



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 2nd 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 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

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

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