



TEA PARTY TAXES

TAXATION WITH OUR REPRESENTATION

Instructions

This Tax Deduction Organizer will serve as a guide through our step-by-step process that is carefully designed to help you assemble your tax data and help you take advantage of all allowable deductions. It will ask you about most of your tax relevant financial transactions.

To complete your Tax Deduction Organizer, we suggest that you read this manual in the order in which it is written. If you complete this organizer out of order, you risk missing significant points and diminishing your allowable deductions. Even if a question does not seem to apply to you, read it completely, because the question may remind you of something that can help increase your refund. Be sure to include copies of the documents that are requested by the various questions in this organizer as well as in the "what to send" section. We welcome any additional information. All documents you provide to us will be retained in our files for as long as you remain our client.

Make sure you have reviewed the price list of Tax Preparation Fees, our Privacy Policy, and have signed the Engagement Letter. Once you have completed the organizer, deliver your package to us.

If you need help with this organizer, or have questions about our tax preparation or fees, contact me at (615) 403-3999 or (678) 597-4295.

Deliver your tax preparation organizer and all information to:

**Tea Party Taxes
Charles Gribosky, EA
11555 Medlock Bridge Rd., Suite 100
Johns Creek, GA 30097**

Deadlines:

If you intend to file by:

**March 15th
April 15th
September 15th
October 15th**

Have your information to us by:

**March 1st
March 18th
September 1st
September 30th**

PAYMENT OF INVOICES: I will deliver your tax return ready to be signed and filed only after full payment of your preparation fees has been received.

WE ARE OPEN: Business hours are from 9:00 a.m. until 5:00 p.m. eastern standard time, Monday through Friday.

WE ARE CLOSED: We take vacations on all federal holidays, 10 business days after April 15th, 10 business days after each of the September 15th and October 15th filing deadlines, Thanksgiving week, and the week from Christmas Eve through New Year's Day.

Tea Party Taxes Engagement Letter

Dear Client:

This letter is to confirm and specify the terms of our engagement with you and to clarify the services we will provide. We ask all clients for whom returns are prepared to confirm the following arrangements. It is understood that by requesting Tea Party Taxes, Inc to Prepare your returns you agree to the following arrangements.

Tea Party Taxes will prepare your federal and requested state income tax returns from information that you will furnish us. It is your responsibility to provide all the information required for the preparation of complete and accurate returns. We will not audit or otherwise verify the data you submit, although it may be necessary to ask you for clarification of some of the information. We will furnish you with questionnaires and/or worksheets to guide you in gathering the necessary information. We will render any accounting and bookkeeping assistance as determined to be necessary for preparation of the income tax returns at our hourly charge.

You have the final responsibility for the income tax returns and, therefore, you should review them carefully before you sign them. Your returns may be selected for review by the taxing authorities. In the event of such government tax examination, we will be available upon request to represent you and will render additional invoices for the time and expenses incurred.

Our fee for these services will be based upon our published fee schedule including the amount of time required at standard billing rates plus out-of-pocket expenses. All invoices are due and payable upon presentation.

If the foregoing fairly sets forth your understanding, please sign this letter in the space indicated and return it to our office.

Client Signature _____

Tea Party Taxes Privacy Policy

Enrolled Agents, like all providers of personal financial services, are now required by law to inform their clients of their policies regarding privacy of client information. Enrolled Agents have been and continue to be bound by professional standards of confidentiality that are even more stringent than those required by law. Therefore, we have always protected your right to privacy.

Types of Nonpublic Personal Information We Collect

We collect nonpublic personal information about you that is either provided to us by you or obtained by us with your authorization.

Parties to Whom We Disclose Information

For current and former clients, we do not disclose any nonpublic personal information obtained in the course of our practice except as required or permitted by law. Permitted disclosures include, for instance, providing information to our employees and, in limited situations, to unrelated third parties who need to know that information to assist us in providing services to you. In all such situations, we stress the confidential nature of information being shared.

Protecting the Confidentiality and Security of Current and Former Clients' Information

We retain records relating to professional services that we provide so that we are better able to assist you with your professional needs and, in some cases, to comply with professional guidelines. In order to guard your nonpublic personal information, we maintain physical, electronic, and procedural safeguards that comply with our professional standards.

Tea Party Taxes Tax Return Preparation Fees

Fees for all forms and schedules are included in the main return price unless stated separately. Our average preparation fee for a personal return is \$290. A Small Business return averages \$490 including the owner's personal return. Prices are in effect until January 16, 2027.

Description	Includes	Price	Per
Personal Individual Income Tax Returns	1040 and Expense/Credit related forms	\$235	Return
	State Income Tax Returns	\$60	Return
Income forms and schedules	Rentals, Installment Sales, K-1s, 4797	\$60	Property
	Interest & Dividend Income (Schedule B)	\$6	Account
	Capital Gains (Schedule D)	\$9	Entry
Limitation Calculations	Passive Activity, NOL, Alt Min Tax	\$45	Form
	IRA Contributions, Withdrawals	\$16	Form
	Estimated tax payments/vouchers	\$18	Year
Self Employed Business Tax Returns	Schedule C or F, Home office, Autos, SE	\$198	Return
	Depreciation	\$10	Asset
Corporations or Partnerships	Entire 1065, 1120, 1120S, attachments,	\$760	Return
	Plus (if necessary) hourly rate of	\$85	Hour
Trust Returns	Entire 1041 with attachments	\$760	Return
	Plus (if necessary) hourly rate of	\$85	Hour
Amended Personal Income Tax Returns	Form 1040X	\$225	Return
	Plus hourly rate of	\$85	Hour
NOL Tentative Refund Application	Form 1045	\$219	Year
Extensions	Any first or second extension, any entity	\$16	Extension
Office Visits	First Office Visit is Free, after that	\$50	Visit
Late Return Rush Fee	Receipt of return after guarantee deadline	20%	Surcharge
Tax Consulting	Hourly rate of	\$90	Hour
Bookkeeping	\$200 One time set up fee, then	\$65	Hour
W-2 W-3, 1099 1096 Forms	\$40 Base fee plus	\$9	Employee
Audit Representation	IRS Examination with Power of Attorney	\$100	Hour
Collection Representation	Account and Assessment Issues with POA	\$160	Hour
Offers-in-Compromise/Installments	Negotiate offer or installment agreement	\$4,300	Flat Fee

PAYMENT OPTIONS: Tea Party Taxes will e-file your tax return only after full payment of your preparation fees has been received. If you intend to pay by credit or debit card we will efile your tax return on the day your returns are completed. If you intend to pay by check we will send an invoice, then efile the returns the day after your check is received.

Tea Party Taxes Tax Preparation Organizer

Personal Information

Who should we contact if we have questions about your tax information? _____

	Taxpayer	Spouse
Last Name	_____	_____
First Name	_____	_____
Middle Initial	_____	_____
Social Security #	_____	_____
Occupation	_____	_____
Date of Birth	_____	_____
e-mail address	_____	_____
Work Phone	_____	_____
Work Fax	_____	_____
Cell Phone	_____	_____
Home Phone	_____	_____
Home Fax	_____	_____

Address _____

City _____ State _____ Zip _____

State Tax Information

What County do you live in? _____

School District? _____

School District # _____

Filing Status: (Check)

Single ☐ Married Filing Jointly ☐ Married Filing Separate ☐ Head of Household ☐

Dependents:

First Name	MI	Last Name	Social Security #	Date of Birth	Relationship

If you have others, attach an additional page.

Did each dependent live with you all year? Yes ☐ No ☐

If not, explain where each dependent lived:

Were any dependents full time college students for at least one semester? Yes ☐ No ☐

If yes, list their name(s) below:

Did you pay childcare expenses for any of your dependents? Yes ☐ No ☐

If yes, list their name(s) below.

Tea Party Taxes What to Send

Sources of Income Documents to include

Wages - Include all W-2 forms. Send original Copy B and Copy 2. Keep a copy for yourself.

Self-employment - Include one original of all 1099 forms. Keep a copy for yourself.

Interest/Dividends - Include all 1099 INT/DIV forms.

Partnership/Corporation Income - Include all K-1 forms or other statements.

Pension/IRA/Retirement Distributions - Include original Copy B and Copy 2 of 1099-R or W-2P

Capital Gains -

For all sales of Stocks, Bonds, or Mutual Funds, include the following statements:

- (1) Form 1099-B from your financial institutions
- (2) Sale price and date of sale,
- (3) Purchase price and date of purchase, and
- (4) Dividends reinvested, if any.

Unemployment compensation - Include statement from state.

Social Security Benefits - Include statement from Social Security Administration.

State Income Tax Refund - Include Statement (1099G)

Real Estate Sales - Include Closing Statements from both the purchase and sale.

Enclose any other document you received that reports income

If you have any income for which you did not receive a statement list below

Source	Amount

Copies of your tax returns to include

If this is our first year preparing your taxes please send us a copy of each of your last 3 year's Federal and State returns.

Payments of Personal Estimated Taxes to include

If you made any quarterly estimated tax payments, please include copies of cancelled checks for all payments. List amounts paid in the space provided below.

FEDERAL QUARTERLY ESTIMATED TAX payments for this year: (Not Withholdings)

Normally, these payments are made with Form 1040-ES.

Amount you paid on:

April 15th	June 15th	Sept 15th	Jan 15th
\$	\$	\$	\$

Payment (if any) made with form 4868, Extension Request	\$
Overpayment (if any) applied from last year's refund to this year's taxes	\$

STATE QUARTERLY ESTIMATED TAX payments for this year: (Not Withholdings)

Amount you Paid on:

April 15th	June 15th	Sept 15th	Jan 15th
\$	\$	\$	\$

Payment (if any) made with State Extension Request	\$
Overpayment (if any) applied from last year's State refund to this year's taxes	\$

Tea Party Taxes Self-Employed Business Income and Expense

If you are self-employed, a contractor, received a 1099-MISC, or operate home based business, even part-time, IRS considers you to be in business for yourself and subjects your earnings to self-employment tax. If your business is incorporated or a partnership, fill out the additional worksheet for corporations and partnerships.

If you have more than one business – make copies of these pages and complete sections 1 through 6 separately for each business.

1. Business Information

Name of business owner	
Principle Activity, Product or Service	
Business Name	
Business Address	

Employer ID #		Date Business Began	/	/	
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Did the owner of this business work in this business at least 2 hours per week? YES ☐ NO ☐
Was this business in operation at the end of the year? YES ☐ NO ☐

Accounting Method Cash ☐ Accrual ☐

Additional Worksheet for Corporations & Partnerships

Instructions: Fill out the informational questions below and send us a printed copy of your end of year income statement and balance sheet reports from your corporate accounting software. We also need a list of assets purchased during the taxable year. If your software does not generate an asset report, please make a list in the space provided on this page.

Federal EIN		State EIN		State Sales Tax #	
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S-Corp ☐ C-Corp ☐ Partnership ☐

Date of Incorporation		Date of S-Corp election	
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If LLC, How is your LLC recognized for tax purposes?

S-Corp ☐ C-Corp ☐ Partnership ☐

How many shareholders own any part of this company? _____

List each shareholder and the number of shares owned along with address and SS# below:

What was the balance of your company bank account on December 31st? _____

Quarterly Estimated Income Tax Payments

Quarter	Date	Amount
1		\$
2		\$
3		\$
4		\$

Tax Deposited with Extension Form 7004 \$ _____

2. Business Income

Do not include income reported to you on a W-2 in this section.

Receipts	Amount
Gross Receipts & Sales not reported to you on a 1099	\$
Gross Receipts & Sales reported to you on a 1099	\$
Returns & Allowances (Refunds to customers)	\$

3. Business Inventory

Cost of Goods Sold	Amount
Beginning Inventory	\$
Purchases	\$
Items Removed from Inventory for Personal Use	\$
Amount you paid for Contract Labor (Not Employee Wages)	\$
Materials & Supplies that went into your finished product	\$
Freight & Shipping paid to receive inventory	\$
Ending Inventory (your cost of inventory on hand on 12/31)	\$

4. Business Expenses

Expense	Amount	Other Expenses	Amount
Advertising		Accounting	
Commissions <i>that you paid to others</i>		Appraisal Fees	
Contract labor (total from form 1096)		Bad debts from Sales (Accrual only)	
Medical Expenses reimbursed to		Business Cards	
Other Employee Benefit Programs		Bank Charges	
Insurance (business liability)		Cell Phone	
Interest (except home or auto)		Credit & Collection	
Legal/Professional		Courier Service	
Office expense		Computer Service and Supplies	
Employee Pension Plans		Delivery & Freight	
Rent of Vehicles or Equipment		Dues & Subscriptions	
Rent of property (except home)		Escrow/Loan Fees	
Repairs/Maintenance (except home, car)		Film Processing	
Supplies		Flowers/Cards	
Licenses (other than auto)		Gifts (limited to \$25 per individual)	
Real Estate Tax (other than home)		Internet Access	
Sales Tax		Janitorial	
Payroll Tax (Employer's share only)		Keys/Locksmiths	
Travel Expense		Laundry & Cleaning	
Meals & Entertainment		Meeting Fees	
Utilities (other than home)		Outside Services	
Wages		Permits & Fees	
Wages paid to Spouse		Postage	
Wages paid to Children		Printing	
		Referral Fees	
		Seminars	
		Telephone (Business Line)	
		Uniforms	
		Voicemail/Pager	
		Web Hosting	

To be deductible, wages must be paid by your business and have W-2's and W-3 filed. Please, enclose copies of forms W-2 and W-3 that you filed for your employees.

5. New Business Assets purchased or placed into service for business use during this tax year.

Description of Asset	Date Purchased	Cost	% Business Use
	/ /	\$	
	/ /	\$	
	/ /	\$	
	/ /	\$	
	/ /	\$	
	/ /	\$	
	/ /	\$	
	/ /	\$	
	/ /	\$	
	/ /	\$	

6. Business use of Your Home

Did you use an area in your home as an office for the business listed in Question 1 above?

YES ☐ NO ☐

Was this area used regularly and exclusively for business?

YES ☐ NO ☐

If you answered yes to the questions above, or if you stored inventory, tools or product samples in your house complete the following table.

Refer to the deduction finder at the end of this organizer for an explanation of deductible home office expenses.

Enter the total square footage of your home, include your basement, attic, and garage only if they are used for business.	
Enter the square footage of the room or area that you use regularly and exclusively as an office.	
Enter the square footage of any room other than your office in which you store inventory, tools or product samples. Note: This room can be used only occasionally for personal	
Enter the square footage of the floor area on which inventory or product samples physically sit in any other rooms not entered above.	

Was your home used for a daycare business? YES ☐ NO ☐

If yes:

Number of Hours per day	Number of Days per week	Number of Weeks this tax year

Business use of Home Expenses for Homeowners		Amount
Cost of home (purchase price, including land, plus improvements)		\$
Value of the lot on day you purchased the house		\$
Mortgage Interest you paid		\$
Real estate tax		\$
Homeowner's insurance		\$
Repairs and Maintenance		\$
Annual cost of utilities: (Electricity, Gas, Water, etc. NOT TELEPHONE)		\$
Mortgage insurance		\$
Other expenses (security, HOA dues, etc.)		\$

Business use of Home Expenses for Renters		Amount
Repairs and Maintenance		\$
Annual cost of utilities: (Electricity, Gas, Water, etc. NOT TELEPHONE)		\$
Annual Rent		\$

7. Auto Expenses

If you used an auto for more than one business activity, enter total business miles for your main business first and then write down how many miles were driven for each business activity in the rows beneath. If you bought, traded in or sold a vehicle used for business this year send copies of the sale and purchase contracts. If leasing, give purchase price.

How many autos do you own? _____

Auto Information	Auto #1	Auto #2	Auto #3	Auto #4	Auto #5
Primary business or job in which auto is used					
Do you own the vehicle?	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Do you have a mileage log?	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Make, Model and Year					
Purchase price (Including leased vehicles)					
Date Purchased					
Date first used for business					
If leased, annual lease payment					
Period of lease (in months)					
Date lease began					
Total miles driven during the year for each car					
Self-Employed Business miles driven					
Charitable miles driven during the year					
Real Estate rental miles driven					
Medical miles driven during the year					
Miles driven for another business if more than one					

Expenses of operation:

Gas					
Oil					
Repairs and Maintenance					
Insurance					
Property Tax					
License/Registration					
Parking/Tolls					
Interest paid on auto loan	\$	\$	\$	\$	\$

Tea Party Taxes Real Estate Rental Income and Expense

1. If you own property that is rented to others (Rental Property) complete the following worksheet.

If you own more than one rental property make copies of this page, and complete a separate set of questions for each property owned. If Tea Party Taxes did not prepare your tax return last year, please provide us with a copy of the depreciation schedule or, form 4562, and copy of Schedule E for all years that the property has been used as rental property.

Type of Property (Duplex, Condo, etc.)	Address
#1.	
#2.	
#3.	
#4	

	Property #1	Property #2	Property #3	Property #4
Date Purchased				
Date Placed into service as rental				
Purchase Price (including land)				
Land Value when purchased				
Number of days rented during the year				
Number of days you personally used the property				
Number of days property was used by relatives				
Number of days spent on maintenance and repairs				
Do you actively manage this rental?				
Current Year Revenues				
Rent Received				
Current Year Expenses				
Advertising				
Auto (Miles)				
Travel				
Cleaning & Maintenance				
Commissions				
Insurance				
Legal/Professional Fees				
Management Fees				
Mortgage Interest				
Other Interest				
Mortgage Insurance/PMI				
Repairs -If over \$500, list separately				
Supplies				
Property Taxes				
Utilities				
Wages				
Lot Rent				

2. If you collected interest on a loan during this tax year, provide the following information about the payer.

Name: _____

Address: _____

Social Security number: _____ Amount collected: Interest \$ _____ Principal \$ _____

Tea Party Taxes

Deductions, Credits and Adjustments Questions

1. Did you have medical or dental expenses? YES ☐ NO ☐

AMOUNT PAID \$ _____ (Not reimbursed by Insurer or Employer)

Refer to the deduction finder at the end of this organizer for a list of deductible medical expenses

2. Do you have medical/dental insurance? YES ☐ NO ☐

PREMIUMS PAID \$ _____ (Not including pre-tax deductions)

3. Taxes paid last year

Enter in the table below:

Type of Tax	Amount
Taxes paid when you filed your State income tax return	
Taxes paid when you filed your Local income tax return	
Taxes paid with any late filed State or Local tax returns	
State tax installment payments	
Additional State tax assessments paid	
Real estate taxes paid on your principal residence	
If you moved, Real estate taxes paid on your old home	
Real Estate taxes paid on any other Non-Rental Property or land you own	
Property tax on autos not used for business	
State or Local Personal Property Tax Other than Real Estate	
What is the sales tax rate in the city of your residence?	%
Sales Tax Paid on a New Auto Purchase	
Sales Tax Paid on Home Improvement/Building Supplies	

4. Are you buying your main residence? YES ☐ NO ☐

(Include copies of all Forms 1098 that you received from lenders)

Home Mortgage Interest Paid	Amount
1 st Mortgage	
2 nd Mortgage	
Home Equity Loan	
Vacation Home	

If you paid interest on a residential mortgage to an individual who did not issue you a Form 1098 provide the following information about the lender:

Name	
Address	
Social Security number	
Interest paid \$	

5. Did you refinance a home mortgage this year? YES ☐ NO ☐

(Include copy of closing statement)

POINTS PAID \$ _____

Term (in years) _____ Date of refinance _____

6. Did you make any charitable contributions? YES ☐ NO ☐

Amount Cash & Checks \$ _____
Other contributions (clothing or household goods) \$ _____

If total other contributions are \$500 or more, attach copies of receipts received from charities to which you made the donations, showing amount, date, and name & address of charity.

Charitable Mileage Driven _____ mi.

7. Did you pay any investment expenses? YES ☐ NO ☐

Investment expense	Amount

8. Did you pay for tax return preparation during the year? YES ☐ NO ☐

AMOUNT PAID \$ _____

Please include copy of invoice showing expenses by form, or by business and personal costs.

9. Did you pay any Student Loan Interest? YES ☐ NO ☐

AMOUNT PAID \$ _____

10. Did you incur child-care expenses during the year? YES ☐ NO ☐

Persons or Organizations providing the care (nursery & kindergarten school expenses may qualify for the credit):

Name of Provider	Address	EIN or SS#	Amount Paid

Note: IRS will not allow this credit without reporting the provider's EIN or SS#

11. Do you or your spouse have a self-employed retirement plan? (SEP/SIMPLE/KEOGH) Self ☐ Spouse ☐

Amount contributed, for You \$ _____ your Spouse \$ _____

Do you want us to calculate the maximum contribution prior to completing your return? YES ☐ NO ☐

12. Did you or your spouse contribute to an IRA (not employer plan) during the year? YES ☐ NO ☐

	Traditional IRA	Roth IRA	Educational IRA
Self			
Spouse			

13. Did you pay College tuition for yourself, a spouse or dependent?

YES ☐ NO ☐

Enclose all copies of form 1098-T

Education Expenses *Hope Scholarship Credit, Lifetime Learning Credit or Job-Related Expenses*

Name of Student				
Name of School				
Type of Education (College, Vocational, Job related)				
Was student enrolled at least halftime for at least one academic period in a program leading to a degree, certificate, or other recognized credential? (Hope Credit)	YES NO	YES NO	YES NO	YES NO
Was student in first or second year of postsecondary education? (Hope Credit)	YES NO	YES NO	YES NO	YES NO
Tuition and fees	\$	\$	\$	\$
Books	\$	\$	\$	\$
Supplies	\$	\$	\$	\$
Auto Travel (miles)				
Lodging / Room & board	\$	\$	\$	\$
Meals (away from home overnight)	\$	\$	\$	\$
Scholarship, Grants or Amount Reimbursed	\$	\$	\$	\$

14. Retirement Rollovers

Did you or your spouse take, not borrow, any money out of an IRA or another retirement plan? YES ☐ NO ☐

If YES, show separately for each person:

Amount of distribution \$ _____

Amount transferred or rolled-over within the 60day, tax-free roll-over period \$ _____

Enclose all copies of Form 1099-R

15. Rental Information: (For computation of State Renter's Credit, if you rented your primary residence from someone else during any part of this tax year).

Landlord's Name	
Landlord's Address	
Landlord's Phone Number	
Address of property rented	
Dates rented	From: _____ To: _____
Amount of rent paid	\$ _____

Is the cost of heat included in your rent? YES ☐ NO ☐

16. Use this space to ask questions or tell us anything else you think we need to know to prepare your return.
