



# Strategic Tax Coaching Program

## Personal Organizer

Tax Savers designs customized, innovative tax strategies based upon the financial information you supply. We must have an accurate picture of all of your financial information prior to the development of your plan. Please complete this form, include copies of all of the required information, and mail it to our office. Allow 15 days for us to prepare your customized tax strategy after receipt of your Personal Organizer packet of information. Call our office to schedule an appointment.

Tax Savers maintains the strictest confidentiality for the information you provide.

### Personal Information:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Office: \_\_\_\_\_ Cell: \_\_\_\_\_

Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

### Your Family Profile: Briefly describe yourself and your family member:

Code*	Last/First Name	Birth Date	Occupation

\* Code: T=Taxpayer S=Spouse C=Child D=Other Dependent

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### Tax Plan Survey:

**Filing Status:**                      Single                                      Head of Household  
   Married Filing jointly                      Married Filing separately

**Income and Tax:**                      *This information is used to estimate potential tax savings from implementing these strategies. If no income or tax information is available, no specific savings estimate will be possible.*

AGI \_\_\_\_\_                      Taxable Income \_\_\_\_\_  
*(2005 Form 1040, Line37)*                      *(2005 Form 1040, Line43)*

AMT \_\_\_\_\_  
*(2005 Form 1040, Line45)*

**Your Home:**                      Rent your home                      Plan to buy a second home  
   Own your home                      Own 2<sup>nd</sup> home (State: \_\_\_\_\_)  
   Plan to retire to that home/state

**Life Events:**                      Plan to marry                      Pay or receive alimony or child support  
*(within 12 months)*                      Plan to divorce                      Saving for college  
   Expect a baby                      Paying for college tuition  
   Pay day care costs                      Supporting parents financially  
   Own \$10,000 + in unsecured debt

### Employment:

Self	Spouse
_____	_____
	Annual Salary Plus bonus and commission
	Retiring within 12 months
	Simple IRA or SAR-SEP
	401 (k) Plan
	403 (b) Plan
	Flexible spending account: health
	Flexible spending account: day care
	Health Saving Account
	Incentive Stock Options
	Nonqualified Stock Options
	Restricted Stock
	Employee stock purchase plan
	Nonqualified deferred compensation
	Employer stock in retirement plan
	Un-reimbursed employee business expenses

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### Your Investment:

Self

Spouse

### Objectives:

Collect Social Security (Amount)

Invest primarily for income

Invest primarily for growth

Invest for both income and growth

Manage IRA or qualified retirement plan assets

Manage Roth IRA assets

Own permanent life insurance or annuities

### Taxable Accounts:

*Check if you hold any of these outside IRA or qualified retirement plans*

Cash, CDs, or Money Market funds

Taxable bonds (or bond funds)

Municipal bonds (or municipal bond funds)

Stocks (or stock funds)

Options, futures, or commodities

Oil & gas, equipment leasing, or timber investments

Low-income housing credits

### Advanced Strategies:

Pay asset-management or financial planning fees

Invest on margin

Periodically or regularly rebalance your portfolio

Day-trade or use market strategies

Sell stocks short

Hold \$100,000 + gains in your portfolio

Hold \$100,000 + gains in single security

Hold \$100,000 + in unrealized portfolio loss

Hold \$100,000 + in capital loss carryforwards

### Real Estate Investment

*Check these boxes for real estate investments, not your primary or second home*

Own real estate in your personal name (individually)

Own real estate in your personal name (Jointly with your spouse)

Own real estate through an LLC/S Corp (individually)

Own real estate through an LLC/S Corp (Jointly with your spouse)

Own real estate through an LLC/S Corp (with non-family partner)

Own real estate as a limited partner

Wholesale or “flip property (Individually)

Wholesale or “flip property (through an LLC/S Corp)

Invest in mortgage notes or tax lien certificates

Report farm income or loss

Qualify as a “real estate professional”

Personal Tax Coaching Organizer

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**Your Business: Attach additional sheet if necessary**

<b>Business #1</b>	<b>Business #2</b>	<b>Ownership and Income:</b>
_____	_____	Business Name
_____	_____	What percentage of this business do you own?
_____	_____	What percentage of this business do your spouse own?
_____	_____	What is this business' net income? <i>“Net Income” includes net profit from a sole proprietorship, ordinary income from a partnership or LLC, and net profits from S ad C corporations. Don't include salary your draw from your corporation or guaranteed payments you draw from your partnership or LLC.</i>
		Startup (less than 2 years old)
		Part-time or sideline business
		Personal service business <i>Check here if your business' principal activity involves personal services in the fields of health, law, engineering, architecture, accounting, actuarial science, performing arts, or consulting</i>
		Business owns capital equipment ( <i>machinery, vehicles, etc</i> )
		Business owns or occupies real estate
		Business occupies a home
		I/we intent to sell this business
		I/we intent to leave this business to family
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		<b>Choice of Entity: Check all that apply</b>
		Proprietorship (or LLC taxed as Proprietorship)
		Partnership (or LLC taxed as Partnership)
		S Corporation (or LLC taxed as S Corporation)
		C Corporation (or LLC taxed as C Corporation)
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		<b>Salaries and Employees:</b>
_____	_____	Yourself (Salary or Guaranteed Payment Only) <i>Enter your salary as reported on Form W2 (if your business is incorporated or “guaranteed payments” you draw from your partnership or LLC.</i>
_____	_____	Your Spouse (Salary or Guaranteed Payment Only)
		Minor child or children
		Adult child or children
		Non-family employees
_____	_____	Non-family payroll (Annual Amount) <i>Payroll includes employees only, and not independent contractor)</i>

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### Your Business Continued:

**Business #1**

**Business #2**

**Benefit Plan:**

Group Health Insurance  
Health Savings Accounts  
Medical expense reimbursement Plan  
Flexible spending account: healthcare  
Flexible spending account: daycare  
Education Assistance Plan  
Nonqualified deferred compensation plan  
SIMPLE IRA  
SEP-IRA  
Profit sharing/money purchase plan  
401 (k) plan  
Defined Benefit Plan

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### What Do you Want?

**What are your dreams and goals? Please tell us about our specific short and long-term dreams and goals. Also include "Achieve by Date."**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

### Specific Questions:

**Please list your specific tax, business and financial management questions or concerns.**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

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Please check your top three priorities. Then, please rank all below in order of importance on a scale of 1-5 (1 being most important, 5 least important)

**Pick 3      Rank**

- \_\_\_\_\_ **Expanding and Growing my business by (Date)**\_\_\_\_\_
- \_\_\_\_\_ **Developing investment strategies by (Date)** \_\_\_\_\_
- \_\_\_\_\_ **Real Estate (Date)** \_\_\_\_\_
- \_\_\_\_\_ **Stock, bonds, and mutual funds (Date)** \_\_\_\_\_
- \_\_\_\_\_ **Increasing my cash flow by (Date)** \_\_\_\_\_
- \_\_\_\_\_ **Creating \_\_\_\_\_/Month Passive Income by (Date)**\_\_\_\_\_
- \_\_\_\_\_ **Setting some goals and achieving them by (Date)**\_\_\_\_\_
- \_\_\_\_\_ **Reducing and eliminating bad debt by (Date)** \_\_\_\_\_
- \_\_\_\_\_ **Cutting my tax bill by (Date)** \_\_\_\_\_
- \_\_\_\_\_ **Acquiring or selling a business by (Date)** \_\_\_\_\_
- \_\_\_\_\_ **Improving my asset protection plan by (Date)**\_\_\_\_\_
- \_\_\_\_\_ **Updating my estate plan by (Date)** \_\_\_\_\_
- \_\_\_\_\_ **Paying for my children’s education by (Date)** \_\_\_\_\_
- \_\_\_\_\_ **Retire by (Date)** \_\_\_\_\_
- \_\_\_\_\_ **Personal financial planning strategies by (Date)** \_\_\_\_\_
- \_\_\_\_\_ **Establish a better financial team by (Date)** \_\_\_\_\_
- \_\_\_\_\_ **Other** \_\_\_\_\_
- \_\_\_\_\_ **Other** \_\_\_\_\_
- \_\_\_\_\_ **Other** \_\_\_\_\_

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### Where Does Your Personal Income Go?

For each of the items below, please enter the average amount you pay in a month. Please note that these are expenses you currently DO NOT DEDUCT in a business. Do not include business expenses.

Expenses	Amount	Expenses	Amount
<b>Auto and Truck Expenses</b>		<b>Personal Health Expenses:</b>	
		Dental Work	
<b>Child Care Expenses</b>		Glasses/Exam	
		Health Club	
<b>Educations Expenses:</b>		Hearing Aids	
Books & Tapes		Massage	
Dues & Subscription		Medical Co-Pays	
Seminars		Medical Insurance	
Travel		Prescriptions	
		Therapy	
<b>Entertainment Expenses:</b>			
Travel		<b>Home Office Expenses:</b>	
Vacations			
<b>Equipment Expenses:</b>			
Computer			
Computer Software			

**Total Assets (Everything you own)** = \$ \_\_\_\_\_

**(-) Total Liabilities (Everything you owe)** = \$ \_\_\_\_\_

**Current Net Worth** = \$ \_\_\_\_\_

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**Checklist: Please complete the following steps so we can begin the strategy evaluation, development and presentation process:**

- Copy of your most current Personal Income Tax Return. Please do not send originals. We will not be able to return the copies we receive.
- Copies of your most current Business Income Tax Returns for each business and real estate investments. Please do not send originals. We will not be able to return the copies we receive.
- Completed Tax Planning Organizer Data Collection.
- Signed Engagement Letter.
- This checklist, signed
- Check Payment for strategy & coaching services. Make check payment to Tax Savers.
- Paying with credit card:

I authorize Tax Savers or its agent to charge the following credit card.

Type of Credit card (Visa or MC) \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Name as it appears on the credit card: \_\_\_\_\_

Signature of the cardholder: \_\_\_\_\_

**Please submit your documentation within 30 days of payment.  
After 30 days rates are subject to change and you may be upgraded to the new rate.**

**Date:** \_\_\_\_\_ **Client Signature:** \_\_\_\_\_

**Please return signed copy of this checklist, along with all material to:**

**TAX SAVERS, INC.**  
**1751 Elton Road, Suite 202**  
**Silver Spring, MD 20903**  
**301-408-4104**