

Maguire Taxes, LLC

2010 TAX ORGANIZER

This tax organizer is designed to help you collect and report the information needed to prepare your tax return by focusing attention on your specific needs as a Merchant Mariner.

In addition to the general questions, please provide us with the following information:

- A copy of your prior tax return (not necessary if we prepared).
- Certificates of Discharge.
- **Voyage Schedules for all ships.**
- ****MA Residents** – attach Health Ins Form or copy of HI cards

ADDITIONAL FEES APPLY FOR PREPARATION OF SCHEDULE C, D & E and will be based on complexity.

REFERRED BY:

If you have any questions please contact Maguire Taxes Inc. at 866-M-TAX- 911 (682-9911)

CLIENT INFORMATION

	Taxpayer	Spouse
First Name & initial		
Last Name		
Social Security Number		
Date Of Birth		
Occupation		
Home Telephone		
Work Telephone		
Cell Telephone		
Email Address		
Current Address		
Address for Tax Returns to be mailed to you		
*School District / County		

If you would like Direct Deposit of your refund please fill out:

Routing Number: _____ Account Number: _____

FILING STATUS: (Check One)

SINGLE_ MARRIED_ MARRIED FIING SEPARATE_ HEAD OF HOUSEHOLD_

DEPENDENTS (Add additional dependents as necessary)

	DEPENDENT # 1	DEPENDENT # 2
First Name & initial		
Last Name		
Social Security Number		
Date Of Birth		
Months Lived at Home		

	DEPENDENT # 3	DEPENDENT # 4
First Name & initial		
Last Name		
Social Security Number		
Date Of Birth		
Months Lived at Home		

INCOME

SALARIES AND WAGES (ATTACH W-2'S)

INTEREST INCOME (ATTACH 1099-INT'S)

DIVIDEND INCOME (ATTACH 1099-DIV'S)

STATE TAX REFUND (ATTACH 1099-G'S)

BUSINESS INCOME – Schedule C (CONTACT MAGUIRE TAXES FOR REQUIRED INFORMATION)

RENTAL INCOME – Schedule E (CONTACT MAGUIRE TAXES FOR REQUIRED INFORMATION)

***Fees for preparing your Schedule C, D & E will be based on complexity.

**Also be sure to include any and all information received entitled:
“IMPORTANT TAX DOCUMENT”**

CAPITAL GAINS AND LOSSES – Schedule D (ATTACH 1099-B'S AND COST BASIS DETAIL).

Description	Purchase Date	Sales Date	Proceeds	Purchase Price

IRA & PENSION DISTRIBUTIONS (ATTACH 1099-R'S)

SOURCE	DID YOU ROLL OVER?	CONTRIBUTE TO A CHARITY?	DISTRIBUTION	TAXABLE AMOUNT

INCOME FROM PASS-THROUGH ENTITIES (ATTACH SCHEDULE K-1'S)

SOURCE	DISTRIBUTION	TAXABLE AMOUNT

OTHER INCOME

	AMOUNT
Alimony Income	
Payers Name & Social Security	
SOCIAL SECURITY RECEIVED (ATTACH 1099-SSA)	
SOCIAL SECURITY RECEIVED (ATTACH 1099-SSA)	
UNEMPLOYMENT RECEIVED (ATTACH 1099-G)	
MISCELLANEOUS INCOME Description:	
MISCELLANEOUS INCOME Description:	
Stimulus Payment Recv'd	

ADJUSTMENTS TO INCOME

	TAXPAYER	SPOUSE
IRA Deduction		
Education IRA Deduction		
Roth IRA Contribution		
Student Loan Interest Paid		
Moving Expense (contact us for worksheet)		
Alimony Paid – if applicable, please provide social security number of alimony recipient		

MERCHANT MARINE JOB SEARCH & CONTINUING EDUCATION EXPENSES

Job Search Expenses:

List each city you traveled to through the year going to Union Halls seeking work. It is essential that you list all cities and how many days you were there. For example: 6 days in Baltimore, 3 days in Oakland, etc. Be sure to list if you had to incur hotel and / or meal expenses.

LIST EACH CITY #OF DAYS MEALS HOTELS AIRFARE BUS MILEAGE ETC TOTAL

RENTAL CAR COSTS (IF ANY) \$

OTHER EXPENSES (EXPLAIN):

SAILOR CONTINUING EDUCATION EXPENSES:

Educational Transportation Costs including U.S. Coast Guard License Renewal:

LIST EACH CITY #OF DAYS MEALS HOTELS AIRFARE BUS MILEAGE ETC TOTAL

RENTAL CAR COSTS (IF ANY) \$

OTHER EXPENSES (EXPLAIN):

EDUCATION COSTS: TUITION \$

BOOKS \$

COURSE SUPPLIES \$

PHONE CALLS WHILE AT EDUCATION SITE(S) \$

ANY EDUCATION REIMBURSEMENTS? (1099-MISC) IF SO, HOW WAS IT PAID, AND HOW MUCH:

OTHER TRANSPORTATION EXPENSES:

(Travel to meet the Ship, port transportation, etc.) Include dollar amounts on wage pay off from shipping companies. **If they reimbursed you for out-of-pocket expenses and it is on your wage payoff sheet, you are paying income taxes on the reimbursement.**

TOTAL \$

ITEMIZED DEDUCTIONS

MEDICAL EXPENSES (Please note Medical Expenses must exceed 7.5% of your Adj. Gross Income to be deductible – add separate worksheet if you feel this may be applicable). In general, taxpayers do not meet this requirement. If the combined dollar amount of Medical Insurance Premiums, Prescriptions, Doctors, Dentists, Hospital Charges, Lab Charges, and Miscellaneous Expenses does not exceed 7.5% of your adjusted gross income, there is no need to include these numbers.

	TAXPAYER	SPOUSE
Estimated Payments		
Real Estate Taxes		
Personal Property Taxes		
State Intangible Tax – List State: _____		
Other – Include Auto Registration Tax		

INTEREST PAID (ATTACH 1098’S)

	TAXPAYER	SPOUSE
First Mortgage		
Second Mortgage		
Equity Line		
Investment Interest		

CHARITABLE CONTRIBUTIONS (ATTACH RELATED DOCUMENTS) Any documents supporting Miscellaneous Cash, Check, Non-Cash Contributions, and Charitable Mileage

	TAXPAYER	SPOUSE
Misc Cash or Check		
Non-Cash Contributions		
Charitable Mileage		
Any Gift > \$500 – Include Organization name, City, State, and description		

	TAXPAYER	SPOUSE
Safe Deposit Box		
Investment Expenses		
Tax Return Preparation Fee		
Rent		

TEACHERS! Be sure to include your educator expenses _____

TAX CREDITS

	DEPENDENT #1	DEPENDENT #2
Child Care Provider Name and EIN or SS number		
Address		
City State Zip		
Child Care Expenses		

Educational Deductions and Credits

	TAXPAYER	SPOUSE
Educational Institution		
Tuition and fees		
	DEPENDANT 1	DEPENDANT 2
Educational Institution		
Tuition and fees		

Attach any 1098-T forms you receive. Parents – either have us prepare your children’s return, or **make sure that they do not indicate** that “no one else can claim them as a dependant” on their taxes...

ENERGY CREDITS

Energy Improvement	Date Installed	Purchase Price

NEW VEHICLE PURCHASE

Date new vehicle purchased	Purchase Price	Sales Tax Paid

ESTIMATED TAX PAYMENTS

	FEDERAL	STATE
Overpayment Applied from Prior Year		
First Quarter – Date paid:		
Second Quarter - Date paid:		
Third Quarter - Date paid:		
Fourth Quarter – Date paid:		

MISCELLANEOUS QUESTIONS

	YES	NO
Has your marital status changed?		
Has your mailing address changed?		
Can another taxpayer claim you (or your spouse) as a dependent?		
Were there any changes to your dependents during the tax year?		
Do you have any children under 14 who have unearned income greater than \$700?		
Did you begin adoption proceedings or adopt a child?		
Did you buy, sell or refinance your first or second home during the tax year? If yes, please attach copies of the closing documents.		
Do you have Health Insurance? (MA only)		

******IF THERE ARE ANY OTHER DEDUCTIONS YOU WOULD LIKE TO ADD AND HAVE LOOKED AT PLEASE WRITE IT DOWN ON A BLANK SHEET**