



Lisa C. Wright, CPA, LLC
 Certified Public Accountant & Consultant

5860 E. Osage Ridge Ln.
 Columbia, MO 65201

Ph./Fax (573) 474-4961
 lcw@lisacwrightcpa.com

Member of the American
 Society of Certified Public
 Accountants

Member of the Missouri
 Society of Certified Public
 Accountants

Dear,

This Income Tax Organizer is designed to aid you in the task of assembling your 2010 tax data. The Organizer, when filled out completely, will help prevent omissions and will focus my attention on your special situation. Please answer the questions the best you can. All information submitted is completely confidential. If this is the first time I have prepared your return, please include a copy of your prior year(s) return and copies of social security cards for all dependents.

Please bring or send this Organizer along with all your tax related documents (W2's, 1098's, 1099 INT, 1099 DIV, 1099 B, 1099 MISC, 1099 R and any other 1099, partnership/S-Corp./fiduciary K 1's, stock sale purchases and sale receipts).

If you have received any correspondence from the Internal Revenue Service or a state department of revenue concerning income taxes, please include the correspondence with your tax information.

The filing deadline for your 2010 income tax return is April 15, 2011. In order to meet this filing deadline, please have all tax data to the office by April 1, 2011. Any information received after that date may require that an extension of time be filed for this return.

If an extension of time is required, any tax that may be due with this return must be paid with that extension. Any taxes not paid by the filling deadline are subject to late payment penalties and interest when those taxes are actually paid.

I look forward to providing services to you. Should you have any questions regarding any items, please do not hesitate to contact me.

I certify that the information submitted is accurate, complete and true to the best of my knowledge.

Taxpayer

Date

Spouse

Date



The CPA. Never Underestimate The Value.®

Information Sheet

Name	Home Ph.	Fax No.
Address	Work Ph.	Email
	Cell Ph.	Marriage Date

Taxpayer Name	Taxpayer SSN #	Date of Birth	Occupation	Pres. Election Fund
				Y or N
Spouse Name	Spouse SSN #	Date of Birth	Occupation	Pres. Election Fund
				Y or N

Dependent Information

Name	Date of Birth	Social Security No.	Dependents Income	Did Dependent live with you? # of months?

Please include W-2's & 1099R (retirement, IRS distributions forms)
Checklist

- | | |
|---|--|
| <input type="checkbox"/> Taxpayer W-2 | <input type="checkbox"/> Taxpayer 1099 R |
| <input type="checkbox"/> Spouse W-2 | <input type="checkbox"/> Spouse 1099 R |
| <input type="checkbox"/> Additional W-2's | <input type="checkbox"/> Additional 1099 R |

Filing Options	Delivery Options
<input type="checkbox"/> Traditional method – sign tax forms and mail to IRS <input type="checkbox"/> Electronic File <input type="checkbox"/> Yes, please file my return electronically <input type="checkbox"/> File my return electronically only if I am getting a refund Please enclose a void check for direct deposit into your bank account OR enter your routing number _____ and account number _____ <div style="border: 2px solid black; padding: 5px;"> <input type="checkbox"/> Please make a CD of my tax return. <input type="checkbox"/> Please bind a copy of my tax return. </div>	<input type="checkbox"/> Please call when my return is finished <input type="checkbox"/> Please send my return to the above address <input type="checkbox"/> Please send my return to the address below: _____ _____ _____ Please use the following method to send my return: <input type="checkbox"/> US Post Office – standard <input type="checkbox"/> US Post Office – with confirmation of receipt <input type="checkbox"/> Private carrier (UPS/FED EX)

Check here NOT to authorize preparer to discuss return with IRS

Thank You for your Business



The CPA. Never Underestimate The Value.®

INDIVIDUAL TAX ORGANIZER

Please answer the following questions and submit details for any question answered "yes". Your answers will assist me in preparing your taxes

- | | <u>YES</u> | <u>NO</u> |
|--|------------|-----------|
| 1. Has your marital status changed since your last returns? | _____ | _____ |
| 2. Will the address on your current returns be different from that shown on your prior year returns? If yes, provide the new address and date moved. | _____ | _____ |
| 3. Were there any changes in dependents from the prior year? If yes, provide details. | _____ | _____ |
| 4. Are you entitled to a dependency exemption due to a divorce decree? | _____ | _____ |
| 5. Did any of your dependents have income of \$850 or more? (\$400 if self-employed) | _____ | _____ |
| 6. Did any of your children under age 14 have investment income over \$850?
If yes, do you want to include your child's income on your return? | _____ | _____ |
| 7. Are any dependent children married and filing a joint return with their spouse? | _____ | _____ |
| 8. Did any dependent child over 19 years of age attend school less than 5 months during the year? | _____ | _____ |
| 9. Did you receive income from any legal proceedings, cancellation of student loans, or other indebtedness during the year? If yes, furnish details. | _____ | _____ |
| 10. Did you make any gifts during the year directly or in trust exceeding \$13,000 per person? | _____ | _____ |
| 11. Did you reside in more than one state during 2010? If yes, which states? | _____ | _____ |
| 12. Did you receive any notices from the IRS or the state taxing agency? If yes, please attach. | _____ | _____ |
| 13. Did you receive an Economic Recovery payment in 2010 from Social Security benefits, supplemental security income, or pension benefits? | _____ | _____ |
| 14. Did you have any interest in, or signature authority, or other authority over a bank, securities, or other financial account in a foreign country? | _____ | _____ |
| 15. Were you a resident of, or did you earn income in, more than one state during the year? | _____ | _____ |
| 16. Do you wish to contribute to any state fund(s)? If yes, indicate amount(s) and which fund(s):

_____ | _____ | _____ |
| 17. Do you want any overpayment of taxes applied to next year's estimated taxes? | _____ | _____ |

18. Do either you or your spouse have any outstanding child or spousal support payments or federal debt? _____
19. Do you expect a large fluctuation in your income, deductions or withholding next year? If yes, provide details. _____
20. Did you receive a total distribution from an IRA or other qualified plan that was partially or totally rolled over into another IRA or qualified plan within 60 days of the distribution? _____
21. If you received an IRA distribution which you did not rollover? Provide details. (1099R) _____
22. Did you "convert" IRA funds into a Roth IRA? If yes, provide details. _____
23. Did you receive a lump sum distribution from your employer? _____
24. Did you transfer IRA funds to a Roth IRA this year? _____
25. Have you elected a lump sum treatment from any retirement distributions? _____
26. Did you receive any disability payments this year? _____
27. Did you receive tip income not reported to your employer? _____
28. Did you sell and/or purchase a principal residence or other real estate? If yes, provide settlement sheet (HUD 1) and Form 1099-S. _____
29. Did you have any installment sale amounts due from relatives? _____
30. Did you receive income from tax-exempt securities? _____
31. Do you have any worthless securities or any loans that became uncollectible this year? _____
32. Did you receive unemployment compensation? If yes, provide Form 1099-G. _____
33. Did you have any casualty or theft losses during the year? If yes, provide details. _____
34. Did you have foreign income or pay any foreign taxes? _____
35. If there were dues paid to an association, was any portion not deductible due to political lobbying by the association or benefits received? _____
36. Are you aware of any changes to your income, deductions and credits reported on prior year's returns? _____
37. Did you purchase gasoline, oil, or special fuels for non-highway vehicles? _____
38. If you or your spouse have self-employment income, did you pay any health insurance premiums or long term care premiums? If yes, were either you or your spouse eligible to participate in an employee's health insurance or long term care plan? _____
39. If you or your spouse have self-employment income, do you want to make a retirement plan contribution? _____

40. Did you acquire any "qualified small business stock?" _____
41. Were you granted or did you exercise any stock options? If yes, provide details. _____
42. Were you granted any restricted stock? If yes, provide details. _____
43. Did you pay any household employee over 18 years old wages of \$1,500 or more?
 If yes, provide copy of Form W-2 issued to household employees. _____
 If yes, did you pay total wages of \$1,000 or more in any calendar quarter to household employees? _____
44. Did you surrender any U.S. Savings Bonds? _____
45. Did you use the proceeds from Series EE U.S. savings bonds purchased after 1989 to pay for higher education expenses? _____
46. Did you realize a gain on property, which was taken from you by destruction, theft, seizure or condemnation? _____
47. Did you start a business? _____
48. Did you purchase rental property? _____
49. Did you acquire any interests in partnerships, LLC's or S Corporations this year? _____
50. Do you have records to support travel and entertainment expenses? The law requires that adequate records be maintained for travel and entertainment expenses. The documentation should include amount, time, place, date, business purpose, description of gift(s) (if any), and business relationship of recipient(s). _____
51. Were you the grantor, transferor or beneficiary of a foreign trust? _____
52. Do you have a will or trust that has been updated within the last three years? _____
53. Were any tuition costs paid during the year (even if classes were attended in another year) ? _____
54. Did you engage in any bartering transactions during the year? _____

Itemized Deductions

Name:

SSN:

MEDICAL and DENTAL	2010	2009	GIFTS TO CHARITY (attach receipts)	2010	2009
Health insurance premiums			Total gifts by cash or check		
Long term care premiums			30% limitation		
Number of Medical miles			Charitable miles		
Other medical and dental expenses (list):			Other than by cash or check		
			Carryover from prior year subject to:		
			50% limitation		
			30% limitation		
			30% limitation capital gain property		
			20% limitation		
			JOB EXPENSES (list):		
			Unreimbursed employee expenses		
TAXES YOU PAID					
State and local income taxes					
Sales tax					
Real estate taxes					
Taxes that qualify for State Property Tax Credit					
New motor vehicle purchased after Feb 16, 2009 and before Jan 1, 2010					
Vehicle purchase price					
Total taxes paid in 2010			Tax preparation fees		
Tax on first \$49,500 of purchase price			OTHER EXPENSE (list):		
Personal property taxes					
Other taxes (list):					
			MISCELLANEOUS DEDUCTIONS		
Home mort. int. & points on Form 1098			Other deductions not subject to 2% limit		
Home mort. int. not on Form 1098					
Name:					
Address:					
SSN/EIN:					
Points not reported on Form 1098					
Qualified mortgage insurance premiums					
Investment interest					

Residential Energy Credits

Name:

SSN:

TSJ

Were improvement or costs made to your main home located in the US?

Yes

No

Qualified energy efficient improvements

Insulation material or systems primarily designed to reduce heat loss or gain

Exterior windows including skylights

Exterior doors

Metal roof with appropriate pigmented coatings designed to reduce heat gain

Residential energy property costs

Energy efficient building property

Qualified natural gas, propane, or oil furnace or hot water boiler

Advanced main air circulating fan used in a natural gas, propane, or oil furnace

Residential Energy Efficient Property Credit

Qualified solar electric property costs

Qualified solar water heating property costs

Qualified small wind energy property costs

Qualified geothermal heat pump property costs

Qualified fuel cell property costs

Kilowatt capacity of property on line 18

First-Time Homebuyer Credit

Name:

SSN:

Form 5405 - First-Time Homebuyer Credit

T SJ

Address of home qualifying for the credit
Street

City

State ZIP

Date the home was purchased

Yes

No

If date purchased is after April 30, 2010, and before Oct 1, 2010, was a binding contract signed before May 1, 2010, to purchase the home before July 1, 2010?

Are you (or your spouse if married) a member of the military or foreign service?

Was the home purchased from a related person?

Are you choosing to claim the credit on the return for the year before the home was purchased?

Credit

Purchase price of the home

If someone other than a spouse held an interest in the home, enter only the taxpayer's share of the credit

Purchase of the home qualifies for the credit as:

First-time homebuyer

Long-time resident

Disposition or Change in Use of Main Home for Which the Credit Was Claimed

Date the home was disposed of or ceased to be your main home

Are you (or your spouse if married) a member of the military or foreign service

Yes

Select the box below that applies to you

I sold the home to an unrelated person and had a gain on the sale

I sold the home to an unrelated person and did not have a gain on the sale

I sold the home to a related person

I converted the home to a rental or business or I still own the home but it is no longer my main home

I transferred the home to spouse (or ex-spouse as part of my divorce) settlement

Ex-spouse's full name

My home was destroyed, condemned, or disposed of under threat of condemnation and I acquired or plan to acquire a new home within 2 years

My home was destroyed, condemned, or disposed of under threat of condemnation and I do not plan to acquire a new home within 2 years

The taxpayer who claimed the credit died in 2010

First-time Homebuyer Credit Claimed for 2008 or 2009

Year home purchased

Amount of the credit you claimed on Form 5405 for 2008 or 2009

Gain on the sale of your main home

Amount to repay in 2010 if you are choosing to repay more than is required

Sale of Home

Name:

SSN:

Enter the date you purchased the home		
Enter the date you sold the home		
Enter the purchase price of your old home		
Seller-paid points for old home if bought after 1990		
Enter the selling price of the old home		
Enter any expenses from the sale of the old home		
Settlement fees or closing costs for old home.		
Abstract and recording fees		
Legal fees		
Surveys		
Title insurance		
Transfer or stamp taxes		
Amounts the seller owed that you agreed to pay		
Other fees or closing cost		
Cost of capital improvements to old home		
Special tax assessments paid on old home for local improvements, such as streets		
Other increases to basis:		
Describe:		
If home was used for business, enter any depreciation claimed		
Other decreases to basis:		
Describe:		
Information on time lived in the home sold		
	You	Spouse
Enter the date that you first used the property as a main home		
Enter the date that you first owned the property as a main home		
Have you excluded gain from the sale of another home during the 2-year period ending on the date of this sale?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If YES, answer the following: Enter date of most recent sale of another home on which you excluded the gain		
Check the box below that applies to you if the home sold and the First Time Homebuyer Credit (Form 5405) was taken on this home.		
<input type="checkbox"/>	I sold the home to an unrelated person and had a gain on the sale	
<input type="checkbox"/>	I sold the home to an unrelated person and did not have a gain on the sale	
<input type="checkbox"/>	I sold the home to a related person	
<input type="checkbox"/>	I converted the home to a rental or business or I still own the home but it is no longer my main home	
<input type="checkbox"/>	I transferred the home to spouse (or ex-spouse as part of my divorce settlement) Ex-spouse's Name _____	
<input type="checkbox"/>	My home was destroyed, condemned, or disposed of under threat of condemnation and I acquired or plan to acquire a new home within 2 years	
<input type="checkbox"/>	My home was destroyed, condemned, or disposed of under threat of condemnation and I do not plan to acquire a new home within 2 years	
<input type="checkbox"/>	The taxpayer who claimed the credit died in 2010.	
Amount of First-Time Homebuyer Credit taken		
Please bring the contract for the sale of the home to your appointment.		

Child & Dependent Care

Name:		SSN:	
Child Care Provider's Social Security Number or Employer ID Number			
Child Care Provider's Name			
Child Care Provider's Address			
Child Care Provider's City State Zip		Child Care Provider's Phone	
Amount Paid in 2010		Amount Paid in 2009	
Child Care Provider's Social Security Number or Employer ID Number			
Child Care Provider's Name			
Child Care Provider's Address			
Child Care Provider's City State Zip		Child Care Provider's Phone	
Amount Paid in 2010		Amount Paid in 2009	
Child Care Provider's Social Security Number or Employer ID Number			
Child Care Provider's Name			
Child Care Provider's Address			
Child Care Provider's City State Zip		Child Care Provider's Phone	
Amount Paid in 2010		Amount Paid in 2009	
Child Care Provider's Social Security Number or Employer ID Number			
Child Care Provider's Name			
Child Care Provider's Address			
Child Care Provider's City State Zip		Child Care Provider's Phone	
Amount Paid in 2010		Amount Paid in 2009	
Child Care Provider's Social Security Number or Employer ID Number			
Child Care Provider's Name			
Child Care Provider's Address			
Child Care Provider's City State Zip		Child Care Provider's Phone	
Amount Paid in 2010		Amount Paid in 2009	
Child Care Provider's Social Security Number or Employer ID Number			
Child Care Provider's Name			
Child Care Provider's Address			
Child Care Provider's City State Zip		Child Care Provider's Phone	
Amount Paid in 2010		Amount Paid in 2009	
Child Care Provider's Social Security Number or Employer ID Number			
Child Care Provider's Name			
Child Care Provider's Address			
Child Care Provider's City State Zip		Child Care Provider's Phone	
Amount Paid in 2010		Amount Paid in 2009	

Supplemental Income and Loss

Part I - Income or Loss From Rental Real Estate and Royalties

Name: _____ **SSN:** _____

TSJ Property address _____

City _____ State _____ Zip _____

Property type: _____ Activity type: _____

Some investment is not at risk Property was 100% disposed of in 2010 Property is a Single Member Limited Liability Company

If property is used for personal purposes at least 10% or 14 days, enter personal % _____

If multi-dwelling unit and taxpayer occupies part, enter % occupied by taxpayer _____

Is this your main home or second home? Yes

Income:	2010	2009
Rental income		
Royalties from oil, gas mineral, copyright or patent		

Expenses:	2010 Direct Expenses	2009 Direct Expenses	2010 Indirect Expenses	2009 Indirect Expenses
Advertising				
Auto and travel				
Cleaning and maintenance				
Commissions				
Insurance				
<input type="checkbox"/> Above amount includes Private Mortgage Insurance				
Legal and professional fees				
Management fees				
Interest - mortgage				
Interest - other				
Repairs				
Supplies				
Taxes				
Utilities				
Other expenses: (list)				

Other Information:

Ownership percentage				
----------------------	--	--	--	--

Profit or Loss From Farming

Name:

SSN:

TSJ	Principal product		Activity code	
Accounting method, if not cash <input type="checkbox"/> Accrual		Employer ID number		
You did NOT materially participate in the operation of this business during 2010 <input type="checkbox"/>		Some investment is NOT at risk <input type="checkbox"/>		
Farm was 100% disposed of in 2010 <input type="checkbox"/>		Farm was single member limited liability company <input type="checkbox"/>		

Income	2010	2009	2010	2009
Sales of livestock & other items you bought for resale			Custom hire (machine work) income	
Cost or other basis of livestock or other items reported above			Other income (list):	
Sales-livestock, produce, grains and other products you raised				
Total cooperative distributions				
Taxable amount				
Agricultural program payments				
Taxable amount				
Commodity Credit Corp (CCC) loans reported under election				
CCC loans forfeited or repaid with CCC certificates				
Taxable amount				
Total crop insurance proceeds received				
Taxable amount			Inventory - Accrual Method only	
Do you elect to defer to next year? <input type="checkbox"/> Yes <input type="checkbox"/> No			2010	2009
Amount deferred from last year			Inventory at beginning of 2010	
			Inventory at end of 2010	

Expenses	2010	2009	2010	2009
Car and truck expenses			Repairs and maintenance	
Chemicals			Seeds and plants purchased	
Conservation expenses			Storage and warehousing	
Custom hire (machine work)			Supplies purchased	
Employee benefit programs			Taxes	
Feed purchased			Utilities	
Fertilizers and lime			Veterinary, breeding, & medicine	
Freight and trucking			Other expenses (list):	
Gasoline, fuel, and oil				
Insurance (other than health)				
Interest - mortgage (paid to banks, etc.)				
Interest - other				
Labor hired (less jobs credit)				
Pension & profit-sharing plans				
Rent - vehicles, machinery, and equipment				
Rent - other (land, animals, etc.)			Family health coverage payments	

Profit or Loss From Business Schedule C

Name:

SSN:

TS	Principal business or profession	Business code	
Business name		Employer I.D. number	
Business address			
Accounting method, if not cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other			
Activity type		You disposed of this property during 2010 <input type="checkbox"/>	
You started or acquired this business during 2010 <input type="checkbox"/>		Statutory employee OR qualified joint venture <input type="checkbox"/>	

Income	2010	2009	2010	2009
Gross receipts or sales			Other income	
Returns and allowances				

Expenses	2010	2009	2010	2009
Advertising			Taxes and licenses	
Car and truck expenses			Travel	
Commissions and fees			Total meals and entertainment	
Contract labor			Utilities	
Depletion			Wages	
Employee benefit programs			Other expenses (list):	
Insurance (other than health)				
Mortgage interest (paid to banks etc.)				
Other interest				
Legal & professional services				
Office expenses				
Pension and profit sharing plans				
Rent or lease (vehicles, machinery, and equipment)				
Rent (other business property)				
Repairs and maintenance			Other (Detail)	
Supplies			Family Health Coverage	

Cost of goods sold	2010	2009	2010	2009
Inventory at beginning of the year			Materials and supplies	
Purchases (less cost of items withdrawn for personal use)			Other costs	
Cost of labor			Inventory at end of year	
Inventory method, if not Cost <input type="checkbox"/> Lower of Cost or Market <input type="checkbox"/> Other <input type="checkbox"/>		There was a change of inventory method <input type="checkbox"/>		

Information on your vehicle	2010	2009	2010	2009
Date placed in service			Available when off duty	<input type="checkbox"/> Yes <input type="checkbox"/> No
Business miles			Another vehicle available	<input type="checkbox"/> Yes <input type="checkbox"/> No
Commuting miles			You have evidence	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other miles			It is written	<input type="checkbox"/> Yes <input type="checkbox"/> No

Profit or Loss From Business

Schedule C General Information

Name: _____ SSN: _____

TS	Principal business or profession	Business code
----	----------------------------------	---------------

Employer I.D. number _____

Business name _____

Business address _____

Accounting method, if not cash Accrual Other

Inventory method, if not cost Lower of Cost or Market Other Change of inventory method Yes No

Activity type _____ You disposed of this property during 2010

You started or acquired this business during 2010 Statutory employee OR qualified joint venture

Information on your vehicle	2010	2009
-----------------------------	------	------

Date placed in service			Available when off duty <input type="checkbox"/> Yes <input type="checkbox"/> No
Business miles			Another vehicle available <input type="checkbox"/> Yes <input type="checkbox"/> No
Commuting miles			You have evidence <input type="checkbox"/> Yes <input type="checkbox"/> No
Other miles			It is written <input type="checkbox"/> Yes <input type="checkbox"/> No

Other Information	2010	2009
-------------------	------	------

Family Health Coverage		
------------------------	--	--

Income	2010	2009
--------	------	------

Gross receipts or sales		
Returns and allowances		
Other income (list on detail worksheet)		

Cost of Goods Sold	2010	2009
--------------------	------	------

Inventory at beginning of the year		
Purchases (less cost of items withdrawn for personal use)		
Cost of labor		
Materials and supplies		
Other costs (list on detail worksheet)		
Inventory at end of year		

Auto Expense Worksheet

Name:

SSN:

For

Business name & Profession/Product

Description

Date placed in service

Do you have another vehicle available for personal use? Yes No

Was your vehicle available for use during off-duty hours? Yes No

Do you have evidence to support your deduction? Yes No

If "Yes", is the evidence written? Yes No

Enter the number of miles your vehicle was used for:

a Business miles

b Commuting

c Other

2010

2009

Expenses:

2010

2009

Garage rent

Gas

Insurance

Licenses

Oil

Parking fees

Lease payments

Interest

Property tax

Repairs

Tires

Tolls

Other expenses (list):

Apply Business %

Credit for Small Employer Health Insurance Premiums

Name:

SSN:

Number of individuals employed during the tax year for purposes of this credit	
Number of full-time equivalent employees	
Average annual wages paid for the tax year	
Premiums paid during the year for employees included on line 1 for health insurance coverage under a qualifying arrangement	
Premiums that would be included on line 4 if the total premium for each employee equaled the average premium for the small group market	
Total amount of any state premium subsidies paid and any state tax credit available	
Number of employees included on line 1 for whom premiums were paid during the tax year for health insurance coverage under a qualifying arrangement	
Number of full-time equivalent employees that would have been entered on line 2	

Expenses for Business Use of Your Home

Name:

SSN:

TS For

Business Use of Home

2010

2009

Square feet of home used exclusively for business

Total square feet of home

Use of Home for Daycare

2010

2009

Area used part time for business

Total hours used for daycare

Total hours available

Did you live in the home all year? Yes No

If not, enter the dates you lived in the home

From:

To:

Expenses

Expenses directly related to business use only

Total Household expenses

Did you claim office in home expenses last year? Yes No

2010

2009

2010

2009

Deductible mortgage interest

Real estate taxes

Excess mortgage interest

Insurance

Rent

Repairs and maintenance

Utilities

Other expenses

Cost of Home

2010

2009

Enter the **smaller** of your home's adjusted basis or its fair market value

Does this include the value of the land? Yes No

Value of land

Date placed in service



Lisa C. Wright, CPA, LLC
Certified Public Accountant & Consultant

5680 E Osage Ridge Ln.
Columbia, MO 65201

Ph./Fax (573) 474-4961
lcwrightcpa@charter.net

Member of the
American Society of
Certified Public
Accountants

Member of the Missouri
Society of Certified
Public Accountants

Lisa C. Wright, CPA, LLC Privacy Policy Disclosure

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

Types of Nonpublic Personal Information I Collect

I collect nonpublic personal information about you that is provided to me by you or obtained by me with your authorization.

Parties to Whom I Disclose Information

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

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

I retain records relating to professional services that I provide so that I am 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, I maintain physical, electronic, and procedural safeguards that comply with my professional standards.

Please call if you have any questions, because your privacy, my professional ethics, and the ability to provide you with quality financial services are very important to me.

Sincerely,

Lisa C. Wright, CPA

Lisa C. Wright, CPA
Certified Public Accountant



The CPA. Never Underestimate The Value.®