

**CORREIA FINANCIAL SERVICES**  
844 UNION AVE. STE. C, FAIRFIELD, CA. 94533  
707-426-0920 FAX 707-434-8709

**"2006 TAX YEAR ORGANIZER"**

**PERSONAL DATA**

Taxpayer—Last, Name \_\_\_\_\_ First \_\_\_\_\_ SSN \_\_\_\_\_ DOB \_\_\_\_\_  
Spouse -- Last, Name \_\_\_\_\_ First \_\_\_\_\_ SSN \_\_\_\_\_ DOB \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ St. \_\_\_\_ Zip \_\_\_\_\_  
Phone (H) \_\_\_\_\_ (Wk) \_\_\_\_\_ E-Mail Address \_\_\_\_\_  
Occupation. Taxpayer \_\_\_\_\_ Spouse \_\_\_\_\_ HOH \_\_\_\_ EIC \_\_\_\_  
**Direct Deposit. Ch./ Sav/ other** **Routing # (9)** \_\_\_\_\_ **Acct. # (17)** \_\_\_\_\_  
**Routing** \_\_\_\_\_ **Acct # (17)** \_\_\_\_\_

**DEPENDENTS**

NAME	SSN	DOB
_____	_____	_____
_____	_____	_____

**WE NEED THE PAPER COPIES**

OF THE INFORMATION YOU BRING IN ORDER TO MAINTAIN YOUR FILE THIS YEAR  
WE NEED TO INPUT COPIES INTO OUR DOC. MANAGEMENT SYSTEM

FOR INCOME **WAGES ---** All W-2's from each employer you had during the year.  
Any 1099's from employers & any other payers .  
**INTEREST** (the statements)  
**DIVIDENDS** (the statements)  
**OTHER** Bring the original 1099's and statement from Savings and Loans Co., Banks, Stock  
Brokers, Mutual Fund companies and whoever paid you -to be sure of correct tax  
treatment.

FOR THE **SALE OF STOCKS, MUTUAL FUNDS** OR **OTHER CAPITAL GAINS** ( Land or homes, etc )

Please bring the statements and/ or 1099's showing the sales from the brokerage house or mutual  
fund company or escrow agent and your records of the cost, any improvements made to  
property, and date purchased.

**PLEASE BRING THE ORIGINAL STATEMENTS FOR YOUR INCOME FROM THE FOLLOWING:**

IRA 'S \*\* PENSIONS \*\* SOCIAL SECURITY \*\*\* UNEMPLOYMENT \*\*\*  
STATE REFUND \*\*\* MISC : Jury duty \*\* Prizes \*\*

**ADDED SCHEDULES -** **C** (business) \*\*\*\* **E** (Rentals)\*\*\*\* **F** (Farms) \*\*\*\* **K1** (Trust Income, etc)

Please bring the 1099's and statements that shows this income and the invoices and bills for the expense items.

**ADJUSTMENTS / OTHER**

IRA'S , KEOGH'S , SEP'S. ALIMONY Paid \$ \_\_\_\_\_ SSN \_\_\_\_\_ MSA \_\_\_\_\_  
MOVING - Miles to Old \_\_\_\_\_ to New \_\_\_\_\_ Cost to move goods \$ \_\_\_\_\_ travel \$ \_\_\_\_\_  
EDUCATOR EXPENSES T \_\_\_\_\_ S \_\_\_\_\_ TUITION Who \_\_\_\_\_ \$ \_\_\_\_\_ Who \_\_\_\_\_ \$ \_\_\_\_\_  
STUDENT LOANS 1. name \_\_\_\_\_ Amt \_\_\_\_\_ S. E. INS DED \$ \_\_\_\_\_ Savings W/Draw \_\_\_\_\_

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**SCHEDULE A**

**MEDICAL**

Hospitals \_\_\_\_\_ Doctors \_\_\_\_\_ Dentists \_\_\_\_\_ Insur. Cost \_\_\_\_\_ Prescript. \_\_\_\_\_  
Nursing Home Care \_\_\_\_\_ Lab \_\_\_\_\_ Equip \_\_\_\_\_ \*\* Medical Mileage for year \_\_\_\_\_

**MISC EXPENSES**

Union dues \_\_\_\_\_ Tax prep \_\_\_\_\_ Tools \_\_\_\_\_ Phone \_\_\_\_\_ Uniforms \_\_\_\_\_  
Shoes \_\_\_\_\_ Materials \_\_\_\_\_ Job Search \_\_\_\_\_ Pager \_\_\_\_\_ Cellular \_\_\_\_\_ Education \_\_\_\_\_  
Licenses \_\_\_\_\_ Laundry \_\_\_\_\_ 2<sup>nd</sup> job T \_\_\_\_\_ S \_\_\_\_\_ \*\* Mileage \_\_\_\_\_ Other \_\_\_\_\_

**OTHER DEDUCTIONS**

Theft/ Casualty ? Invest Exp. ? Gambling Losses ? Home Office ? Safety Dep Box ?

**FOR TAXES , HOME INTEREST, INVESTMENT PROPERTY AND CONTRIBUTIONS**

**PLEASE BRING THE ORIGINAL DOCUMENTS FOR THESE ITEMS**

**TAXES** Home \_\_\_\_\_ Second Residence \_\_\_\_\_ Personal Property \_\_\_\_\_ Vehicles \_\_\_\_\_  
Taxes paid other state \_\_\_\_\_

**INTEREST** Home - 1<sup>st</sup> \_\_\_\_\_ , -- 2<sup>nd</sup> \_\_\_\_\_ , New 1<sup>st</sup> \_\_\_\_\_ , New 2<sup>nd</sup> \_\_\_\_\_ , Equity Lines \_\_\_\_\_  
If paid to an individual Name & /SSN \* \_\_\_\_\_  
2<sup>nd</sup> Home 1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_ Investment Prop 1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_ , 3<sup>rd</sup> \_\_\_\_\_

**PLEASE NOTE !!!!!** If you refinanced any property this year **PLEASE** bring the closing statement

**CONTRIBUTIONS** Cash \_\_\_\_\_ Noncash \_\_\_\_\_ Volunteer Exp. \_\_\_\_\_ Mileage \_\_\_\_\_

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**CREDITS**

CHILD CARE - Name \_\_\_\_\_ Amt \_\_\_\_\_ Provider \_\_\_\_\_ Address \_\_\_\_\_ SSN \_\_\_\_\_  
Name \_\_\_\_\_ Amt. \_\_\_\_\_ Provider \_\_\_\_\_ Address \_\_\_\_\_ SSN- \_\_\_\_\_

EDUCATION CREDIT # 1 \_\_\_\_\_ # 2 \_\_\_\_\_ CHILD TAX \_\_\_\_\_ ADOPTION CREDIT \_\_\_\_\_

**TAX- ESTIMATED PAID**

**FEDERAL** - 4/15 \$ \_\_\_\_\_ 6/15 \$ \_\_\_\_\_ 9/15 \$ \_\_\_\_\_ 1/15 \_\_\_\_\_  
**STATE** 4/15 \$ \_\_\_\_\_ 6/15 \$ \_\_\_\_\_ 9/15 \$ \_\_\_\_\_ 1 /15 \$ \_\_\_\_\_

**OTHER W/ HOLDING** \_\_\_\_\_

Computation Fed . \$ \_\_\_\_\_ St \$ \_\_\_\_\_ Check other docs \_\_\_\_\_

To the best of my knowledge, the foregoing information is correct and includes all income, deductions and information necessary for the preparation of this years return and for which I have adequate contemporaneous records. Further, I consent to Correia Financial Services using the figures and information provided in this completed organizer to prepare this years tax returns and their accompanying schedules and statements.  
  
Signed \_\_\_\_\_ Date \_\_\_\_\_