

Confidential Personal Tax Information Organizer

To expedite the proper completion of your tax return, please PRINT this form. Fax this information to Financial Stress Reduction 813-949-0806 or toll free @ 866-888-1FAX. Fill out all necessary forms to enable us to complete your income taxes. Sections A & B are necessary for all returns.

Please Print This Form - Fill Out Only What's Necessary.

Please provide the following Contact Information:

	<i>Primary First, NI, Last, SS#</i>		
	<i>Spouse First, NI, Last, SS#</i>		
	<i>Address</i>		
	<i>Address Line 2</i>		
	<i>City, ST, Zip, County</i>		
	<i>Home Phone, Work, Fax</i>		
	<i>E-mail</i>	<i>Website</i>	
	<i>Primary Occupation</i>	<i>Spouse</i>	
	<i>Age</i>	<i>Spouse Age</i>	<i>\$3 to Presidential Election Fund Sp \$3</i>
	<i>Filing Status</i>	<i>___ Single ___ Married Jointly ___ Married Separate ___ Head of House ___ Q Widow</i>	

Paid Tax Section				Taxpayer		Spouse	
Income Taxes Paid		Federal		State		Local	
	Amt. Paid	Date Paid		Amt. Paid	Date Paid		Amt Paid
2003 Estimates	\$			\$			\$
April 15, 2003				\$			\$
June 15, 2003				\$			\$
Sept. 15, 2003				\$			\$
January 15, 2004				\$			\$
2002 Overpayment	\$			\$			\$
2002 Balance due	\$			\$			\$
2002 Refund	\$			\$			\$

If you want the IRS to Electronically deposit your tax refund directly into your Checking Account, we need your bank transit number, and account number. The transit number is the 9 digit number in the lower left corner of your check.

Bank Name: _____ Enter 9 digit routing : _____ Account number _____

Dependent Section: -

#1 Child 1 *First, NI, Last, SS#*

Child1Relationship

Months Lived with you

Age on 12/31/2003

Qualifying child care expenses incurred and paid in 2003 \$

Portion of qualifying expenses provided by employer \$

Hope Credit Qualified Expenses Paid \$

Lifetime Learning Credit Qualified expenses Paid \$

Did this dependent child under age 14 have income over \$750? if Yes, give \$

Dependent Section: -

#2 Child 2 *First, NI, Last, SS#*

Child1Relationship

Months Lived with you

Age on 12/31/2003

Qualifying child care expenses incurred and paid in 2003 \$

Portion of qualifying expenses provided by employer \$

Hope Credit Qualified Expenses Paid \$

Lifetime Learning Credit Qualified expenses Paid \$

Did this dependent child under age 14 have income over \$750? if Yes, give \$

Dependent Section: -

#3 Child 3 *First, NI, Last, SS#*

Child1Relationship

Months Lived with you

Age on 12/31/2003

Qualifying child care expenses incurred and paid in 2003 \$

Portion of qualifying expenses provided by employer \$

Hope Credit Qualified Expenses Paid \$

Lifetime Learning Credit Qualified expenses Paid \$

Did this dependent child under age 14 have income over \$750? if Yes, give \$

Dependent Section: -

#4 Child 4 *First, NI, Last, SS#*

Child1Relationship

Months Lived with you

Age on 12/31/2003

Qualifying child care expenses incurred and paid in 2003 \$

Portion of qualifying expenses provided by employer \$

Hope Credit Qualified Expenses Paid \$

Lifetime Learning Credit Qualified expenses Paid \$

Did this dependent child under age 14 have income over \$750? if Yes, give \$

W2 #___ Copy page for additional W2s

This W2 is for: ___ Taxpayer ___ Spouse

a: Box a: Control Number:

b: Box b: Employer Identification Number:

1

2

c: Employer's Name:

3

4

c: Employer's Address:

5

6

c: Employer's City, St, Zip :

7

8

d: Employee Social Security

9

10

e: Employee Name:

11

12

e: Address if Different:

13

14

e. City, ST, Zip if Different:

Box 15 ->

___ Statutory
Deceased ___ Pension
Plan ___ Legal Rep
___ Deferred Com

ST	Employee's State ID	17) State Wages	18) State Tax	19) Locality Name	20) Wages	21) Local Tax

W2 #___

This W2 is for: ___ Taxpayer ___ Spouse

a: Box a: Control Number:

b: Box b: Employer Identification Number:

1

2

c: Employer's Name:

3

4

c: Employer's Address:

5

6

c: Employer's City, St, Zip :

7

8

d: Employee Social Security

9

10

e: Employee Name:

11

12

e: Address if Different:

13

14

e. City, ST, Zip if Different:

Box 15 ->

___ Statutory
Deceased ___ Pension
Plan ___ Legal Rep
___ Deferred Com

ST	Employee's State ID	17) State Wages	18) State Tax	19) Locality Name	20) Wages	21) Local Tax

	Other Income	Taxpayer	Spouse
	Taxable Scholarships Received	\$	\$
	Interest Income (If over \$400 report only on Interest and Div. Sheet	\$	\$
	Tax Exempt Interest	\$	\$
	Taxable refunds of state and local taxes	\$	\$
	Please List:	\$	\$
	Alimony received	\$	\$
	IRA Distributions received? Was any Portion Rolled Over	\$	\$
	Unemployment Compensation Received	\$	\$
	Total Social Security Received	\$	\$
	Other Income (Please List)	\$	\$
		\$	\$
	Adjustments	Taxpayer	Spouse
	IRA Contributions for 2003	\$	\$
	Student Loan Interest	\$	\$
	Self-Employment Health Insurance Premium Payments	\$	\$
	SEP and/or SIMPLE Contributions	\$	\$
	KEOGH contributions to a "defined-contribution" plan	\$	\$
	KEOGH contributions to a "defined-benefit" plan	\$	\$
	Penalty on early withdrawal of savings	\$	\$
	Alimony SSN:	\$	\$
	Alimony SSN:	\$	\$
	Moving Expenses	\$	\$
	Miscellaneous Information - Any yes = Yes		
1	Did any births, adoptions, marriages, divorces, or deaths occur in family 2003	Yes__ No __	
2	Can you or your spouse be claimed as a dependent by someone else?	Yes__ No __	
3	Have you received all W-2s from all employers? How Many? ____ LIST them	Yes__ No __	
4	Have you received any disability income during the year? \$_____	Yes__ No __	
5	Did you have a change in residence or job location during the year?	Yes__ No __	
6	Did you use your vehicle on the job other than for commuting to work?	Yes__ No __	
7	Did you have an employer provided vehicle which you drove home or used personally? If so, enter the lease value \$_____	Yes__ No __	
8	Did you work out of town at any time during the year?	Yes__ No __	
9	Did you start a new business or purchase any new rental property in 2003	Yes__ No __	

Information Organizer

10	Did you purchase, sell, or refinance your principle home or your second home or make a home equity loan during the year? Please fax to 813-949-0806	Yes__ No __	
11	Have you purchased any business assets (furniture, equipment, etc.) or converted any assets to business use? Yes? Please Fax to 813-949-0806	Yes__ No __	
12	Did you dispose of any business assets (including any Real Estate)? If Yes, please fax to 813-949-0806.	Yes__ No __	
13	Did you receive any notices from the IRS or the state? If Yes, Fax as above.	Yes__ No __	
14	Did you have an interest in or signature over a bank or brokerage account in a foreign country, or were you a grantor of or transferor to a foreign trust?	Yes__ No __	
15	Did you receive any type of prize or award during the tax year?	Yes__ No __	
16	Did you engage in any bartering transactions during the tax year?	Yes__ No __	
17	Did you surrender any U.S. Savings bonds during the tax year?	Yes__ No __	
18	Does anyone owe you money which has become uncollectible?	Yes__ No __	
19	Did you incur a loss due to damaged or stolen property?	Yes__ No __	
20	Did you or your spouse "rollover" a profit-sharing or retirement plan distribution into another plan?	Yes__ No __	
21	Did you make any gifts over \$10,000 to any one person during the tax year?	Yes__ No __	
22	Did you purchase any gasoline, diesel, or special fuels for non-highway business use?	Yes__ No __	
23	Did you receive any income not shown in this organizer? Please list below.	Yes__ No __	
24	If you owned rental property, how much time did you spend working on your rentals? Do you actively participate in managing the property?	Yes__ No __	
25	Did you have any household employees? (Nanny, housekeeper, etc.)	Yes__ No __	
26	Do you or your spouse have any IRA accounts?	Yes__ No __	
27	Did you re-characterize any IRAs this year? (Regular IRA to Roth)	Yes__ No __	
28	Did you have child care expenses?	Yes__ No __	
Please use the lines below to expand on lines 1-28			
#___	1099-Misc Information Copy this page for additional 1099s		
	This 1099 is for: ___ Taxpayer ___ Spouse		
	Payer's Name:	1	
	Payer's Address:	2	
	Payer's City, St, Zip	3	
	Payer Identification Number		
	Recipient's Social Security#		
		4	5
	Employee Name:	6	7
	Employer's Address:	8	9
	Employer's City, St, Zip:	10	11
	Account Number (optional)	12	13

#___	1099-Misc Information			
	This 1099 is for: ___ Taxpayer ___ Spouse			
	Payer's Name:		1	
	Payer's Address:		2	
	Payer's City, St, Zip		3	
	Payer Identification Number	Recipient's Social Security#		
			4	5
	Employee Name:		6	7
	Employer's Address:		8	9
	Employer's City, St, Zip:		10	11
	Account Number (optional)		12	13

#1	1099-R Information			
	This 1099 is for: ___ Taxpayer ___ Spouse			
	Payer's Name		1	
	Payer's Address:		2a	
	Payer's City, St, Zip:		2b__ Taxable Amt Not-Determined	__ Total Distribution
	Payer Identification Number	Recipient's Social Security#		
			3	4
	Employee Name:		5	6
	Employer's Address:		7	8
	Employer's City, St, Zip:		9a	9b
	Account Number (optional)		10	11

	Itemized Deductions - Schedule A			
	Medical Expenses		\$	
	Dental Expenses		\$	
	Prescription Drugs		\$	
	Eye Glasses Costs		\$	
	Item 1		\$	
	Item 2:		\$	

Information Organizer

Item 3	\$	
Item 4:	\$	
Taxes:		
State and Local Income Taxes	\$	
Real Estate Taxes	\$	
Personal Property Taxes	\$	
Other Taxes 1:	\$	
Other Taxes 2	\$	
Home Mortgage Interest from Form 1098	\$	
Points Recorded on Form 1098	\$	
Points not recorded on Form 1098	\$	
Home Mortgage not from Form 1098	\$	
Name		
Address		
Tax SSN/EIN:		
Investment Interest:		
Source 1	\$	
Source 2	\$	
Source 3	\$	
Gifts To Charity:		
Contributions by cash or check	\$	
Contributions other than by cash or check	\$	
Carry over from prior year	\$	
Other Gifts 1	\$	
Other Gifts 2	\$	
Other Gifts 3	\$	
Other Gifts 4	\$	
Job Expenses	\$	
Tax Preparation Fees	\$	
Other Miscellaneous Deductions:		
Other Deductions 1:	\$	
Other Deductions 2:	\$	
Other Deductions 3:	\$	
Enter below other information on your deductions that's unclear?		

CHILD & DEPENDENT CARE

#1	Provider's Name:	Providers ID# or SSN	Amount Paid in 2003
	Provider's Address:		\$
	Provider's City, St, Zip:		
#2	Provider's Name:	Providers ID# or SSN	Amount Paid in 2003
	Provider's Address:		\$
	Provider's City, St, Zip:		

Employee Business Expenses - Schedule 2106

	T=Taxpayer S=Spouse J=Joint	List the Amounts	
	Parking fees, tolls, and local transportation, including grain, bus, etc.	\$	
	Travel expenses while away from home overnight, including lodging, airplane, car rental, etc. do not include meals and entertainment.	\$	
	Meals and entertainment expenses	\$	
	Enter amounts your employer gave you that were not reported to you in box 1 of form W-2 include any amount reported under code "L" in box 13 of your form W2 for other business expense.	\$	

Business Vehicle Expenses

	T=Taxpayer S=Spouse J=Joint	Vehicle 1	Vehicle 2
___	Vehicle 1		
___	Vehicle 2		
___	Enter the date vehicle was placed in service.		
___	Total miles vehicle was driven during the tax year.		
___	Business miles included above that were driven.		
___	Average daily round trip commuting distance.		
___	Commuting miles included in total miles above.		
___	Gasoline, oil, repairs, vehicle insurance, etc.	\$	\$
___	Vehicle rentals.	\$	\$
___	Inclusion Amount.	\$	\$
___	Value of employer-provided vehicle (Applies only if 100% annual lease value was included on form W-2.	\$	\$
___	Enter cost or other basis.	\$	\$
___	Enter amount of section 179 deduction.	\$	\$
___	Enter depreciation method and percentage.		
___	Do you (or your spouse) have another vehicle available for personal purposes?	Yes	No
___	If an employer provided vehicle, is personal use during off duty hours permitted?	Yes	No
___	Do you have evidence to support your deduction?	Yes	No
___	If "Yes", is the evidence written?	Yes	No

Rental Real Estate & Royalties

Who owns the rental Real Estate? Taxpayer Spouse Joint

Property

Kind and location of Rental Real Estate

B

YES

NO

Was property (s) used for personal purposes more than 14 days or 10% of total days rented to others?

If Yes, was this your main home?

Did you actively participate in the operation of this rental during the tax year?

Did you dispose of this property during the tax year?

Does the property qualify as real estate professional Property?

Income

Property A

Property B

Rents Received

\$

\$

Royalties received

\$

\$

Expenses

Advertising

\$

\$

Auto and Travel

\$

\$

Cleaning and maintenance

\$

\$

Commissions

\$

\$

Insurance

\$

\$

Legal and other professional Fees

\$

\$

Management Fees

\$

\$

Mortgage Interest

\$

\$

Other Interest

\$

\$

Repairs

\$

\$

Supplies

\$

\$

Taxes

\$

\$

Utilities

\$

\$

Other Expenses

Other Source 1:

Other Source 2:

Other Source 3:

Other Source 4:

Other Source 5:

Other Source 6:

Income From Partnerships & S-Corporations

Please Fax all K1's to 813-949-0806 Please E-mail us to expect it.

Fsr@isvip.biz

Please Name all of the K1's you are faxing.

Employer Identification Number

Do you still have an investment in this company?

K1 #1

Yes No

K1 #2

Yes No

K1 #3

Yes No

K1 #4

Yes No

#1 Installment Sale Income

Property Description:

Date Acquired (Month, Day, and Year)

Date Sold (Month, Day, and Year)

This Tax Year

Prior Years

Gross Profit Percentage

\$

Interest Received

\$

\$

Principle Payments Received

\$

\$

#2 Installment Sale Income

Property Description:

Date Acquired (Month, Day, and Year)

Date Sold (Month, Day, and Year)

This Tax Year

Prior Years

Gross Profit Percentage

\$

\$

Interest Received

\$

\$

Principle Payments Received

\$

\$

Low Income Housing Credit

Please fax all Forms 8609 to 813-949-0806 toll free 866-888-1fax

Number of 8609's

Email us prior to Submitting this form to: fsr@isvip.biz

Has there been a decrease in the qualified basis of any building since 12/31/95

YES

NO

If Which Ones? give building identification number (BIN)

#1

#2

#3

#4

#5

Credits From Flow-Through Entities

\$

Disabled Access Credit

Total eligible access expenditures

\$

Disabled Access Credits from Flow-Through Entities

\$

#___ **Profit or Loss From Business Copy form for 2nd business**

Principal Business Or Profession:

Business Code:

Business Name:

Business Address:

Employer ID Number:

Accounting Method:

Inventory Method:

Change of Inventory Method:

YES

NO

Proprietor Name:

Is this the first Schedule C filed for this business:

YES

NO

Did You "Materially participate" in the operation of this business:

YES

NO

Did you acquire or start this business in 2003

YES

NO

Income

Gross Receipts or Sales

\$

Returns and Allowances

\$

Other Income #1:

\$

Other Income #2:

\$

Other Income #3:

\$

Cost of Goods Sold

Inventory at the beginning of the year

\$

Purchases (Less cost of items withdrawn for personal use)

\$

Cost of labor

\$

Materials and supplies

\$

Inventory at end of year

\$

Other Costs #1:

\$

Other Costs #2:

\$

Other Costs #3:

\$

Expenses

Advertising

\$

Bad Debts from Sales or Services

\$

Car and Truck Expenses

\$

Commissions and Fees

\$

Employee Benefit Programs

\$

	Insurance Other Than Health	\$	
	Mortgage Interest (Paid to Banks Etc.)	\$	
	Legal and Professional Services	\$	
	Office Expenses	\$	
	Pension and Profit Sharing Plans	\$	
	Rent or Lease (Vehicles, machinery, and Equipment)	\$	
	Other Business Property	\$	
	Repairs and Maintenance	\$	
	Supplies	\$	
	Taxes and Licenses (Including Real Estate Taxes)	\$	
	Travel	\$	
	Total Meals and Entertainment	\$	
	Utilities	\$	
	Wages	\$	
	Other Expenses		
	Postage and Delivery	\$	
	Printing and	\$	
	Communications Expense (Include Telephone and Long Distance, Paging)	\$	
	Other Expenses #1:	\$	
	Other Expenses #2:	\$	
	Other Expenses #3:	\$	
	Other Expenses #4:	\$	
	Other Expenses #5:	\$	
	Other Expenses #6:	\$	
	Other Expenses #7:	\$	
	Other Expenses #8:	\$	
	Other Expenses #9:	\$	
	Other Expenses #10:	\$	
	Other Expenses #11:	\$	
	Other Expenses #12:	\$	
	Other Expenses #13:	\$	
	Other Expenses #14:	\$	
	Other Expenses #15:	\$	
	Other Expenses #16:	\$	
	Other Expenses #17:	\$	

Credit for Federal Tax on Fuels

Type of Use Table

1. On a farm for farming purposes	7. In a bus transporting students and employees of schools.
2. Off-highway business use (for business use other than in a highway vehicle registered or required to be registered for highway use)	8. For diesel fuel or kerosene used other than as a fuel in the propulsion engine of a train or diesel-powered highway vehicle (but not off-highway business use)
3. Export	9. In foreign trade.
4. In a boat engaged in commercial fishing	10. Certain helicopter and fixed-wing air ambulance uses.
5. In certain intercity or local buses	11. For aviation fuel used other than as a fuel in the propulsion engine of an aircraft.
6. For diesel fuel and LPG in a qualified local Bus.	

Please check box if the return has a dyed fuel attachment for question #3 _ Or question #5 _ or question #6 _

		Number of Gallons purchased		Number of Gallons purchased
1a	Off-highway business use		5 Undyed diesel fuel	
1b	Use on a farm for farming		UV Registration Number	
1c	Nontaxable use of gasoline		Dyed:	
	Type:		5a For farming purposes	
1d	At least 10% alcohol		5b For state or local government	
	Type:		6 Undyed Kerosene	
1e	Between 5.7% & 10% alcohol		UV Registration Number	
	Type:		UP Registration Number	
1f	Between 5.7% & 7.7% Alcohol		Dyed:	
	Type:		6a For farming purposes	
2a	Aviation Gasoline used in commercial aviation.		6b For state or local government	
2b	Aviation Gasoline other non taxable use		6c Sales from blocked pump	
	Type:		7a LPG used by intercity and local buses	
3	Undyed Diesel and Kerosene		7b LPG used by qualified local and school buses	
	Dyed:		8a At least 10% Alcohol Gas	
3a	Nontaxable use if for kerosene		Alcohol>	
	Type:		8b At least 7.7% Alcohol Gas	
3b	Undyed diesel fuel for train		Alcohol>	
3c	Undyed diesel fuel used in intercity or local buses		8c At least 5.7% Alcohol Gas	
4a	Aviation fuel used in commercial aviation		Alcohol	
4b	Aviation fuel non taxable use			
	Type#1: Type#2:			

Expenses for Business Use of Your Home

Total area of home			SQ. FT
Area used exclusively for business			SQ. FT
Did You Claim Office in Home Expenses Last Year - <input type="checkbox"/> Yes <input type="checkbox"/> No			
	Direct Expenses	Indirect Expenses	
Deductible mortgage interest	\$	\$	
Real estate taxes	\$	\$	
Insurance	\$	\$	
Repair and maintenance	\$	\$	
Utilities	\$	\$	
Other Expenses #1:	\$	\$	
Other Expenses #2:	\$	\$	
Other Expenses #3:	\$	\$	
Cost of Home			
Enter the smaller of your home's adjusted basis or its fair market value	\$		
Does this include the value of the Land: Check 1: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Value of The Land	\$		
Use of Home for Daycare			
Total Hours used for Daycare		Hours	
Did you live in the home all Year? Check 1: <input type="checkbox"/> Yes <input type="checkbox"/> No			
If not, enter the dates you lived in the home: _____			

Asset Listing

	Description of Asset	Date Purchased	Cost	Date Sold	Sale Price
1			\$		\$
2			\$		\$
3			\$		\$
4			\$		\$
5			\$		\$
6			\$		\$
7			\$		\$
8			\$		\$
9			\$		\$
10			\$		\$

FINANCIAL STRESS REDUCTION, INC.

ATTESTATION

(For Internet & Computer Completed Returns)

TAX YEAR 2003

BY FAXING, OR MAILING US THIS TAX ORGANIZER, YOU ARE ATTESTING THAT ALL THE TAX, BOOKKEEPING, AND ANY OTHER INFORMATION REPORTED TO FINANCIAL STRESS REDUCTION WAS PRESENTED TO THEM BY YOU AND IS CORRECT.

FINANCIAL STRESS REDUCTION HAS ATTEMPTED TO THE BEST OF THEIR ABILITY TO OBTAIN ALL INFORMATION NECESSARY TO PREPARE A COMPLETE AND ACCURATE TAX RETURN. FINANCIAL STRESS REDUCTION HAS NOT AUDITED RECEIPTS, CANCELLED CHECKS, YOUR DATA SHEETS, OR ANY OTHER INFORMATION PRESENTED OR NOT PRESENTED TO US AT THE TIME OF PREPARATION AND IS NOT RESPONSIBLE FOR ANY INFORMATION WITHHELD FROM US OR ANY INFORMATION PRESENTED TO US THAT WAS FRAUDULENT OR MISREPRESENTED IN ANY WAY.

WE STAND BEHIND OUR GUARANTEE AND OUR WORK

If we make an error on your return we will make any corrections necessary and pay any penalties associated with our preparation errors up to the entire amount you have paid for your tax preparation. You are responsible for any additional taxes and interest due, as you would have occurred them if the return were properly prepared. You are responsible for giving us accurate and correct information.

Attention Electronic Filers - This form will also act as a conformation; giving us permission to file your return electronically, and that you agree to **immediately return to Financial Stress Reduction the Electronically Filing Forms we will send you with your signature. We will supply you with an envelope addressed back to us.**

THANK YOU FOR YOUR BUSINESS

You **must sign this form below. By Signing your Name on the line below, you understand and agree to the terms of this Attestation Form.**
