



Hilltop Tax Service, Inc.

1020-A Molalla Ave Oregon City, OR 97045

www.hilltoptaxservice.com

Office 503-655-3660

Fax 503-655-0491



This organizer is to help you gather your information together in order to complete your 2011 income tax return. It will help us in the interview process if you complete the organizer.

Again, thank you for letting us be of service to you.

TAXPAYER	
Name	_____
Address	_____
City	_____ State _____ Zip _____
Home Phone	_____
Work Phone	_____
Cell	_____
Email	_____
Occupation	_____
Date of Birth	_____ Blind <input type="checkbox"/>

SPOUSE	
Name	_____
Address	_____
City	_____ State _____ Zip _____
Home Phone	_____
Work Phone	_____
Cell	_____
Email	_____
Occupation	_____
Date of Birth	_____ Blind <input type="checkbox"/>

ITEMS TO BRING WITH YOU

- Completed Tax Organizer
- W-2 forms (wages)
- 1099 forms (income)
- Property tax statements
- Copies of returns (K-1) for partnerships, joint ventures, S corporations, estates or trusts
- Purchased or sold real estate, stock or mutual fund information
- Closing statements if you purchased or refinanced any property
- Estimated Tax forms sent to you by the government, if you are making estimated tax payments

NOTE: You may not need all of the items above to make you tax appointment. Some items may be dropped off or mailed at a later date.



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FILING STATUS

Single

Head of Household

Married Filing Joint

Married Filing Separate

Qualifying Widow(er)

Dependent of Another

DEPENDENTS

Children living with you age 18 or younger. Children 19-24 that attended school full time for at least 5 months during the year.

Months lived w/ in 2011

Name _____	S.S.# _____	DOB _____	Relationship _____	_____
Name _____	S.S.# _____	DOB _____	Relationship _____	_____
Name _____	S.S.# _____	DOB _____	Relationship _____	_____
Name _____	S.S.# _____	DOB _____	Relationship _____	_____
Name _____	S.S.# _____	DOB _____	Relationship _____	_____

Other dependents that are not your children

Name _____ S.S.# _____ DOB _____
 Relationship _____ Gross Income _____ % Support received from you _____

Name _____ S.S.# _____ DOB _____
 Relationship _____ Gross Income _____ % Support received from you _____

CHILD CARE EXPENSES

1st Provider Name _____ Address _____
 City, State and Zip _____ Phone# _____
 Social Security # or Tax ID# _____
 Amount Paid for 1st Child _____ Amount Paid for 2nd Child _____

2nd Provider Name _____ Address _____
 City, State and Zip _____ Phone# _____
 Social Security # or Tax ID# _____
 Amount Paid for 1st Child _____ Amount Paid for 2nd Child _____

QUESTIONNAIRE

Were you notified by the IRS or by the state of any change to your prior year's income tax return? Yes No

Did your address change? Yes No

Did your marital status change in 2011? Yes No

Did the number of dependents that you will claim change from the prior year? Yes No

Are you under age 18 and have more than \$1900 of investment income? Yes No

Did you or your spouse start a new business? Yes No



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- Do you or your spouse have an office in your home? Yes No
- Did you or your spouse own rental property? Yes No
- Did you or your spouse receive or pay alimony? Yes No
- Did you or your spouse receive income from tips not reported on W-2's? Yes No
- Did you or your spouse receive refunds of state or local tax? Yes No
- Did you or your spouse receive unemployment compensation? Yes No
- Did you or your spouse receive any social security benefits? Yes No
- Did you or your spouse receive disability payments? Yes No
- Did you or your spouse receive a lump-sum distribution or payment from a retirement plan? Yes No
- Did you or your spouse receive payments or make withdrawals from a pension/profit-sharing plan? Yes No
- Did you purchase or sell a personal residence? (Attach closing statement) Yes No
- Did you or your spouse have any outstanding debts or securities that became uncollectable? Yes No
- Did any of your life insurance policies mature, or did you surrender any policies? Yes No
- Did you or your spouse receive income from a foreign country? Yes No
- Are you or your spouse self-employed, and do either of you pay your own health insurance? Yes No
- Did you or your spouse establish an Individual Retirement Account (IRA) or a Keogh plan? Yes No
- Did you incur moving expenses for a move to a new residence? Yes No
- Did you or your spouse pay student loan interest? Yes No
- Did you or your spouse make contributions of \$250 or more and receive a statement from that charity for substantiation? Yes No
- Did you or your spouse make any non-cash contributions? (clothing, furniture etc.) Yes No
- Did you or your spouse give gifts in excess of \$13,000 to any one individual? Yes No
- Did you or your spouse use a car to drive to & from volunteer work for a qualified organization? (e.g., volunteer fireman, boy scouts) Yes No
- Did you or your spouse use a car to travel for medical care? Yes No
- Did you or your spouse refinance a principal residence or second home? Yes No
- Did you or your spouse pay interest on debts incurred to buy an investment property? Yes No
- Did you or your spouse sustain casualty/theft losses (e.g., fire, burglary)? Yes No
- Did you or your spouse pay child or dependent care expenses? Yes No
- Did you, your spouse, or your dependents incur educational expenses? Yes No
- Did you or your spouse contribute to or withdraw from an educational IRA? Yes No
- Did you or your spouse contribute to an Oregon College Savings Plan? Yes No
- Did you or your spouse contribute to or withdraw from a traditional IRA? Yes No
- Did you or your spouse contribute to or withdraw from a Roth IRA? Yes No
- Do you or your spouse have a Medical Savings Account or Health Savings Account? Yes No
- Did you or your spouse pay any one household employee cash wages of \$1,800 or more? Yes No
- Did you or your spouse receive income or incur expenses not detailed in this client organizer? Yes No
- Did you use any biofuels for your vehicle or to heat your home? Yes No

Additional Information Not Asked in Questionnaire: _____



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MEDICAL AND DENTAL EXPENSES

DESCRIPTION	AMOUNT
Medical Expenses	
Dental Expenses	
Mileage for Treatment (1/1 – 6/30)	
Mileage for Treatment (7/1 – 12/31)	
Prescriptions	
Insurance Premiums	
Hospital/Nursing Home Care	
Long Term Care Insurance-Self	
Long Term Care Insurance-Spouse	

TAXES PAID

DESCRIPTION	AMOUNT
State and Local Income Taxes	
Real Estate Taxes—primary home	
Real Estate Taxes—second home	
Personal Property Taxes	
Investment Property Taxes	

GIFTS TO CHARITY

DESCRIPTION	AMOUNT
Gifts by Cash or Check	
Gifts(Goodwill and other donations)	
BE SURE TO BRING RECEIPTS!	

INTEREST PAID

DESCRIPTION	AMOUNT
Home Mortgage Interest and Points Reported on Form 1098	
Home Mortgage Interest NOT reported on Form 1098	
Points Not Reported on Form 1098	
Investment Interest Expense	
RV, Motorhome, Livable Boat	
BE SURE TO BRING STATEMENTS!	

EMPLOYEE (W-2) RELATED EXPENSES

DESCRIPTION	AMOUNT
Dues: Union/Professional	
Books, Subscriptions, Supplies	
Licenses	
Tools, Equipment, Safety Equip.	
Uniforms (including cleaning)	
Sales Expense, Gifts	
Tuition, Books (work related)	
Meals and Entertainment	
Parking and Tolls	
Airfare, Train, etc.	
Lodging	
Taxi, Car Rental	
Mileage for Job Search (1/1 – 6/30)	
Mileage for Job Search (7/1 – 12/31)	
Reimbursement Received	
Business Use of a Phone	

ADDITIONAL EXPENSES

DESCRIPTION	AMOUNT
Gambling Losses	
Investment Expense	
Safe Deposit Box	

BUSINESS USE OF A VEHICLE

DESCRIPTION	VEHICLE 1	VEHICLE 2
Vehicle Description		
Date in Service		
Total Miles Driven		
Business(1/1 – 6/30)		
Business(7/1 – 12/31)		
Commuting		
Other		
Interest Paid		
Insurance		
Repairs		
Maintenance		
Fuel		



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OFFICE IN HOME

DESCRIPTION	AMOUNT
Square Footage of Office	
Total Square Footage of Home	
Rent	
Utilities	
Insurance	
Days Office Used During Year	

ADJUSTMENTS

DESCRIPTION	AMOUNT
IRA Contribution – Taxpayer	
IRA Contribution – Spouse	
Roth IRA Cont. – Taxpayer	
Roth IRA Cont. – Spouse	
Student Loan Interest	
MSA or HSA Contributions	
Moving Expenses	
Penalty for Early CD Withdrawal	
Alimony Paid	
Alimony Received	

RENTAL PROFIT AND LOSS

DESCRIPTION	RENTAL 1	RENTAL 2
Days of personal use		
Days rented		
Rent Received		
Advertising		
Cleaning & Maint.		
Insurance		
Legal & Prof Fees		
Management Fees		
Mileage (1/1 – 6/30)		
Mileage (7/1 – 12/31)		
Mortgage Interest		
Property Taxes		
Repairs		
Subcontractors/Labor		
Supplies		
Utilities		

BUSINESS OR FARM PROFIT OR LOSS

DESCRIPTION	AMOUNT
Gross Receipts	
Returns and Allowances	
Cost of Goods Sold	
Other Income	
Inventory At End of Year	
EXPENSES	
Advertising	
Bad Debts From Sales or Service	
Customer Gifts	
Depletion	
Depreciation	
Education and Seminars	
Employee Benefits	
Employee Health Insurance	
Insurance (Other Than Health)	
Interest Expense	
Legal and Professional Services	
Meals and Entertainment	
Mortgage Interest	
Office Expense	
Payroll	
Pension and Profit Sharing Plans	
Rent/Lease – Business Property	
Rent/Lease – Vehicles/Machinery	
Repairs and Maintenance	
Subcontractors	
Supplies	
Taxes and Licenses	
Telephone	
Travel, Meals and Entertainment	
Utilities	
Wages (less employment credits)	
Other	

ESTIMATED TAX PAYMENTS

PAYMENTS	IRS	DATE	STATE	DATE
'10 ref applied				
1 st quarter				
2 nd quarter				
3 rd quarter				
4 th quarter				
TOTALS				



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SERVICES

TAX SERVICES

Hilltop Tax Service offers a full range of tax planning and compliance services. We will work with you year-round in order to minimize your total tax burden. We also prepare all federal, state and local tax returns for individuals, businesses, corporations, partnerships and LLC's.

CORPORATION COUNSELING & SET-UP

Let us help you select the best entity for your business. We will help you decide whether a sole proprietorship, corporation, partnership or LLC is best for your situation. We can also prepare the necessary federal and state documents for you.

TAX PLANNING

We continuously monitor federal, state, and local tax law changes to allow our clients to minimize current and future tax liabilities. If necessary, we can implement tailor-made due-date tax compliance monitoring systems to prevent costly interest and penalty assessments attributable to late filing. We offer full tax preparation and filing services.

ESTATE, GIFT AND TRUST TAX RETURN PREPARATION

Our firm provides expert preparation of federal and state estate, gift, and trust tax returns.

PAYROLL SERVICES

We offer complete payroll preparation and payroll tax reporting services. Just call, fax, mail or email your payroll information and Hilltop can handle everything for you.

CONSULTING SERVICES

Our company offers a wide range of consulting services to help you improve business operations, boost efficiency, and increase the bottom line.

RETIREMENT PLANNING

It is never too early to start planning for retirement. If you want to live the same lifestyle or an even better one than you do now, you need to start planning for retirement...TODAY. We can analyze your projected income and expenses and suggest investment funding techniques to help make sure that your golden years 10, 20, and even 50 years from now live up to your expectations.

ACCOUNTING SERVICES

Hilltop Tax Service provides a complete range of accounting services including receivables, payables, and payroll management. We prepare financial statements in accordance with Generally Accepted Accounting Principles (GAAP) for use by banks, investors, and other third parties. We will also prepare custom financial reports for internal, managerial use.

BOOKKEEPING

We provide complete bookkeeping services, including general journal and subsidiary ledger maintenance, bank statement reconciliation, and receivables and payables tracking and analysis.

FINANCIAL STATEMENTS

Hilltop Tax Service prepares professional, GAAP-compliant financial statements as well as tailor-made financial analysis that can help business owners and managers eliminate inefficiency and realize a business' full profit potential.

IRS AND STATE/LOCAL REPRESENTATION

Our firm knows the tax laws. We can provide complete representation before the IRS as well as state and local taxing authorities. We are also experienced in negotiating Offers in Compromise with the IRS.