Miscellaneous Information

Na	ame:		SSN:
es	No		General Information
			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?
es	No		Income Information
		1.	Have you received all W-2s from all employers? How many W-2s are attached?
			Did you use your vehicle on the job other than for commuting to work? Did you have an employer-provided vehicle which you drove home or used
			personally? If so, enter the lease value.
			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?
			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?
			Did you engage in any bartering transactions during 2011?
			Did you surrender any U.S. Savings Bonds during 2011?
			Did you receive any state or local income tax refunds from prior years?
			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.	
		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.
			Does anyone owe you money that has become uncollectible?

2011 Miscellaneous Information Page 2 SSN: Name: Yes No **Business Information** 1. Did you start a new business or purchase any rental property during 2011? 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. 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. 4. Did you own rental property? What percentage of time did you spend managing your rentals? 5. Did you purchase any gasoline, diesel, or special fuels for non-highway business use? Yes No Other Information 1. Were any tuition costs paid during 2011 (even if classes were attended in another year)? Did anyone in your household attend higher education classes in 2011? 3. Did you incur a loss due to damaged or stolen property? 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? 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. Did you purchase or sell a home that you used as a principal residence? If yes, please provide closing documentation. 7. If yes to question 6 was the First-Time Homebuyer Credit taken? 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? 9. Did you pay wages to any household employees (babysitter, housekeeper, nanny, etc.)? To itemize deductions, bring receipts and documentation for these types of expenses: Prescriptions, first-aid State/local income taxes Mortgage interest Tax preparation fees Gambling losses (up to amount of winnings) Cash donations to charity (provide all receipts) Medical/Dental/Vision expenses and insurance premiums, mileage and lodging for seeking medical care (but not meals) Real estate and personal property taxes paid in 2011 Unreimbursed employee/work-related expenses (if self-employed, do not include items reported on Schedule C) Fair market value of property donated to charity Purchase price of new goods donated or used in volunteer work Comments:

	Miscellaneous Information	D 0
		Page 3
N	lame: SSN:	
Inf	ormation 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:	
Pre	eparer Notes	
	Miscellaneous Notes	_

			Pe	ersona	l Dat	a						
Filing Status: Sing	gle Mari	ried Filing Joint	М	arried Filing	Separat	te Hea	ıd of Hoı	usehold				
Taxpayer Name							SSN					
Spouse Name							SSN					
Address							Apt no.					
City					Stat	te	Zip					
Foreign State/Province	e				Fore	eign Postal Co	de					
Foreign Country												
Taxpayer Date of Birth					pouse ate of Bi	rth						
Occupation				С	Occupation							
Daytime phone:		Ext:		С	aytime p	ohone:			ı	Ext:		
Evening phone:		Ext:		E	Evening p	ohone:			ı	Ext:		
Cell:				(Cell:							
E-mail				E	-mail							
Full time studen	t Blind	d Acti	ve milita	ıry	Full	time student		Blind		Active m	nilitary	
Do you want \$3 to go	to the Presidentia	al Election Camp I	-und?		oes you amp Fui	r spouse want nd?	\$3 to go	to the Pres	idential	Election		
Date and time of this year's appointment												
Income Taxes Pa	aid											
Federal				11 estimate date due	201	1 est amount	Amo	ount paid	Da	ate paid	Check no.	
2010 Refund			Apr	il 18, 2011								
2010 Refund applied t		Jun	e 15, 2011									
2010 Balance Due			Sept. 15, 201									
			Jan. 17, 2012									
	Amount paid	Date paid	Check no.	Amount	paid	Date paid	Check no.	Amount	paid	Date paid	Check no.	
Additional payments made												
Resident State		•	20	11 estimate date due	201	1 est amount	Amo	ount paid	Da	ate paid	Check no.	
2010 Refund			Apr	il 18, 2011								
2010 Refund applied t	o 2011		Jun	e 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	Date paid	Check no.	
Additional payments made												
Local				11 estimate date due	201	1 est amount	Amo	ount paid	Da	ate paid	Check no.	
2010 Refund			April 18, 2011									
2010 Refund applied to 2011			June 15, 201									
2010 Balance Due		Sep	t. 15, 2011									
		Jan	. 17, 2012									
Check Amount paid Date paid no.				Amount	paid	Date paid	Check no.	Amount	paid	Date paid	Check no.	
Additional payments made												

Interest Income

Please attach all 1099(s) relating to interest income.

	3							
Na	ame: SSN:	SSN:						
TSJ	Name and SSN of payer Address of payer	2011	2010					
133	Address of payer	2011	2010					

Dividend IncomePlease attach all 1099(s) relating to dividend income.

Name:	SSN:

					Federal Income Tax	Foreign Tax Paid	Other	
TSJ	Name of payer	Ordinary	Qualified	Capital Gains	Tax	Paid	Description	Amount

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							