

Eric Scott Inc

Mailing Address:

18121 E. Hampden Ave C207
 Aurora, CO 80013
 720-870-7214

www.PeakAccountingAndTax.com
ecook@peakaccountingandtax.com

Taxpayer Information	Spouse Information
First Name:	First Name:
Last Name	Last Name
Middle Initial:	Middle Initial:
Social Security Number:	Social Security Number:
Phone Number:	Phone Number:

Occupation:	Occupation:
Date of Birth:	Date of Birth:
State of Residency:	State of Residency:

Filing Status

Single	
Maried Filing Joint	
Maried Filing Separately	
Head of Household	
Qualifying Widower	

If you have questions regarding your filing status please leave this blank and we will contact you.

Dependents

First Name	Last Name	Date of Birth	Social Security Number	Relationship	Months in Home

Please let us know substantiation if you are claiming a dependent child that did not live with you

Eric Scott Inc

At Anytime during 2009:

Did you receive income from any of the following Sources:	Yes	No
Wages		
Tips		
Interest or Dividends		
Social Security Benefits or Tier I Railroad Retirement		
Lump Sum from an employer sponsored plan		
Retirement or IRA Distribution for which the recipient is less than 59 1/2		
Other Pension, Annuity, IRA, or retirement income?		
If IRA Distribution were nondeductible contributions ever made?		
If Yes please provide the balance of all IRA Accounts at the end of 2009		
Unemployment Compensation		
Alimony		
Self Employment and/or operation of a business		
Operation of a farm		
Rental of land or property for agricultural purposes		
Other Rental Property		
Gambling Winnings		
Royalties		
Any Miscellaneous Income		

Please provide us with any of the following forms if you received them in the mail

W-2
W-2G
1099R
1099INT
1099DIV
1099MISC
1099B
1099S
1099G
ANY OTHER 1099
K-1
1098
Any IRS notices received during the year
Closing Statements from real estate sales, refinance, or purchases

We are providing this organizer to assist you in compiling your tax information for 2009. We hope this will help you to organize your documents, and provide all of the required information to prepare your tax returns. If you have any questions regarding this organizer, or need any help filling out the forms, please contact us and we will be happy to go through this with you. For your security you may want to photo copy or scan documents prior to sending them to us, in case of an error in mailing. Some also choose to mail them so that packages can be tracked.

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At Anytime during 2009:

Did you or your spouse sell or dispose of any of the following property	Yes	No
Stock, Mutual Fund, or other non-business asset		
Your Personal Residence		
Rental Property		
Property or Assets Relating to a Business or Farm		

Did you or your spouse do any of the following during 2009	Yes	No
Have a home mortgage		
Refinance your home mortgage		
Use a portion of your home exclusively for business		
Have medical expenses		
Pay for medical insurance		
Make regular or substantial contributions to a charity, religious entity? If yes did you make over \$500 in non-cash contributions		
Suffer a loss due to a casualty such as fire, theft, or other disaster		
Incur out of pocket expenses in connection with your job?		
Move to be closer to a new Job		
Have an Interest in an Partnership, S Corporation, Estate, Or Trust (receive a K-1)		
Have a Qualified Fuel Tax Credit		
Contribute to a retirement plan		
Get claimed on someone elses return as a dependent		

	Yes	No
Did your children receive more than \$900 and less than \$9,000 from interest and dividiends that you wish to claim on your tax return instead of your childs?		
Did you pay For Dependent Care Expenses		
Did you pay for qualified post secondary education tuition and related expenses		
Did you pay any interest in higher education loans		
Were you a pre-college educator that purchased classroom supplies or materials? If so please indicate the amount.		
Did you make a major purchase such as a car, boat, motor home or building materials or keep records of all sales tax paid during the year?		
Were there any Births, Adoptions, divorces, marriages, or deaths in your household?		
Did you or your spouse pay alimony during the year?		
If you had Gambling Winning in 2009, did you have gambling expenses?		
Did you perform any energy saving rennovation on your home during the year such as windows, insulation, A/C or furnances?		
Do you desire direct deposit if you have a refund? If so please attach a voided check, or a deposit slip for a savings account.		

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W-2 Income

Name of Employer	
Street Address	
City, State, Zip	
Employer Identification Number	
Taxpayer or Spouse	

Name of Employer	
Street Address	
City, State, Zip	
Employer Identification Number	
Taxpayer or Spouse	

Name of Employer	
Street Address	
City, State, Zip	
Employer Identification Number	
Taxpayer or Spouse	

Name of Employer	
Street Address	
City, State, Zip	
Employer Identification Number	
Taxpayer or Spouse	

Name of Employer	
Street Address	
City, State, Zip	
Employer Identification Number	
Taxpayer or Spouse	

W-2G Income

Name of Payer	
Street Address	
City, State, Zip	
Employer Identification Number	
Taxpayer or Spouse	

Name of Payer	
Street Address	
City, State, Zip	
Employer Identification Number	
Taxpayer or Spouse	

W-2G Income

Unemployment Amount Received		Please Attach 1099G
Unemployment Amount Paid		

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Estimated Tax Payments During the 2009

Federal Payments	Date Paid	Amount
Quarter 1		
Quarter 2		
Quarter 3		
Quarter 4		
Other		

State Payments		
Quarter 1		
Quarter 2		
Quarter 3		
Quarter 4		
Other		

Other Income

State and Local Tax Refunds

State or Jurisdiction	Amount Received		

Alimony Received	

Other Income Type and Amount

Adjustments

Educator Expense	Amount
Self Employed Retirement Plan	
Self Employed Health Insurance Paid	
Traditional IRA Contribution	
Roth IRA Contribution	
Student Loan Interest Paid	
Tuition And Fees	
Alimony Paid to:	
SS# of Recipient	

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Itemized Deductions

Medical and Dental Expenses: Include prescription medicine, drugs, non prescription medical supplies, such as crutches, doctor bills, nursing expenses, hospital charges, post tax medical insurance premiums (not self employed), and medical miles driven.

Description	Taxpayer or Spouse	Amount
Mileage		

Taxes Paid such as state and local income, real estate taxes, personal property taxes, ad valorem taxes, and other. (Please specify)

Description	Taxpayer or Spouse	Amount

Interest Paid - Such as mortgage interest, Points Paid in refinancing a home, investment interest expense.

Description	Taxpayer or Spouse	Amount

Miscellaneous Deductions

Description	Taxpayer or Spouse	Amount
Union or professional dues, business publications and others		
Investment expenses, safe deposit box costs		
Gambling expenses (up to amount of winnings)		

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Contributions to Charities

Cash Contributions	Taxpayer or Spouse	Amount

Non Cash Contributions and how derived value	Taxpayer or Spouse	Amount

Number of Charity Miles Driven	
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Interest and Dividend Income

Interest Income

Name of Payer	Taxpayer or Spouse	Amount

Dividend Income - Ordinary

Name of Payer	Taxpayer or Spouse	Amount

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Employee Business Expenses

Expenses

Spouse or Taxpayer	
Occupation Incurred	
Are you a performing Artist	
Are you a fee basis state or local govt official	
A National Guard Reserve member who drove more	
Parking Fees, Tolls, and local transportation	
Travel expenses while gone overnight	
Meals and Entertainment or Days gone	
Are you subject o DOT Hour of Regulation?	
Other Business Expenses	

Amounts reimbursed against above expenses	
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Expenses

Spouse or Taxpayer	
Occupation Incurred	
Are you a performing Artist	
Are you a fee basis state or local govt official	
A National Guard Reserve member who drove more	
Parking Fees, Tolls, and local transportation	
Travel expenses while gone overnight	
Meals and Entertainment or Days gone	
Are you subject o DOT Hour of Regulation?	
Other Business Expenses	

Amounts reimbursed against above expenses	
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Automobile

Date vehicle was placed in service	
total miles driven during the year	
miles driven for business purposes	
Gas Repairs and Insurance costs	
Cost or basis of vehicle	

Date vehicle was placed in service	
total miles driven during the year	
miles driven for business purposes	
Gas Repairs and Insurance costs	
Cost or basis of vehicle	

Child and Dependent Care Expenses

Name of Provider	
Street Address	
City State and Zip Code	
Social Security or EIN	
Amount Paid	

Name of Provider	
Street Address	
City State and Zip Code	
Social Security or EIN	
Amount Paid	

Name of Provider	
Street Address	
City State and Zip Code	
Social Security or EIN	
Amount Paid	

Name of Each Child	Total Amount Paid Per Child

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Moving Expenses

How many miles is from your new residence and your old residence	
How much did you spend paying a moving company or using a rental truck	
What other expenses did you have such as lodging, meals, materials etc.	

Job Search Expenses

Description	Amount
Mileage	

Home Energy Improvements

Please describe and list amounts for any energy related upgrades to your home such as insulation, water heater, windows, exterior doors, solar heating systems, or other similar items.

Description	Amount

Additional Notes or Comments

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Business Income and Expenses

Principal Profession or type of business	
Business Name	
Spouse or Taxpayers Business	
Was this business first started during this tax year?	
Enter the date if you sold or disposed of this business during the year	
EIN (if you have one)	

Income

Gross Receipts or Sales	
Return and Allowances	
Other Income	

Expenses

Advertising	
Car/Truck Expenses	
Commissions	
Contract Labor	
Depletion	
Employee Benefit Programs	
Insurance -Other than Health	
Interest - Mortgage	
Interest - Other	
Legal and Professional	
Office Expense	
Pension and Profit Sharing	
Rent or Lease - Machinery, Equipment, and Vehicles	
Rent or Lease - Other Business Property	
Repairs and Maintenance	
Supplies	
Taxes and Licenses	
Travel	
Meals and Entertainment	
Is this business subject to DOT Hours of Service?	Yes No
Communication Expense	
Utilities	
Wages	
Business Assets (Please Enter Date Purchased and Cost)	
Business Assets (Please Enter Date Purchased and Cost)	
Business Assets (Please Enter Date Purchased and Cost)	
Business Assets (Please Enter Date Purchased and Cost)	
Inventory at beginning of year	
Purchases	
Inventory at End of Year	

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Rental, Real Estate, Royalties

	Property A	Property B
Kind of Property		
Location		

Income

Rents Received		
Royalties Received		

Expenses - Please add additional items in the space provided

Advertising		
Auto and Travel		
Maintenance		
Commissions		
Insurance		
Professional Fees		
Management Fees		
Mortgage Interest		
Other Interest		
Repairs		
Supplies		
Taxes		
Utilities		

Cost		
First year rental?		
Loss Carryover 2009		
Actively Participate		
Any Personal Use		

Additional Notes

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Farm Income and Expenses

Your Principal Product:			
Date if you disposed of or sold this business:			
Spouse or Taxpayers business:			
EIN if you have one:			

Income

Sales of Livestock and othe items you bought for resale	
Cost or other basis of livestock or other items for resale from above	
Sales of livestock , produce, grains, and other raised products	
Total Cooperative Distributions	
Agricultural Program Payments	
Commodity Credit Corporation Loans	
Crop Insurance/Disaster Payments	
Custom Hire	
Other Income	

Expenses

Car/Truck Expenses	
Chemicals	
Conservation Expenses	
Custom Hire	
Employee Benefit Programs	
Feed Purchases	
Fertilizer and Lime	
Freight and Trucking	
Gasoline, Fuel, and Oil	
Insurance	
Interest - Mortgage	
Interest - Other	
Labor Hired	
Pension and Profit Sharing Plans	
Rent or Lease - Vehicles, Machinery, and Equipment	
Rent Or Lease - Other Property	
Repairs and Maintenance	
Seeds and Plants Purchased	
Storage and Warehousing	
Supplies	Yes No
Taxes	
Utilities	
Veterinary, Breeding, and Medicine	

Enter Prior year loss if any	
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Partnerships and S Corporation Income

K-1 Information

Name of Entity	
Federal ID Number	
Partnership or S Corporation	

Name of Entity	
Federal ID Number	
Partnership or S Corporation	

Name of Entity	
Federal ID Number	
Partnership or S Corporation	

Name of Entity	
Federal ID Number	
Partnership or S Corporation	

Estate and Trust Income

Name of Estate or Trust	
Federal ID Number	
If any rental real estate, are you an active participant	

Name of Estate or Trust	
Federal ID Number	
If any rental real estate, are you an active participant	

Name of Estate or Trust	
Federal ID Number	
If any rental real estate, are you an active participant	

Additional notes for inheritance, or other events in your household.

Please provide all K-1 schedules received for the year

Eric Scott, Inc
FINANCIAL SERVICES AGREEMENT

This agreement is made between _____, hereinafter called "Client" and Eric Scott, Inc hereinafter called "ES".

1. ENGAGEMENT and DUTIES:

- a. ES offers bookkeeping, tax preparation for federal and state returns, income statements, budgeting, preparation of quarterly estimated tax vouchers, and other financial consulting.
- b. Client hereby engages ES to provide services described above starting at the date of this document.
- c. ES may continue to prepare tax returns annually for client, prepare quarterly estimated tax payments based on the information that the Client furnishes ES, or any other service ES customarily provides.
- d. ES is authorized to file a tax extension for Client for any suitable reason, especially if documents are not received in a timely basis by ES.

2. PAYMENT AND FEES:

- a. ES is authorized to collect usual and customary fees for providing this service based on their published fee schedule. Payments may be made via cash, check, credit card, or other electronic process.
- b. Fees will be collected on a periodic basis, typically monthly, quarterly, or annually.
- c. Client agrees to pay for tax preparation services in advance.
- d. ES is authorized to collect hourly fees for additional services completed for the client's behalf.

3. DUTIES AND RIGHTS OF CLIENT:

- a. Client agrees to furnish accurate, complete, and timely settlement, tax, and financial data to ES.
- b. Client agrees to allow ES to gather settlement, tax, and any other relevant information with the company for which the client provides services, provides any financial services, or finances the client's equipment. Client agrees to allow ES to share monthly operating statements with any third party at the direction and consent of client.
- c. Client agrees ES may access client information online or through third parties at the direction and consent of client.
- d. ES may ask for more information or documentation, and Client will provide such information.
- e. Client will be treated fairly, and ES will try to resolve tax matters in the client's favor when practical and prudent.
- f. Client agrees to review each document and tax return completely before signing. The client is reminded that the law imposes a penalty if a taxpayer makes a substantial underpayment of tax liability. Client is ultimately responsible for such filings and payments
- g. Client may discontinue service at any time giving 30 days written notice. Fees will be charged until discontinuation of service. ES may charge a \$150 closing account fee if needed to recoup time for setup, record keeping, marketing, or other expenses.

4. MISCELLANEOUS:

- a. Client acknowledges that ES's liability for damages under this agreement shall not exceed the total fees paid by client, and ES will be released and indemnified from any future liability.
- b. ES may discontinue service to Client for any reason, and return documents and information to Client in a timely manner.
- c. All questions of law and interpretation of this agreement shall be governed and construed in accordance with the laws of Colorado.
- d. This agreement may be amended or modified in writing with the mutual consent of the Client and ES.
- e. Eric Scott will maintain files related to this engagement that we, in our sole professional judgment, determine are necessary for the conduct of this engagement. During the period in which we maintain the files, you may request to examine the files, and to copy documents in the files. Client is required to request any documents not returned to them within once year after the engagement ends. Otherwise ES may destroy the files according with our records retention policy.
- f. This Agreement constitutes the sole agreement of the parties and supersedes any prior understandings, or written, or oral agreements between the parties respecting the subject matter of this Agreement. No modification of this agreement shall be effective unless in writing, and signed by ES. The parties agree that fax signatures are legally binding in accordance with this Agreement.

Client Printed Name				Client Signature	
				Date	