

Miscellaneous Information

Name: _____

SSN: _____

Yes No

General Information

| | | |
|--|--|---|
| | | 1. Were there any changes to your filing status or number of dependents during 2011? |
| | | 2. Can you or your spouse be claimed as a dependent by someone else? |
| | | 3. Did you incur any childcare expenses? |
| | | 4. Did you have a change in residence or job location during the year? |
| | | 5. Did you move during 2011? From where? _____ Date of move _____ |
| | | 6. Did you reside in more than one state during 2011? If yes, which states? _____ |
| | | 7. Did you receive any notices from the IRS or the state taxing agency? If yes, please attach. |
| | | 8. Would you like a copy of your tax return sent to you via email? |
| | | 9. Did you receive an Economic Recovery Payment in 2011 from social security benefits, supplemental security income, or pension benefits? |

Yes No

Income Information

| | | |
|--|--|---|
| | | 1. Have you received all W-2s from all employers? How many W-2s are attached? _____ |
| | | 2. Did you use your vehicle on the job other than for commuting to work? |
| | | 3. Did you have an employer-provided vehicle which you drove home or used personally? If so, enter the lease value. \$ _____ |
| | | 4. Did you work out of town at any time during the year? |
| | | 5. Did you earn income from a state other than the state in which you live? If yes, what state and how much? _____ |
| | | 6. Did you or your spouse receive any tips not reported to your (or your spouse's) employer? |
| | | 7. Did you receive any disability income during the year? \$ _____. Attach 1099-R. |
| | | 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? |
| | | 9. Did you earn interest from, or are you an authorized signature holder on, a foreign bank account? |
| | | 10. Did you have any income from, or pay taxes to, a foreign country? |
| | | 11. Did you engage in any bartering transactions during 2011? |
| | | 12. Did you surrender any U.S. Savings Bonds during 2011? |
| | | 13. Did you receive any state or local income tax refunds from prior years? |
| | | 14. Do you or your spouse have any IRA accounts? |
| | | 15. Did you recharacterize any IRAs this year? |
| | | 16. Did you or your spouse "roll over" a profit-sharing or retirement plan distribution into another plan? |
| | | 17. Did you receive a Schedule K-1 from a partnership, S corporation, or trust? If so, please attach. |
| | | 18. Did you or your spouse receive any social security benefits during the year? Attach Form(s) SSA-1099. |
| | | 19. Did you receive any type of prize, award, or gambling winnings during 2011? |
| | | 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? _____ |
| | | 21. Did you receive any income not shown in this organizer? If so, please list. _____ |
| | | 22. Does anyone owe you money that has become uncollectible? _____ |

Comments: _____

Miscellaneous Information

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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:

| | |
|--------------------------|---|
| <input type="checkbox"/> | Prescriptions, first-aid |
| <input type="checkbox"/> | State/local income taxes |
| <input type="checkbox"/> | Mortgage interest |
| <input type="checkbox"/> | Tax preparation fees |
| <input type="checkbox"/> | Gambling losses (up to amount of winnings) |
| <input type="checkbox"/> | Cash donations to charity (provide all receipts) |
| <input type="checkbox"/> | Medical/Dental/Vision expenses and insurance premiums, mileage and lodging for seeking medical care (but not meals) |
| <input type="checkbox"/> | Real estate and personal property taxes paid in 2011 |
| <input type="checkbox"/> | Unreimbursed employee/work-related expenses (if self-employed, do not include items reported on Schedule C) |
| <input type="checkbox"/> | Fair market value of property donated to charity |
| <input type="checkbox"/> | 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 18, 2011 | | | | |
| 2010 Refund applied to 2011 | | June 15, 2011 | | | | |
| 2010 Balance Due | | Sept. 15, 2011 | | | | |
| | | Jan. 17, 2012 | | | | |
| Amount paid | Date paid | Check no. | Amount paid | Date paid | Check no. | Amount paid |
| Additional payments made | | | | | | |
| Resident State | | 2011 estimate date due | 2011 est amount | Amount paid | Date paid | Check no. |
| 2010 Refund | | April 18, 2011 | | | | |
| 2010 Refund applied to 2011 | | June 15, 2011 | | | | |
| 2010 Balance Due | | Sept. 15, 2011 | | | | |
| | | Jan. 17, 2012 | | | | |
| Amount paid | Date paid | Check no. | Amount paid | Date paid | Check no. | Amount paid |
| Additional payments made | | | | | | |
| Local | | 2011 estimate date due | 2011 est amount | Amount paid | Date paid | Check no. |
| 2010 Refund | | April 18, 2011 | | | | |
| 2010 Refund applied to 2011 | | June 15, 2011 | | | | |
| 2010 Balance Due | | Sept. 15, 2011 | | | | |
| | | Jan. 17, 2012 | | | | |
| Amount paid | Date paid | Check no. | Amount paid | Date paid | Check no. | Amount paid |
| Additional payments made | | | | | | |

Dependents

| | | | | | | | | | |
|--|--|---|--|--|---------------------------------|--|-------------|--|-------------|
| Name: | | | | | SSN: | | | | |
| | | | | | | | | | |
| First name/MI | | Last name | | | Suffix | | | | |
| SSN/TIN | | Relationship | | | Number of months lived with you | | | | |
| DOB | | Does this dependent have income over \$950? | | | <input type="checkbox"/> | | 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/TIN | | Relationship | | | Number of months lived with you | | | | |
| DOB | | Does this dependent have income over \$950? | | | <input type="checkbox"/> | | 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/TIN | | Relationship | | | Number of months lived with you | | | | |
| DOB | | Does this dependent have income over \$950? | | | <input type="checkbox"/> | | 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/TIN | | Relationship | | | Number of months lived with you | | | | |
| DOB | | Does this dependent have income over \$950? | | | <input type="checkbox"/> | | 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/TIN | | Relationship | | | Number of months lived with you | | | | |
| DOB | | Does this dependent have income over \$950? | | | <input type="checkbox"/> | | 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 |
| | | | | | | | | | | |

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 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

| Income | 2011 | 2010 | 2011 | 2010 |
|-----------------------------|------|------|------------------------|------|
| Payments from Form 1099-K | | | Returns and allowances | |
| Gross receipts or sales | | | Other income | |
| Statutory Employee Earnings | | | | |

| Expenses | 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 | |
| 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 | 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 | |

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

Itemized Deductions

Name:

SSN:

| MEDICAL and DENTAL | 2011 | 2010 | GIFTS TO CHARITY (attach receipts) | 2011 | 2010 |
|--|-------------|-------------|---|-------------|-------------|
| Health insurance premiums | | | Total gifts by cash or check | | |
| Long term care premiums | | | 30% limitation | | |
| Number of Medical miles before 7/1 | | | Charitable miles | | |
| Number of medical miles after 6/30 | | | Other than by cash or check | | |
| Other medical and dental expenses (list): | | | 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 | | | | | |
| Personal property taxes | | | | | |
| Other taxes (list): | | | | | |
| | | | Tax preparation fees | | |
| | | | | | |
| | | | OTHER EXPENSE (list): | | |
| INTEREST YOU PAID | | | | | |
| Home mortgage interest & points on Form 1098 | | | | | |
| Home mortgage interest not on Form 1098 | | | | | |
| Name: | | | | | |
| Address: | | | MISCELLANEOUS DEDUCTIONS | | |
| SSN/EIN: | | | Other deductions not subject to 2% limit | | |
| Points not reported on Form 1098 | | | | | |
| Qualified mortgage insurance premiums | | | | | |
| Investment interest | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Mortgage Interest

| | | | | | | | | | | |
|-------------------------------|--|-----|--|---------------|-----------------------------|-------------|--|--|--|--|
| Name: | | | | | SSN: | | | | | |
| | | | | | | | | | | |
| TSJ | | For | | Business name | Product | | | | | |
| Recipient/Lender Information: | | | | | 2011 | 2010 | | | | |
| Federal ID # | | | | | Mortgage interest received | | | | | |
| Name | | | | | Points paid | | | | | |
| Address | | | | | Refund overpaid interest | | | | | |
| City, State, Zip | | | | | Real Estate taxes paid | | | | | |
| Account Number | | | | | Mortgage insurance premiums | | | | | |
| TSJ | | For | | Business name | Product | | | | | |
| Recipient/Lender Information: | | | | | 2011 | 2010 | | | | |
| Federal ID # | | | | | Mortgage interest received | | | | | |
| Name | | | | | Points paid | | | | | |
| Address | | | | | Refund overpaid interest | | | | | |
| City, State, Zip | | | | | Real Estate taxes paid | | | | | |
| Account Number | | | | | Mortgage insurance premiums | | | | | |
| TSJ | | For | | Business name | Product | | | | | |
| Recipient/Lender Information: | | | | | 2011 | 2010 | | | | |
| Federal ID | | | | | Mortgage interest received | | | | | |
| Name | | | | | Points paid | | | | | |
| Address | | | | | Refund overpaid interest | | | | | |
| City, State, Zip | | | | | Real Estate taxes paid | | | | | |
| Account Number | | | | | Mortgage insurance premiums | | | | | |
| TSJ | | For | | Business name | Product | | | | | |
| Recipient/Lender Information: | | | | | 2011 | 2010 | | | | |
| Federal ID # | | | | | Mortgage interest received | | | | | |
| Name | | | | | Points paid | | | | | |
| Address | | | | | Refund overpaid interest | | | | | |
| City, State, Zip | | | | | Real Estate taxes paid | | | | | |
| Account Number | | | | | Mortgage insurance premiums | | | | | |
| TSJ | | For | | Business name | Product | | | | | |
| Recipient/Lender Information: | | | | | 2011 | 2010 | | | | |
| Federal ID # | | | | | Mortgage interest received | | | | | |
| Name | | | | | Points paid | | | | | |
| Address | | | | | Refund overpaid interest | | | | | |
| City, State, Zip | | | | | Real Estate taxes paid | | | | | |
| Account Number | | | | | Mortgage insurance premiums | | | | | |