

Tax Year  
2013

# WATSON CPA

Tax Year  
2013

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Print Name

Phone Number

Cell  Home  Work

Email

Check if you DO NOT have e-mail

Check if no change from your 2012 return in address, dependents and marital status. Otherwise, note changes on next page.

Thank you for choosing Watson CPA to assist you in preparing your 2013 taxes. We will prepare your federal and state tax returns for tax year 2013. We depend on you to provide the information we need to prepare complete and accurate returns. Although our work will not include procedures to discover irregularities or inaccuracies in the data you provide, we may ask you for clarification or additional information to ensure the returns are as complete and accurate as possible.

In this document is an organizer to help you collect the data required for your returns. This organizer will help you avoid overlooking important information, and by using it, you will contribute to efficient preparation of your returns and help minimize the cost of our services. By providing your e-mail address above, you are authorizing us to send secure information to only this e-mail address during 2014.

Through April 15th, our office hours are Monday through Friday, 9am to 5pm. Please feel free to drop off, mail, or e-mail your tax information. If you do e-mail your information, please password-protect your file by using your social security number as your password (with no dashes or spaces) to keep your information as safe as possible. If you would like to set up an appointment, please call our office. You can find our address, phone numbers, and e-mail addresses at the top of this page as well as on our website.

Our fee will be based on the time required to prepare your federal and state tax returns for tax year 2013 at standard billing rates plus out-of-pocket expenses. Invoices are due and payable upon presentation. We will return your original records to you once your return is finalized. You should securely store these records, along with all supporting documents and the copy of the tax returns we provide you for four full years. These items may be needed to prove accuracy and completeness of your returns.

It is your responsibility to review your returns before they are filed to determine that all income has been correctly reported and that you have substantiation for your deductions. Filing your returns by the due dates is your responsibility.

If your returns are later selected for review or audit by taxing authorities, we will be glad to assist or represent you if you desire. Our fees for preparing your returns do not include time that might be necessary to assist you during a taxing authority review.

To affirm that this letter accurately summarizes your understanding of our agreement for the preparation of your tax returns for tax year 2013, please sign below on the space indicated and return it to us.

Thank you again for choosing Watson CPA to assist you in preparing your 2013 taxes. We appreciate your confidence in us.

Sincerely,  
The staff at Watson CPA

Accepted by:

\_\_\_\_\_  
Taxpayer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse Signature

\_\_\_\_\_  
Date

### Privacy Statement

Your personal financial information is important to us, and as such, we want to share with you our commitment to safeguarding your nonpublic personal information. We will not disclose any nonpublic personal information about our clients or former clients to anyone, unless we have written permission from you to do so. We restrict access to nonpublic personal information to those professionals in our office who need to have access to this information to prepare your tax returns or other financial statements you or your business require. We maintain physical, electronic, and procedural safeguards to guard your nonpublic personal information. If you have any concerns or questions regarding this privacy statement please contact us.

## A. Taxpayer & Spouse Information

|                      | Name                 | Soc. Sec. No.        | Date of Birth        | Occupation           | Cell Phone           |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| Taxpayer             | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Spouse               | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Street Address       |                      | City                 | State                | Zip                  | Home Phone           |
| <input type="text"/> |                      | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

### Marital Status:

Please indicate any major changes affecting you or your spouse in 2013:

### Other Filing Information:

Married

Married - Filing Separately

Single

Date of Divorce (if 2013)

Widow(er)

Date of Death (if 2013)

Birth

Death

Marriage

Started/ended business

Self-employed

Office in home

Legally blind

Disabled

Presidential Campaign Fund

Taxpayer Spouse

## B. Dependents (Children & Others)

|   | Name (first & last)  | Soc. Sec. No.        | Relationship         | Date of Birth        | Disabled                 | Full-Time Student        | Gross Income if over \$800 |
|---|----------------------|----------------------|----------------------|----------------------|--------------------------|--------------------------|----------------------------|
| 1 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/>       |
| 2 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/>       |
| 3 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/>       |
| 4 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/>       |
| 5 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/>       |
| 6 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/>       |

## C. Direct Deposit Information

If you would like to have any refund Direct Deposited to your bank, please attach a voided check or fill in the following information:

Name of Bank  Routing Number  Account Number

Checking  Savings

## D. First Time Homebuyer Credits

Did you and your spouse file for and receive any first time homebuyer credits? If yes, please attach a statement with the year you filed for it, the amount received, and whether or not you are still living in the residence.

Yes  No

## E. Wage & Salary Income

Did you or your spouse receive wage or salary income in 2013? If yes, please attach your W-2's.

Yes  No

## F. Interest & Dividend Income

Did you or your spouse receive interest or dividend income in 2013? If yes, please attach your 1099-INT's and 1099-DIV's.

Yes  No

## G. Investments Sold

Did you or your spouse sell any investments (stocks, bonds, mutual funds, gold, silver, partnership interest) in 2013? If yes, please attach your 1099-B's and Year End Realized Gain/Loss Statement from your broker.

Yes  No

## H. Pension & Annuity Income

Did you or your spouse have any pension or annuity income in 2013? If yes, please attach your 1099-R's and 1099-SSA's.

Yes  No

## I. IRA (Individual Retirement Acct)

Did you or your spouse contribute to or withdraw money from your IRA in 2013? If yes, please complete the following and attach your 1099-R's.

Yes  No

| Contributions for tax year income | Amount               | Date                 | Roth IRA                 |
|-----------------------------------|----------------------|----------------------|--------------------------|
| Taxpayer                          | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> |
| Spouse                            | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> |

## J. Estimated Tax Paid

| Due Date               | Date Paid            | Federal Amount       | State amount         |
|------------------------|----------------------|----------------------|----------------------|
| 2012 Balance carryover |                      | <input type="text"/> | <input type="text"/> |
| 1st - 4/15/13          | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 2nd - 6/17/13          | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 3rd - 9/16/13          | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 4th - 1/15/14          | <input type="text"/> | <input type="text"/> | <input type="text"/> |

## K. Interest Expense

Did you or your spouse have interest expense (1st or 2nd mortgage, or investment interest) in 2013? If yes, please attach your 1098's.

Yes  No

Did you or your spouse acquire a new mortgage (i.e. 2nd), HELOC or refinance in 2013? If yes, please attach a detailed statement explaining how the money was used.

Yes  No

## L. Taxes Paid

|   |                                 |
|---|---------------------------------|
| Property taxes (other than rental properties) | <input type="text"/>            |
| Auto Registration                             | <input type="text"/>            |
| Sales Tax: <input type="checkbox"/> New car   | Sales tax: <input type="text"/> |
| <input type="checkbox"/> New house            | Sales tax: <input type="text"/> |

## M. Medical Expenses (not covered by benefit program)

| NOT covered by benefit program | Amount                   |
|--------------------------------|--------------------------|
| Prescription Drugs             | <input type="text"/>     |
| Doctor/Dentist/Orthodontist:   | <input type="text"/>     |
| Other medical/dental expenses: | <input type="text"/>     |
| Medical mileage:               | <input type="text"/> mi. |
| Medical insurance premiums:    | <input type="text"/>     |

## N. Other Itemized Deductions

|                         |                      |
|-------------------------|----------------------|
| Tax preparation fees    | <input type="text"/> |
| Safe deposit box        | <input type="text"/> |
| Financial planning fees | <input type="text"/> |
| IRA fees                | <input type="text"/> |

## O. Other Income

| Source                                   | Amount               |
|--|----------------------|
| Child Support                            | <input type="text"/> |
| Scholarship & Grants                     | <input type="text"/> |
| Unemployment Compensation                | <input type="text"/> |
| Worker's Compensation                    | <input type="text"/> |
| Prizes, Bonuses, Awards                  | <input type="text"/> |
| Gambling/Lottery Winnings                | <input type="text"/> |
| Gambling/Lottery Losses                  | <input type="text"/> |
| Unreported Tips                          | <input type="text"/> |
| Director/Executor's Fees                 | <input type="text"/> |
| Commissions                              | <input type="text"/> |
| Jury Duty<br>(not mileage reimbursement) | <input type="text"/> |
| Disability Income                        | <input type="text"/> |
| Veteran's Pension                        | <input type="text"/> |
| Payments from<br>prior installment sale  | <input type="text"/> |
| State income tax refund                  | <input type="text"/> |
| Other: <input type="text"/>              | <input type="text"/> |
| Other: <input type="text"/>              | <input type="text"/> |
| Other: <input type="text"/>              | <input type="text"/> |

## P. Other Items - Please mark all that apply

- Charitable contributions**  
(Please attach a separate statement for checks/cash and non-cash items. Include receipts for all donations. For non-cash donations over \$500, please provide receipt, description of items, date given, cost and value of items.)  
Charitable miles:  mi.
- Tuition and Fees**  
(Please attach a statement with the student's name, name of college, year in school of student, tuition amount, and amounts paid for books, equipment or computers. Attach receipts and 1098-T's.)
- Student loan interest**  
(Please attach a statement with the student's name, the amount and to whom it was paid. Please attach 1098-E's.)
- Received self-employment or hobby income**
- Received rent from real estate or other property**  
(Please fill out the Rental Property Organizer)
- Received correspondence from the IRS or State taxing agency**  
(Please include the correspondence)
- Received income from gravel, timber, minerals, oil, gas, copyrights, patents**
- Provided a home for or helped support anyone not listed as your dependent**
- Gave a gift of more than \$14,000 to one or more people**
- Went through bankruptcy proceedings**
- Received income from raising animals or crops**
- Had dependent care expenses**  
(Please attach a statement with the name of the dependent, name, address, and ID number of the provider, and the amount paid)
- Paid or received alimony**  
(Please attach a statement identifying if you paid or received, the amount, to/from whom, and that person's social security number)
- Had casualty or theft loss**  
(Please attach a statement with the location and description of the property, amount (\$) of damage, insurance reimbursements, repairs costs, and federal grants you received)
- Unreimbursed employment-related expenses (not self-employed)**  
(Please attach a statement with amounts paid for dues or subscriptions, uniforms or work equipment, job travel (air, hotel, etc), continuing education, and mileage)

## Q. Tax Credits - Please mark all that apply to you

- |  |  |
|--|--|
| <input type="checkbox"/> <b>Purchased a hybrid/plug-in vehicle during the year</b><br>(If you checked this box, please include the sales documents)      | <input type="checkbox"/> <b>Disabled access credit</b>             |
| <input type="checkbox"/> <b>Installed solar energy system (skylights, water heater, etc.)</b><br>(If you checked this box, please include documentation) | <input type="checkbox"/> <b>Fuel tax credit (farming purposes)</b> |
| <input type="checkbox"/> <b>Installed energy efficient improvements</b><br>(If you checked this box, please include documentation)                       | <input type="checkbox"/> <b>Historic preservation credit</b>       |
|  | <input type="checkbox"/> <b>Adoption credit</b>                    |