

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: _____

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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

Federal	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.
Additional payments made					

Resident State	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.
Additional payments made					

Local	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.
Additional payments made					

Dependents

Name:					SSN:				
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

Supplemental Income and Loss

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

Name: _____ **SSN:** _____

TSJ		Property description	Activity Type
Did you make any payments in 2011 that would require you to file Form(s) 1099?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If "Yes," did you or will you file all required Forms 1099?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Property Address			
City		State	ZIP
<input type="checkbox"/> Single Family Residence	<input type="checkbox"/> Multi-Family Residence	<input type="checkbox"/> Vacation / Short Term Rental	
<input type="checkbox"/> Commercial	<input type="checkbox"/> Land	<input type="checkbox"/> Royalties	
<input type="checkbox"/> Self-Rental	<input type="checkbox"/> Other		
Fair Rental Days		Personal use days	
If multi-dwelling unit and the taxpayer occupies part, enter the percentage occupied by the taxpayer			
<input type="checkbox"/> This is your main home			
<input type="checkbox"/> Some investment is NOT at risk		<input type="checkbox"/> Property was 100% disposed of in 2011	
<input type="checkbox"/> Property is a Single Member LLC			

Income:	2011	2010
Enter merchant card and third party payments from Form 1099-K		
Enter "cashback" amounts, processing fees, other non-income items		
Payments not reported to you from Form 1099-K		

Expenses:	Direct expense		Indirect expense	
	2011	2010	2011	2010
Advertising				
Auto and travel				
Cleaning and maintenance				
Commissions				
Insurance <input type="checkbox"/> Includes Private Mortgage Insurance				
Legal and professional fees				
Management fees				
Interest - mortgage				
Interest - other				
Repairs				
Supplies				
Taxes				
Utilities				
Other: (list)				

Other Information: Ownership Percentage _____

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						2011	2010	
		2011	2010	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						2011	2010	
		2011	2010	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		
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):				

