

2011
TAXPAYER ORGANIZER

This easy-to-use organizer has been prepared to assist you in collecting information for your 2011 Individual Income Tax Return. For returning clients, information from your prior year tax return has been listed to serve as a guide in assembling this year's tax data.

Enter this year's information in the area provided on the attached pages. If you need more space, you may use the back of the pages. Line through any preprinted data that does not apply to the current year. If necessary, attach additional sheets with pertinent facts that may not have been requested in this organizer.

If you have any questions, make note of them within the booklet so that we can discuss them when we prepare your tax return.

Please provide all records and necessary information requested, including:

- prior year federal and state return (new client only)
- W-2s for wages, salaries, tips, and pensions
- 1098s for mortgage interest paid to financial institutions
- 1099s for interest, dividends, state tax refunds, and other payments
- K-1s from partnerships, S corporations, estates, and trusts
- additional correspondence from tax agencies, if any

Using this organizer will assist you in compiling complete and accurate tax data that will make it possible to take full advantage of all allowable deductions.

Contact us as soon as possible to schedule an appointment to review your organizer booklet and prepare your 2011 tax return. We appreciate the opportunity to serve you.

Courtesy of
TAXMAN CC INC
PO BOX 12022
SEATTLE, WA 98102
howard@taxman.cc
(20632310660000

2011
TAX INFORMATION QUESTIONNAIRE

The following questions help us understand your current year tax situation. If you are filing jointly, each question also applies to your spouse. Please answer each question by circling yes (Y) or no (N). For every question you answered yes, please provide details in the blank lines at the end of this questionnaire. If a question does not pertain to you, please circle no. If you require help answering any of these questions, please contact us.

- Y N 1. Electronic filing is mandated for most tax preparers with some exceptions. Do you approve of your tax return being electronically filed?
- Y N 2. Would you like to have an electronic copy of your tax return (PDF file)?
- Y N 3. Would you like to have a paper copy of your tax return?
- Y N 4. Did your marital status change during the year?
- Y N 5. Were you a resident of, or did you have income in, more than one state during the year?
- Y N 6. Do you wish to have \$3 (or \$6 on a joint return) of your taxes applied to the Presidential Campaign Fund (this will not affect the amount of refund or balance due on your tax return).
- Y N 7. On your state tax return, do you wish to make any political contributions or other type of contribution?
- Y N 8. Do you have any dependents living with you or are you supporting anyone not living with you? If yes, provide details if there were any changes to any dependents in your household (marriages, deaths, etc.).
- Y N 9. Did any of your dependent children under age 18 (24 if a college student) have any income (wages, interest, etc.)?
- Y N 10. Are you or any dependents blind and/or disabled? Please provide details including any disability income received.
- Y N 11. Did you incur child care or dependent care expenses?
- Y N 12. Did you cash any series EE or I U.S. Bonds that were issued after 1989 and paid qualified higher education expenses?
- Y N 13. Did you or any member of your household pay educational expenses for post secondary education?
- Y N 14. Did you buy, sell, or trade any assets?
- Y N 15. Outside of W-2 contributions (401k, 403b, etc.) did you contribute to or receive a distribution from any retirement plan or did you convert any retirement funds to Roth funds?
- Y N 16. Did you receive or pay any alimony or separate maintenance payments?
- Y N 17. Did you have any moving expenses?
- Y N 18. If you are self-employed, did you pay any health or long-term care insurance premiums? If yes, were either you or your spouse eligible to participate in an employer-sponsored health or long-term care insurance plan?
- Y N 19. Did you contribute to or receive a distribution from a Health Savings Account?
- Y N 20. Did you receive any COBRA health insurance premium assistance during 2011?
- Y N 21. Did you make cash or noncash charitable contributions?
- Y N 22. Did you make any large purchases or home improvements? (e.g. purchase airplane or vehicles). If yes, provide details of each purchase including the date of purchase, amount of purchase and amount of sales tax paid.
- Y N 23. Did you have any casualty or theft losses?
- Y N 24. Did you have purchasing, selling, refinancing, financing, or foreclosing transactions on your personal residence or any other real estate? If yes, provide the settlement document (HUD-1), Form 1099-S, Form 1099-C or other related documentation if applicable.
- Y N 25. Did you have any debt that was cancelled in 2011? (i.e. debt that you owed to a creditor that you are no longer required to pay). If yes, provide details and copies of any 1099-C received.
- Y N 26. Did you pay COBRA health insurance premiums as a result of becoming unemployed between Sept. 1, 2008 and May 31, 2010?
- Y N 27. Did you receive the First-Time Homebuyer Credit from purchasing a home prior to 1/1/2009?
- Y N 28. Did you dispose of a home for which you received any First-Time Homebuyer Credit?
- Y N 29. If you are the recipient of a PBGC or TAA pension, did you pay health insurance premiums?
- Y N 30. Did you adopt a child during the year 2011?
- Y N 31. Do you own a vacation home that was rented to someone else at anytime?
- Y N 32. Did you make any gifts directly or through a trust which exceeded \$13,000 per person?
- Y N 33. Did you pay wages of more than \$1,700 to any one household employee?
- Y N 34. Have you provided ALL your income from ALL sources? If not, please use the space at the end to list any other income.
- Y N 35. Have you provided ALL your deductions? If you are uncertain about an item then provide details.
- Y N 36. Has the IRS/State/Local taxing authority made you aware, or are you aware of, any changes to your income, deductions and credits reported on any prior year tax return?
- Y N 37. Did you have any interest in, or signature, or other authority over a bank, securities, or other financial account in a foreign

PERSONAL DATA

CLIENT _____

PLEASE ADD, CHANGE, OR DELETE ANY INFORMATION THAT IS NECESSARY TO UPDATE YOUR FILE FOR 2011.

	TAXPAYER		SPOUSE	
First Name				
Last Name				
Title				
Salutation				
SSN				
Occupation				
Birthdate				
Blind	<input type="checkbox"/> Yes		<input type="checkbox"/> Yes	
Permanently and totally disabled ..	<input type="checkbox"/> Yes		<input type="checkbox"/> Yes	
Death Date				
Over age 65	<input type="checkbox"/> Yes		<input type="checkbox"/> Yes	
E-mail address ..				
	Telephone Numbers	Day or Evening	Telephone Numbers	Day or Evening
Home phone				
Work phone				
Cell phone				
Fax				
President Elect Fd	<input type="checkbox"/> Yes		<input type="checkbox"/> Yes	
Tuition and fees ..				
AOC expenses ..				
AOC prior years ..				
Credit Type				

Address

City

County

School District Name

If this is a military address, enter applicable code: 1 = APO/FPO 2 = Stateside _____

Apt No _____
 State _____ ZIP Code _____
 County / municipal code _____
 School District number _____

Foreign address

City

Country

State or Province _____
 Postal Code .. _____

FILING STATUS

Enter the number that corresponds with the filing status chosen: (1 - 2 - 3 - 4 - 5)

- 1 = Single
 - Claimed as a dependent on someone else's return.
 - Taxpayer claimed as dependent of someone else but qualifies for Education Credit
- 2 = Married Filing Jointly
 - Spouse is claimed as a dependent on someone else's return
- 3 = Married Filing Separately
 - Dual status alien
 - Itemizing required for Schedule A
 - Taking standard deduction
 - Claiming spouse as a dependent
 - Didn't live with spouse entire year
- 4 = Head of Household

Qualifying person's name, social security number, and relationship should be listed on the Dependent Information sheet.
- 5 = Qualifying Widow(er) with Dependent Child

Year spouse died (2009 or 2010) _____

Fill out information below if you want to use Direct Deposit

DIRECT DEPOSIT AND ELECTRONIC FUNDS WITHDRAWAL			
Bank name	Routing number	Type of account C / S	Account number

DEPENDENT INFORMATION

PLEASE ADD, CHANGE, OR DELETE ANY INFORMATION THAT IS NECESSARY TO UPDATE YOUR FILE FOR 2011.

	DEPENDENT #1	DEPENDENT #2	DEPENDENT #3	DEPENDENT #4
First Name & Initial				
Last Name if Diff				
Birthdate				
Soc Sec Number				
Relationship				
Ownership Code	<input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse	<input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse	<input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse	<input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse
# Months in Home				
Disabled	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
College Student	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
*Ineligible for CTC	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Child Care Expense				
Tuition and Fees				
AOC Expenses				
** Type of Educ Cr				
AOC Prior Years				
*** Status Code				
Insured	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Kidnapped	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes

	CHILD #1	CHILD #2	CHILD #3	CHILD #4
9. Is child the taxpayer's son, daughter, stepchild, foster child, brother, sister, stepbrother, stepsister, or descendant of any of them? (Yes / No) 9.				
10. Is either of the following true? (1) Child is unmarried or (2) Child is married and can be claimed as taxpayer's dependent? (Yes / No) 10.				
11. Did child live with taxpayer in U.S. for over half the year? (Yes / No) 11.				
13a. Could any other person check Yes on lines 9 through 11 for the child? (Yes / No) a.				
b. What is the child's relationship to the other person(s)? b.				
c. If tie-breaker rules apply, would this child be treated as the taxpayer's qualifying child? (Yes / No) 13c.				
14. Does the child have an SSN that allows him/her to work or is valid for EIC purposes? A qualifying child must have a valid SSN for employment. If "Not Valid for Employment" is printed on the card and the number was issued solely to apply for or receive a federally funded benefit, the child is not eligible for EIC. (Yes / No) 14.				

Number of children listed above who lived at home (default) _____

Number of children listed above who did not live at home due to divorce or separation _____

Number of other dependents listed above _____

* An entry in this box disallows Child Tax Credit for this child.

** Type of Education Credit: AOC (can only be taken first four years), Lifetime, Tuition & Fees deduction

*** Status Codes: 0 = Claimed
 1 = Not claiming child this year
 2 = Not claimed but child qualifies for EIC
 3 = Not claimed but qualifying child for Head of Household
 4 = Not claimed but qualifies for Depn Care Benefits (DCB)
 5 = Not claimed but qualifies for both EIC and HOH
 6 = Not claimed but qualifies for both EIC and DCB
 7 = Not claimed but qualifies for HOH and DCB
 8 = Not claimed but qualifies for all three
 9 = Claimed but ineligible for EIC
 10 = Claimed on Fed, but not Puerto Rico
 11 = Claimed on Puerto Rico, but not Fed

NOTES:

PLEASE ENTER ALL PERTINENT 2011 INFORMATION.
LAST YEAR'S AMOUNTS ARE PROVIDED FOR YOUR REFERENCE IN THE SHADED AREAS.

W-2#

WAGE AND TAX STATEMENT							
Taxpayer or spouse?		Employer identification no.		Foreign address		<input type="checkbox"/> Yes	
Employer name		Employer street address		Employer city		State ZIP code	
Control number							
		2010 AMOUNTS					
1. Wages, tips, other compensation				12a. Code	Amt		
2. Federal income tax withheld				b. Code	Amt		
3. Social security wages				c. Code	Amt		
4. Social security tax withheld				d. Code	Amt		
5. Medicare wages and tips				13. Statutory empl to Sch C # ..			
6. Medicare tax withheld				Retirement plan?		<input type="checkbox"/> Yes	
7. Social security tips				Third-party sick pay?			<input type="checkbox"/> Yes
8. Allocated tips				14. Other		Amt	
9. Advance EIC payments				Other		Amt	
10. Dependent care benefits				Other		Amt	
11. Non-qualified plans				Other		Amt	
		15		16		17	
		State		State Employer I.D. Number		State Wages	
		18		19		20	
		Local Wages		Local Tax Withheld		Locality Name	
1		////		////	////	////	////
2							
Corrected Form W-2?		<input type="checkbox"/> Yes		Clergy Form W-2		<input type="checkbox"/> Yes	
Non-standard indicator?		<input type="checkbox"/> Yes		Suppress Clergy self-employment tax		<input type="checkbox"/> Yes	

W-2 #

WAGE AND TAX STATEMENT							
Taxpayer or spouse?		Employer identification no.		Foreign address		<input type="checkbox"/> Yes	
Employer name		Employer street address		Employer city		State ZIP code	
Control number							
		2010 AMOUNTS					
1. Wages, tips, other compensation				12a. Code	Amt		
2. Federal income tax withheld				b. Code	Amt		
3. Social security wages				c. Code	Amt		
4. Social security tax withheld				d. Code	Amt		
5. Medicare wages and tips				13. Statutory empl to Sch C # ..			
6. Medicare tax withheld				Retirement plan?		<input type="checkbox"/> Yes	
7. Social security tips				Third-party sick pay?			<input type="checkbox"/> Yes
8. Allocated tips				14. Other		Amt	
9. Advance EIC payments				Other		Amt	
10. Dependent care benefits				Other		Amt	
11. Non-qualified plans				Other		Amt	
		15		16		17	
		State		State Employer I.D. Number		State Wages	
		18		19		20	
		Local Wages		Local Tax Withheld		Locality Name	
1		////		////	////	////	////
2							
Corrected Form W-2?		<input type="checkbox"/> Yes		Clergy Form W-2		<input type="checkbox"/> Yes	
Non-standard indicator?		<input type="checkbox"/> Yes		Suppress Clergy self-employment tax		<input type="checkbox"/> Yes	

Attach additional W-2's

C _____

BUSINESS INCOME, CONT'D

CLIENT _____

PLEASE ADD, CHANGE, OR DELETE ANY INFORMATION THAT IS NECESSARY TO UPDATE YOUR FILE FOR 2011.
 LAST YEAR'S AMOUNTS ARE PROVIDED FOR YOUR REFERENCE IN THE SHADED AREAS.

PART III COST OF GOODS SOLD		2011 AMOUNTS		2010 AMOUNTS	
33. INVENTORY METHOD IF NOT COST	Lower of cost or market	<input type="checkbox"/>	Yes		
	Other	<input type="checkbox"/>	Yes		
	Specify other method 33.				
34. Was there any change in inventory method?	34.	<input type="checkbox"/>	Yes		
35. Inventory at beginning of the year	35.				
36. Purchases	36.				
Cost of items withdrawn for personal use		()	()
37. Cost of labor (not salary paid to yourself)	37.				
38. Materials and supplies	38.				
39. Other costs	39.				
41. Inventory at end of the year	41.	()	()

PART IV INFORMATION ABOUT YOUR VEHICLE		2011 AMOUNTS		2010 AMOUNTS	
43. Date vehicle was placed in service for business purposes	43.				
44a. Business miles vehicle was driven 01/01/11 - 06/30/11	44a.		MI		
Business miles vehicle was driven 07/01/11 - 12/31/11			MI		NEW
b. Total commuting miles vehicle was driven	b.		MI		
c. Total other miles vehicle was driven	c.		MI		
45. Was this vehicle available for use during off-duty hours?	45.	<input type="checkbox"/>	Yes		
46. Was another vehicle available for personal use?	46.	<input type="checkbox"/>	Yes		
47a. Is there evidence to support your deduction?	47a.	<input type="checkbox"/>	No		
b. If "yes," is the evidence written?	b.	<input type="checkbox"/>	No		

PART V EXPENSES		2011 AMOUNTS		2010 AMOUNTS	
Other expenses:					
Amortization					
Miscellaneous					
Oil and gas deduction					
Postage					
Telephone (business only)					

NOTES OR QUESTIONS:

C _____

BUSINESS INCOME

CLIENT _____

PLEASE ADD, CHANGE, OR DELETE ANY INFORMATION THAT IS NECESSARY TO UPDATE YOUR FILE FOR 2011.
LAST YEAR'S AMOUNTS ARE PROVIDED FOR YOUR REFERENCE IN THE SHADED AREAS.

Table with 3 columns: GENERAL INFORMATION, 2011 AMOUNTS, 2010 AMOUNTS. Rows include Ownership code, Clergy Schedule C, Joint Schedule C, Community property, Principal business activity, Accounting method, and Material participant status.

PART I INCOME table with 3 columns: INCOME, 2011 AMOUNTS, 2010 AMOUNTS. Rows include Gross merchant card receipts, Returns and allowances, and Other income.

PART II EXPENSES table with 3 columns: EXPENSES, 2011 AMOUNTS, 2010 AMOUNTS. Rows include Advertising, Car and truck expenses, Commissions and fees, Depreciation, and various other business expenses.

BUSINESS USE OF HOME EXPENSES

PLEASE ADD, CHANGE, OR DELETE ANY INFORMATION THAT IS NECESSARY TO UPDATE YOUR FILE FOR 2011.
 LAST YEAR'S AMOUNTS ARE PROVIDED FOR YOUR REFERENCE IN THE SHADED AREAS.

PART OF HOME USED FOR BUSINESS		2011 AMOUNTS	2010 AMOUNTS
Spouse's Form 8829 (for Married Filing Separate split return only)			
1.	Home area used regularly and exclusively for business, regularly for day care, or for storage of inventory or product samples		
2.	Total area of home		
4.	Total hours this facility was used for day care		
5.	Total hours available for use (if used for day care that was started or stopped this year)		
	Part of home used exclusively for day care		

DEDUCTION DESTINATION		2011 AMOUNTS	2010 AMOUNTS
Home expense deduction is associated with: 1 = Schedule C 2 = Schedule F 3 = Form 2106 4 = Schedule K-1 (1065) 5 = Schedule E pg 1			
Which multiple of the form or schedule selected above?			
For Sch C / K-1 Only: Net gain or loss from business use of home plus gain or loss from business shown on Schedule D or Form 4797			
Schedule E Only: Schedule E income related to business use of home			NEW
For Schedule F/2106 Only: Business expenses that are NOT from business use of home			
For Form 2106 Only: Employee net income (Form W-2 wages less other business expenses)			

ALLOWABLE DEDUCTION	DIRECT EXPENSES		INDIRECT EXPENSES	
	2011 AMOUNTS	2010 AMOUNTS	2011 AMOUNTS	2010 AMOUNTS
9. Casualty losses				
10. Deductible mortgage interest				
Qualified mortgage insurance premium				
11. Real estate taxes				
16. Excess mortgage interest				
17. Insurance				
18. Rent				
19. Repairs and maintenance				
20. Utilities				
21. Other expenses				
24. Operating expenses carryover from 2010 Form 8829, line 42				
28. Excess casualty losses				
30. Carryover of excess casualty losses and depreciation from 2010 Form 8829, line 43				

DEPRECIATION OF HOME		2011 AMOUNTS	2010 AMOUNTS
36.	Smaller of home's adjusted basis or fair market value (see depreciation organizer) 36.		
37.	Value of land included in home's adjusted basis or fair market value		
	Date business use began		

PLEASE ENTER ALL PERTINENT 2011 INFORMATION.
 LAST YEAR'S AMOUNTS ARE PROVIDED FOR YOUR REFERENCE IN THE SHADED AREAS.

1099R #

DISTRIBUTIONS FROM PENSIONS, ANNUITIES, RETIREMENT OR PROFIT-SHARING PLANS, ETC.									
Taxpayer or Spouse		Payer's federal identification no.							
Payer's name									
Payer's street address									
Payer's city		State		ZIP code					
Account number		Foreign address			Yes				
		2010 AMOUNTS							
1. Gross distribution				7. Distribution code					
2a. Taxable amount				IRA/SEP/SIMPLE		Yes			
2b. Tax amount not determined				Distrib rolled over 1 = IRA, 2 = Roth					
Total distribution?				8. Other					
Qualified Charitable Dist (QCD)				Percent of other					
Qual health svgs acct funding ..				9a. Percent of total distribution					
Insurance premium - retired				9b. Total employee contrib ..					
public safety officer				10. Name of state ..					
3. Capital gain (included in box 2a)				State tax withheld					
4. Federal income tax withheld ...				11. Payer's state I.D. number:					
5. Employee contrib or ins prem ...									
6. Net unrealized appreciation ...				12. State distribution					
				13. Local tax withheld					
Disability is earned income? ...				14. Name of locality					
				15. Local distribution					
SIMPLIFIED GENERAL RULE (Not IRA, SEP, or SIMPLE)									
Cost in plan at starting date				Amount recd tax-free after 1986					
Age at starting date				# mos payments made this year					
Annuity starting date				Using Table 1 or Table 2					

1099R #

DISTRIBUTIONS FROM PENSIONS, ANNUITIES, RETIREMENT OR PROFIT-SHARING PLANS, ETC.									
Taxpayer or Spouse		Payer's federal identification no.							
Payer's name									
Payer's street address									
Payer's city		State		ZIP code					
Account number		Foreign address			Yes				
		2010 AMOUNTS							
1. Gross distribution				7. Distribution code					
2a. Taxable amount				IRA/SEP/SIMPLE		Yes			
2b. Tax amount not determined				Distrib rolled over 1 = IRA, 2 = Roth					
Total distribution?				8. Other					
Qualified Charitable Dist (QCD)				Percent of other					
Qual health svgs acct funding ..				9a. Percent of total distribution					
Insurance premium - retired				9b. Total employee contrib ..					
public safety officer				10. Name of state ..					
3. Capital gain (included in box 2a)				State tax withheld					
4. Federal income tax withheld ...				11. Payer's state I.D. number:					
5. Employee contrib or ins prem ...									
6. Net unrealized appreciation ...				12. State distribution					
				13. Local tax withheld					
Disability is earned income? ...				14. Name of locality					
				15. Local distribution					
SIMPLIFIED GENERAL RULE (Not IRA, SEP, or SIMPLE)									
Cost in plan at starting date				Amount recd tax-free after 1986					
Age at starting date				# mos payments made this year					
Annuity starting date				Using Table 1 or Table 2					

ATTACH ANY ADDITIONAL 1099-R'S

E1 _____ INCOME OR LOSS FROM RENTAL REAL ESTATE, CONT'D

CLIENT _____

PLEASE ADD, CHANGE, OR DELETE ANY INFORMATION THAT IS NECESSARY TO UPDATE YOUR FILE FOR 2011.
 LAST YEAR'S AMOUNTS ARE PROVIDED FOR YOUR REFERENCE IN THE SHADED AREAS.

EXPENSES	DIRECT EXPENSES		INDIRECT EXPENSES	
	2011 AMOUNTS	2010 AMOUNTS	2011 AMOUNTS	2010 AMOUNTS
5. Advertising				
6. Auto expense (see vehicle deprec organizer)				
Other travel expenses				
7. Cleaning and maintenance				
8. Commissions				
9. Insurance				
10. Legal and other professional fees				
11. Management fees				
12. Mortgage interest paid to banks, etc				
Qualified mortgage insurance				
13. Other interest				
14. Repairs				
15. Supplies				
16. Taxes				
17. Utilities				
18. Depreciation expense (see deprec organizer)				
Depletion (see depreciation organizer)				
19. Other expenses:				

Amortization (see depreciation organizer)				
Office in home deduction				
Oil and gas deduction				

PRIOR YEAR PASSIVE ACTIVITY CARRYOVER LOSSES				
FEDERAL				
	Regular		AMT	
	2011 AMOUNTS	2010 AMOUNTS	2011 AMOUNTS	2010 AMOUNTS
Schedule E operating losses	()		()	
Schedule D short-term losses	()		()	
Schedule D long-term losses	()		()	
Schedule D 28% rate LT losses	()		()	
Form 4797 Pt I (Sec 1231 losses)	()		()	
Form 4797 Pt II (Ordinary losses)	()		()	

STATE				
	Regular		AMT	
	2011 AMOUNTS	2010 AMOUNTS	2011 AMOUNTS	2010 AMOUNTS
Schedule E operating losses	()		()	NEW
Schedule D short-term losses	()		()	NEW
Schedule D long-term losses	()		()	NEW
Schedule D 28% rate LT losses	()		()	NEW
Form 4797 Pt I (Sec 1231 losses)	()		()	NEW
Form 4797 Pt II (Ordinary losses)	()		()	NEW

FOR REAL ESTATE PROFESSIONALS ONLY		
	2011 AMOUNTS	2010 AMOUNTS
Passive activity loss carryovers that are from an activity that was not an active participation activity prior to becoming a real estate professional	<input type="checkbox"/> Yes	

MISCELLANEOUS INCOME AND ADJUSTMENTS

CLIENT _____

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 LAST YEAR'S AMOUNTS ARE PROVIDED FOR YOUR REFERENCE IN THE SHADED AREAS.

MISCELLANEOUS INCOME		2011 AMOUNTS				2010 AMOUNTS	
		TAXPAYER		SPOUSE		TAXPAYER	SPOUSE
7.	Taxable scholarship / fellowship income 7.						
10.	IF YOU ITEMIZED LAST YEAR ←	Deducted 2010 state/local sales tax	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes			
		State tax refund					
		2010 state and local taxes					
		2010 itemized deductions 10.					
11.	Alimony received 11.						
19.	Unemployment compensation received						
19.	Repaid unemployment compensation 19.						
20.	SOCIAL SECURITY ← BENEFITS	Social security benefits received					
		Medicare premiums withheld					
		Medicare prescription drug prem					
		Tier 1 Railroad retirement received					
		Federal withholding 20.					
21.	Net operating loss carryover 21.						
Other income:		SE?	T/S	ST	ST		
		<input type="checkbox"/>	<input type="checkbox"/>				

ADJUSTMENTS TO INCOME		2011 AMOUNTS				2010 AMOUNTS	
23.	Educator expenses 23.						
25.	Health savings account deduction 25.						
26.	Moving expenses 26.						
28.	Self-employed SEP, SIMPLE, and qual plans 28.						
29.	Self-employed health insurance						
29.	Health insurance premium from S Corp 29.						
30.	Penalty on early withdrawal of savings 30.						
31.	Alimony paid 31.						
	Recipient's Name		SSN	ST	ST		
32.	Payments to your IRA (see 8606 organizer).						
32.	Covered by employer's retirement plan 32.	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33.	Student loan interest deduction 33.						
34.	Tuition and fees deduction 34.						
35.	Domestic production activities 35.						
36.	Jury duty pay given to employer						
Other adjustments:		T/S		ST	ST		
		<input type="checkbox"/>					

NOTES OR QUESTIONS:

A

ITEMIZED DEDUCTIONS

CLIENT _____

PLEASE ADD, CHANGE, OR DELETE ANY INFORMATION THAT IS NECESSARY TO UPDATE YOUR FILE FOR 2011.
LAST YEAR'S AMOUNTS ARE PROVIDED FOR YOUR REFERENCE IN THE SHADED AREAS.

MEDICAL AND DENTAL EXPENSES	2011 AMOUNTS		2010 AMOUNTS
	TAXPAYER	SPOUSE	
1. Prescription medicines and drugs			
Medical insurance premiums (Medicare premiums are entered with Social Security)			
Medical miles driven 01-01-11 to 06-30-11	MI	MI	
Medical miles driven 07-01-11 to 12-31-11			NEW
LONG TERM CARE PREMIUMS ← Taxpayer's amount			
Spouse's amount			
Dependent's amount			
Dependent's birth date: _____ 1.			
Doctors, dentists, nurses, and hospitals:			

TAXES PAID	2011 AMOUNTS		2010 AMOUNTS
5. Additional state and local income taxes			
6. Real estate taxes (state and local) (not land held for investment)			
Foreign real estate taxes			
7. Personal property taxes			
8. Foreign income taxes paid			
Other taxes:			

INTEREST PAID	2011 AMOUNTS		2010 AMOUNTS	
10. Home mortgage interest and points reported on Form 1098				
11. HOME MORTGAGE INTEREST PAID TO AN INDIVIDUAL NOT REPORTED ON FORM 1098 ←	First name T, S, J Address _____ <input type="checkbox"/> City, state, zip _____ SSN _____ FEIN _____ Amount _____			
	Second name . . . T, S, J Address _____ <input type="checkbox"/> City, state, zip _____ SSN _____ FEIN _____ Amount _____			
	Third name T, S, J Address _____ <input type="checkbox"/> City, state, zip _____ SSN _____ FEIN _____ Amount _____			
	Details: _____			
	12. Points not reported on Form 1098			
	13. Qualified mortgage insurance premiums			
	14. Deductible investment interest			

NOTES OR QUESTIONS: (For points, please give details on refinance, terms, and dates.)

PLEASE ADD, CHANGE, OR DELETE ANY INFORMATION THAT IS NECESSARY TO UPDATE YOUR FILE FOR 2011.
 LAST YEAR'S AMOUNTS ARE PROVIDED FOR YOUR REFERENCE IN THE SHADED AREAS.

	VEHICLE 3		VEHICLE 4	
	2011 AMOUNTS	2010 AMOUNTS	2011 AMOUNTS	2010 AMOUNTS
(refer to the vehicle depreciation organizer)				
Vehicle description				
Method				
Date vehicle was placed in service				
Total vehicle miles driven in 2011				
Busn miles vehicle driven 01-01-11 to 06-30-11				
Busn miles vehicle driven 01-01-11 to 06-30-11		NEW		NEW
Average daily round trip commuting miles				
Commuting miles included in the total miles				
Gasoline				
Oil				
Repairs				
Auto insurance				
Other maintenance expense				
Vehicle rental or lease expense				
Inclusion amount				
Value of employer-provided vehicle				
Cost or other basis				
Amount of section 179 deduction				
Depreciation method				
Depreciation percentage				
Depreciation before limitation and sec 179 dedn				
Limitation amount				

	VEHICLE 5		VEHICLE 6	
	2011 AMOUNTS	2010 AMOUNTS	2011 AMOUNTS	2010 AMOUNTS
(refer to the vehicle depreciation organizer)				
Vehicle description				
Method				
Date vehicle was placed in service				
Total vehicle miles driven in 2011				
Busn miles vehicle driven 01-01-11 to 06-01-11				
Busn miles vehicle driven 07-01-11 to 12-31-11		NEW		NEW
Average daily round trip commuting miles				
Commuting miles included in the total miles				
Gasoline				
Oil				
Repairs				
Auto insurance				
Other maintenance expense				
Vehicle rental or lease expense				
Inclusion amount				
Value of employer-provided vehicle				
Cost or other basis				
Amount of section 179 deduction				
Depreciation method				
Depreciation percentage				
Depreciation before limitation and sec 179 dedn				
Limitation amount				

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GENERAL INFORMATION			
Occupation in which expenses were incurred			
Business expense owner (Taxpayer or Spouse)			
Two-letter state code			
	2011 AMOUNTS	2010 AMOUNTS	
Employee business expense is for a Clergy return	<input type="checkbox"/> Yes		

EMPLOYEE BUSINESS EXPENSE	2011 AMOUNTS	2010 AMOUNTS						
2. Parking fees, tolls, local transportation, etc								
3. TRAVEL EXPENSE AWAY FROM HOME (Not Meals and Entertainment) <table style="display: inline-table; vertical-align: middle; border: none;"> <tr> <td style="border: none;">←</td> <td style="border: none;">Lodging</td> </tr> <tr> <td style="border: none;">←</td> <td style="border: none;">Car rental</td> </tr> <tr> <td style="border: none;">←</td> <td style="border: none;">Other</td> </tr> </table>	←	Lodging	←	Car rental	←	Other		
←	Lodging							
←	Car rental							
←	Other							
4. Other business expenses not included above								
5. Total meals and entertainment expenses								
Dept. of Transportation employee	<input type="checkbox"/> Yes							
7. REIMBURSEMENT NOT ON FORM(S) W-2 <table style="display: inline-table; vertical-align: middle; border: none;"> <tr> <td style="border: none;">←</td> <td style="border: none;">Other than meals and entertainment</td> </tr> <tr> <td style="border: none;">←</td> <td style="border: none;">Meals and entertainment</td> </tr> </table>	←	Other than meals and entertainment	←	Meals and entertainment				
←	Other than meals and entertainment							
←	Meals and entertainment							

LINE 10 AMOUNTS ALLOCATED TO DEDUCT ON SCHEDULE A			
10. Business owner is Armed Forces Reservist ..	<input type="checkbox"/>	Amount allocated to Armed Forces Reservist ..	
Business owner is a Qualified Performing Artist ..	<input type="checkbox"/>	Amount allocated to Qualified Performing Artist ..	
Business owner is a fee-basis state/local government employee	<input type="checkbox"/>	Amount allocated to fee-basis state/local government employee	
Business owner is a disabled employee	<input type="checkbox"/>	Amount allocated to disabled employee	

	VEHICLE 1		VEHICLE 2	
	2011 AMOUNTS	2010 AMOUNTS	2011 AMOUNTS	2010 AMOUNTS
(refer to the vehicle depreciation organizer)				
Vehicle description				
Method				
Date vehicle was placed in service				
Total vehicle miles driven in 2011				
Busn miles vehicle driven 01-01-11 to 06-30-11				
Busn miles vehicle driven 07-01-11 to 12-31-11		NEW		NEW
Average daily round trip commuting miles				
Commuting miles included in the total miles				
Gasoline				
Oil				
Repairs				
Auto insurance				
Other maintenance expense				
Vehicle rental or lease expense				
Inclusion amount				
Value of employer-provided vehicle				
Cost or other basis				
Amount of section 179 deduction				
Depreciation method				
Depreciation percentage				
Depreciation before limitation and sec 179 dedn				
Limitation amount				

NOTES OR QUESTIONS:

CHILD AND DEPENDENT CARE EXPENSES

CLIENT _____

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PART I - PERSONS OR ORGANIZATIONS WHO PROVIDED THE CARE				
Care Provider's Name	Address (Number, street, apt. no., city, state, and ZIP code)	Identification Number	2011 Amts	2010 Amounts
		SSN		
	Telephone number:	EIN		
		SSN		
	Telephone number:	EIN		
		SSN		
	Telephone number:	EIN		
		SSN		
	Telephone number:	EIN		
		SSN		
	Telephone number:	EIN		

PART II - CREDIT FOR CHILD AND DEPENDENT CARE EXPENSES		2011 AMOUNTS	2010 AMOUNTS
Record dependent care expenses for each dependent on the Dependent Information sheet.			
4. Pension or annuity from nonqualified deferred compensation plan or nongovernmental section 457(b) plan	4.		
5. Number of months taxpayer was a student or disabled, if applicable	5.		
Number of months spouse was a student or disabled, if applicable			
Worksheet for 2010 Expenses Paid for Dependent Care Expenses in 2011			
1. Amount of 2010 qualified expenses paid in 2010	1.		
2. Amount of 2010 qualified expenses paid in 2011	2.		
4. Care for 2010 was for 2 or more qualifying children	4.	<input type="checkbox"/> Yes	<input type="checkbox"/>
5. Dependent care benefits received for 2010 and excluded from income	5.		
7. Smaller of taxpayer's earned income and spouse's earned income for 2010	7.		
9. Amount on which the credit for 2010 was figured	9.		
11. 2010 adjusted gross income	11.		
Expenses paid for:	Name	SSN	
Explanation of expenses:			

PART III - DEPENDENT CARE BENEFITS		2011 AMOUNTS	2010 AMOUNTS
14. Total employer-provided dependent care benefits	14.		
15. Carryover from 2010 that was used in 2011 during the grace period	15.		
16. Forfeited amount of employer-provided dependent care benefits	16.		
18. Qualified expenses incurred in 2011	18.		
20. Taxpayer elects to include nontaxable combat pay	20.	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Spouse elects to include nontaxable combat pay		<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
23. Amount of depn care benefits received from sole proprietorship or partnership	23.		

NOTES OR QUESTIONS:

ASSETS

VEHICLE INFORMATION

CLIENT _____

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ACTIVITY _____

Description	T,S,J	Date in Service
	<input type="checkbox"/>	
	2011 AMTS	2010 AMTS
Cost		
Business miles 01/01/11 - 06/30/11	MI	
Business miles 07/01/11 - 12/31/11	MI	
Commuting miles	MI	
Total miles	MI	
Parking fees and tolls		
Vehicle interest expense		
Gasoline and oil expense		
Repairs		
Other expenses		
Lease payment		
Insurance		
Tax and fees		
Odometer - Begin: _____	End: _____	

ACTIVITY _____

Description	T,S,J	Date in Service
	<input type="checkbox"/>	
	2011 AMTS	2010 AMTS
Cost		
Business miles 01/01/11 - 06/30/11	MI	
Business miles 07/01/11 - 12/31/11	MI	
Commuting miles	MI	
Total miles	MI	
Parking fees and tolls		
Vehicle interest expense		
Gasoline and oil expense		
Repairs		
Other expenses		
Lease payment		
Insurance		
Tax and fees		
Odometer - Begin: _____	End: _____	

ACTIVITY _____

Description	T,S,J	Date in Service
	<input type="checkbox"/>	
	2011 AMTS	2010 AMTS
Cost		
Business miles 01/01/11 - 06/30/11	MI	
Business miles 07/01/11 - 12/31/11	MI	
Commuting miles	MI	
Total miles	MI	
Parking fees and tolls		
Vehicle interest expense		
Gasoline and oil expense		
Repairs		
Other expenses		
Lease payment		
Insurance		
Tax and fees		
Odometer - Begin: _____	End: _____	

ACTIVITY _____

Description	T,S,J	Date in Service
	<input type="checkbox"/>	
	2011 AMTS	2010 AMTS
Cost		
Business miles 01/01/11 - 06/30/11	MI	
Business miles 07/01/11 - 12/31/11	MI	
Commuting miles	MI	
Total miles	MI	
Parking fees and tolls		
Vehicle interest expense		
Gasoline and oil expense		
Repairs		
Other expenses		
Lease payment		
Insurance		
Tax and fees		
Odometer - Begin: _____	End: _____	