

**F** MCDAVID & COMPANY  
**R** CERTIFIED PUBLIC ACCOUNTANTS  
**O** 4711 NORTHWEST 53RD AVENUE  
**M** GAINESVILLE, FL 32653-4356

# 2011 TAX ORGANIZER

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O**

This tax organizer has been prepared for your use in gathering the information needed for your 2011 tax return.

To save you time, selected information from your 2010 tax return has been entered within this organizer. Please line through any information which does not apply to your 2011 tax return.

In some cases, last year's amounts have been included in a separate column. These amounts are for comparison purposes only. You do not need to change these prior year amounts.

If we may be of further assistance, please contact us at your convenience.

Phone: (352) 373-1080  
Fax: (352) 373-5110  
E-Mail: [cpa@mcdavidco.com](mailto:cpa@mcdavidco.com)

**REMOVE THIS SHEET PRIOR TO RETURNING THE COMPLETED ORGANIZER**

**McDavid & Company**  
**Certified Public Accountants**  
**4711 N.W. 53<sup>rd</sup> Avenue**  
**Gainesville, FL 32653**  
**Phone (352) 373-1080 Fax (352) 373-5110**

**Terms of Engagement**

DEAR :

This letter supersedes any previous terms of engagement and confirms the arrangements for our income tax services, as follows:

1. We will prepare your Federal Individual Income Tax Return (Form 1040) and any necessary State Tax Returns for the year ended December 31, 2011, and future years, unless notified by you in writing, from information provided to us by you. We have enclosed questionnaires and/or Tax Organizers to guide you in gathering the necessary information for 2011.
2. We will not audit or verify the data you submit, although we may ask you to clarify it or furnish us with additional data.
3. You are confirming to us that unless we are otherwise advised, your travel, entertainment, gifts, and related expenses are supported by the necessary records required under the Internal Revenue Code, Section 274. Due to deduction limitations, please keep track of your business entertainment and meal expenses separately. If you have any questions as to the type of records required, please ask us for advice in that regard.
4. Additionally, there are various interpretations to many of the tax laws. You are also confirming to us that, unless we are otherwise advised, you are aware of these difficulties and are relying on us to use reasonable methods to determine proper reporting and categorization. Additionally, you concur with our decision unless we are notified in writing that you do not.
5. You are also confirming to us that you will furnish to us all information required for the preparation of your returns.
6. We will use our professional judgment in resolving questions of fact and of the application of pertinent law. Where the tax law is unclear, or where there are conflicting interpretations of the law by authorities (e.g., tax agencies and courts), we will resolve such questions in your favor if there is a reasonable basis or reasonable authority for the position taken.
7. Per the Revenue Reconciliation Act of 1989, as adjusted by the Revenue Reconciliation Act of 1993 and the Uruguay Round Agreements Act of 1994, Section 6662 calls for penalties against taxpayers for substantial understatement of tax (more than \$5,000 or 10% of the tax, whichever is greater). The Section 6662 penalty is 20% of the portion of underpayment to which this section applies. This penalty will be assessed, unless the taxpayer can show there was "substantial authority" for any position ultimately disallowed, or that there was "adequate disclosure" in the return of any conflict between an Internal Revenue Service position and that taken by the taxpayer. You agree to advise us if you wish such disclosure to be made in your returns, or if you desire us to identify or perform further research with respect to any material tax issues for the purpose of ascertaining whether, in our opinion, there is "substantial authority" for the position proposed to be taken on such issue in your returns.
8. Although we will not take any position in your returns for which we do not believe there is "reasonable authority," our signature on your return does not imply any form of assurance by us that there is "substantial authority" for any position taken, unless we specifically advise you to that effect.

9. Fees for these services will be based principally upon the amount of time required at our normal billing rates, plus out-of-pocket expenses. ALL INVOICES, WILL BE DUE IMMEDIATELY UPON RECEIPT. We accept payment by cash, check, Visa, American Express or MasterCard. Future service is contingent upon prompt payment. Finance charges of eighteen (18%) percent for invoices over 30 days old, and legal and court costs related to litigation required to collect our fees will also apply.
10. In the event of audit by the Internal Revenue Service or other taxing authority, we will be glad to represent you. Fees for these services will be billed separately, based on time involved.

We are pleased to have you as a client and look forward to a long and mutually beneficial relationship.

If you agree with the Terms of Engagement as described in this letter, please return the enclosed Tax Organizer.

**McDavid & Company**  
**Certified Public Accountants**



For any question answered Yes, please attach supporting detail or documents.

Personal Information:

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Did your marital status change during 2011? .....

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

If married, do you and your spouse want to file separate returns? .....

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

Did your address change during 2011? .....

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

Can you or your spouse be claimed as a dependent by another taxpayer? .....

Dependents:

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

Were there any changes in dependents from the prior year? .....

Note: Include non-child dependents for whom you provided more than half the support

<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"/>
--------------------------	--------------------------

Do you have any children under age 18 with unearned income more than \$950? .....

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

Do you have any children age 18 or student children, aged 19 to 23, who did not provide more than half of their cost of support with earned income and that have unearned income of more than \$950? .....

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

Did you adopt a child or begin adoption proceedings during 2011? .....

Purchases, Sales and Debt:

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

Did you have any debts canceled, forgiven or refinanced during 2011? .....

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

Did you start a new business, purchase a new rental property, farm or acquire any new interest in any partnership or S corporation during 2011? .....

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

Did you sell an existing business, rental property, farm or any existing interest in a partnership or S corporation during 2011? .....

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

Did you sell, exchange or purchase any real estate in 2011? If so, please attach closing statements. ....

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

Did you withdraw any amounts from your Individual Retirement Account (IRA) or Roth IRA to acquire a principal residence? .....

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

Did you receive grants of stock options from your employer, exercise any stock options granted to you or dispose of any stock acquired under a qualified employee stock purchase plan? .....

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

Did you pay any student loan interest in 2011? .....

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

Are your total mortgages on your first and/or second residence greater than \$1,000,000? If so, please provide the principal balance and interest rate at the beginning and the end of the year. ....

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

Did you have an outstanding home equity loan at the end of 2011? If so, please provide the principal balance and interest rate at the beginning and end of the year. ....

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

Did you take out a home equity loan in 2011? .....

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

Are you claiming a deduction for mortgage interest paid to a financial institution and someone else received the Form 1098? .....

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

Did you or your mortgagee receive any mortgage assistance payments? If Yes, enclose and Forms 1098-MA. ....



Purchases, Sales and Debt (continued):

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

- Did you engage in any put or call transactions? If Yes, please provide details. ....
- Did you close any open short sales during 2011? .....
- Did you sell any securities not reported on your Form 1099-B? .....

Itemized Deductions:

- Did you contribute property (other than cash) with a fair market value of more than \$5,000 to a charitable organization?
- Did you incur any casualty or theft losses during the year?
- Did you make any large purchases, such as motor vehicles and boats?
- Did you incur any casualty or loss attributable to a federally declared disaster?

Miscellaneous:

- Did you or your spouse have any transactions pertaining to a medical savings account (MSA) during 2011?    
If you received a distribution from an MSA, please include Form 1099-SA.
- Did you or your spouse have any transactions pertaining to a health savings account (HSA) during 2011?    
If you received a distribution from an HSA, please include Form 1099-SA.
- Did you or your spouse contribute to a Roth IRA or convert an existing IRA into a Roth IRA?
- Did you or your spouse roll into a Roth IRA any distributions from a retirement plan, an annuity plan, tax shelter annuity or deferred compensation plan?
- In 2010 did you or your spouse convert an IRA into a Roth IRA and not elect to include the taxable amount in your 2010 taxable income?
- Did you rollover any amounts from a qualified retirement plan to a Roth IRA or Designated Roth Account and not elect to include the taxable distribution in your 2010 taxable income?
- Did you withdraw any amounts from your IRA to pay for higher education expenses incurred by you, your spouse, your children or grandchildren?
- Did you withdraw amounts from a Coverdell Education Savings Account or Qualified Education Program (Section 529 plan)? If Yes, include Form 1099-Q.
- Did you or your dependents incur any post-secondary education expenses, such as tuition?
- If you or your spouse are self-employed, are you or your spouse eligible to be covered under an employer's health plan at another job? If Yes, how many months were you covered? 

Months
<input type="text"/>
- Did you move to a different home because of a change in the location of your job?
- Did you pay in excess of \$1,000 in any quarter, or \$1,700 during the year for domestic services performed in or around your home to individuals who could be considered household employees?
- Did you receive unreported tip income of \$20 or more in any month of 2011?
- Did you or your spouse receive distributions from long-term care insurance contracts? If Yes, please include Form 1099-LTC.
- Were you or your spouse a grantor or transferor for a foreign trust, have an interest in or a signature or other authority over a bank account, securities account or other financial account in a foreign country?
- Did you or your spouse own any foreign financial assets?
- Did you create or transfer money or property to a foreign trust?
- Did you purchase a new alternative technology vehicle, including a qualified plug-in electric drive motor vehicle in 2011?



Miscellaneous: (continued)

	Yes	No
Did you use gasoline or special fuels for business or farm purposes (other than for a highway vehicle) during the year? .....	<input type="checkbox"/>	<input type="checkbox"/>
Have you received a punitive damage award or an award for damages other than for physical injuries or illness? .....	<input type="checkbox"/>	<input type="checkbox"/>
Were you notified by the IRS or other taxing authority of any changes in prior year returns? .....	<input type="checkbox"/>	<input type="checkbox"/>
Did you lose your job during 2011 because of foreign competition and pay for your own health insurance? .....	<input type="checkbox"/>	<input type="checkbox"/>
Did you install any alternative energy equipment in your residence such as solar water heaters, solar electricity equipment (photovoltaic) or fuel cells? .....	<input type="checkbox"/>	<input type="checkbox"/>
Did you install any energy efficiency improvements, or energy property in your residence such as exterior doors or windows, insulation, heat pumps, furnaces, central air conditioners or water heaters? .....	<input type="checkbox"/>	<input type="checkbox"/>
Have you been an identity theft victim and have you contacted the IRS? .....	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, please furnish the 6-digit identity protection PIN issued to you by the IRS .....		
Did you engage in any bartering transactions? .....	<input type="checkbox"/>	<input type="checkbox"/>
Did you make gifts of more than \$13,000 to any individual? .....	<input type="checkbox"/>	<input type="checkbox"/>
Did you have any foreign income or pay any foreign taxes during 2011? .....	<input type="checkbox"/>	<input type="checkbox"/>

Severance/Retirement:

Did you retire or change jobs in 2011? .....	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive deferred, retirement or severance compensation? .....	<input type="checkbox"/>	<input type="checkbox"/>

If Yes, enter the date received (Mo/Da/Yr):

Date

Did you or your spouse turn 70 1/2 during the year and have money in an IRA or other retirement account while not taking a distribution? .....	<input type="checkbox"/>	<input type="checkbox"/>
--	--------------------------	--------------------------



**Sale of Your Home:**

Did you sell your home in 2011? .....

If Yes, did you own and occupy the home as your principal residence for  
at least two years of the five-year period prior to the sale? .....

Did you ever rent out this property? .....

Did you ever use any portion of the home for business purposes? .....

Have you or your spouse sold a principal residence within the last two years? .....

At the time of the sale, the residence was owned by the:  Taxpayer  Spouse  Both

**Additional Information:**

For any trust you created or that you are trustee, have any beneficiaries died during 2011? .....

Did you or your spouse make any contributions to Qualified State Tuition Plans (Section 529 plans) during 2011? .....

If Yes, enter the following:

Name of Designated Beneficiary	Social Security Number	State Sponsoring Plan	Account Number	2011 Amount Contributed



# Personal Information

**Taxpayer:**

First Name and Initial	Last Name	Social Security Number
Occupation	Date of Birth (Mo/Da/Yr)	Date of Death (Mo/Da/Yr)

**Spouse:**

First Name and Initial	Last Name	Social Security Number
Occupation	Date of Birth (Mo/Da/Yr)	Date of Death (Mo/Da/Yr)

**Contact Information:**

Street Address	Apartment Number	
City	State	ZIP or Postal Code
Province or County		
Foreign Country		
Taxpayer Daytime/Work Phone	Spouse Daytime/Work Phone	
Taxpayer Evening/Home Phone	Spouse Evening/Home Phone	
Taxpayer Cell Phone	Spouse Cell Phone	
Taxpayer Fax Number	Spouse Fax Number	
Taxpayer Email Address		
Spouse Email Address		
Preferred Method of Contact		

May the IRS or other taxing authority discuss the return with the preparer? .....

Is the taxpayer claimed as a dependent on someone else's tax return? .....

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Are you considered legally blind per IRS regulations? .....

Do you want to contribute to the Presidential Election Campaign Fund? .....

Taxpayer		Spouse	
Yes	No	Yes	No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



# Dependents and Wages

### Dependent Information:

Did dependent have income over \$3,700?

First Name and Initial	Last Name	Social Security Number	Date of Birth (Mo/Da/Yr)	Relationship to Taxpayer	Months Lived in Your Home	X if Disabled	Yes or No

Please provide the name of any person living with you who is claimed as a dependent on someone else's tax return \_\_\_\_\_

Please list the years that a release of claim to exemption is given for a dependent child not living with you . . . . . \_\_\_\_\_

### Wages and Salaries: Please enclose all copies of your current year Forms W-2

TS	Employer's Name	Taxable Wages	Tax Withheld				
			Federal	FICA/TIER1	Medicare	State	Local



# Electronic Filing

**Electronic Filing:** Please enclose all copies of your current year Forms W-2

Electronic filing is the means by which your return is transmitted directly to the IRS. The IRS has implemented an electronic filing mandate requiring certain preparers to file all returns that they prepare electronically. Some states also require certain preparers to electronically file state returns prepared. The IRS and some states allow taxpayers to elect not to file their returns electronically.

Do not electronically file the federal return .....

Do not electronically file the state return(s) .....

**The IRS requires the use of a 5-digit self-selected Personal Identification Number (PIN) in lieu of mailing a signature document when electronically filing.**

Would you like to use a randomly generated PIN? 

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Taxpayer .....

Spouse .....

If No, please enter a 5-digit self-selected PIN:

Taxpayer PIN ..... \_\_\_\_\_

Spouse PIN ..... \_\_\_\_\_



# Direct Deposit and Withdrawal

## Direct Deposit and Electronic Withdrawal Account Information:

The IRS and certain states allow refunds to be deposited directly into your financial institution account, regardless of the means used to file the return. For balance due returns to be filed electronically, the IRS and many states allow the entire amount due to be paid using electronic withdrawal. If you would like to have your refund deposited directly into your account or pay a balance due by using an electronic withdrawal, please complete the following information.

(To properly file your return, please attach a voided check or a copy of a monthly statement for your account.)

Owner of account .....  Taxpayer       Spouse       Joint

Select type of account .....  Checking       Trad. Savings       IRA Savings       HSA Savings  
 Archer MSA Savings       Coverdell Ed.Savings

Name of financial institution .....

Financial institution Routing Transit Number (if known) .....

(Use the routing number from a check, NOT a deposit slip. They can be different.

The Routing Transit Number must begin with 01 through 12 or 21 through 32.)

Your account number .....

Is this a business account? .....

Do you want your refund deposited directly into your financial institution account? .....

If you are filing a balance due return electronically, do you want to pay the amount due using an electronic withdrawal? .....

What amount do you want withdrawn if not the entire balance due? .....

What date do you want the withdrawal done? ..... (Mo/Da/Yr)

Yes	No

Owner of account .....  Taxpayer       Spouse       Joint

Select type of account .....  Checking       Trad. Savings       IRA Savings       HSA Savings  
 Archer MSA Savings       Coverdell Ed.Savings

Name of financial institution .....

Financial Institution Routing Transit Number (if known) .....

(Use the routing number from a check, NOT a deposit slip. They can be different.

The Routing Transit Number must begin with 01 through 12 or 21 through 32.)

Your account number .....

Is this a business account? .....

Do you want your refund deposited directly into your financial institution account? .....

If you are filing a balance due return electronically, do you want to pay the amount due using an electronic withdrawal? .....

What amount do you want withdrawn if not the entire balance due? .....

What date do you want the withdrawal done? ..... (Mo/Da/Yr)

Yes	No







# Interest Income and Foreign Information

Please enclose all Forms 1099-INT or other documents for interest received

### Interest Income:

(List all items sold during the year on Form 7.)

Special Interest Code:	2 - Seller Financed Mortgage Interest	3 - Early Withdrawal Penalty	4 - Nominee Interest	5 - Accrued Interest	6 - Original Issue Discount Adjustment	7 - Amortizable Bond Premium Adjustment
	1 - Qualified Educational Series EE Bonds					

TSJ	Source	Savings/Loans, Bank, and Other	U.S. Bonds and Obligations	Code	Special Interest
A					
B					
C					
D					
E					

Tax-Exempt Interest Code: 1 - 1099-INT 2 - Private Activity Bond 3 - Both

	Social Security No. of Home Buyer	Address of Individual to Whom Mortgage Interest Was Paid	Code	Tax-Exempt Interest
A				
B				
C				
D				
E				

	Federal Withholding	State Withholding	Investment Expenses	Tax Exempt Paid CUSIP No.	2010 Interest Amount
A					
B					
C					
D					
E					

### Foreign Taxes Paid or Accrued:

	Source	Name of Foreign Country Imposing Tax	X if Tax Accrued	Date Paid or Accrued (Mo/Da/Yr)	Tax Amount (in Foreign Currency)	Tax Amount (in U.S. Dollars)
A						
B						
C						
D						
E						

### Additional State Information:

Payer ID	New Hampshire Reason Interest is Nontaxable
A	
B	
C	
D	
E	

### Foreign Bank Accounts and Trusts:

At any time during 2011, did you have an interest in or a signature or other authority over a financial account in a foreign country, such as a bank account, securities account or other financial account?  Yes  No

If Yes, enter name of foreign country \_\_\_\_\_

Were you the grantor of, or transferor to, a foreign trust that existed during 2011, whether or not you had any beneficial interest in it?  Yes  No



# Dividend Income and Foreign Information

5B

Please enclose all Forms 1099-DIV or other documents for dividends received  
(List all items sold during the year on Form 7.)

### Dividend Income:

TSJ	Source	Form 1099-DIV			Tax-Exempt Interest	2010 Gross Dividends Amount
		Box 1a Total Ordinary Dividends	Box 1b Qualified Dividends	U.S. Bond Interest Amount or Percent in Box 1a		
A						
B						
C						
D						
E						

Box 2a Total Capital Gain Distribution	Form 1099-DIV						
	Box 2b Unrecaptured Section 1250 Gain	Box 2c Section 1202 Gain	Box 2d Collectibles (28%) Gain	Box 3 Nontaxable Distributions	Box 4 Federal Withholding	Box 5 Investment Expenses	State Withholding
A							
B							
C							
D							
E							

### Foreign Taxes Paid or Accrued:

Source	Name of Foreign Country Imposing Tax	X if Tax Accrued	Date Paid or Accrued (Mo/Da/Yr)	Tax Amount (in Foreign Currency)	Tax Amount (in U.S. Dollars)
A					
B					
C					
D					
E					

### Additional State Information:

Payer ID	New Hampshire Reason Dividend is Nontaxable
A	
B	
C	
D	
E	

### Foreign Bank Accounts and Trusts:

At any time during 2011, did you have an interest in or a signature or other authority over a financial account in a foreign country, such as a bank account, securities account, or other financial account?  Yes  No

If Yes, enter name of foreign country \_\_\_\_\_

Were you the grantor of, or transferor to, a foreign trust that existed during 2011, whether or not you had any beneficial interest in it?  Yes  No



# Business Income and Cost of Goods Sold

Name of Business: \_\_\_\_\_

Principal Business or Profession: \_\_\_\_\_

TSJ \_\_\_\_\_  
 Employer ID number \_\_\_\_\_  
 Street address \_\_\_\_\_  
 City, state and ZIP code \_\_\_\_\_  
 Method of inventory \_\_\_\_\_  
 Method of accounting \_\_\_\_\_

### Business Questions for 2011:

Did you dispose of this business?  Yes  No  
 If Yes, what was the disposition date? \_\_\_\_\_ (Mo/Da/Yr)  
 Was there a change in determining quantities, costs or valuations between opening and closing inventory?  Yes  No  
 Were you involved in the operations of this business on a regular, continuous and substantial basis?  Yes  No  
 Have you prepared or will you prepare all required Forms 1099?  Yes  No

	2011 Amount	2010 Amount
Health insurance premiums paid for yourself and your dependents		

### Income:

	2011 Amount	2010 Amount
Other gross receipts or sales		
Less returns and allowances		

### Cost of Goods Sold:

	2011 Amount	2010 Amount
Beginning inventory		
Purchases less cost of items withdrawn for personal use		
Cost of labor (do not include amounts paid to yourself)		
Materials and supplies		

Other Costs of Cost of Goods Sold:

Description	2011 Amount	2010 Amount
Ending inventory		

### Other Income:

Description	2011 Amount	2010 Amount





# Business Expenses - Vehicle and Other Listed Property

Name of Business: \_\_\_\_\_

Principal Business or Profession: \_\_\_\_\_

### Listed Property Questions for 2011:

Do you have evidence to support your deduction? .....	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, is the evidence written? .....	<input type="checkbox"/>	<input type="checkbox"/>
Do you have evidence to support the business use percentage claimed on listed property? .....	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, is the evidence written? .....	<input type="checkbox"/>	<input type="checkbox"/>

### If you are an employer who provides vehicles for use by employees:

Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? .....	<input type="checkbox"/>	<input type="checkbox"/>
Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? .....	<input type="checkbox"/>	<input type="checkbox"/>
Do you treat all use of vehicles by employees as personal use? .....	<input type="checkbox"/>	<input type="checkbox"/>
Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles and retain the information received? .....	<input type="checkbox"/>	<input type="checkbox"/>
Do you meet the requirements for qualified demonstration use by maintaining a written policy statement that prohibits vehicle use by individuals other than full-time vehicle salespersons, use for personal vacation trips, storage of personal possessions in the vehicle and limits the total mileage outside the salesperson's normal working hours? .....	<input type="checkbox"/>	<input type="checkbox"/>

### Vehicle:

Description of vehicle .....

Date placed in service ..... (Mo/Da/Yr)

Do you (or your spouse) have another vehicle available for your personal use?  Yes  No

Was your vehicle available for use during off-duty hours?  Yes  No

### Mileage:

Total miles .....

Total business miles .....

Total business miles after June 30 .....

Total commuting miles for the year .....

### Actual Expenses:

Gasoline, oil, repairs, insurance, etc .....

Interest .....

Taxes .....

Fair market value of leased vehicle .....

Vehicle rentals/leases .....

Vehicle 1		Vehicle 2	
Description of vehicle		Description of vehicle	
Date placed in service (Mo/Da/Yr)		Date placed in service (Mo/Da/Yr)	
Do you (or your spouse) have another vehicle available for your personal use? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you (or your spouse) have another vehicle available for your personal use? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Was your vehicle available for use during off-duty hours? <input type="checkbox"/> Yes <input type="checkbox"/> No		Was your vehicle available for use during off-duty hours? <input type="checkbox"/> Yes <input type="checkbox"/> No	
2011 Miles	2010 Miles	2011 Miles	2010 Miles
2011 Amount	2010 Amount	2011 Amount	2010 Amount







# Business Use of Home

6D

Name of Business: \_\_\_\_\_

Principal Business or Profession: \_\_\_\_\_

### Partial Use of Your Home for Business:

Square footage of home used exclusively for business .....

Total square footage of home .....

Total hours home was used for day care during the year .....

2011	2010

Was your home used for day care purposes for the entire year? .....

Were improvements made to the home and/or home office since the time you began using the home for business? .....

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

### Expenses: Enter all expenses at 100 percent

Direct expenses benefit the business part of your home.  
 Example: Cost of painting or repairs made to the specific area or room used for business.

Indirect expenses are required for keeping up and running your entire home.  
 Example: Real estate taxes.

	Direct Expenses		Indirect Expenses	
	2011 Amount	2010 Amount	2011 Amount	2010 Amount
Casualty losses .....				
Deductible mortgage interest paid to:				
Financial institutions .....				
Individuals .....				
Real estate taxes .....				
Insurance .....				
Qualified mortgage insurance premiums .....				
Repairs and maintenance .....				
Utilities .....				
Rent .....				

### Other Expenses:

Description	Direct Expenses		Indirect Expenses	
	2011 Amount	2010 Amount	2011 Amount	2010 Amount

### Seller-Financed Mortgage Interest Information:

Name of Individual to Whom Mortgage Interest Was Paid	Identification Number of Individual	Address of Individual to Whom Mortgage Interest Was Paid





Individual Retirement Account (IRA):

TS
Name of payer

IRA Questions for 2011:

- Are you covered by an employer's retirement plan?
If no, is your spouse covered by an employer's retirement plan?
Do you want to limit your IRA contribution to the maximum amount deductible on your tax return?
If no, do you want to contribute the maximum allowable amount to your IRA even though you may not qualify for an IRA deduction?
Did you receive distributions in 2011 from a traditional IRA, Roth IRA or Qualified Education Account?
Did you convert a traditional IRA to a Roth IRA in 2011?
Did you use your IRA as security for a loan this year?
Did you have any transactions with your IRA during the year?
If Yes, please explain.

Table with 2 columns: Yes, No

IRA Values, Rollovers, and Distributions: Please enclose copies of all Forms 1099-R

Total value of all traditional IRAs on December 31, 2011
Outstanding rollovers on December 31, 2011
IRA distributions received during 2011
Total distributions converted to Roth IRAs
Total retirement plans converted to Roth IRAs

Table with 5 rows for inputting values

Contributions: Please enclose copies of all Forms 5498

IRA:
Contributions in 2011 for the 2011 tax return
Contributions in 2012 for the 2011 tax return
Amount for 2011 you choose to be treated as nondeductible
Roth IRA:
Contributions made for the 2011 tax year

Table with 4 rows for inputting contribution amounts

Pensions and Annuities: Please enclose all Forms 1099-R and any nontaxable distribution details

Table with columns: TSJ, Name of Payer, 2011 Gross Distributions, Taxable Amount, Federal Tax Withheld, State Tax Withheld, Is this a Rollover?, IRA?, 2010 Gross Distributions

Self-Employed Retirement Plan: Please enclose copies of all Forms 1099-R

Have you established a self-employed retirement or SIMPLE plan with deductible contributions?
Do you want to contribute the maximum amount allowed?

Table for Taxpayer and Spouse with Yes/No columns

Contributions to:
Simplified employee pension plan
Defined benefit plan
Defined contribution plan
SIMPLE plan

Table for 2011 Amount contributions for Taxpayer and Spouse





# Rental and Royalty Vehicle and Other Listed Property

Location of Property: \_\_\_\_\_

### Listed Property Questions for 2011:

Do you have evidence to support your deduction? .....	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, is the evidence written? .....	<input type="checkbox"/>	<input type="checkbox"/>
Do you have evidence to support the business use percentage claimed on listed property? .....	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, is the evidence written? .....	<input type="checkbox"/>	<input type="checkbox"/>

### If you are an employer who provides vehicles for use by employees:

Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? .....	<input type="checkbox"/>	<input type="checkbox"/>
Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? .....	<input type="checkbox"/>	<input type="checkbox"/>
Do you treat all use of vehicles by employees as personal use? .....	<input type="checkbox"/>	<input type="checkbox"/>
Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles and retain the information received? .....	<input type="checkbox"/>	<input type="checkbox"/>
Do you meet the requirements for qualified demonstration use by maintaining a written policy statement that prohibits vehicle use by individuals other than full-time vehicle salespersons, use for personal vacation trips, storage of personal possessions in the vehicle and limits the total mileage outside the salesperson's normal working hours? .....	<input type="checkbox"/>	<input type="checkbox"/>

### Vehicle:

Description of vehicle .....

Date placed in service (Mo/Da/Yr) .....

Do you (or your spouse) have another vehicle available for your personal use? .....

Was your vehicle available for use during off-duty hours? .....

Vehicle 1	
Description of vehicle	
Date placed in service (Mo/Da/Yr)	
Do you (or your spouse) have another vehicle available for your personal use? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Was your vehicle available for use during off-duty hours? <input type="checkbox"/> Yes <input type="checkbox"/> No	
2011 Miles	2010 Miles
2011 Amount	2010 Amount

Vehicle 2	
Description of vehicle	
Date placed in service (Mo/Da/Yr)	
Do you (or your spouse) have another vehicle available for your personal use? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Was your vehicle available for use during off-duty hours? <input type="checkbox"/> Yes <input type="checkbox"/> No	
2011 Miles	2010 Miles
2011 Amount	2010 Amount

### Mileage:

Total miles .....

Total business miles .....

Total business miles after June 30 .....

Total commuting miles for the year .....

### Actual Expenses:

Gasoline, oil, repairs, insurance, etc .....

Interest .....

Taxes .....

Fair market value of leased vehicle .....

Vehicle rentals/leases .....





# Miscellaneous Income, Adjustments and Alimony

Please enclose Forms: W-2G, 1099-MISC, 1099-RRB, 1099-SSA, 1099-SA, 1099-LTC, 1099-G and 1098-E

### Miscellaneous Income and Adjustments:

	TSJ _____		TSJ _____	
	2011 Amount	2010 Amount	2011 Amount	2010 Amount
Taxable pensions and annuities received				
Nontaxable pensions and annuities received				
Federal withholding on pensions and annuities				
State withholding on pensions and annuities				
Unemployment compensation received				
Unemployment compensation repaid in 2011				
Social security benefits received				
Social security benefits repaid in 2011				
Medicare premiums withheld				
Tier 1 railroad retirement benefits received				
Tier 1 railroad retirement benefits repaid in 2011				
Taxable IRA distributions				
Nontaxable IRA distributions				
Total lump sum social security received				
Lump sum taxable social security				
Other federal withholding				
Other state withholding				

### State and Local Income Tax Refunds:

TSJ	State	City	Tax Year	Income Tax Refund	
				State	Local

### Other Income:

TSJ	Nature and Source	2011 Amount	2010 Amount

### Alimony Paid or Received:

TSJ	Recipient's Name	Recipient's Social Security No.	Alimony Received?	2011 Amount	2010 Amount



# Miscellaneous Adjustments

Educator Expenses: **Deduction for amounts paid by educators of kindergarten through Grade 12**

TS	2011 Amount	2010 Amount

## Health Savings Accounts (HSAs)

TS	Description	2011 Amount	2010 Amount
	Contributions made for 2011		
	Distributions received from all HSAs in 2011		

Were all distributions from your HSA for unreimbursed medical expenses? .....	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse enroll in Medicare? .....	<input type="checkbox"/>	<input type="checkbox"/>
If yes, what month did you enroll? .....	_____	
What month did your spouse enroll? .....	_____	

Other Adjustments to Income: **Please enclose all Forms 1098-E for Student Loan Interest Paid**

TSJ	Nature and Source	2011 Amount	2010 Amount





# Itemized Deductions - Mortgage Interest and Points

### Mortgage Questions for 2011:

	<b>Yes</b>	<b>No</b>
If you purchased or sold your home, did you include any mortgage interest from your closing statement in the amount below? .....	<input type="checkbox"/>	<input type="checkbox"/>
Did you refinance your home? (If Yes, please enclose the closing statement.) .....	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, how many years is your new mortgage loan? .....		
Did you purchase a new home or sell your former home during the year? .....	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, please enclose the closing statements from the purchase and sale of your new and former homes.		
If Yes, also, did you (or your spouse, if married) have an ownership interest in a principal residence in the US during the 3 year period prior to the purchase of this home? .....	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, did you (and your spouse, if married at the time of purchase) own and use the same home as a principal residence in the U.S. for any 5 consecutive year period during the 8 year period ending on the purchase date of the new home? .....	<input type="checkbox"/>	<input type="checkbox"/>

### Home Mortgage Interest Paid To Financial Institutions:

TSJ	Paid To	Did You Receive Form 1098?		2011 Amount	2010 Amount
		Yes	No		

### Other Home Mortgage Interest Paid:

TSJ	Paid To		ID Number	2011 Amount	2010 Amount
	Name	Address			

### Deductible Points:

TSJ	Paid To	Did You Receive Form 1098?		2011 Amount	2010 Amount
		Yes	No		

### Mortgage Insurance Premiums:

Premiums paid or accrued for qualified mortgage insurance.

TSJ	2011 Amount	2010 Amount

### Investment Interest Expense:

Interest paid on money you borrowed that is allocable to property held for investment.

TSJ	Paid To	2011 Amount	2010 Amount



# Itemized Deductions - Contributions

## Cash Contributions:

You cannot deduct a cash contribution, regardless of the amount, unless you keep as a record of the contribution a bank record (such as a canceled check, a bank copy of a canceled check, or a bank statement containing the name of the charity, the date, and the amount) or a written communication from the charity. The written communication must include the name of the charity, date of the contribution, and amount of the contribution. Clothes and household items donated must be in good, used condition or better in order to be deductible unless the item donated is worth more than \$500 and you have the item's value appraised. Attach a copy of the appraisal. Include any vehicles donated to charity. Attach Forms 1098-C received from the charity.

TSJ	Organization or Description of Contribution	2011 Amount	2010 Amount

TSJ	Conservation Real Property	2011 Amount	2010 Amount
	100% limit		
	50% limit		

TSJ	Description	2011 Miles	2010 Miles
	Number of miles traveled performing volunteer work for qualified charitable organizations		

## Noncash Contributions Totaling Less Than or Equal to \$500:

TSJ	Description of Donated Property	2011 Amount	2010 Amount

## Noncash Contributions Totaling More Than \$500:

TSJ \_\_\_\_\_  
 Description of the donated property \_\_\_\_\_

Donee organization name \_\_\_\_\_

Donee organization address \_\_\_\_\_

Date the property was acquired by the taxpayer (Mo/Da/Yr) \_\_\_\_\_

Date the property was donated (Mo/Da/Yr) \_\_\_\_\_

Cost or basis of the donated property

Fair market value of the donated property

Which of the following methods was used to determine the fair market value? CAUTION: Generally, contributions in excess of \$5,000 of similar property will require an appraisal (does not apply to marketable securities)

- Appraisal     
  Thrift shop value     
  Catalog     
  Comparable sale

Other - please explain \_\_\_\_\_

Which of the following describes how this donated property was acquired?

- Purchase     
  Gift     
  Inheritance     
  Exchange



# Itemized Deductions - Miscellaneous

### Miscellaneous Itemized Deductions:

- Union and professional dues .....
- Tax preparation fee .....
- Professional subscriptions .....
- Hobby expense (To extent of income) .....
- Safe deposit box .....
- Uniforms and protective clothing .....
- Work tools .....
- Gambling losses .....
- Estate taxes .....

TSJ	2011 Amount	2010 Amount

### Other Itemized Deductions:

#### Examples:

- Certain legal and accounting fees
- Investment expenses
- Custodial fees
- Employment agency fees
- Certain educational expenses

TSJ	Description	2011 Amount	2010 Amount

### Casualty or Theft Loss:

TSJ .....

Property description .....

Which of the following describes the type of property that sustained the casualty or theft loss?

- Personal use
- Business use
- Income producing
- Employee Use
- Personal use due to Hurricane Katrina
- Personal use attributable to a federally declared disaster declared prior to 2010
- Personal use attributable to Midwestern disaster area
- Personal use attributable to Kansas disaster area
- Personal use attributable to insolvent or bankrupt financial institution losses on deposits

Date acquired (Mo/Da/Yr) \_\_\_\_\_

Date damaged or lost (Mo/Da/Yr) \_\_\_\_\_

Original cost or other basis

Fair market value before casualty

Fair market value after casualty

Cost of replacement

Insurance reimbursement



## Employee Business Expenses- Business Use of Home

**Partial Use of Your Home for Business:**

Square footage of home used exclusively for business .....

Total square footage of home .....

Total hours home was used for day care during the year .....

2011	2010

Was your home used for day care purposes for the entire year? .....

Were improvements made to the home and/or home office since the time you began using the home for business? .....

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

**Expenses:** Enter all expenses at 100 percent

Direct expenses benefit the business part of your home.  
Example: Cost of painting or repairs made to the specific area or room used for business.

Indirect expenses are required for keeping up and running your entire home.  
Example: Real estate taxes.

	Direct Expenses		Indirect Expenses	
	2011 Amount	2010 Amount	2011 Amount	2010 Amount
Casualty losses .....				
Deductible mortgage interest paid to:				
Financial institutions .....				
Individuals .....				
Real estate taxes .....				
Insurance .....				
Qualified mortgage insurance premiums .....				
Repairs and maintenance .....				
Utilities .....				
Rent .....				

**Other Expenses:**

Description	Direct Expenses		Indirect Expenses	
	2011 Amount	2010 Amount	2011 Amount	2010 Amount

**Seller-Financed Mortgage Interest Information:**

Name of Individual to Whom Mortgage Interest Was Paid	Identification Number of Individual	Address of Individual to Whom Mortgage Interest Was Paid



# Employee Business Expenses

TS: \_\_\_\_\_ Occupation: \_\_\_\_\_

Business Expenses: **Enter all expenses at 100 percent**

If these expenses are to be divided between Schedule A (Itemized Deductions) and one or more businesses, please enter the percentage to apply to Schedule A \_\_\_\_\_ %

	2011 Amount	2010 Amount
Parking fees and tolls .....		
Local transportation .....		
Travel expenses .....		
Meals and entertainment .....		
Other Business Expenses:		

Description	2011 Amount	2010 Amount

Reimbursements: **Please list only reimbursements NOT reported in Box 1 of your Form W-2**

Amount received for other expenses .....

Amount received for meals and entertainment .....

2011 Amount	2010 Amount

Does your employer's reimbursement plan for meals and entertainment allow for offset of other reimbursements?  Yes  No

### Vehicle:

If these vehicle expenses are to be divided between Schedule A (Itemized Deductions) and one or more businesses, please enter the percentage to apply to Schedule A \_\_\_\_\_ %

Description of vehicle .....

Date vehicle was placed in service ..... (Mo/Da/Yr)

Do you (or your spouse) have another vehicle available for personal purposes?  Yes  No

Was your vehicle available for personal use during off-duty hours?  Yes  No

	2011	2010
Total miles .....		
Total business miles .....		
Total business miles after June 30 .....		
Average daily commuting miles .....		
Total commuting miles for the year .....		
Gasoline and oil .....		
Repairs .....		
Insurance .....		
Taxes .....		
Value of employer provided vehicle .....		
Temporary vehicle rentals .....		
Fair market value of leased vehicle .....		
Vehicle leases .....		
Other Vehicle Expenses:		

Description	2011 Amount	2010 Amount



# Child/Dependent Care Expenses & Education Expenses

## Child/Dependent Care Expenses:

### General Information:

TSJ .....

Were you or your spouse a full time student or disabled?  Yes  No  
Did you pay an individual for services performed in your home?  Yes  No

Expenses incurred in 2010 but paid in 2011 .....  
Employer-provided dependent care benefits that were forfeited in 2011 .....  
2010 carryover used in grace period .....

### Child/Dependent Care Providers:

**Provider 1:**

Name .....  
Street address .....  
City, state and ZIP code .....  
Social security number OR .....  
Employer identification number .....  
Telephone number (California only) .....

	2011 Amount	2010 Amount
Expenses incurred and paid in 2011 .....		
Expenses incurred and not paid in 2011 .....		

**Provider 2:**

Name .....  
Street address .....  
City, state and ZIP code .....  
Social security number OR .....  
Employer identification number .....  
Telephone number (California only) .....

	2011 Amount	2010 Amount
Expenses incurred and paid in 2011 .....		
Expenses incurred and not paid in 2011 .....		

### Qualifying Persons for Child/Dependent Care Expenses:

First Name and Initial	Last Name	Social Security Number	2011 Expenses Incurred	2010 Expenses Incurred

### Higher Education Expenses for Education Credits and/or Tuition Fees Deduction:

Qualified expenses are for post-secondary education tuition and related expenses. They do not include room, board or books.

**Please enclose copies of all Forms 1098-T**

First Name and Initial	Last Name	Social Security Number	Grade	2011 Qualified Expenses



# Federal Tax Payments

### Refund Application:

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

Refunded  Yes  No  
 Applied to your 2012 estimated tax liability  Yes  No

### Federal Estimated Tax Payments:

2011 1st Quarter Estimate ..... (Due 04-18-2011)  
 2011 2nd Quarter Estimate ..... (Due 06-15-2011)  
 2011 3rd Quarter Estimate ..... (Due 09-15-2011)  
 2011 4th Quarter Estimate ..... (Due 01-17-2012)

Amount Due	Date Paid if Not Date Due (Mo/Da/Yr)	Amount Paid

2010 overpayment applied to 2011 estimate .....

### Tax Planning Information for Tax Year 2012:

Do you expect any of the following to occur in 2012?

	Yes	No
A change in your marital status .....	<input type="checkbox"/>	<input type="checkbox"/>
A change in the number of your dependents .....	<input type="checkbox"/>	<input type="checkbox"/>
A substantial change in your income .....	<input type="checkbox"/>	<input type="checkbox"/>
A substantial change in your withholding .....	<input type="checkbox"/>	<input type="checkbox"/>
A substantial change in deductions .....	<input type="checkbox"/>	<input type="checkbox"/>

If you answered Yes to any of the above questions, please provide details.
