

## Miscellaneous Information

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

Yes	No	General Information
<input type="checkbox"/>	<input type="checkbox"/>	1. Were there any changes to your filing status or number of dependents during 2011?
<input type="checkbox"/>	<input type="checkbox"/>	2. Can you or your spouse be claimed as a dependent by someone else?
<input type="checkbox"/>	<input type="checkbox"/>	3. Did you incur any childcare expenses?
<input type="checkbox"/>	<input type="checkbox"/>	4. Did you have a change in residence or job location during the year?
<input type="checkbox"/>	<input type="checkbox"/>	5. Did you move during 2011? From where? _____ Date of move _____
<input type="checkbox"/>	<input type="checkbox"/>	6. Did you reside in more than one state during 2011? If yes, which states? _____
<input type="checkbox"/>	<input type="checkbox"/>	7. Did you receive any notices from the IRS or the state taxing agency? If yes, please attach.
<input type="checkbox"/>	<input type="checkbox"/>	8. Would you like a copy of your tax return sent to you via email?
<input type="checkbox"/>	<input type="checkbox"/>	9. Did you receive an Economic Recovery Payment in 2011 from social security benefits, supplemental security income, or pension benefits?

Yes	No	Income Information
<input type="checkbox"/>	<input type="checkbox"/>	1. Have you received all W-2s from all employers? How many W-2s are attached? _____
<input type="checkbox"/>	<input type="checkbox"/>	2. Did you use your vehicle on the job other than for commuting to work?
<input type="checkbox"/>	<input type="checkbox"/>	3. Did you have an employer-provided vehicle which you drove home or used personally? If so, enter the lease value. \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	4. Did you work out of town at any time during the year?
<input type="checkbox"/>	<input type="checkbox"/>	5. Did you earn income from a state other than the state in which you live? If yes, what state and how much? _____
<input type="checkbox"/>	<input type="checkbox"/>	6. Did you or your spouse receive any tips not reported to your (or your spouse's) employer?
<input type="checkbox"/>	<input type="checkbox"/>	7. Did you receive any disability income during the year? \$ _____. Attach 1099-R.
<input type="checkbox"/>	<input type="checkbox"/>	8. Did you have an interest in or signature over a bank or brokerage account in a foreign country? Were you a grantor of or transferor to a foreign trust?
<input type="checkbox"/>	<input type="checkbox"/>	9. Did you earn interest from, or are you an authorized signature holder on, a foreign bank account?
<input type="checkbox"/>	<input type="checkbox"/>	10. Did you have any income from, or pay taxes to, a foreign country?
<input type="checkbox"/>	<input type="checkbox"/>	11. Did you engage in any bartering transactions during 2011?
<input type="checkbox"/>	<input type="checkbox"/>	12. Did you surrender any U.S. Savings Bonds during 2011?
<input type="checkbox"/>	<input type="checkbox"/>	13. Did you receive any state or local income tax refunds from prior years?
<input type="checkbox"/>	<input type="checkbox"/>	14. Do you or your spouse have any IRA accounts?
<input type="checkbox"/>	<input type="checkbox"/>	15. Did you recharacterize any IRAs this year?
<input type="checkbox"/>	<input type="checkbox"/>	16. Did you or your spouse "roll over" a profit-sharing or retirement plan distribution into another plan?
<input type="checkbox"/>	<input type="checkbox"/>	17. Did you receive a Schedule K-1 from a partnership, S corporation, or trust? If so, please attach.
<input type="checkbox"/>	<input type="checkbox"/>	18. Did you or your spouse receive any social security benefits during the year? Attach Form(s) SSA-1099.
<input type="checkbox"/>	<input type="checkbox"/>	19. Did you receive any type of prize, award, or gambling winnings during 2011?
<input type="checkbox"/>	<input type="checkbox"/>	20. Did you receive any of the following: Unemployment Income, Combat Pay, Jury Duty and/or Alimony, or Maintenance Received? If so, what and how much? _____
<input type="checkbox"/>	<input type="checkbox"/>	21. Did you receive any income not shown in this organizer? If so, please list. _____
<input type="checkbox"/>	<input type="checkbox"/>	22. Does anyone owe you money that has become uncollectible?

Comments: \_\_\_\_\_  
 \_\_\_\_\_

## Miscellaneous Information

**Name:** \_\_\_\_\_

**SSN:** \_\_\_\_\_

Yes	No	Business Information
<input type="checkbox"/>	<input type="checkbox"/>	1. Did you start a new business or purchase any rental property during 2011?
<input type="checkbox"/>	<input type="checkbox"/>	2. Have you purchased any business assets (furniture, equipment, etc.) or converted any assets to business use? If yes, please list on an attached sheet the date placed in service, cost or basis of asset, business use percentage, etc.
<input type="checkbox"/>	<input type="checkbox"/>	3. Did you dispose of any business assets (including real estate)? If yes, please list on an attached sheet the date removed from service, selling price and expense of sale.
<input type="checkbox"/>	<input type="checkbox"/>	4. Did you own rental property? What percentage of time did you spend managing your rentals? _____
<input type="checkbox"/>	<input type="checkbox"/>	5. Did you purchase any gasoline, diesel, or special fuels for non-highway business use?

Yes	No	Other Information
<input type="checkbox"/>	<input type="checkbox"/>	1. Were any tuition costs paid during 2011 (even if classes were attended in another year)?
<input type="checkbox"/>	<input type="checkbox"/>	2. Did anyone in your household attend higher education classes in 2011?
<input type="checkbox"/>	<input type="checkbox"/>	3. Did you incur a loss due to damaged or stolen property?
<input type="checkbox"/>	<input type="checkbox"/>	4. Did you purchase a home for your personal residence between April 8, 2008, and December 31, 2008 in which the First-Time Homebuyer Credit was taken on the home?
<input type="checkbox"/>	<input type="checkbox"/>	5. Did you refinance your principal home or your second home or make a home equity loan during the year? If yes, please provide all escrow, closing, and other pertinent documentation and information.
<input type="checkbox"/>	<input type="checkbox"/>	6. Did you purchase or sell a home that you used as a principal residence? If yes, please provide closing documentation.
<input type="checkbox"/>	<input type="checkbox"/>	7. If yes to question 6 was the First-Time Homebuyer Credit taken?
<input type="checkbox"/>	<input type="checkbox"/>	8. Did you make any gifts to any one person in 2011 in excess of \$13,000? If so, are you splitting this gift with your spouse?
<input type="checkbox"/>	<input type="checkbox"/>	9. Did you pay wages to any household employees (babysitter, housekeeper, nanny, etc.)?

**To itemize deductions, bring receipts and documentation for these types of expenses:**

- Prescriptions, first-aid
- State/local income taxes
- Mortgage interest
- Tax preparation fees
- Gambling losses (up to amount of winnings)
- Cash donations to charity (provide all receipts)
- Medical/Dental/Vision expenses and insurance premiums, mileage and lodging for seeking medical care (but not meals)
- Real estate and personal property taxes paid in 2011
- Unreimbursed employee/work-related expenses (if self-employed, do not include items reported on Schedule C)
- Fair market value of property donated to charity
- Purchase price of new goods donated or used in volunteer work

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# Miscellaneous Information

Name:

SSN:

## Information to bring to your appointment:

Driver's license & social security card (for identity verification)

Copy of your 2010 income tax return (for comparison and review for all includible information)

Preprinted IRS label received

Original W-2s and other statements of income received from employers

1099s and other statements reporting interest/dividend/miscellaneous income

Records of other income received (tips, self-employment, SSI, combined bank reporting statements)

Cancelled checking/savings slip (for direct deposit/direct debit information)

Concerns to discuss with preparer: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Preparer Notes

### Miscellaneous Notes

## Personal Data

Filing Status: <input type="checkbox"/> Single <input type="checkbox"/> Married Filing Joint <input type="checkbox"/> Married Filing Separate <input type="checkbox"/> Head of Household	
Taxpayer Name	SSN
Spouse Name	SSN
Address	Apt no.
City	State Zip
Foreign State/Province	Foreign Postal Code
Foreign Country	
Taxpayer Date of Birth	Spouse Date of Birth
Occupation	Occupation
Daytime phone: Ext:	Daytime phone: Ext:
Evening phone: Ext:	Evening phone: Ext:
Cell:	Cell:
E-mail	E-mail
<input type="checkbox"/> Full time student <input type="checkbox"/> Blind <input type="checkbox"/> Active military	<input type="checkbox"/> Full time student <input type="checkbox"/> Blind <input type="checkbox"/> Active military
Do you want \$3 to go to the Presidential Election Camp Fund? <input type="checkbox"/>	Does your spouse want \$3 to go to the Presidential Election Camp Fund? <input type="checkbox"/>

Date and time of this year's appointment

### Income Taxes Paid

<b>Federal</b>		2011 estimate date due	2011 est amount	Amount paid	Date paid	Check no.
2010 Refund		April 15, 2011				
2010 Refund applied to 2011		June 15, 2011				
2010 Balance Due		Sept. 15, 2011				
		Jan. 18, 2012				
Amount paid	Date paid	Check no.	Amount paid	Date paid	Check no.	Amount paid
Additional payments made						

<b>Resident State</b>		2011 estimate date due	2011 est amount	Amount paid	Date paid	Check no.
2010 Refund		April 15, 2011				
2010 Refund applied to 2011		June 15, 2011				
2010 Balance Due		Sept. 15, 2011				
		Jan. 18, 2012				
Amount paid	Date paid	Check no.	Amount paid	Date paid	Check no.	Amount paid
Additional payments made						

<b>Local</b>		2011 estimate date due	2011 est amount	Amount paid	Date paid	Check no.
2010 Refund		April 15, 2011				
2010 Refund applied to 2011		June 15, 2011				
2010 Balance Due		Sept. 15, 2011				
		Jan. 18, 2012				
Amount paid	Date paid	Check no.	Amount paid	Date paid	Check no.	Amount paid
Additional payments made						

## Dependents

<b>Name:</b>					<b>SSN:</b>				
First name/MI			Last name			Suffix			
SSN/ITIN		Relationship		Number of months lived with you					
DOB		Does this dependent have income over \$950?			2011		2010		
Child Care Credit - qualifying expenses incurred and paid in 2011									
Child Care Credit - portion of qualifying expenses provided by employer									
Education Credits - current year qualifying expenses for American Opportunity Credit									
Education Credits - current year qualifying expenses for Lifetime Learning Credit									
First name/MI			Last name			Suffix			
SSN/ITIN		Relationship		Number of months lived with you					
DOB		Does this dependent have income over \$950?			2011		2010		
Child Care Credit - qualifying expenses incurred and paid in 2011									
Child Care Credit - portion of qualifying expenses provided by employer									
Education Credits - current year qualifying expenses for American Opportunity Credit									
Education Credits - current year qualifying expenses for Lifetime Learning Credit									
First name/MI			Last name			Suffix			
SSN/ITIN		Relationship		Number of months lived with you					
DOB		Does this dependent have income over \$950?			2011		2010		
Child Care Credit - qualifying expenses incurred and paid in 2011									
Child Care Credit - portion of qualifying expenses provided by employer									
Education Credits - current year qualifying expenses for American Opportunity Credit									
Education Credits - current year qualifying expenses for Lifetime Learning Credit									
First name/MI			Last name			Suffix			
SSN/ITIN		Relationship		Number of months lived with you					
DOB		Does this dependent have income over \$950?			2011		2010		
Child Care Credit - qualifying expenses incurred and paid in 2011									
Child Care Credit - portion of qualifying expenses provided by employer									
Education Credits - current year qualifying expenses for American Opportunity Credit									
Education Credits - current year qualifying expenses for Lifetime Learning Credit									
First name/MI			Last name			Suffix			
SSN/ITIN		Relationship		Number of months lived with you					
DOB		Does this dependent have income over \$950?			2011		2010		
Child Care Credit - qualifying expenses incurred and paid in 2011									
Child Care Credit - portion of qualifying expenses provided by employer									
Education Credits - current year qualifying expenses for American Opportunity Credit									
Education Credits - current year qualifying expenses for Lifetime Learning Credit									

# Wages and Salaries

Please attach all W-2(s).

**Name:**

**SSN:**

TS		Federal I.D. No.		Company Name	
		State I.D. No.			
		Federal wages	2011		2010
		Federal tax	2011		2010
		State wages	2011		2010
		State tax	2011		2010
		Locality	2011		2010
		Local tax	2011		2010

TS		Federal I.D. No.		Company Name	
		State I.D. No.			
		Federal wages	2011		2010
		Federal tax	2011		2010
		State wages	2011		2010
		State tax	2011		2010
		Locality	2011		2010
		Local tax	2011		2010

TS		Federal I.D. No.		Company Name	
		State I.D. No.			
		Federal wages	2011		2010
		Federal tax	2011		2010
		State wages	2011		2010
		State tax	2011		2010
		Locality	2011		2010
		Local tax	2011		2010

TS		Federal I.D. No.		Company Name	
		State I.D. No.			
		Federal wages	2011		2010
		Federal tax	2011		2010
		State wages	2011		2010
		State tax	2011		2010
		Locality	2011		2010
		Local tax	2011		2010

TS		Federal I.D. No.		Company Name	
		State I.D. No.			
		Federal wages	2011		2010
		Federal tax	2011		2010
		State wages	2011		2010
		State tax	2011		2010
		Locality	2011		2010
		Local tax	2011		2010

TS		Federal I.D. No.		Company Name	
		State I.D. No.			
		Federal wages	2011		2010
		Federal tax	2011		2010
		State wages	2011		2010
		State tax	2011		2010
		Locality	2011		2010
		Local tax	2011		2010





## Profit or Loss From Business Schedule C

**Name:** \_\_\_\_\_ **SSN:** \_\_\_\_\_

TS		Principal business or profession	Business code	
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Business name		Employer I.D. number	
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Business address	
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Accounting method, if not cash  Accrual  Other

Activity type \_\_\_\_\_ You disposed of this property during 2011

You started or acquired this business during 2011

Did you make any payments in 2011 that would require you to file Form(s) 1099?  Yes  No

If, Yes," did you or will you file all required Forms 1099?  Yes  No

	2011	2010		2011	2010
--	------	------	--	------	------

Payments from Form 1099-K			Returns and allowances		
---------------------------	--	--	------------------------	--	--

Gross receipts or sales			Other income		
-------------------------	--	--	--------------	--	--

Statutory Employee Earnings					
-----------------------------	--	--	--	--	--

	2011	2010		2011	2010
--	------	------	--	------	------

Advertising			Taxes and licenses		
-------------	--	--	--------------------	--	--

Car and truck expenses			Travel		
------------------------	--	--	--------	--	--

Commissions and fees			Total meals and entertainment		
----------------------	--	--	-------------------------------	--	--

Contract labor			Utilities		
----------------	--	--	-----------	--	--

Depletion			Wages		
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Employee benefit programs			Other expenses (list):		
---------------------------	--	--	------------------------	--	--

Insurance (other than health)					
-------------------------------	--	--	--	--	--

Mortgage interest (paid to banks etc.)					
--	--	--	--	--	--

Other interest					
----------------	--	--	--	--	--

Legal & professional services					
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Office expenses					
-----------------	--	--	--	--	--

Pension and profit sharing plans					
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Rent or lease (vehicles, machinery, and equipment)					
--	--	--	--	--	--

Rent (other business property)					
--------------------------------	--	--	--	--	--

Repairs and maintenance			Other (Detail)		
-------------------------	--	--	----------------	--	--

Supplies			Family Health Coverage		
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	2011	2010		2011	2010
--	------	------	--	------	------

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		
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Inventory method, if not Cost  Lower of Cost or Market  Other  There was a change of inventory method

## Pension, Annuities, Retirement, Etc. Distributions

Please attach all 1099-R(s), SSA statements, etc.

**Name:** \_\_\_\_\_ **SSN:** \_\_\_\_\_

TS		Payer's name:					Payer's Federal ID Number:		
Address:									
City, State, Zip							<b>2011</b>	<b>2010</b>	
		<b>2011</b>	<b>2010</b>	State			State I.D.		
Disability indicator		<input type="checkbox"/>	<input type="checkbox"/>	State income tax withheld					
Report as wages on 1040		<input type="checkbox"/>	<input type="checkbox"/>	State distribution					
Gross distribution				Name of locality					
Taxable amount				Local income tax withheld					
Total distribution		<input type="checkbox"/>	<input type="checkbox"/>	Local distribution					
Capital gain				State			State I.D.		
Federal income tax withheld				State income tax withheld					
Employee contributions or insurance premiums				State distribution					
Distribution code(s)				Name of locality					
IRA/SEP/SIMPLE Roth: Y/N <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	Local income tax withheld					
Your percentage of total distribution				Local distribution					

TS		Payer's name:					Payer's Federal ID Number:		
Address:									
City, State, Zip							<b>2011</b>	<b>2010</b>	
		<b>2011</b>	<b>2010</b>	State			State I.D.		
Disability indicator		<input type="checkbox"/>	<input type="checkbox"/>	State income tax withheld					
Report as wages on 1040		<input type="checkbox"/>	<input type="checkbox"/>	State distribution					
Gross distribution				Name of locality					
Taxable amount				Local income tax withheld					
Total distribution		<input type="checkbox"/>	<input type="checkbox"/>	Local distribution					
Capital gain				State			State I.D.		
Federal income tax withheld				State income tax withheld					
Employee contributions or insurance premiums				State distribution					
Distribution code(s)				Name of locality					
IRA/SEP/SIMPLE Roth: Y/N <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	Local income tax withheld					
Your percentage of total distribution				Local distribution					

## Social Security Benefit Statement

		2011	2010			2011	2010			2011	2010
TS		Net benefits			Medicare premiums			Income tax withheld			
TS		Net benefits			Medicare premiums			Income tax withheld			

## Other Income and Adjustments

Name:

SSN:

### Income

	Taxpayer		Spouse	
	2011	2010	2011	2010
	Taxable scholarships received			
Interest income (If over \$1,500 report only on Interest and Dividend sheet)				
Tax-exempt interest (If over \$1,500 report only on Interest and Dividend sheet)				
Dividend income (If over \$1,500 report only on Interest and Dividend sheet)				
Taxable refunds: State taxes				
Local taxes				
Alimony received				
IRA/pension distributions received. Was any portion rolled over? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Pension distributions received				
Unemployment compensation received				
Unemployment repaid in 2011				
Total Social Security received				
Lump sum benefits - earlier years				
Railroad Tier One benefits received				
Other income (please list):				

### Adjustments

Educator Expenses				
Self-employed SEP, SIMPLE and qualified plans				
Keogh contributions to defined contribution plan				
Keogh contributions to defined benefit plan				
Self-employed health insurance premium payments				
Penalty on early withdrawal of savings				
Alimony paid Name: SSN:				
Alimony paid Name: SSN:				
IRA contributions for 2011				
Student loan interest				
Jury duty pay given to employer				
Other adjustments (please list):				



## Expenses for Business Use of Your Home

Name:

SSN:

TSJ  For

### Business Use of Home

2011

2010

Square feet of home used exclusively for business

Total square feet of home

### Use of Home for Daycare

2011

2010

Area used part time for business

Total hours used for daycare

Total hours available

Did you live in the home all year?

Yes  No

### Expenses

Expenses directly related to business use **only**

Total Household expenses

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

2011

2010

2011

2010

Deductible mortgage interest

Real estate taxes

Excess mortgage interest

Insurance

Rent

Repairs and maintenance

Utilities

Other expenses

### Cost of Home

2011

2010

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

Date taken out of service



## Auto Expense Worksheet

Name:

SSN:

For

Business name & Profession/Product

Description

Date placed in service

Do you or your spouse 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 before 7/1

**b** Business miles before 6/30

**c** Commuting

**d** Other

2011

2010

**Expenses:**

2011

2010

Garage rent

Gas

Insurance

Licenses

Oil

Parking fees

Lease payments

Interest

Property tax

Repairs

Tires

Tolls

Other expenses (list):

Apply Business %