

**Prepared By:**

Stephen M. Kirouac, CPA, PC  
P.O. Box 445  
Romeo, MI 48065-0445

**Prepared For:**

,

**2011 Client Organizer**

**Stephen M. Kirouac, CPA, PC**  
**P.O. Box 445**  
**Romeo, MI 48065-0445**  
**586-752-7700**

Dear :

Thank you for selecting our firm to prepare your income tax returns. This letter is to confirm and specify the terms of our engagement with you and to clarify the nature and extent of the services we will provide. In order to ensure an understanding of our mutual responsibilities, we ask all clients for whom returns are prepared to confirm the following arrangements.

We will prepare your 2011 federal, state and city income tax returns from information which you will furnish to us. We will not audit or otherwise verify the data you submit, although it may be necessary to ask you for clarification of some of the information. We will furnish you with questionnaires and worksheets to guide you in gathering the necessary information. Your use of such forms will assist in keeping the fee to a minimum.

It is your responsibility to provide all the information required for the preparation of complete and accurate returns. You should retain all the documents, cancelled checks and other data that form the basis of income and deductions. These may be necessary to prove the accuracy and completeness of the returns to a taxing authority. You have the final responsibility for the income tax returns and, therefore, you should review them carefully before you sign them.

Our work in connection with the preparation of your income tax returns does not include any procedures designed to discover defalcations and/or irregularities, should any exist.

The law provides various penalties that may be imposed when taxpayers understate their tax liability. If you would like information on the amount or the circumstances of these penalties, please contact us.

Your returns may be selected for review by the taxing authorities. Any proposed adjustments by the examining agent are subject to certain rights of appeal. In the event of such government tax examination, we will be available upon request to represent you and will render additional invoices for the time and expenses incurred.

Our fee for these services will be based upon our per form pricing. Other services we may provide will be billed at our standard billing rates. All invoices are due and payable upon presentation.

If the foregoing fairly sets forth your understanding, please sign this letter in the space indicated and return it to our office, with your organizer (no need to mail separately), or bring it with you if you wish to meet to review your tax information. **THIS ENGAGEMENT AGREEMENT MUST BE SIGNED BEFORE WE BEGIN YOUR RETURNS.**

We want to express our appreciation for this opportunity to work with you.

Stephen M. Kirouac, CPA

Accepted By: \_\_\_\_\_

Date: \_\_\_\_\_

**Stephen M. Kirouac, CPA, PC**  
**P.O. Box 445**  
**Romeo, MI 48065-0445**  
**586-752-7700**

Dear :

This Client Organizer is designed to help you gather tax information needed to prepare your 2011 personal income tax return. We have preprinted certain information from your 2010 personal income tax return to help you complete the organizer with minimal time and effort.

Enter 2011 information on the Client Organizer sheets provided. If any information does not apply to you or is incorrect, please draw a line through it or make the necessary corrections.

The Client Questionnaire asks about pertinent tax items necessary for preparing the most accurate tax return possible. Please answer all applicable questions and attach a statement when necessary for additional information not provided in the Client Organizer.

We will also need the following information:

- Forms W-2 for wages, salaries and tips.
- All Forms 1099 for interest, dividends, retirement, miscellaneous income, Social Security, state or local refunds, gambling winnings, etc.
- Brokerage statements showing investment transactions for stocks, bonds, etc.
- Schedule K-1 from partnerships, S corporations, estates and trusts.
- Statements supporting deductions for mortgage interest, taxes, and charitable contributions (including any Form 1098-C).
- Copies of closing statements regarding the sale or purchase of real property.
- Legal papers for adoption, divorce, or separation involving custody of your dependent children.
- Any tax notices sent to you by the IRS or other taxing authority.
- A copy of your income tax return from last year, if not prepared by this office.

IRS regulations require paid tax preparers who expect to prepare 11 or more federal individual or trust tax returns to file them electronically. To comply with this requirement your return will be electronically filed this year. The benefits of e-filing include a secure way to file tax returns and it provides proof of acceptance, usually within 48 hours, that the IRS has accepted your return for processing. Contact this office if you prefer your return be filed on paper.

Sincerely,

Stephen M. Kirouac, CPA, PC

## New Credit Card Option

Notice: January 6, 2012

Topic: Credit Card Payment

To our clients:

Beginning January 15, 2012 we will accept payment of invoices by credit card. Credit cards include Discover, MasterCard and Visa.

You can make a payment by call our office toll free at 888-KIROUAC (888-547-6822).

We will ask for the following information:

1. Credit Card Type
2. Credit Card Number
3. 3 Digit security number on back of card
4. Expiration Date of Card
5. Name on Card (as it appears on card)
6. Billing Address of Card

As an alternative to calling, we will provide you with a "Credit Card Authorization Form" with your invoice. Just fill in the requested information and return it to our office.

Mail to: Stephen M. Kirouac, CPA, PC  
P.O. Box 445  
Romeo, MI 48065

Fax to: 586-752-3227

E-mail to: [jrisch@teamkirouac.com](mailto:jrisch@teamkirouac.com) Jean Risch - Office Manager

We appreciate your business and trust this alternative payment method will enhance our service to you.

Sincerely,

Stephen M. Kirouac, CPA

## Questions

Please check the appropriate box and include all necessary details and documentation .

	Yes	No
<b>Personal Information</b>		
Did your marital status change during the year?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, explain: _____		
Did your address change from last year?	<input type="checkbox"/>	<input type="checkbox"/>
Can you be claimed as a dependent by another taxpayer?	<input type="checkbox"/>	<input type="checkbox"/>
Did you change any bank accounts that have been used to direct deposit (or direct debit) funds from (or to) the IRS or other taxing authority during the tax year?	<input type="checkbox"/>	<input type="checkbox"/>
<b>Dependent Information</b>		
Were there any changes in dependents from the prior year?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, explain: _____		
Do you have any children under age 19 or a full-time student under age 24 with unearned income in excess of \$1,900?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have dependents who must file a tax return?	<input type="checkbox"/>	<input type="checkbox"/>
Did you provide over half the support for any other person(s) during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay for child care while you worked or looked for work?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay any expenses related to the adoption of a child during the year?	<input type="checkbox"/>	<input type="checkbox"/>
If you are divorced or separated with child(ren), do you have a divorce decree or other form of separation agreement which establishes custodial responsibilities?	<input type="checkbox"/>	<input type="checkbox"/>
<b>Purchases, Sales and Debt Information</b>		
Did you start a new business or purchase rental property during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you acquire a new or additional interest in a partnership or S corporation?	<input type="checkbox"/>	<input type="checkbox"/>
Did you sell, exchange, or purchase any real estate during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you purchase or sell a principal residence during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you foreclose or abandon a principal residence or real property during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you acquire or dispose of any stock during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you take out a home equity loan this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you refinance a principal residence or second home this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you sell an existing business, rental, or other property this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you incur any non-business bad debts this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you have any debts canceled or forgiven this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you purchase a new hybrid, alternative motor, or electric motor energy efficient vehicle this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay any student loan interest this year?	<input type="checkbox"/>	<input type="checkbox"/>
<b>Income Information</b>		
Did you have any foreign income or pay any foreign taxes during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any income from property sold prior to this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any lump-sum payments from a pension, profit sharing or 401(k) plan?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any withdrawals from or contributions to an IRA, Roth, Keogh, SIMPLE, SEP, 401k, or other qualified retirement plan?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any withdrawals from an education savings or 529 Plan account?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any distributions from a Health savings account (HSA), Archer MSA, or Medicare Advantage MSA this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any Social Security benefits during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any unemployment benefits during the year?	<input type="checkbox"/>	<input type="checkbox"/>

Did you receive any disability income during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive tip income not reported to your employer this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did any of your life insurance policies mature, or did you surrender any policies?	<input type="checkbox"/>	<input type="checkbox"/>
Did you cash any Series EE or I U.S. Savings bonds issued after 1989?	<input type="checkbox"/>	<input type="checkbox"/>

**Itemized Deduction Information**

Did you incur a casualty or theft loss during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay out-of-pocket medical expenses (Co-pays, prescription drugs, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have evidence to substantiate charitable contributions?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any noncash charitable contributions (clothes, furniture, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>
Did you donate a vehicle or boat during the year? If yes, attach Form 1098-C.	<input type="checkbox"/>	<input type="checkbox"/>
Did you have an expense account or allowance during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you use your car on the job, for other than commuting?	<input type="checkbox"/>	<input type="checkbox"/>
Did you work out of town for part of the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you have any expenses related to seeking a new job during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any major purchases during the year (cars, boats, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any out-of-state purchases (by telephone, internet, mail, in person) that the seller did not collect state sales or use tax?	<input type="checkbox"/>	<input type="checkbox"/>

**Miscellaneous Information**

Did you make gifts of more than \$13,000 to any individual?	<input type="checkbox"/>	<input type="checkbox"/>
Did you have any educational expenses during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any contributions to an education savings or 529 Plan account?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any contributions to a Health savings account (HSA) or Archer MSA?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay long-term health care premiums for yourself or your family?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay any COBRA health care coverage continuation premiums?	<input type="checkbox"/>	<input type="checkbox"/>
If you are a business owner, did you pay health insurance premiums for your employees this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you utilize an area of your home for business purposes?	<input type="checkbox"/>	<input type="checkbox"/>
Did you engage in any bartering transactions?	<input type="checkbox"/>	<input type="checkbox"/>
Are you an active participant in a pension or retirement plan?	<input type="checkbox"/>	<input type="checkbox"/>
Did you retire or change jobs this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you incur moving costs because of a job change?	<input type="checkbox"/>	<input type="checkbox"/>
Did you, your spouse, or your dependents attend a post-secondary school during the year, or plan to attend one in the coming year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay any individual as a household employee during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make energy efficient improvements to your main home this year?	<input type="checkbox"/>	<input type="checkbox"/>
Were you a grantor or transferor for a foreign trust, or do you have an interest in or a signature or other authority over a bank account, securities account, or other financial account in a foreign country?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive correspondence from the State or the Internal Revenue Service? If yes, explain: _____	<input type="checkbox"/>	<input type="checkbox"/>
Do you want to designate \$3 to the Presidential Election Campaign Fund? If you check yes, it will not change your tax or reduce your refund.	<input type="checkbox"/>	<input type="checkbox"/>

## Client Organizer Topical Index

This client organizer topical index is designed to help you quickly locate the items listed. To use the index just locate the topic and refer to the page number listed. The page number corresponds to the number printed in the top right corner of your organizer sheets.

Topic	Page	Topic	Page
Alaska Permanent Fund dividends	17	Gambling winnings	17, 19
Alimony paid	45	Gambling losses	51
Alimony received	17	Health savings account (HSA)	41, 42
Annuity payments received	15	Interest income	10
Automobile information -		Interest paid	50
Business or profession	62	Investment expenses	51
Farm	62	Investment interest expenses	50
Farm rental	62	IRA contributions	40
Rent and royalty	62	IRA distributions	15
Bank account information	3	Long-term care services and contracts (LTC)	42
Business income and expenses	23, 24	Medical and dental expenses	49
Business use of home	61	Medical savings account (MSA)	41, 42
Cancellation of debt	18	Minister earnings and expenses	9, 23
Charitable contributions	51, 55	Miscellaneous income	17, 17a
Dependent care benefits received	9	Miscellaneous adjustments	45
Dependent information	1, 5	Miscellaneous itemized deductions	51
Direct deposit information	3	Mortgage interest expense	50
Disability income	15	Partnership income	32
Dividend income	11	Payments from Qualified Education Programs (1099-Q)	48
Early withdrawal penalty	10	Pension distributions	15
Education Credits and tuition and fees deduction	47	Personal property taxes paid	49
Education Savings Account & Qualified Tuition Programs	48	Railroad retirement benefits	16
Electronic filing	4	Real estate taxes	49
Email address	2	Rent and royalty, vacation home, income and expenses	25, 26
Estate income	33	Residential energy credit	70
Federal estimate payments	5	Roth IRA contributions	40
Federal withholding	9, 15, 16, 19	S corporation income	32
First-time homebuyer	71	Sale of stock, securities, and other capital assets	14, 14a
Foreign dividend income	11	Self-employed health insurance premiums	23, 45
Foreign interest income	10	Social security benefits received	16
		State and local income tax refunds	17
		State & local estimate payments	6
		State & local withholding	9, 15, 19
		Statutory employee	9, 23
		Student loan interest paid	47
		Taxes paid	49
		Trust income	33
		Unemployment compensation	17
		Wages and salaries	9

Please note the following conventions used throughout your client organizer: T/S/J and T/S headings should be used to indicate if an item belongs to the (T)axpayer, (S)pouse, or (J)oint. Also, if an item did not occur in your resident state, please indicate the state's postal code abbreviation in which the item occurred. Control totals and [ ] numbers are for preparer use only.

**IRS regulations require paid tax preparers who expect to prepare a certain amount of federal individual tax returns to file them electronically. To comply with this requirement your return will be electronically filed this year if it qualifies for electronic filing under IRS rules. Taxpayers may choose to file a paper return instead of filing electronically.**

Mark if you want to file a paper return even if you qualify for electronic filing

\_\_\_\_ [1]

Do you want to receive email notification when your electronically filed return is accepted by the taxing agency? (Y, N)

Y [2]

Mark if you are filing a balance due return electronically and you want to pay the amount due by debiting your financial institution account

\_\_\_\_ [6]

The IRS requires a Personal Identification Number (PIN) be used in signing returns that are electronically filed.

Each taxpayer and spouse, if applicable, must provide a 5 digit self-selected PIN of your choice other than all zeroes.

Taxpayer self-selected Personal Identification Number (PIN)

\_\_\_\_\_ [4]

Spouse self-selected Personal Identification Number (PIN)

\_\_\_\_\_ [5]

---

**NOTES/QUESTIONS:**

If you have an overpayment of 2011 taxes, do you want the excess:

Refunded \_\_\_\_\_ [43]

Applied to 2012 estimated tax liability \_\_\_\_\_ [44]

Do you expect a considerable change in your 2012 income? (Y, N) \_\_\_\_\_ [45]

If yes, please explain any differences: \_\_\_\_\_ [46]

\_\_\_\_\_ [47]

\_\_\_\_\_ [48]

\_\_\_\_\_ [49]

Do you expect a considerable change in your deductions for 2012? (Y, N) \_\_\_\_\_ [50]

If yes, please explain any differences: \_\_\_\_\_ [51]

\_\_\_\_\_ [52]

\_\_\_\_\_ [53]

\_\_\_\_\_ [54]

Do you expect a considerable change in the amount of your 2012 withholding? (Y, N) \_\_\_\_\_ [55]

If yes, please explain any differences: \_\_\_\_\_ [56]

\_\_\_\_\_ [57]

\_\_\_\_\_ [58]

\_\_\_\_\_ [59]

Do you expect a change in the number of dependents claimed for 2012? (Y, N) \_\_\_\_\_ [60]

If yes, please explain any differences: \_\_\_\_\_ [61]

\_\_\_\_\_ [62]

\_\_\_\_\_ [63]

\_\_\_\_\_ [64]

2011 Federal Estimated Tax Payments

2010 overpayment applied to 2011 estimates + \_\_\_\_\_ [1]

Mark if you paid the calculated amounts on the dates due indicated below. Skip the remaining fields. \_\_\_\_\_ [4]

If your estimated payments were not made on the date due or were for an amount other than the calculated amount below, please enter the actual date and amount paid.

	Date Due	Date Paid if After Date Due	Amount Paid	Calculated Amount
1st quarter payment	4/18/11	_____ [5]	+ _____ [6]	_____
2nd quarter payment	6/15/11	_____ [7]	+ _____ [8]	_____
3rd quarter payment	9/15/11	_____ [9]	+ _____ [10]	_____
4th quarter payment	1/17/12	_____ [11]	+ _____ [12]	_____
Additional payment		_____ [13]	+ _____ [14]	_____

NOTES/QUESTIONS:

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_ [1]

State postal code \_\_\_\_\_ [2]

Amount paid with 2010 return + \_\_\_\_\_ [3]  
 2010 overpayment applied to '11 estimates + \_\_\_\_\_ [4]  
 Treat calculated amounts as paid \_\_\_\_\_ [8]

	Date Paid		Amount Paid	Calculated Amount
1st quarter payment	_____ [9]	+	_____ [10]	_____ _____ _____ _____
2nd quarter payment	_____ [11]	+	_____ [12]	
3rd quarter payment	_____ [13]	+	_____ [14]	
4th quarter payment	_____ [15]	+	_____ [16]	
Additional payment	_____ [17]	+	_____ [18]	

**2011 City Estimated Tax Payments**

<p><b>City #1</b></p> <p>City name _____ [28]</p> <p>Amount paid with 2010 return + _____ [31]</p> <p>2010 overpayment applied to '11 estimates + _____ [32]</p> <p>Treat calculated amounts as paid _____ [36]</p>	<p><b>City #2</b></p> <p>City name _____ [50]</p> <p>Amount paid with 2010 return + _____ [53]</p> <p>2010 overpayment applied to '11 estimates + _____ [54]</p> <p>Treat calculated amounts as paid _____ [58]</p>
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<table border="0"> <thead> <tr> <th></th> <th>Date Paid</th> <th></th> <th>Amount Paid</th> </tr> </thead> <tbody> <tr> <td>1st quarter payment</td> <td>_____ [37]</td> <td>+</td> <td>_____ [38]</td> </tr> <tr> <td>2nd quarter payment</td> <td>_____ [39]</td> <td>+</td> <td>_____ [40]</td> </tr> <tr> <td>3rd quarter payment</td> <td>_____ [41]</td> <td>+</td> <td>_____ [42]</td> </tr> <tr> <td>4th quarter payment</td> <td>_____ [43]</td> <td>+</td> <td>_____ [44]</td> </tr> </tbody> </table>		Date Paid		Amount Paid	1st quarter payment	_____ [37]	+	_____ [38]	2nd quarter payment	_____ [39]	+	_____ [40]	3rd quarter payment	_____ [41]	+	_____ [42]	4th quarter payment	_____ [43]	+	_____ [44]	<table border="0"> <thead> <tr> <th></th> <th>Date Paid</th> <th></th> <th>Amount Paid</th> </tr> </thead> <tbody> <tr> <td>1st quarter payment</td> <td>_____ [59]</td> <td>+</td> <td>_____ [60]</td> </tr> <tr> <td>2nd quarter payment</td> <td>_____ [61]</td> <td>+</td> <td>_____ [62]</td> </tr> <tr> <td>3rd quarter payment</td> <td>_____ [63]</td> <td>+</td> <td>_____ [64]</td> </tr> <tr> <td>4th quarter payment</td> <td>_____ [65]</td> <td>+</td> <td>_____ [66]</td> </tr> </tbody> </table>		Date Paid		Amount Paid	1st quarter payment	_____ [59]	+	_____ [60]	2nd quarter payment	_____ [61]	+	_____ [62]	3rd quarter payment	_____ [63]	+	_____ [64]	4th quarter payment	_____ [65]	+	_____ [66]
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**Calculated Amount**

1st quarter payment	_____
2nd quarter payment	_____
3rd quarter payment	_____
4th quarter payment	_____

**Calculated Amount**

1st quarter payment	_____
2nd quarter payment	_____
3rd quarter payment	_____
4th quarter payment	_____

<p><b>City #3</b></p> <p>City name _____ [72]</p> <p>Amount paid with 2010 return + _____ [75]</p> <p>2010 overpayment applied to '11 estimates + _____ [76]</p> <p>Treat calculated amounts as paid _____ [80]</p>	<p><b>City #4</b></p> <p>City name _____ [94]</p> <p>Amount paid with 2010 return + _____ [97]</p> <p>2010 overpayment applied to '11 estimates + _____ [98]</p> <p>Treat calculated amounts as paid _____ [102]</p>
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	Date Paid		Amount Paid																																						
1st quarter payment	_____ [81]	+	_____ [82]																																						
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3rd quarter payment	_____ [85]	+	_____ [86]																																						
4th quarter payment	_____ [87]	+	_____ [88]																																						
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1st quarter payment	_____ [103]	+	_____ [104]																																						
2nd quarter payment	_____ [105]	+	_____ [106]																																						
3rd quarter payment	_____ [107]	+	_____ [108]																																						
4th quarter payment	_____ [109]	+	_____ [110]																																						

**Calculated Amount**

1st quarter payment	_____
2nd quarter payment	_____
3rd quarter payment	_____
4th quarter payment	_____

**Calculated Amount**

1st quarter payment	_____
2nd quarter payment	_____
3rd quarter payment	_____
4th quarter payment	_____



Preparer - Enter on Screen Contact

Tax matters person (Indicate which spouse handles tax return related questions) ( Blank = Both, T = Taxpayer, S = Spouse) \_\_\_\_\_ [8]

Taxpayer email address anxxbess@comcast.net \_\_\_\_\_ [9]

Spouse email address \_\_\_\_\_ [10]

**Taxpayer**

**Spouse**

Car telephone number \_\_\_\_\_ [11] \_\_\_\_\_ [19]

Fax telephone number \_\_\_\_\_ [12] \_\_\_\_\_ [20]

Mobile telephone number \_\_\_\_\_ [13] \_\_\_\_\_ [21]

Pager number \_\_\_\_\_ [14] \_\_\_\_\_ [22]

Other: \_\_\_\_\_ [15] \_\_\_\_\_ [23]

Telephone number \_\_\_\_\_ [16] \_\_\_\_\_ [24]

Extension \_\_\_\_\_ [17] \_\_\_\_\_ [25]

Preferred method of contact \_\_\_\_\_ [18] \_\_\_\_\_ [26]

Email, Work phone, Home phone, Fax, Mobile phone, Car phone

**NOTES/QUESTIONS:**

If you would like to have a refund direct deposited into or a balance due debited from your bank account(s), please enter information in the fields below. Note that electronic funds will be withdrawn only from the primary account listed below.

## Primary account:

Financial institution routing transit number \_\_\_\_\_ [1]  
 Name of financial institution \_\_\_\_\_ [2]  
 Your account number \_\_\_\_\_ [3]  
 Type of account (1 = Savings, 2 = Checking, 3 = IRA\*) \_\_\_\_\_ [4]  
 Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) \_\_\_\_\_ [5]  
 Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) \_\_\_\_\_ [6]  
 Enter the maximum dollar amount, or percentage of total refund Dollar \_\_\_\_\_ [7] or Percent (xxx.xx) \_\_\_\_\_ [8]

## Secondary account #1:

Financial institution routing transit number \_\_\_\_\_ [23]  
 Name of financial institution \_\_\_\_\_ [24]  
 Your account number \_\_\_\_\_ [25]  
 Type of account (1 = Savings, 2 = Checking, 3 = IRA\*) \_\_\_\_\_ [26]  
 Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) \_\_\_\_\_ [27]  
 Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) \_\_\_\_\_ [28]  
 Enter the maximum dollar amount, or percentage of total refund Dollar \_\_\_\_\_ [9] or Percent (xxx.xx) \_\_\_\_\_ [10]

## Secondary account #2:

Financial institution routing transit number \_\_\_\_\_ [29]  
 Name of financial institution \_\_\_\_\_ [30]  
 Your account number \_\_\_\_\_ [31]  
 Type of account (1 = Savings, 2 = Checking, 3 = IRA\*) \_\_\_\_\_ [32]  
 Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) \_\_\_\_\_ [33]  
 Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) \_\_\_\_\_ [34]  
 Enter the maximum dollar amount, or percentage of total refund Dollar \_\_\_\_\_ [13] or Percent (xxx.xx) \_\_\_\_\_ [14]

\*Refunds may only be direct deposited to established traditional, Roth or SEP-IRA accounts. Make sure direct deposits will be accepted by the bank or financial institution.

## Refund - U.S. Series I Savings Bond Purchases

A tax refund may be used to buy up to \$5,000 of U.S. Series I Savings bonds and registered for up to three different persons. If you would like to purchase U.S. Series I Savings bonds (in increments of \$50) with your refund, if applicable, please complete the following information. Please note you may enter only one name per registration (with exception of married filing joint returns) and must enter the party's given name, do not use nicknames.

Indicate either a maximum dollar amount (up to \$5,000), or percentage of refund you would like used to purchase bonds

The bonds will be registered to the name(s) on the return. For married filing joint returns this means the bonds will be registered in both names listed on the return.

To register the bonds separately, leave these fields blank and use the fields provided below.

Enter either a dollar amount or percent, but not both Dollar \_\_\_\_\_ [11] or Percent (xxx.xx) \_\_\_\_\_ [12]

## Bond information for someone other than taxpayer and spouse, if married filing jointly

Maximum dollar amount (up to \$5,000), or percentage of refund used to purchase bonds Dollar \_\_\_\_\_ [15] or Percent (xxx.xx) \_\_\_\_\_ [16]  
 Owner's name (First Last) \_\_\_\_\_ [36] \_\_\_\_\_ [37]  
 Co-owner or beneficiary (First Last) \_\_\_\_\_ [38] \_\_\_\_\_ [39]  
 Mark if the name listed above is a beneficiary \_\_\_\_\_ [40]

## Bond information for someone other than taxpayer and spouse, if married filing jointly

Maximum dollar amount (up to \$5,000), or percentage of refund used to purchase bonds Dollar \_\_\_\_\_ [19] or Percent (xxx.xx) \_\_\_\_\_ [20]  
 Owner's name (First Last) \_\_\_\_\_ [41] \_\_\_\_\_ [42]  
 Co-owner or beneficiary (First Last) \_\_\_\_\_ [43] \_\_\_\_\_ [44]  
 Mark if the name listed above is a beneficiary \_\_\_\_\_ [45]



## Interest Income

Please provide copies of all Form 1099-INT or other statements reporting interest income.

\*Whole numbers will be treated as \$ amounts. Enter percentages in the XXX.XX format. For example, enter 100% as 100.00 or 75.5% as 75.50.

T/S/J	Type Code (**See codes below)	Interest Income	Tax Exempt Income	Penalty on Early Withdrawal	U.S. Obligations* \$ or %	Tax Exempt* \$ or %	Foreign Taxes Paid	Prior Year Information
	1	Payer						
		Amounts	+					
	2	Payer						
		Amounts	+					
	3	Payer						
		Amounts	+					
	4	Payer						
		Amounts	+					
	5	Payer						
		Amounts	+					
	6	Payer						
		Amounts	+					
	7	Payer						
		Amounts	+					
	8	Payer						
		Amounts	+					
	9	Payer						
		Amounts	+					
	10	Payer						
		Amounts	+					

**Interest Codes		
Blank = Regular Interest	4 = Accrued Interest	6 = ABP Adjustment
3 = Nominee Distribution	5 = OID Adjustment	7 = Series EE & I Bond

	Control Totals	+	Income	Form ID: B-1
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## Dividend Income

Please provide copies of all Form 1099-DIV or other statements reporting dividend income.

\*Whole numbers will be treated as \$ amounts. Enter percentages in the XXX.XX format. For example, enter 100% as 100.00 or 75.5% as 75.50.

T S J	Type Code	Ordinary Dividends	Qualified Dividends	Total Cap Gain Distributions	Section 1250	Sec. 1202	28% Capital Gain	Tax Exempt Dividends	U.S. Obligations* \$ or %	Tax Exempt* \$ or %	Foreign Taxes Paid	Prior Year Information
1	Payer											
	Amounts	+										
2	Payer											
	Amounts	+										
3	Payer											
	Amounts	+										
4	Payer											
	Amounts	+										
5	Payer											
	Amounts	+										
6	Payer											
	Amounts	+										
7	Payer											
	Amounts	+										
8	Payer											
	Amounts	+										
9	Payer											
	Amounts	+										
10	Payer											
	Amounts	+										

**\*\*Dividend Codes**

Blank = Other                      3 = Nominee

	Control Totals	+	Income	Form ID: B-2
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Please provide a copy of Form(s) SSA-1099 or RRB-1099

Taxpayer/Spouse (T, S)

T [1]

State postal code

[2]

Social Security Benefits

If you received a Form SSA - 1099, please complete the following information:

Net Benefits for 2011 (Box 3 minus Box 4) (Box 5)

2011 Information + [8]

Voluntary Federal Income Tax Withheld (Box 6)

+ [10]

From the DESCRIPTION OF AMOUNT IN BOX 3 area of Form SSA-1099:

Medicare premiums

+ [12]

Prescription drug (Part D) premiums

+ [14]

Prior Year Information

Grey box for prior year information

Tier 1 Railroad Benefits

If you received a Form RRB - 1099, please complete the following information:

Net Social Security Equivalent Benefit:

2011 Information

Prior Year Information

Portion of Tier 1 Paid in 2011 (Box 5)

+ [22]

Federal Income Tax Withheld (Box 10)

+ [25]

Medicare Premium Total (Box 11)

+ [27]

Grey box for prior year information

Additional Information About Benefits Received

Additional information about the benefits received not reported above. For example did you repay any benefits in 2011 or receive any prior year benefits in 2011. This information will be reported in the SSA-1099 DESCRIPTION OF AMOUNT IN BOX 3 area or in the RRB-1099 Boxes 7 through 9.

Four horizontal lines for additional information with labels [38], [39], [40], [41], [42]

NOTES/QUESTIONS:



### Miscellaneous Income #1

Please provide all Forms 1099-MISC

Preparer use only

Name of payer	_____	[3]
Taxpayer/Spouse/Joint (T, S, J)	_____	[5]
State postal code	_____	[6]
Rents (Box 1)	+ _____	[11]
Royalties (Box 2)	+ _____	[13]
Other income (Box 3)	+ _____	[15]
Federal income tax withheld (Box 4)	+ _____	[17]
Fishing boat proceeds (Box 5)	+ _____	[19]
Medical and health care payments (Box 6)	+ _____	[21]
Nonemployee compensation (Box 7)	+ _____	[23]
Substitute payments in lieu of dividends or interest (Box 8)	+ _____	[25]
Payer made direct sales of \$5,000 or more of consumer products (Box 9)	_____	[27]
Crop Insurance proceeds (Box 10)	+ _____	[29]
Excess golden parachute payments (Box 13)	+ _____	[31]
Gross proceeds paid to an attorney (Box 14)	+ _____	[33]
Section 409A deferrals (Box 15a)	+ _____	[35]
Section 409A income (Box 15b)	+ _____	[37]
State tax withheld (Box 16)	+ _____	[39]
State/Payer's state no. (Box 17)	_____	[41]
State income (Box 18)	+ _____	[42]

Control Totals +

### Miscellaneous Income #2

Please provide all Forms 1099-MISC

Preparer use only

Name of payer	_____	[3]
Taxpayer/Spouse/Joint (T, S, J)	_____	[5]
State postal code	_____	[6]
Rents (Box 1)	+ _____	[11]
Royalties (Box 2)	+ _____	[13]
Other income (Box 3)	+ _____	[15]
Federal income tax withheld (Box 4)	+ _____	[17]
Fishing boat proceeds (Box 5)	+ _____	[19]
Medical and health care payments (Box 6)	+ _____	[21]
Nonemployee compensation (Box 7)	+ _____	[23]
Substitute payments in lieu of dividends or interest (Box 8)	+ _____	[25]
Payer made direct sales of \$5,000 or more of consumer products (Box 9)	_____	[27]
Crop Insurance proceeds (Box 10)	+ _____	[29]
Excess golden parachute payments (Box 13)	+ _____	[31]
Gross proceeds paid to an attorney (Box 14)	+ _____	[33]
Section 409A deferrals (Box 15a)	+ _____	[35]
Section 409A income (Box 15b)	+ _____	[37]
State tax withheld (Box 16)	+ _____	[39]
State/Payer's state no. (Box 17)	_____	[41]
State income (Box 18)	+ _____	[42]

Control Totals +

NOTES/QUESTIONS:

# Cancellation of Debt, Abandonment #1

Please provide all Forms 1099-C and 1099-A

If the debt canceled on Form 1099-C, or the property abandoned on Form 1099-A is related to a business, rental, farm or farm rental, enter the Form 1099-C or 1099-A Activity identification below.

Enter a brief description of the debt (i.e. type of debt) and why it was canceled to assist in determining tax ramifications:

\_\_\_\_\_ [67]

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_ [1]  
 State postal code \_\_\_\_\_ [3]  
 Name of creditor/lender \_\_\_\_\_ [4]  
 Activity identification (Blank = Form 1040, C = Schedule C, E = Schedule E, page 1, F = Schedule F, 4835 = Form 4835) \_\_\_\_\_ [6]

### Form 1099-C Cancellation of Debt

Date canceled (Box 1) \_\_\_\_\_ [9]  
 Amount of debt canceled (Box 2) + \_\_\_\_\_ [10]  
 Interest if included in box 2 (Box 3) + \_\_\_\_\_ [11]  
 Personally liable for repayment of the debt (if checked) (Box 5) \_\_\_\_\_ [12]  
 Bankruptcy (if checked) (Box 6) \_\_\_\_\_ [13]  
 Fair market value of property (Box 7) + \_\_\_\_\_ [14]

### Form 1099-A Acquisition or Abandonment of Secured Property

Date of lender's acquisition or knowledge of abandonment (Box 1) \_\_\_\_\_ [15]  
 Balance of principal outstanding (Box 2) + \_\_\_\_\_ [16]  
 Fair market value of property (Box 4) + \_\_\_\_\_ [17]  
 Personally liable for repayment of the debt (if checked) (Box 5) \_\_\_\_\_ [18]

Control Totals +

# Cancellation of Debt, Abandonment #2

Please provide all Forms 1099-C and 1099-A

If the debt canceled on Form 1099-C, or the property abandoned on Form 1099-A is related to a business, rental, farm or farm rental, enter the Form 1099-C or 1099-A Activity identification below.

Enter a brief description of the debt (i.e. type of debt) and why it was canceled to assist in determining tax ramifications:

\_\_\_\_\_ [67]

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_ [1]  
 State postal code \_\_\_\_\_ [3]  
 Name of creditor \_\_\_\_\_ [4]  
 Activity identification (Blank = Form 1040, C = Schedule C, E = Schedule E, page 1, F = Schedule F, 4835 = Form 4835) \_\_\_\_\_ [6]

### Form 1099-C Cancellation of Debt

Date canceled (Box 1) \_\_\_\_\_ [9]  
 Amount of debt canceled (Box 2) + \_\_\_\_\_ [10]  
 Interest if included in box 2 (Box 3) + \_\_\_\_\_ [11]  
 Personally liable for repayment of the debt (if checked) (Box 5) \_\_\_\_\_ [12]  
 Bankruptcy (if checked) (Box 6) \_\_\_\_\_ [13]  
 Fair market value of property (Box 7) + \_\_\_\_\_ [14]

### Form 1099-A Acquisition or Abandonment of Secured Property

Date of lender's acquisition or knowledge of abandonment (Box 1) \_\_\_\_\_ [15]  
 Balance of principal outstanding (Box 2) + \_\_\_\_\_ [16]  
 Fair market value of property (Box 4) + \_\_\_\_\_ [17]  
 Personally liable for repayment of the debt (if checked) (Box 5) \_\_\_\_\_ [18]

Control Totals +

NOTES/QUESTIONS:

# Gambling Winnings #1

Please provide all copies of Form W-2G.

	2011 Information	
Taxpayer/Spouse (T, S)	_	[1]
Payer name	_____	[3]
State postal code	_____	[4]
Mark if professional gambler	_	[9]
Gross winnings (Box 1)	+ _____	[11]
Federal withholding (Box 2)	+ _____	[13]
Type of wager (Box 3)	_____	[15]
Date won (Box 4)	_____	[17]
Transaction (Box 5)	_____	[19]
Race (Box 6)	_____	[21]
Identical wager winnings (Box 7)	+ _____	[23]
Cashier (Box 8)	_____	[25]
Taxpayer identification number (Box 9)	_____	[27]
Window (Box 10)	_____	[28]
First ID (Box 11)	_____	[30]
Second ID (Box 12)	_____	[31]
Payer's state ID no. (Box 13)	_____	[32]
State withholding (Box 14)	+ _____	[33]
Name of locality	_____	[36]
Local withholding	_____	[37]

### Prior Year Information

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Control Totals +

# Gambling Winnings #2

Please provide all copies of Form W-2G.

	2011 Information	
Taxpayer/Spouse (T, S)	_	[1]
Payer name	_____	[3]
State postal code	_____	[4]
Mark if professional gambler	_	[9]
Gross winnings (Box 1)	+ _____	[11]
Federal withholding (Box 2)	+ _____	[13]
Type of wager (Box 3)	_____	[15]
Date won (Box 4)	_____	[17]
Transaction (Box 5)	_____	[19]
Race (Box 6)	_____	[21]
Identical wager winnings (Box 7)	+ _____	[23]
Cashier (Box 8)	_____	[25]
Taxpayer identification number (Box 9)	_____	[27]
Window (Box 10)	_____	[28]
First ID (Box 11)	_____	[30]
Second ID (Box 12)	_____	[31]
Payer's state ID no. (Box 13)	_____	[32]
State withholding (Box 14)	+ _____	[33]
Name of locality	_____	[36]
Local withholding	_____	[37]

### Prior Year Information

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Control Totals +

**NOTES/QUESTIONS:**

Preparer use only

	2011 Information	Prior Year Information
Taxpayer/Spouse/Joint (T, S, J)	_____ [2]	
Employer identification number	_____ [3]	
Business name	_____ [5]	
Principal business/profession	_____ [6]	
Business code	_____ [11]	
Business address, if different from home address on Organizer Form ID:1040		
Address	_____ [14]	
City/State/Zip	_____ [15] _____ [16] _____ [17]	
Accounting method (1 = Cash, 2 = Accrual, 3 = Other)	_____ [18]	_____
If other:	_____ [20]	_____
Inventory method (1 = Cost, 2 = LCM, 3 = Other)	_____ [21]	_____
If other enter explanation:	_____ [23]	
_____		
Enter an explanation if there was a change in determining your inventory:	_____ [24]	
_____		
Did you "materially participate" in this business? (Y, N)	_____ [25]	_____
If not, number of hours you did significantly participate	_____ [27]	_____
Mark if you began or acquired this business in 2011	_____ [29]	
Did you make any payments in 2011 that require you to file Form(s) 1099? (Y, N)	_____ [30]	
If "Yes", did you or will you file all required Forms 1099? (Y, N)	_____ [31]	
Mark if this business is considered related to qualified services as a minister or religious worker	_____ [32]	_____
Did you receive wages as a statutory employee or as a minister? (1 = Statutory employee, 2 = Minister)	_____ [34]	_____
Medical insurance premiums paid by this activity	+ _____ [37]	_____
Long-term care premiums paid by this activity	+ _____ [39]	_____
Amount of wages received as a statutory employee	+ _____ [42]	_____

**Business Income**

	2011 Information	Prior Year Information
Merchant card and third party network receipts and sales (from Form 1099-K)		
_____	+ _____ [47]	_____
_____	+ _____	_____
_____	+ _____	_____
Gross receipts and sales not from merchant cards and third party networks	+ _____ [49]	_____
Returns and allowances	+ _____ [52]	_____
Other income:		
_____	+ _____ [54]	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____

**Cost of Goods Sold**

	2011 Information	Prior Year Information
Beginning inventory	+ _____ [56]	_____
Purchases	+ _____ [58]	_____
Labor:		
_____	+ _____ [60]	_____
_____	+ _____	_____
Materials	+ _____ [62]	_____
Other costs:		
_____	+ _____ [64]	_____
_____	+ _____	_____
_____	+ _____	_____
Ending inventory	+ _____ [66]	_____

Control Totals +

Business

**Preparer use only**

Principal business or profession \_\_\_\_\_

	2011 Information	Prior Year Information
Advertising	+ _____ [6]	_____
Car and truck expenses	+ _____ [8]	_____
Commissions and fees	+ _____ [10]	_____
Contract labor	+ _____ [12]	_____
Depletion	+ _____ [14]	_____
Depreciation	+ _____ [16]	_____
Employee benefit programs (Include Small Employer Health Insurance Premiums credit):		_____
_____	+ _____ [18]	_____
_____	+ _____	_____
Insurance (Other than health):		_____
_____	+ _____ [20]	_____
_____	+ _____	_____
Interest:		_____
Mortgage (Paid to banks, etc.)	+ _____ [22]	_____
Other:		_____
_____	+ _____ [24]	_____
_____	+ _____	_____
Legal and professional services	+ _____ [26]	_____
Office expense	+ _____ [28]	_____
Pension and profit sharing:		_____
_____	+ _____ [30]	_____
_____	+ _____	_____
Rent or lease:		_____
Vehicles, machinery, and equipment	+ _____ [32]	_____
Other business property	+ _____ [34]	_____
Repairs and maintenance	+ _____ [36]	_____
Supplies	+ _____ [38]	_____
Taxes and licenses:		_____
_____	+ _____ [40]	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
Travel, meals, and entertainment:		_____
Travel	+ _____ [42]	_____
Meals and entertainment	+ _____ [44]	_____
Meals (Enter 100% subject to DOT 80% limit)	+ _____ [46]	_____
Utilities	+ _____ [50]	_____
Wages (Less employment credit):		_____
_____	+ _____ [52]	_____
_____	+ _____	_____
Other expenses:		_____
_____	+ _____ [54]	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____

Preparer use only Carryovers	Regular	AMT
Operating	+ _____ [61]	+ _____ [62]
Schedule D - Short-term	+ _____ [63]	+ _____ [64]
Schedule D - Long-term	+ _____ [65]	+ _____ [66]
Schedule D - 28% rate	+ _____ [67]	+ _____ [68]
Form 4797 - Part I	+ _____ [69]	+ _____ [70]
Form 4797 - Part II	+ _____ [71]	+ _____ [72]
Section 179	+ _____ [75]	

Preparer use only

2011 Information

Prior Year Information

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_ [3]  
 Description \_\_\_\_\_ [2]  
 Address \_\_\_\_\_ [8]  
 State postal code \_\_\_\_\_ [4]  
 Type (1 = Single-family, 2 = Multi-family, 3 = Vacation/short-term, 4 = Commercial, 5 = Land, 6 = Royalties, 7 = Self-rental, 8 = Other) \_\_\_\_\_ [9]  
 Description of other type (Type code #8) \_\_\_\_\_ [10]  
 Fair rental days (If not full year) (For types 1, 2, 4, 5, 7 and 8 only) (Use Rent-2 for type 3) \_\_\_\_\_ [11]  
 Percentage of ownership if not 100% \_\_\_\_\_ [13]  
 Business use percentage, if not 100% (Not vacation home percentage) \_\_\_\_\_ [15]

Blank area for Prior Year Information

Rent and Royalty Income

2011 Information

Prior Year Information

Merchant card and third party payments (from Form 1099-K) + \_\_\_\_\_ [23]  
 Rents and royalties NOT from merchant cards/third party payments + \_\_\_\_\_ [25]

Blank area for Prior Year Information

Rent and Royalty Expenses

2011 Information

Percent if not 100%

Prior Year Information

Advertising + \_\_\_\_\_ [28] \_\_\_\_\_ [29]  
 Auto + \_\_\_\_\_ [31] \_\_\_\_\_ [32]  
 Travel + \_\_\_\_\_ [34] \_\_\_\_\_ [35]  
 Cleaning and maintenance + \_\_\_\_\_ [37] \_\_\_\_\_ [38]  
 Commissions:  
 \_\_\_\_\_ + \_\_\_\_\_ [40] \_\_\_\_\_ [42]  
 \_\_\_\_\_ + \_\_\_\_\_  
 Insurance:  
 \_\_\_\_\_ + \_\_\_\_\_ [43] \_\_\_\_\_ [45]  
 \_\_\_\_\_ + \_\_\_\_\_  
 Legal and professional fees + \_\_\_\_\_ [46] \_\_\_\_\_ [47]  
 Management fees:  
 \_\_\_\_\_ + \_\_\_\_\_ [49] \_\_\_\_\_ [51]  
 \_\_\_\_\_ + \_\_\_\_\_  
 Mortgage interest paid to banks, etc (Form 1098) + \_\_\_\_\_ [52] \_\_\_\_\_ [53]  
 Other mortgage interest + \_\_\_\_\_ [55] \_\_\_\_\_ [57]  
 Qualified mortgage insurance premiums + \_\_\_\_\_ [58] \_\_\_\_\_ [59]  
 Other interest:  
 \_\_\_\_\_ + \_\_\_\_\_ [61] \_\_\_\_\_ [63]  
 \_\_\_\_\_ + \_\_\_\_\_  
 Repairs + \_\_\_\_\_ [64] \_\_\_\_\_ [65]  
 Supplies + \_\_\_\_\_ [67] \_\_\_\_\_ [68]  
 Taxes:  
 \_\_\_\_\_ + \_\_\_\_\_ [70] \_\_\_\_\_ [72]  
 \_\_\_\_\_ + \_\_\_\_\_  
 \_\_\_\_\_ + \_\_\_\_\_  
 Utilities + \_\_\_\_\_ [73] \_\_\_\_\_ [74]  
 Depreciation + \_\_\_\_\_ [76] \_\_\_\_\_ [77]  
 Depletion + \_\_\_\_\_ [79] \_\_\_\_\_ [80]  
 Other expenses:  
 \_\_\_\_\_ + \_\_\_\_\_ [82] \_\_\_\_\_  
 \_\_\_\_\_ + \_\_\_\_\_  
 \_\_\_\_\_ + \_\_\_\_\_  
 \_\_\_\_\_ + \_\_\_\_\_  
 \_\_\_\_\_ + \_\_\_\_\_  
 Refinancing points paid this year:  
 Description \_\_\_\_\_ [86]  
 Total points paid/Current amort (Prep use only) \_\_\_\_\_ + \_\_\_\_\_  
 Date of Refinance \_\_\_\_\_ Total # Payments \_\_\_\_\_ Reported on 1098 in 2011 \_\_\_\_\_

Blank area for Prior Year Information

Preparer use only

Description \_\_\_\_\_

**Vacation Home Information**

	<b>2011 Information</b>	
Number of days home was used personally	_____	[6]
Number of days home was rented	_____	[8]
Number of day home owned, if not 365	_____	[10]
Carryover of disallowed operating expenses into 2011	+ _____	[20]
Carryover of disallowed depreciation expenses into 2011	+ _____	[21]

**Prior Year Information**

	_____
	_____
	_____

**Passive and Other Information**

Preparer use only Carryovers	Regular	AMT
Operating	+ _____ [27]	+ _____ [28]
Schedule D - Short-term	+ _____ [29]	+ _____ [30]
Schedule D - Long-term	+ _____ [31]	+ _____ [32]
Schedule D - 28% rate	+ _____ [33]	+ _____ [34]
Form 4797 - Part I	+ _____ [35]	+ _____ [36]
Form 4797 - Part II	+ _____ [37]	+ _____ [38]
Comm revitalization	+ _____ [39]	+ _____ [40]
Section 179	+ _____ [41]	

**NOTES/QUESTIONS:**

Please provide copies of Schedules K-1 showing income from partnerships and S-corporations.

Taxpayer/Spouse/Joint (T, S, J) \_\_ [2]  
 Employer identification number \_\_\_\_\_ [3]  
 Name of entity \_\_\_\_\_ [4]  
 State postal code \_\_\_\_\_ [5]  
 Type of entity (1 = Partnership, 2 = S Corporation, 3 = Foreign partnership, 4 = Publicly traded partnership) \_\_ [12]

	Preparer use only Carryovers	Regular	AMT
<b>Enter on K1-4</b>	Operating	[48]	[49]
	Schedule D - Short-term	[50]	[51]
	Schedule D - Long-term	[52]	[53]
	Schedule D - 28% rate	[54]	[55]
	Form 4797 - Part I	[56]	[57]
	Form 4797 - Part II	[58]	[59]
	Other losses - 1040 pg.1	[60]	[61]
	Comm revitalization	[62]	[63]
	Section 179	[64]	
	Excess farm loss	[68]	[69]

Taxpayer/Spouse/Joint (T, S, J) \_\_ [2]  
 Employer identification number \_\_\_\_\_ [3]  
 Name of entity \_\_\_\_\_ [4]  
 State postal code \_\_\_\_\_ [5]  
 Type of entity (1 = Partnership, 2 = S Corporation, 3 = Foreign partnership, 4 = Publicly traded partnership) \_\_ [12]

	Preparer use only Carryovers	Regular	AMT
<b>Enter on K1-4</b>	Operating	[48]	[49]
	Schedule D - Short-term	[50]	[51]
	Schedule D - Long-term	[52]	[53]
	Schedule D - 28% rate	[54]	[55]
	Form 4797 - Part I	[56]	[57]
	Form 4797 - Part II	[58]	[59]
	Other losses - 1040 pg.1	[60]	[61]
	Comm revitalization	[62]	[63]
	Section 179	[64]	
	Excess farm loss	[68]	[69]

Taxpayer/Spouse/Joint (T, S, J) \_\_ [2]  
 Employer identification number \_\_\_\_\_ [3]  
 Name of entity \_\_\_\_\_ [4]  
 State postal code \_\_\_\_\_ [5]  
 Type of entity (1 = Partnership, 2 = S Corporation, 3 = Foreign partnership, 4 = Publicly traded partnership) \_\_ [12]

	Preparer use only Carryovers	Regular	AMT
<b>Enter on K1-4</b>	Operating	[48]	[49]
	Schedule D - Short-term	[50]	[51]
	Schedule D - Long-term	[52]	[53]
	Schedule D - 28% rate	[54]	[55]
	Form 4797 - Part I	[56]	[57]
	Form 4797 - Part II	[58]	[59]
	Other losses - 1040 pg.1	[60]	[61]
	Comm revitalization	[62]	[63]
	Section 179	[64]	
	Excess farm loss	[68]	[69]

Please provide all copies of Schedules K-1 showing income from estates and trusts.

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_ [2]  
 Employer identification number \_\_\_\_\_ [3]  
 Name of activity \_\_\_\_\_ [4]  
 State postal code \_\_\_\_\_ [5]

	Preparer use only Carryovers	Regular	AMT
Enter on K1T-2	Operating	[66]	[67]
	Schedule D - Short-term	[68]	[69]
	Schedule D - Long-term	[70]	[71]
	Schedule D - 28% rate	[72]	[73]
	Form 4797 - Part I	[74]	[75]
	Form 4797 - Part II	[76]	[77]
	Comm revitalization	[78]	[79]

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_ [2]  
 Employer identification number \_\_\_\_\_ [3]  
 Name of activity \_\_\_\_\_ [4]  
 State postal code \_\_\_\_\_ [5]

	Preparer use only Carryovers	Regular	AMT
Enter on K1T-2	Operating	[66]	[67]
	Schedule D - Short-term	[68]	[69]
	Schedule D - Long-term	[70]	[71]
	Schedule D - 28% rate	[72]	[73]
	Form 4797 - Part I	[74]	[75]
	Form 4797 - Part II	[76]	[77]
	Comm revitalization	[78]	[79]

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_ [2]  
 Employer identification number \_\_\_\_\_ [3]  
 Name of activity \_\_\_\_\_ [4]  
 State postal code \_\_\_\_\_ [5]

	Preparer use only Carryovers	Regular	AMT
Enter on K1T-2	Operating	[66]	[67]
	Schedule D - Short-term	[68]	[69]
	Schedule D - Long-term	[70]	[71]
	Schedule D - 28% rate	[72]	[73]
	Form 4797 - Part I	[74]	[75]
	Form 4797 - Part II	[76]	[77]
	Comm revitalization	[78]	[79]

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_ [2]  
 Employer identification number \_\_\_\_\_ [3]  
 Name of activity \_\_\_\_\_ [4]  
 State postal code \_\_\_\_\_ [5]

	Preparer use only Carryovers	Regular	AMT
Enter on K1T-2	Operating	[66]	[67]
	Schedule D - Short-term	[68]	[69]
	Schedule D - Long-term	[70]	[71]
	Schedule D - 28% rate	[72]	[73]
	Form 4797 - Part I	[74]	[75]
	Form 4797 - Part II	[76]	[77]
	Comm revitalization	[78]	[79]

# Traditional IRA

	Taxpayer	Spouse
Are you or your spouse (if MFJ or MFS) covered by an employer's retirement plan? (Y, N)	_ [1]	_ [2]
Do you want to contribute the maximum allowable traditional IRA contribution amount? If yes, enter the applicable code: (1 = Deductible only, 2 = Both deductible and nondeductible)	_ [3]	_ [4]
Enter the total traditional IRA contributions made for use in 2011	+ _____ [5]	+ _____ [6]

	Taxpayer	Spouse
Enter the nondeductible contribution amount made for use in 2011	+ _____ [11]	+ _____ [12]
Enter the nondeductible contribution amount made in 2012 for use in 2011	+ _____ [13]	+ _____ [14]
Traditional IRA basis	+ _____ [15]	+ _____ [16]
Value of all your traditional IRA's on December 31, 2011:	+ _____ [17]	+ _____ [18]
_____	+	_____
_____	+	_____
_____	+	_____
_____	+	_____
_____	+	_____

# Roth IRA

Please provide copies of any 1998 through 2010 Form 8606 not prepared by this office

	Taxpayer	Spouse
Mark if you want to contribute the maximum Roth IRA contribution	_ [27]	_ [28]
Enter the total Roth IRA contributions made for use in 2011	+ _____ [29]	+ _____ [30]
Enter the total amount of Roth IRA conversion recharacterizations for 2011	+ _____ [37]	+ _____ [38]
Enter the total contribution Roth IRA basis on December 31, 2010	+ _____ [45]	+ _____ [46]
Enter the total Roth IRA contribution recharacterizations for 2011	+ _____ [47]	+ _____ [48]
Enter the Roth conversion IRA basis on December 31, 2010	+ _____ [49]	+ _____ [50]
Value of all your Roth IRA's on December 31, 2011:	+ _____ [51]	+ _____ [52]
_____	+	_____
_____	+	_____
_____	+	_____
_____	+	_____
_____	+	_____

NOTES/QUESTIONS:

Please provide all Forms 5498-SA.

	2011 Information	Prior Year Information
Taxpayer/Spouse (T, S) _____	__ [1]	<div style="border: 1px solid black; height: 100%; width: 100%;"></div>
Name of Trustee _____	__ [4]	
State postal code _____	__ [2]	
Archer MSA contributions made in 2011 and 2012 for 2011 <b>(Box 1)</b>	+ _____ [6]	
Total contributions made in 2011 <b>(Box 2)</b>	+ _____ [8]	
Total HSA or Archer MSA contributions made in 2012 for 2011 <b>(Box 3)</b>	+ _____ [10]	
Rollover contribution <b>(Box 4)</b>	+ _____ [13]	
Fair market value of HSA, Archer MSA, or MA MSA <b>(Box 5)</b>	+ _____ [15]	
<b>Box 6 -</b>		
HSA _____	__ [17]	
Archer MSA _____	__ [18]	
MA (Medicare Advantage) MSA _____	__ [19]	

## Additional Information

	2011 Information	Prior Year Information
Indicate type of coverage under qualifying high deductible health plan (1 = Self-Only, 2 = Family) _____	__ [20]	<div style="border: 1px solid black; height: 100%; width: 100%;"></div>
Number of months in qualified high deductible health plan in 2011 _____	__ [21]	
Mark if you want to contribute the maximum allowable health or medical savings account contribution amount _____	__ [22]	
Total HSA/MSA contribution to be made for 2011	+ _____ [23]	
Excess contributions for 2010 taken as constructive contributions for 2011	+ _____ [25]	

**Complete this section if your account is an Archer MSA or MA MSA**

Amount of annual deductible _____	+ _____ [32]	<div style="border: 1px solid black; height: 100%; width: 100%;"></div>
Enter compensation from employer maintaining high deductible health plan _____	+ _____ [35]	
If self-employed, enter earned income from business under which plan was established _____	+ _____ [39]	

**Complete this section if your account is an HSA**

Was the high deductible health plan in effect for December 2011? (Y, N) _____	__ [41]	<div style="border: 1px solid black; height: 100%; width: 100%;"></div>
Enter any qualified HSA distribution from health flexible spending arrangement (FSA) _____	+ _____ [43]	
Enter any qualified HSA distribution from health reimbursement arrangement (HRA) _____	+ _____ [45]	

**NOTES/QUESTIONS:**

Please provide all Forms 1099-SA.

	2011 Information	Prior Year Information
Taxpayer/Spouse (T, S) _____	_[1]	<div style="border: 1px solid black; height: 100%; width: 100%;"></div>
Name of Trustee _____	[4]	
State postal code _____	[2]	
Gross distributions received <b>(Box 1)</b>	+ _____ [7]	
Earnings on excess contributions <b>(Box 2)</b>	+ _____ [9]	
Distribution code <b>(Box 3)</b>	_[11]	
Fair Market Value on date of death <b>(Box 4)</b>	+ _____ [12]	
<b>Box 5 -</b>		
HSA	_[13]	
Archer MSA	_[14]	
MA MSA	_[15]	
Unreimbursed qualified medical expenses for 2011	+ _____ [17]	
Withdrawal of excess contributions by the due date of the return	+ _____ [19]	
Amount of distribution rolled over for 2011	+ _____ [21]	
If the distribution is due to the death of the account holder, enter the qualified decedent medical expenses paid by the taxpayer	+ _____ [24]	
If MA (Medicare Advantage) MSA, enter value of account on 12/31/10	+ _____ [25]	
For HSA accounts:		
Was the high deductible health plan coverage started in 2010 and in effect for the month of December 2010? (Y, N)	_[31]	
Was the high deductible health plan coverage ended before 12/31/11? (Y, N)	_[32]	

## Long Term Care (LTC) Service and Contracts

Please provide all Forms 1099-LTC.

	2011 Information	Prior Year Information
Name of the insured chronically ill individual _____	[42]	<div style="border: 1px solid black; height: 100%; width: 100%;"></div>
Social security number of insured _____	[43]	
Gross long-term care (LTC) benefits paid <b>(Box 1)</b>	+ _____ [45]	
Accelerated death benefits paid <b>(Box 2)</b>	+ _____ [47]	
Check one <b>(Box 3)</b>		
Per diem	_[49]	
Reimbursed amount	_[50]	
Qualified contract <b>(Box 4)</b>	_[51]	
Check, if applicable <b>(Box 5)</b>		
Chronically ill	_[52]	
Terminally ill	_[53]	
Are there other individuals who received LTC payments during 2011? (Y, N)	_[55]	
If the insured is terminally ill, were payments received on account of terminal illness? (Y, N)	_[56]	
Number of days during the long-term care period _____	[57]	
Cost incurred for qualified long-term care services during the long-term care period	+ _____ [58]	

**NOTES/QUESTIONS:**



Complete this section if you paid interest on a qualified student loan in 2011 for qualified higher education expenses for you, your spouse, or a person who was your dependent when you took out the loan.

TS	Qualified loan interest you paid		2011 Information	Prior Year Information
-	_____	+	_____ [1]	<div style="border: 1px solid black; padding: 5px;">                     _____                      _____                      _____                 </div>
-	_____	+	_____	
-	_____	+	_____	
-	_____	+	_____	

## Education Credits and Tuition and Fees Deduction

Complete this form if you paid qualified education expenses for higher education costs in 2011.

Qualified education expenses include tuition and fees required for enrollment or attendance at an eligible educational institution. Please provide all copies of Form 1098-T.

TS	Ed Exp Code*	Student's SSN	Student's First Name	Student's Last Name	Qualified Expenses	Prior Year Information
-	-	_____	_____	_____	+ _____ [7]	<div style="border: 1px solid black; padding: 5px;">                     _____                      _____                      _____                      _____                      _____                      _____                      _____                      _____                      _____                      _____                      _____                 </div>
-	-	_____	_____	_____	+ _____	
-	-	_____	_____	_____	+ _____	
-	-	_____	_____	_____	+ _____	
-	-	_____	_____	_____	+ _____	
-	-	_____	_____	_____	+ _____	
-	-	_____	_____	_____	+ _____	
-	-	_____	_____	_____	+ _____	
-	-	_____	_____	_____	+ _____	
-	-	_____	_____	_____	+ _____	
-	-	_____	_____	_____	+ _____	
-	-	_____	_____	_____	+ _____	

**Important: You cannot claim the following for the same student in the same year:**

- American opportunity credit and Lifetime learning credit
  
- Tuition and fees deduction and either the American opportunity credit or the Lifetime learning credit

To qualify for the American opportunity credit, the student must:

- be enrolled at least half-time
- be in a program leading to degree, certificate, or recognized credential
- not have completed first 4 years of post-secondary education
- have no felony drug convictions on record

*Education Expense Code
1 = American opportunity credit
2 = Lifetime learning credit
3 = Tuition and fees deduction

**NOTES/QUESTIONS:**

Please provide all copies of Form 1099Q

Taxpayer/Spouse (T, S) \_\_\_\_\_ [1]  
 Payer name \_\_\_\_\_ [3]  
 State postal code \_\_\_\_\_ [4]  
 Type of account (1= Private QTP, 2 = State QTP, 3 = ESA) \_\_\_\_\_ [6]  
 Relationship to account (1 = Beneficiary, 2 = Account owner, 3 = Both, 4 = Neither) \_\_\_\_\_ [7]  
 Final distribution \_\_\_\_\_ [8]

**Contributions and Basis**

Beneficiary's Information (if not taxpayer or spouse)

Social security number \_\_\_\_\_ [11]  
 First name \_\_\_\_\_ [12]  
 Last name \_\_\_\_\_ [13]

	2011 Information	Prior Year Information
Amount contributed in current year	+ _____ [14]	_____ _____ _____
Basis of this account at 12/31/10	+ _____ [17]	
Value of this account at 12/31/11	+ _____ [19]	
Distribution by beneficiary of previously taxed contributions (if not taxpayer or spouse)	+ _____ [24]	

**Payments from Qualified Education Programs**

	2011 Information	Prior Year Information
Gross distribution ( <b>Box 1</b> )	+ _____ [30]	_____ _____ _____ _____ _____ _____ _____ _____ _____
Earnings ( <b>Box 2</b> )	+ _____ [32]	
Basis ( <b>Box 3</b> )	+ _____ [34]	
Trustee-to-trustee rollover ( <b>Box 4</b> )	_____ [36]	
Trustee-to-trustee rollover amount if different than Box 1	+ _____ [37]	
<b>Box 5 -</b>		
Private QTP	_____ [39]	
State QTP	_____ [40]	
Coverdell ESA	_____ [41]	
Check if the recipient is not the designated beneficiary ( <b>Box 6</b> )	_____ [42]	
Qualified education expenses	+ _____ [43]	
Elementary and secondary education expenses	+ _____ [45]	

**NOTES/QUESTIONS:**



# Interest Expenses

T/S/J	2011 Information	Percentage Type* (XXX.XX)	Mortgage Ins. Premiums Paid	Prior Year Information
	Home mortgage interest: From Form 1098			
[1]	+	[2]	+	
	+		+	
	+		+	
	+		+	
	+		+	
	+		+	
	+		+	
	+		+	
	+		+	
	+		+	

### \*Mortgage Types

Blank = Used to buy, build or improve main/qualified second home

1 = Not used to buy, build, improve home or investment

2 = Used to pay off previous mortgage

3 = Used to pay off previous mortgage, excess proceeds invested

4 = Taken out before 7/1/82 and secured by home used by taxpayer

T/S/J	Name	SSN	2011 Information	Prior Year Information
	Other, such as: Home mortgage interest paid to individuals			
[4]			+	[5]
	Address			
			+	
	Address			
			+	
	Address			
			+	
	Address			

T/S/J **Name and address of other person who received Form 1098 for jointly liable mortgage interest you paid -**

- Payer's/Borrower's name \_\_\_\_\_ [7]

Street Address \_\_\_\_\_

City/State/Zip code \_\_\_\_\_

**Refinancing Points paid in 2011 -**

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_ [11]

Description \_\_\_\_\_

Total points paid \_\_\_\_\_

Percentage of principal exceeding original mortgage (For AMT adjustment) \_\_\_\_\_

Points paid in 2011 (**Preparer use only**) + \_\_\_\_\_ [12]

Date of refinance \_\_\_\_\_

Total number of payments \_\_\_\_\_

Reported on Form 1098 in 2011 \_\_\_\_\_

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_

Description \_\_\_\_\_

Total points paid \_\_\_\_\_

Percentage of principal exceeding original mortgage (For AMT adjustment) \_\_\_\_\_

Points paid in 2011 (**Preparer use only**) + \_\_\_\_\_

Date of refinance \_\_\_\_\_

Total number of payments \_\_\_\_\_

Reported on Form 1098 in 2011 \_\_\_\_\_

T/S/J	2011 Information	Prior Year Information
	Investment interest expense, other than on Schedule(s) K-1:	
[14]	+	[15]
	+	
	+	
	+	
	+	
	+	
	+	
	+	
	+	



### Noncash Contributions Exceeding \$500

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_ [1]  
 Donated property description \_\_\_\_\_ [4]  
 Name of donee organization \_\_\_\_\_ [5]  
 Address of donee organization \_\_\_\_\_ [6]  
 City \_\_\_\_\_ [7]  
 State postal code \_\_\_\_\_ [8]  
 Zip code \_\_\_\_\_ [9]  
 Date contributed \_\_\_\_\_ [10]  
 Date acquired by donor \_\_\_\_\_ [11]  
 How was donated property acquired: (P = Purchase, I = Inheritance, G = Gift, E = Exchange) \_\_\_\_\_ [12]  
 Donor's cost or basis + \_\_\_\_\_ [13]  
 Fair market value + \_\_\_\_\_ [14]  
 Method used to determine fair market value (A = Appraisal, C = Catalog, T = Thrift shop value, S = Sales/comparative, O = Other) \_\_\_\_\_ [15]  
 If other: \_\_\_\_\_ [16]

Control Totals +

### Noncash Contributions Exceeding \$500

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_ [1]  
 Donated property description \_\_\_\_\_ [4]  
 Name of donee organization \_\_\_\_\_ [5]  
 Address of donee organization \_\_\_\_\_ [6]  
 City \_\_\_\_\_ [7]  
 State postal code \_\_\_\_\_ [8]  
 Zip code \_\_\_\_\_ [9]  
 Date contributed \_\_\_\_\_ [10]  
 Date acquired by donor \_\_\_\_\_ [11]  
 How was donated property acquired: (P = Purchase, I = Inheritance, G = Gift, E = Exchange) \_\_\_\_\_ [12]  
 Donor's cost or basis + \_\_\_\_\_ [13]  
 Fair market value + \_\_\_\_\_ [14]  
 Method used to determine fair market value (A = Appraisal, C = Catalog, T = Thrift shop value, S = Sales/comparative, O = Other) \_\_\_\_\_ [15]  
 If other: \_\_\_\_\_ [16]

Control Totals +

### Noncash Contributions Exceeding \$500

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_ [1]  
 Donated property description \_\_\_\_\_ [4]  
 Name of donee organization \_\_\_\_\_ [5]  
 Address of donee organization \_\_\_\_\_ [6]  
 City \_\_\_\_\_ [7]  
 State postal code \_\_\_\_\_ [8]  
 Zip code \_\_\_\_\_ [9]  
 Date contributed \_\_\_\_\_ [10]  
 Date acquired by donor \_\_\_\_\_ [11]  
 How was donated property acquired: (P = Purchase, I = Inheritance, G = Gift, E = Exchange) \_\_\_\_\_ [12]  
 Donor's cost or basis + \_\_\_\_\_ [13]  
 Fair market value + \_\_\_\_\_ [14]  
 Method used to determine fair market value (A = Appraisal, C = Catalog, T = Thrift shop value, S = Sales/comparative, O = Other) \_\_\_\_\_ [15]  
 If other: \_\_\_\_\_ [16]

Control Totals +

NOTES/QUESTIONS:

Preparer use only

Principal business or profession [3]
Taxpayer/Spouse/Joint (T, S, J) [4]
State postal code [5]

Business Use of Home

2011 Information Prior Year Information
Total area of home [11]
Area used exclusively for business [13]
Information for day-care facilities only:
Total hours used for day-care during this year [15]
Total hours used this year, if less than 8,760 [17]
Special computation for certain day-care facilities:
Area used regularly and exclusively for day-care business [19]
Area used partly for day-care business [21]

List as direct expenses any expenses which are attributable only to the business part of your home.
List as indirect expenses any expenses which are attributable to the overall upkeep and running of your home.

2011 Information Prior Year Information
Direct Expenses Indirect Expenses
Mortgage interest + [26] + [27]
Mortgage insurance premiums + [29] + [30]
Real estate taxes + [32] + [33]
Excess mortgage interest and insurance premiums + [35] + [36]
Insurance + [38] + [39]
Rent + [41] + [42]
Repairs & maintenance + [44] + [45]
Utilities + [47] + [48]
Other expenses, such as: Supplies & Security system + [50] + [51]
Excess casualty losses + [53]
Carryovers:
Operating expenses + [54]
Casualty losses + [55]
Depreciation + [57]
Business expenses not from business use of home, such as:
Travel, Supplies, Business telephone expenses + [58]
Depreciation + [62]

NOTES/QUESTIONS:

If you used your automobile for business purposes, please complete the following information.

Preparer use only

Description of business or profession

Vehicles 1 - 2

Vehicle 1 - Date placed in service, Description, Comments
Vehicle 2 - Date placed in service, Description, Comments

Table with columns: Vehicle 1, Prior Year Information, Vehicle 2, Prior Year Information. Rows include: Total miles for the year, Commuting miles, Business miles from 1/1/11 to 6/30/11, Business miles from 7/1/11 to 12/31/11, Vehicle use questions, Parking, fees and tolls, Gasoline, oil, repairs, insurance, etc., Interest, Registration, Property taxes, Vehicle rentals, Inclusion amount (Preparer use only), Depreciation.

Vehicles 3 - 4

Vehicle 3 - Date placed in service, Description, Comments
Vehicle 4 - Date placed in service, Description, Comments

Table with columns: Vehicle 3, Prior Year Information, Vehicle 4, Prior Year Information. Rows include: Total miles for the year, Commuting miles, Business miles from 1/1/11 to 6/30/11, Business miles from 7/1/11 to 12/31/11, Vehicle use questions, Parking, fees and tolls, Gasoline, oil, repairs, insurance, etc., Interest, Registration, Property taxes, Vehicle rentals, Inclusion amount (Preparer use only), Depreciation.

Control Totals +



You may qualify for the First-Time Homebuyer credit in 2011, only if you:

- Served in U.S. uniformed services, Foreign Service, or intelligence community and have qualifying overseas duty beginning after December 31, 2008, and ending before May 1, 2010, and purchased a home by May 1, 2011
- AND
- Purchased a home located in the United States after December 31, 2010 and before May 1, 2011, OR
- Signed a binding contract before May 1, 2011 to close on a home before July 1, 2010, OR
- Lived in a previous home for five consecutive years within an eight year period and purchased a new home

You may be required to repay the First-Time Homebuyer credit if you claimed the credit in 2008, 2009, or 2010 and the home is no longer used as your main residence.

Principal residence address, if different from home address on Organizer Form ID: 1040

Address \_\_\_\_\_ [1]

City/State/Zip code \_\_\_\_\_ [2] \_\_\_\_\_ [3] \_\_\_\_\_ [4]

Mark if you or your spouse served at least 3 months of qualified overseas duty as a member of the military, Foreign Service, or intelligence corps in 2010 \_\_\_\_\_ [5]

Date home acquired (After 4/8/08 and before 5/1/10) (For service members after 12/31/08 and before 5/1/11) \_\_\_\_\_ [6]

Purchase price of the home \_\_\_\_\_ [7]

In the period three years prior to the purchase date had the:

Taxpayer owned a home or had ownership interest in a home? (Y, N) \_\_\_\_\_ [9]

Spouse owned a home or had ownership interest in a home? (Y, N) \_\_\_\_\_ [10]

If you were an owner of a home and purchased a new home:

Taxpayer used the same residence as home for 5 consecutive years? (Y, N) \_\_\_\_\_ [11]

Spouse used the same residence as home for 5 consecutive years? (Y, N) \_\_\_\_\_ [12]

Mark if home was either purchased from a related party, is located outside the United States, or was acquired by gift or inheritance \_\_\_\_\_ [13]

Mark if you or your spouse signed a binding contract before 5/1/11 to close on a home before 7/1/11 \_\_\_\_\_ [14]

If you own the principal residence with another person enter their name and allocation percentage

Other owner name \_\_\_\_\_ [18]

Allocation percentage \_\_\_\_\_ [18]

Date the home was sold or ceased being used as principal residence \_\_\_\_\_ [26]

If you sold your home, enter the selling price \_\_\_\_\_ [27]

If you sold your home, enter the expense of sale \_\_\_\_\_ [28]

Were you and your spouse married on the purchase date? (Y, N) \_\_\_\_\_ [31]

If your home was transferred to your ex-spouse due to a divorce settlement, enter his or her full name \_\_\_\_\_ [32]

**NOTES/QUESTIONS:**

## Michigan General Information

School district name \_\_\_\_\_ [1]  
 School district code \_\_\_\_\_ [2]  
 Mark if 2/3 income from seafaring \_\_\_\_\_ [3]

	Taxpayer	Spouse
Do you want \$3.00 to go to the state campaign fund? (Y, N)	_____ [4]	_____ [5]
Mark the applicable boxes if the following conditions apply to you and/or your spouse:		
Paraplegic, quadriplegic or hemiplegic	_____ [6]	_____ [7]
Totally and permanently disabled	_____ [8]	_____ [9]
Deaf	_____ [10]	_____ [11]
Qualified disabled veteran	_____ [12]	_____ [13]

### Use Tax

Purchases subject to use tax:  
 Total all purchases less than \$1000 per purchase \_\_\_\_\_ [14]  
 Total all purchases exceeding \$1000 per purchase \_\_\_\_\_ [15]

### Contributions

**Amount of charitable contribution you wish to make to:**  
**Contributions must be a minimum of \$5, \$10 or any amount greater than \$10**

Animal Welfare Fund	_____ [16]	Girl Scouts of Michigan Fund	_____ [19]
Children of Veteran's Tuition Grant Program	_____ [17]	Military Family Relief Fund	_____ [20]
Children's Trust Fund	_____ [18]	United Way Fund	_____ [21]

#### Public Contributions

Name of Organization	Amount
_____ [22]	_____ [23]
_____ [24]	_____ [25]

#### Homeless Shelter/Food Bank cash contributions

Name of Organization	Amount
_____ [26]	_____ [27]
_____ [28]	_____ [29]

#### Community Foundations

Name of Organization	Amount
_____ [30]	_____ [31]
_____ [32]	_____ [33]

### Part-year Resident Information

If you were a part-year resident during the tax year, enter the dates you lived in Michigan

	Taxpayer	Spouse
From	_____ [34]	_____ [36]
To	_____ [35]	_____ [37]
Residency status of spouse (If different from taxpayer)(1 = Resident, 2 = Nonresident, 3 = Part-year resident)		_____ [38]

**NOTES/QUESTIONS:**

# Client Notes

Submit questions and provide additional information to your tax return preparer here.

Taxpayer name(s)

Social security number

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