of complete and accurate returns. Since it may be necessary at some point to prove the accuracy and completeness of the returns to a taxing authority, you should retain all of the documents, cancelled checks and other data relating to income and deductions. The final responsibility for the income tax returns is yours, so be sure to review them carefully before you sign the electronic filing authorization or, if paper filing, the tax returns.

Our work in preparing your income tax returns does not include procedures designed to detect improper entries or other irregularities, should any exist. However, we will render such accounting assistance as we find necessary to prepare your income taxes properly. We will use our best judgment in resolving questions where the tax law is unclear, or where there may be conflicts between the taxing authority's interpretation of the law and other supportable positions. Unless you tell us otherwise, we will resolve such questions in your favor, whenever possible.

It is important that you understand that the law imposes various penalties when taxpayers understate their tax liability. You also should know that taxing authority audit procedures will likely include questions on bartering transactions and on deductions that require strict documentation. In preparing your returns, we rely on your representations that we have been informed of all bartering transactions and that you understand and have complied with the documentation requirements for your expenses and deductions. We are not responsible for taxing authority disallowance of doubtful deductions or deductions unsupported by adequate documentation, and the resulting taxes, penalties, and interest.

It is possible that your returns may be selected for review by the taxing authorities. Any proposed adjustments by the examining agent are subject to certain rights of appeal. In the event of such an examination, we will be available upon request to represent you and will render additional invoices for the time and expenses incurred.

Our fees may include other factors deemed relevant, including, but not limited to, the difficulty of the questions and the skill required to perform the tax services properly; time limitations imposed either by you or the circumstances, or additional time required to organize information. All fees and costs incurred to prepare your income tax returns are due and payable when the returns are released from our office. We reserve the right to hold the completed returns until your account is paid in full. Should your return be released without full payment, a finance charge at an annual rate of 18% (1 ½% per month) will be assessed on any amount not paid by the 15th of the month following the billing date. Collection costs may also be assessed in certain circumstances.

Having read and fully understood the engagement letter, I (we) agree to engage Jodee Paape & Associates LLC, in accordance with the terms indicated. The information we have provided is complete and correct to the best of my (our) knowledge.

\_\_\_\_\_  
Signature (Taxpayer)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature (Spouse)

\_\_\_\_\_  
Date



# Jodee Paape & Associates, LLC

## 2009 INCOME TAX DATA ORGANIZER

100 BridgePoint Drive #120  
PHONE: 651-455-4621  
E-MAIL: [jodee.paape@jodeepaape.com](mailto:jodee.paape@jodeepaape.com)

So. St. Paul, MN 55075  
FAX: 651-552-9641

or [lbates@jodeepaape.com](mailto:lbates@jodeepaape.com) or [dnelson@jodeepaape.com](mailto:dnelson@jodeepaape.com)

### PERSONAL DATA

Are you a dependent on someone else's tax return?  Yes  No

Name \_\_\_\_\_ Birthdate \_\_\_\_\_  Check If Blind Social Security Number \_\_\_\_\_ Occupation \_\_\_\_\_

Spouse \_\_\_\_\_ Birthdate \_\_\_\_\_  Check If Blind Social Security Number \_\_\_\_\_ Occupation \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Preferred method of contact:  PHONE  E-MAIL \_\_\_\_\_

Phone # Taxpayer \_\_\_\_\_  
Daytime \_\_\_\_\_ Evening \_\_\_\_\_ Cell (If ok to call) \_\_\_\_\_

Phone # Spouse \_\_\_\_\_  
Daytime \_\_\_\_\_ Evening \_\_\_\_\_ Cell (If ok to call) \_\_\_\_\_

### DEPENDENTS AND OTHER HOUSEHOLD MEMBERS

Name (must match Social Security card) \_\_\_\_\_

Relationship \_\_\_\_\_

Social Security # (Required) \_\_\_\_\_

Birthdate (Required) \_\_\_\_\_

#Mos. Lived in home in 2009 \_\_\_\_\_

# Mos. Full-time Student (if over 18) \_\_\_\_\_

Claim as dependent?  Yes  No  Yes  No  Yes  No  Yes  No

### CHILD & DEPENDENT CARE EXPENSES *You must provide this information if you have pre-tax dependent care benefits*

CHILD	PROVIDER NAME	ADDRESS	TAX I.D.# (REQUIRED)	AMOUNT
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____

#### PRESIDENTIAL ELECTION CAMPAIGN

Do you want \$3 to go to this fund?

TAXPAYER  Yes  No

SPOUSE (if joint return)  Yes  No

*This will not increase your tax or reduce your refund.*

#### MN STATE ELECTIONS CAMPAIGN FUND (Voluntary)

If you want \$5 to go to help candidates for state offices pay campaign expenses **please indicate the appropriate codes:**

Independence - 12    Republican - 13    Democratic Farmer Labor - 11  
Green - 14    General - 15    No contribution - 99

Taxpayer \_\_\_\_\_ Spouse \_\_\_\_\_

*This will not increase your tax or reduce your refund.*

#### MN NON GAME WILDLIFE FUND CONTRIBUTION (*Don't forget to ask for a poster!*)

This will reduce your refund or increase the amount you owe. \$ \_\_\_\_\_

**WE MUST VERIFY ALL INCOME** Please bring all W-2's, 1099's K-1's, etc.

**W-2 FORMS** – Please list employers – Indicate T (Taxpayer) or S (Spouse) – include original W-2's

_____	<input type="checkbox"/> T <input type="checkbox"/> S	_____	<input type="checkbox"/> T <input type="checkbox"/> S
_____	<input type="checkbox"/> T <input type="checkbox"/> S	_____	<input type="checkbox"/> T <input type="checkbox"/> S

**INTEREST INCOME** – include original 1099's

<u>List Source</u>	<u>Total</u>
_____	\$ _____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**Municipal Bond Interest**

_____	\$ _____
_____	_____
_____	_____
_____	_____

**Interest Received from Individuals**

Payer Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

**DIVIDEND INCOME** –include original 1099's

<u>List Source</u>	<u>Total</u>
_____	\$ _____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**This section for office use only:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**CAPITAL GAIN AND LOSS TRANSACTIONS** ☆ *Must bring in all 1099 B's* ☆

Description	Date Acquired	Date Sold	Sales Price	Cost Basis
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**RETIREMENT INCOME** – include original 1099 R's

<u>List Source</u>	<u>Total</u>
Social Security-Taxpayer	\$ _____
Social Security-Spouse	\$ _____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**OTHER INCOME RECEIVED**

(\*Non-taxable but amounts needed for some calculations)

		<u>Other (list)</u>	<u>Total</u>
Gambling	\$ _____	_____	_____
Unemployment	_____	_____	_____
Worker's Comp*	_____	_____	_____
Vet's Benefits*	_____	_____	_____
Welfare*	_____	_____	_____
Alimony	_____	_____	_____
Jury Duty	_____	_____	_____
Tips not in W-2	_____	_____	_____

**ITEMIZED DEDUCTIONS – All MN Residents: Be sure to complete Charitable Contributions, Long Term Insurance Premiums and Property Taxes even if you aren't itemizing on Federal.**

**Medical/Dental Expenses You Paid\*  
(Net out of pocket)**

	<u>Amounts</u>
Doctor/Dentist/Hospital	\$ _____
Long Term Care (Nursing Home)	\$ _____
Insurance Premiums	
Company Name _____	
Policy # _____	
Insurance Premiums <b>Company:</b> _____	
(Do <b>not</b> include pre-tax premiums)	\$ _____
Medicare Premiums	_____
Prescriptions & Insulin	_____
Nursing Home Fees	_____
Cost of Parking for medical purposes	_____
# of miles driven _____ for medical purposes	
Other (list) _____	_____
_____	_____

\*Total must be larger than 7 ½ % of your adjusted gross income  
**Do not include amounts reimbursed by insurance or from a pretax account.**

**Taxes Paid**

	<u>Amounts</u>
<b>Please include your actual property tax statements</b>	
Real Estate taxes – home	\$ _____
Real Estate taxes – other	_____
Sales taxes on major purchases (Include receipts)	_____
Auto License Fees: _____	_____
<b>Enter Plate #</b>	_____
<b>or</b>	_____
<b>Drivers License #</b>	_____

☆ If you refinanced, bring settlement statement & indicate length of new mortgage \_\_\_\_\_ Years ☆

**Home Mortgage Interest Paid**

	<u>Amounts</u>
Paid to Financial Institutions: (Must have Form 1098)	
_____	_____
_____	_____
_____	_____
_____	_____

**Paid to Individuals:**

	\$ _____
Their Name _____	
Address _____	
Their Social Security # _____	

**CHARITABLE CONTRIBUTIONS\***

(All MN residents please complete this section)

Cash or Check:	<u>Amounts</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Non-Cash (If total is over \$500, include detailed receipts):

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

# of miles driven for charitable purposes \_\_\_\_\_

\*You must have receipts in your records for contributions over \$250

**Other Deductions \***

	<u>Amounts</u>
Union Dues	_____
Tax Preparation	_____
Safe Deposit Box	_____
Other Investment expense	_____
Employee Business Expense (List details on separate form)	_____

\* Must be larger than 2% of your adjusted gross income

**Gambling Losses**

Allowed to the extent of winnings \$ \_\_\_\_\_

**Casualty Loss\***

List details on separate page \$ \_\_\_\_\_

\*Must be larger than 10% of your adjusted gross income

---

**ADJUSTMENTS TO INCOME**

Penalty on early withdrawal of savings \$ \_\_\_\_\_

Alimony paid \$ \_\_\_\_\_ To: Name \_\_\_\_\_ Social Security # \_\_\_\_\_

Are you a K-12 Teacher?

If so, list eligible educator expenses you have documentation for \$ \_\_\_\_\_ (maximum \$250)

**STUDENT LOAN INTEREST PAID (Please include statement from loan servicer)**

Lender \_\_\_\_\_ Borrower \_\_\_\_\_ Interest Paid \$ \_\_\_\_\_

Lender \_\_\_\_\_ Borrower \_\_\_\_\_ Interest Paid \$ \_\_\_\_\_

---

**RETIREMENT PLAN CONTRIBUTIONS (not including amounts deducted from your paycheck)**

IRA Contributions for Plan Year 2009

	Taxpayer	Spouse
Amount	\$ _____	\$ _____

Contribution made in 2008 or 2009?	_____	_____
------------------------------------	-------	-------

Roth or Traditional?	_____	_____
----------------------	-------	-------

<b>Should we calculate your options &amp; call to discuss?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
--	--	--

---

**Other Adjustments to Income - Please mark any that apply to you & explain:** Combat pay anytime between 9/11/01 – 12/31/09? \_\_\_\_\_ Health Savings Account or Medical Savings Account  
(NOT a Flex Spending Account through your employer's cafeteria plan) \_\_\_\_\_ Moving expenses (*must be associated with a job change*) \_\_\_\_\_ Self-employed retirement plan \_\_\_\_\_ Adoption credit \_\_\_\_\_ Do you have a household employee? \_\_\_\_\_ Did you have qualified residential energy expenditures?  
(See enclosed newsletter for specific information.) \_\_\_\_\_ Did you purchase a hybrid vehicle? \_\_\_\_\_

---

**Direct Deposit of Tax Refunds:**

I wish to direct deposit my tax refunds (if any). Please use the following account: (you MUST attach a copy of a voided check – a deposit slip is NOT acceptable)

Institution name: \_\_\_\_\_ Account type: \_\_\_\_\_  
Checking Savings

I (we) authorize Jodee Paape &amp; Associates, LLC to initiate direct deposits of my(our) tax refunds

Taxpayer: \_\_\_\_\_ Spouse: \_\_\_\_\_

**EDUCATION EXPENSES (Must separate by student)      Post Secondary Only      Federal Credit/Deduction**

*Please include your 1098 T's AND fee statement from the school*

	<u>Student #1</u>	<u>Student #2</u>	<u>Student #3</u>
Student Name	_____	_____	_____
School Attended	_____	_____	_____

**List tuition and required fees, even if a loan was used to pay them**

	<u>Amounts</u>	<u>Amounts</u>	<u>Amounts</u>
Tuition	_____	_____	_____
Required Fees	_____	_____	_____
Books, supplies & equipment:			
Purchased from school	_____	_____	_____
NOT purchased from school	_____	_____	_____
Attend Full Time?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
In a degree program?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Completed 2 years post-secondary?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Completed 4 years post-secondary?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Felony drug conviction?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the education required by employer?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Scholarships Received	\$ _____	\$ _____	\$ _____

**EDUCATION EXPENSES (Must separate by student)      K-12 Only      (Minnesota residents only)**

	<u>Student #1</u>	<u>Student #2</u>	<u>Student #3</u>
Student Name	_____	_____	_____
School Attended	_____	_____	_____
Grade in School (08-09) (Required)	_____	_____	_____

***Please see the fact sheet from the Minnesota Department of Revenue on our website for guidance.***

	<u>Amounts</u>	<u>Amounts</u>	<u>Amounts</u>
Tuition	_____	_____	_____
Required Supplies	_____	_____	_____
Tutoring (type) _____	_____	_____	_____
Enrichment:			
Dance & Music (lessons only)	_____	_____	_____
Other (not sports) _____	_____	_____	_____
_____	_____	_____	_____
Computer Expenses:			
Hardware	_____	_____	_____
Educational Software	_____	_____	_____