

Tax Organizer for Individual Tax Returns 1040 Returns

Use this Organizer for Individual (or Married Filing Jointly) Returns

Individual
Tax
Organizer

2011

IMPORTANT

We will be unable to complete your tax return until we have received all necessary pages of the organizer including the client statement, payment information & personal information pages.

BOSS Business Services Tax Department

3225 McLeod Drive, Suite 100

Las Vegas, Nevada, 89121

Toll Free: 888-969-2677

Local: 702-214-1100

Fax: 702-664-0547

E-Mail: taxdept@bossoffice.com

INSTRUCTIONS

- ✓ Please attach a copy of your previous year tax return if not prepared by BOSS.
- ✓ Complete the sections pertaining to your tax reporting requirements.
- ✓ Please check the organizer to make sure you are furnishing all the information needed to complete your return correctly and accurately.
- ✓ Use the last page of the organizer to write down questions you may have & we will address them during the preparation of the tax return.

IMPORTANT

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CLIENT STATEMENT

Tax returns are prepared in the order received. Tax Organizers are due in our offices 30 days prior to the return deadline in order for BOSS to guarantee the timeliness of the return. In the event a Tax Organizer is received within the 30 day period prior to the tax deadline, Client will pay an expedite fee of \$150.00 to ensure timely completion and if received in the final 2 weeks before the deadline, Client will pay \$250.00 to ensure timely completion. If unable to complete by deadline, BOSS will request an extension on Client's behalf if that option is available.

The scope of work in connection with the preparation of your ("the Client") federal and state income tax returns is intended to be in compliance with the requirements issued by the various taxing authorities. Because tax laws are not always clear, honest differences of opinions may arise between our interpretation of laws and that of the various taxing authorities. We will assist you in resolving these differences in your favor whenever possible.

Client and/or your duly appointed representative agree not to hold BOSS Business Services liable for interpretations made with regard to any of the information supplied by Client and used in the preparation of the tax returns. Unless compelled to do so by law, BOSS Business Services does not disclose any irregularities or provide statements with regard to the validity of the information supplied by Client to any taxing authority.

All tax returns are subject to review and acceptance by the various taxing authorities. In the event of an examination or other taxing authority contact, BOSS Business Services can respond or represent your position to the taxing authority; however, there is a fee for this service. You may appeal any adjustments proposed by a taxing authority.

Please review any completed tax returns carefully. As preparers, we have a responsibility both to the various taxing authorities with whom we file tax returns as well as to our clients. Any client will remain liable for the contents of tax returns prepared by BOSS Business Services with data provided by said client.

All tax return preparation fees for a tax return must be paid before the tax return can be electronically processed. Once payment is received and the proper forms are signed to electronically file the tax return, i.e. Form 8879, we will file the tax return.

I/We acknowledge this statement by signature/signatures and dates below.

Signature: _____ Date: _____

Signature: _____ Date: _____

Name on Credit Card _____

Credit Card Number _____ Expiration Date _____ Code _____

By signing, you are authorizing BOSS to send you an invoice electronically (via email) and to charge the credit card provided above five (5) days after the invoice has been submitted to you.

Check here if you would like a quote for the preparation fees based on the information provided in this Organizer before work is commenced.

THIS PAGE MUST BE SIGNED AND RETURNED
FAX: 702-664-0547 or EMAIL: TAXDEPT@BOSSOFFICE.COM

FAX COVER PAGE

Attention: BOSS Tax Department

TO: BOSS TAX DEPARTMENT - 702-664-0547

Attention: _____

FROM: _____

DATE: _____

THIS FAX INCLUDES THE FOLLOWING (CHECK ALL THAT APPLY):

- Client Statement
- Organizer for (Name _____)
- Supporting Documentation
- Other _____

EXTENSION REQUEST

The individual Tax Return must be filed on or before April 17, 2012.

If you are unable to provide us with the necessary information to complete the return timely, you can file Form 4868 Application for an Extension of Time to File and request an automatic six-month extension. Any taxes owed for the year, however, must be paid or interest and penalties may apply.

We can file the extension for you.

Here is what you need to do:

CONTACT BOSS BUSINESS SERVICES BY WRITING AT LEAST ONE WEEK BEFORE THE DUE DATE OF THE TAX RETURN AND REQUEST THAT BOSS FILE THE EXTENSION ON YOUR BEHALF. PLEASE EMAIL ALL REQUESTS TO TAXDEPT@BOSSOFFICE.COM.

Please provide a copy of the prior year Individual Tax Return if not prepared by BOSS Business Services.

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Las Vegas, Nevada, 89121

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Local: 702-214-1100

Fax: 702-664-0547

E-Mail: taxdept@bossoffice.com

**INSTRUCTIONS FOR COMPLETING PERSONAL
(FORM 1040) 2011 TAX ORGANIZER
*PLEASE READ CAREFULLY***

THIS ORGANIZER IS FOR INDIVIDUALS ONLY

DO NOT USE FOR CORPORATIONS, PARTNERSHIPS OR LLC'S. IF YOU HAVE A CORPORATION, PARTNERSHIP OR AN LLC, PLEASE CALL THE TAX DEPARTMENT TO REQUEST AN ORGANIZER FOR YOUR PARTICULAR ENTITY, OR VISIT OUR WEBSITE WWW.BOSSOFFICE.COM AND GO TO THE DOWNLOADS SECTION

PLEASE PRINT ALL INFORMATION CLEARLY.

KEEP A COPY OF THE COMPLETED ORGANIZER AND YOUR ORIGINAL W-2'S AND 1099'S FOR YOUR RECORDS.

E-MAIL, FAX OR MAIL THE COMPLETED ORGANIZER WITH COPIES OF YOUR W-2'S AND 1099R'S AND SIGNED CLIENT STATEMENT (PREFERABLY TWO-DAY PRIORITY WITH A CONFIRMATION OR CERTIFIED RETURN RECEIPT REQUESTED THROUGH THE UNITED STATES POST OFFICE) ALONG WITH A COPY OF YOUR 2010 FEDERAL AND STATE INCOME TAX RETURNS (IF THEY WERE NOT PREPARED BY BOSS).

IF YOU HAVE MORE THAN ONE HOME BASED BUSINESS, SOLE PROPRIETOR, OR SELF EMPLOYED BUSINESS, WE WILL NEED A SEPARATE BUSINESS INFORMATION SECTION FOR EACH BUSINESS.

IF YOU HAVE ANY QUESTIONS REGARDING THE ORGANIZER PLEASE CONTACT KAREN STONEMAN IN THE TAX DEPARTMENT AT 888-969-2677 OR TAXDEPT@BOSSOFFICE.COM

***BELOW IS A LIST OF ITEMS YOU WILL NEED TO
COMPLETE YOUR ORGANIZER:***

- ❑ ALL W-2 FORMS FOR YOURSELF, YOUR SPOUSE AND DEPENDENT CHILDREN.
- ❑ ALL 1099 FORMS FOR YOURSELF AND SPOUSE, INCLUDING DEBT RELIEF.
- ❑ ALL UNEMPLOYMENT FORMS.
- ❑ ALL FORMS SSA FROM SOCIAL SECURITY FOR INCOME RECEIVED FROM SOCIAL SECURITY FOR THE YEAR.
- ❑ SOCIAL SECURITY NUMBERS, DATES OF BIRTH AND RELATIONSHIPS OF ALL OF YOUR DEPENDENTS FOR 2011.
- ❑ RECORDS OF INCOME, EXPENSES AND ENDING INVENTORY FOR YOUR SELF-EMPLOYED BUSINESS
- ❑ MILEAGE LOG FOR AUTOS
- ❑ YOUR TIP CALENDAR FOR THOSE OF YOU WHO ARE IN GAMING SERVICES
- ❑ SALE OF PROPERTY, CLOSING ESCROW STATEMENT (HUD) ON THE PURCHASE AND SALE, LIST OF MAJOR IMPROVEMENTS, ALONG WITH THE COSTS AND DATES OF IMPROVEMENTS.
- ❑ RENTAL INCOME AND EXPENSES, ADDRESS OF PROPERTY, CLOSING ESCROW STATEMENT (HUD-1) IF PURCHASED IN 2011.
- ❑ FARM INCOME AND EXPENSES.
- ❑ INTEREST EARNED ON TAX FREE MUNICIPAL BONDS AND ORIGINAL ISSUE DISCOUNT (OID).
- ❑ DIVIDEND AND INTEREST YEAR END STATEMENTS, ALONG WITH THE APPROPRIATE 1099 FORM ISSUED.
- ❑ MEDICAL BILLS, COST OF PRESCRIPTIONS, HEALTH INSURANCE PREMIUMS AND SPECIAL EQUIPMENT PURCHASED PER DOCTOR PRESCRIPTION, AMOUNT OF MEDICAL MILEAGE INCURRED.
- ❑ PROPERTY TAXES PAID. PLEASE DO NOT GROUP THESE TOGETHER. LIST PROPERTY ADDRESS AND AMOUNT PAID.
- ❑ AMOUNT OF COLLEGE TUITION, LAB FEES, BOOKS, SUPPLIES AND GRANTS RECEIVED, FOR HIGHER EDUCATION.
- ❑ INTEREST PAID ON STUDENT LOANS.
- ❑ AMOUNTS OF INTEREST PAID ON MORTGAGES AND THE 1098 FORM RECEIVED FROM THE MORTGAGE COMPANY.

Continued on Next Page

- ❑ ANY INTEREST YOU PAID ON HOME EQUITY LOANS - PROVIDE COPY OF CLOSING STATEMENT (HUD-1) FOR REFINANCING OF PRINCIPAL MORTGAGE. IF YOU ARE PAYING YOUR MORTGAGE TO AN INDIVIDUAL, INCLUDE THEIR FULL NAME, ADDRESS AND SOCIAL SECURITY NUMBER.
- ❑ ALL PENSION STATEMENTS, DISTRIBUTIONS FROM PENSIONS AND ROLLOVER INFORMATION. IF THEY WERE TRANSFERRED FROM ONE ACCOUNT TO ANOTHER, THE TRANSACTION DATES, THE ACCOUNT NUMBERS OF BOTH THE NEW AND OLD THE NEW COMPANIES, AMOUNTS CONTRIBUTED TO ROTH IRS'S, KEOGH'S AND SEP'S FOR 2011 AND WHAT NAME THEY WERE DEPOSITED TO CONVERSIONS AND BALANCES ON DECEMBER 31, 2011.
- ❑ COPY OF YOUR DIVORCE DECREE, IF DIVORCED IN 2011
- ❑ COPY OF YOUR SPOUSES 2010 FEDERAL & STATE TAX RETURN IF YOU WERE MARRIED IN 2011
- ❑ LIST OF CASH CONTRIBUTIONS AND NON-CASH CONTRIBUTIONS MADE TO CHARITIES.
- ❑ STOCK SALES, ORIGINAL STOCK BUYS AND ORIGINAL STOCK SELLS RECEIVED FROM YOUR BROKER ALONG WITH THE BROKER STATEMENTS FOR YEAR END (1099-B)
- ❑ COPY OF POLICE REPORT AND INSURANCE REIMBURSEMENT, IN RELATIONSHIP TO THEFTS AND CASUALTIES AND LOSSES DUE TO ACCIDENTS, FIRES, ETC...
- ❑ CHILD CARE EXPENSES, PROVIDER NAME, ADDRESS, FEDERAL IDENTIFICATION NUMBER OR SOCIAL SECURITY NUMBER, IF AN INDIVIDUAL AMOUNT PAID FOR EACH CHILD.
- ❑ AMOUNT OF ALIMONY RECEIVED, AMOUNT OF ALIMONY PAID, ALONG WITH THE NAME OF PERSON PAID TO AND THEIR SOCIAL SECURITY NUMBER
- ❑ AMOUNTS PAID FOR MISCELLANEOUS EMPLOYEE EXPENSES (I.E. UNION DUES, SAFETY EQUIPMENT, REQUIRED BOOKS AND MANUALS, CONTINUING EDUCATION, ETC) AMOUNTS IF ANY REIMBURSED BY YOUR EMPLOYER NOT INCLUDED IN YOUR W-2 FORM.
- ❑ INFORMATION ON MEDICAL SAVINGS ACCOUNTS AND EDUCATIONAL SAVINGS ACCOUNTS THAT YOU ARE A PARTICIPANT IN THROUGH YOUR EMPLOYER
- ❑ CUSTODIAL FEES FOR IRA ACCOUNTS, LEGAL FEES FOR PRESERVATION OF INCOME, COLLECTION FEES ON SELLER FINANCED MORTGAGES
- ❑ GAMBLING LOSSES NOT TO EXCEED THE AMOUNT OF GAMBLING WINNINGS
- ❑ MISCELLANEOUS OTHER INCOME RECEIVED, STATE INCOME TAX REFUND, JURY DUTY PAY, GAMBLING WINNINGS, ETC.
- ❑ COPIES OF INVOICES WHERE THE PURCHASES QUALIFY FOR ENERGY TAX CREDITS.

WITH THE ABOVE INFORMATION IN HAND YOU WILL BE BETTER EQUIPPED TO FILL OUT THE TAX ORGANIZER ACCURATELY AND WITH THE LEAST AMOUNT OF YOUR TIME EXPENDED.

PERSONAL INFORMATION

	<u>TAXPAYER</u>	<u>SPOUSE</u>
LAST NAME		
FIRST NAME		
MIDDLE INITIAL & SUFFIX		
SOCIAL SECURITY #		
OCCUPATION		
HOME PHONE		
WORK PHONE		
BIRTH DATE		
BLIND	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
CONTRIBUTION TO PRESIDENTIAL CAMPAIGN FUND	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

Street Address: _____

Apartment # _____ City _____ State _____ Zip _____

Fax # _____ Email _____

Resident Locality _____

County _____

School District _____

School District Number _____

FILING STATUS

- Single
- Married Filing Jointly
- Married Filing Separately
- Head of Household
- Qualifying Widow(er) Date Spouse Died _____

DEPENDENT INFORMATION

DO NOT INCLUDE YOURSELF OR SPOUSE

FIRST NAME	MIDDLE INITIAL	LAST NAME	SOCIAL SECURITY #	RELATION SHIP	DATE OF BIRTH	MONTHS IN HOME

TAX PAYMENTS

2011 ESTIMATED TAX PAYMENTS PAID:

FEDERAL

STATE

LOCAL

DUE BY DATE	DATE	AMOUNT	DATE	AMOUNT	DATE	AMOUNT
QUARTER 1 BY 4/18/11						
QUARTER 2 BY 6/15/11						
QUARTER 3 BY 9/15/11						
QUARTER 4 BY 1/15/12						

OTHER TAX PAYMENTS PAID:

	<u>FEDERAL</u>	<u>STATE</u>	<u>LOCAL</u>
2010 OVERPAYMENT APPLIED TO 2011			
2010 BALANCE PAID IN 2011			
2011 EXTENSION PAYMENTS PAID IN 2012			
OTHER TAXES PAID IN 2011 FOR PRIOR YEARS			

WILL YOU OWE ADDITIONAL TAXES TO THE IRS? YES NO

WILL YOU OWE ADDITIONAL TAXES TO THE STATE? YES NO

WAGES, SALARIES AND OTHER INCOME

INDICATE THE NUMBER OF W-2'S & ATTACH ALL COPIES	
INDICATE THE NUMBER OF 1099-R'S (PENSIONS, ANNUITIES, RETIREMENT & IRA PLANS)	
INDICATE THE NUMBER OF W-2G'S (GAMBLING OR LOTTERY WINNINGS)	
INDICATE THE NUMBER OF 1099- MISC (MISCELLANEOUS INCOME)	
INDICATE THE NUMBER OF SSA-1099 (SOCIAL SECURITY BENEFIT FORMS)	
INDICATE THE NUMBER OF 1099-MSA (MEDICAL SAVINGS ACCT)	
INDICATE THE NUMBER OF 1099-G'S (GOVERNMENT PAYMENTS)	
INDICATE THE NUMBER OF 1065 K-1'S (PARTNERSHIP INCOME)	
INDICATE THE NUMBER OF 1120S K-1'S (SUB CHAPTER S CORPORATIONS)	
INDICATE THE NUMBER IF 1041 K-1'S (ESTATE & TRUST INCOME)	

NATURE AND SOURCE OF OTHER INCOME

	TAXPAYER	SPOUSE
ALIMONY RECEIVED		
EX-SPOUSE SOCIAL SECURITY #		
SCHOLARSHIPS/FELLOWSHIPS RECEIVED		
TIPS NOT REPORTED TO EMPLOYER		
GAMBLING WINNINGS		
JURY DUTY PAY		

MISC. INCOME

1099-A AND/OR 1099-C (FORECLOSURE/CANCELLATION OF DEBT)	<u>TAXPAYER</u>	<u>SPOUSE</u>

**** If you had a foreclosed or abandoned property, please contact the tax department as additional information may be necessary.**

ROTH CONVERSION

Did you defer any income from a Roth conversion made in 2010? Yes No

**INTEREST/DIVIDEND INCOME; INCLUDE ENTIRE COMBINED FORM 1099 FROM
FINANCIAL & BROKERAGE FIRMS.**

INCLUDE ALL ORIGINAL 1099 – INT’S, DIV’S
(IF MORE SPACE IS NEEDED PLEASE MAKE COPIES OF THIS FORM)

<u>NAME OF PAYER</u>	<u>INTEREST</u>		<u>DIVIDEND</u>		<u>CAPITAL GAIN</u>	<u>FOREIGN TAXES PAID</u>
	<u>TOTAL</u>	<u>TAX EXEMPT</u>	<u>TOTAL</u>	<u>QUALIFIED</u>		

SALE OF REAL ESTATE

Enclose copies of Form(s) **1099-S & CLOSING STATEMENTS HUD-1'S FOR ALL PURCHASES, SALES, AND REFINANCINGS.**

Description	Date Acq'd	Date Sold	Sales Price	Cost Basis	Rental
Investment					
_____	__/__/__	__/__/__	\$ _____	\$ _____	_____
_____	__/__/__	__/__/__	\$ _____	\$ _____	_____
_____	__/__/__	__/__/__	\$ _____	\$ _____	_____
_____	__/__/__	__/__/__	\$ _____	\$ _____	_____
_____	__/__/__	__/__/__	\$ _____	\$ _____	_____

If the sold properties have been depreciated as prior rentals please provide all depreciation schedules.

SALES OF STOCKS AND SECURITIES

DO NOT REPORT OPTIONS HERE

ATTACH ALL PAGES OF FORM 1099-B. IT IS MANDATORY THAT ALL THE INFORMATION REQUESTED BELOW BE PROVIDED. (IF YOU HAVE MORE TRANSACTIONS, PLEASE COPY THIS FORM)

<u>DESCRIPTION OF PROPERTY</u>	<u>DATE ACQUIRED</u>	<u>DATE SOLD</u>	<u>SALES PRICE</u>	<u>COST BASIS</u>

TOTAL OPTIONS PURCHASED IN 2011 \$ _____

TOTAL OPTIONS SOLD IN 2011 \$ _____

CAPITAL LOSS CARRYOVER FROM PRIOR YEAR \$ _____

LIST ALL OPEN OPTIONS AT YEAR END ON LAST PAGE

ITEMIZED DEDUCTIONS

MEDICAL AND DENTAL EXPENSES

PRESCRIPTION MEDICATIONS	
HEALTH INS PREMIUMS (INCLUDE LONG TERM)	
FAMILY & SPOUSE	
SELF – EMPLOYED TAXPAYER	
DOCTORS, DENTISTS & HOSPITALS	
EYEGASSES & MEDICAL EQUIPMENT	
MILES DRIVEN FOR MEDICAL PURPOSES	
OTHER MEDICAL EXPENSES:	
A)	
B)	
C)	

TAXES

AMOUNT PAID ON BALANCE DUE FOR STATE TAXES PAID IN 2011	
REAL ESTATE TAXES PAID ON PRINCIPAL RESIDENCE	
REAL ESTATE TAXES PAID ON ADDITIONAL HOMES OR LAND (NOT RENTALS)	
VEHICLE REGISTRATION	
OTHER PERSONAL PROPERTY TAXES	
OTHER TAXES:	
A)	
B)	

HOME MORTGAGE INTEREST ONLY

<u>HOME MORTGAGE INTEREST</u>	<u>CHECK IF NOT ON FORM 1098</u>	<u>AMOUNT</u>
	<input type="checkbox"/>	
	<input type="checkbox"/>	
POINTS PAID ON LOAN TO BUY, BUILD OR IMPROVE YOUR HOME:	<u>CHECK IF NOT ON FORM 1098</u>	<u>AMOUNT</u>
	<input type="checkbox"/>	
	<input type="checkbox"/>	

IF INTEREST IS PAID TO AN INDIVIDUAL:

<u>NAME OF INDIVIDUAL</u>	<u>ADDRESS</u>	<u>SOCIAL SECURITY NUMBER</u>

ANY MORTGAGE BALANCES IN EXCESS OF \$1 MILLION? () YES () NO

ENTER POINTS PAID ON A HOME EQUITY LOAN, REFINANCED MORTGAGE OR LOAN FOR A SECOND HOME:

<u>POINTS PAID</u>	<u>DATE OF LOAN</u>	<u>LIFE OF LOAN (YEARS)</u>

INVESTMENT INTEREST (I.E., MARGIN INTEREST, INTEREST PAID ON LOANS USED FOR PROPERTY HELD FOR INVESTMENT, ETC)

<u>INVESTMENT INTEREST</u>	<u>AMOUNT</u>

NON ITEMIZED DEDUCTION FILERS

1. REAL ESTATE TAXES _____
2. NEW CAR TAXES _____
(PROVIDE COPY OF THE SALES CONTRACT)

CHARITABLE GIVING

CASH CONTRIBUTIONS

THE DOCUMENTATION FOR THE RECORD OF A CONTRIBUTION OVER \$250 MUST BE IN THE FORM OF A WRITTEN STATEMENT

<u>NAME OF CHARITABLE ORGANIZATION</u>	<u>REQUIRED DOCUMENTATION</u>	<u>AMOUNT</u>
	<input type="checkbox"/> YES <input type="checkbox"/> NO	
	<input type="checkbox"/> YES <input type="checkbox"/> NO	
	<input type="checkbox"/> YES <input type="checkbox"/> NO	
	<input type="checkbox"/> YES <input type="checkbox"/> NO	
	<input type="checkbox"/> YES <input type="checkbox"/> NO	
	<input type="checkbox"/> YES <input type="checkbox"/> NO	
	<input type="checkbox"/> YES <input type="checkbox"/> NO	
	<input type="checkbox"/> YES <input type="checkbox"/> NO	
	<input type="checkbox"/> YES <input type="checkbox"/> NO	
	<input type="checkbox"/> YES <input type="checkbox"/> NO	

NON CASH CONTRIBUTIONS

ANY CONTRIBUTION IN EXCESS OF \$5000 REQUIRES A WRITTEN APPRAISAL

<u>NAME OF CHARITABLE ORGANIZATION</u>	<u>ADDRESS OF ORGANIZATION</u>	<u>DESCRIPTION OF DONATED PROPERTY</u>	<u>GOOD USED CONDITION (YES/NO)</u>	<u>AMOUNT</u>
A)				
B)				
C)				
D)				

THIS SECTION MUST BE FILLED IN IF YOU HAVE NON CASH CONTRIBUTIONS

<u>DATE OF CONTRIBUTION</u>	<u>DATE ACQUIRED</u>	<u>HOW ACQUIRED</u>	<u>YOUR ORIGINAL COST</u>
A)			
B)			
C)			
D)			

UNREIMBURSED EMPLOYEE EXPENSES (W-2 INCOME ONLY)

EMPLOYEE BUSINESS EXPENSES	TAXPAYER	SPOUSE
BUSINESS GIFTS		
EDUCATION TO MAINTAIN EMPLOYMENT (C.E.U.)		
MEALS & ENTERTAINMENT		
TELEPHONE USED FOR EMPLOYER'S BUSINESS		
TRADE PUBLICATIONS		
TRAVEL EXPENSES AWAY FROM HOME		
UNIFORMS & PROTECTIVE CLOTHING		
UNION & PROFESSIONAL DUES		
OTHER UNREIMBURSED EMPLOYEE BUSINESS EXPENSES		
Misc:		

VEHICLE EXPENSES

(UNREIMBURSED EMPLOYEE EXPENSES USE ONLY. W-2 INCOME ONLY)

IF VEHICLE IS USED BY BOTH TAXPAYER AND SPOUSE OR FOR MORE THAN ONE EMPLOYER, MAKE A COPY OF THIS FORM FOR EACH.

<u>YEAR END INFORMATION</u>	<u>VEHICLE 1</u>	<u>VEHICLE 2</u>
BEGINNING ODOMETER READING		
ENDING ODOMETER READING		
DESCRIPTION OF VEHICLE		
DATE PLACED IN SERVICE		
TOTAL MILES FOR THE YEAR		
TOTAL BUSINESS MILES FOR YR		
TOTAL COMMUTING MILES FOR YR		
MILEAGE ROUND TRIP EACH DAY TO WORK		
<u>ACTUAL EXPENSES:</u>	<u>VEHICLE 1</u>	<u>VEHICLE 2</u>
REPAIRS & MAINTENANCE		
INSURANCE		
INTEREST		
LICENSE & REGISTRATION		
VEHICLE LEASE		
TOLLS & PARKING		
<u>OTHER EXPENSES:</u>	<u>VEHICLE 1</u>	<u>VEHICLE 2</u>
COST OF VEHICLE		

IS ANOTHER VEHICLE AVAILABLE FOR PERSONAL USE? YES NO
 DO YOU HAVE EVIDENCE TO SUPPORT THE BUSINESS USE CLAIMED? YES NO
 IF YES, IS THE EVIDENCE WRITTEN? YES NO
 WAS THE VEHICLE TRADED IN 2011? YES NO

TAX PAYER MUST MAINTAIN MILEAGE LOG WHEN CLAIMING AUTO EXPENSE DEDUCTION.

MISCELLANEOUS DEDUCTIONS

	<u>TAXPAYER</u>	<u>SPOUSE</u>
TAX PREP FEES		
SAFETY DEPOSIT BOX FEES		
IRA FEES		
OTHER MISCELLANEOUS DEDUCTIONS		
MANAGEMENT FEES (K-1'S)		
Misc		

ADJUSTMENTS TO INCOME

	<u>TAXPAYER</u>	<u>SPOUSE</u>
EDUCATOR EXPENSES		
CERTAIN BUSINESS EXPENSES OF RESERVIST, PERFORMING ARTISTS & FEE-BASIS GOVERNMENT OFFICIALS		
HEALTH SAVINGS ACCOUNT DEDUCTION		
MOVING EXPENSES		
SELF-EMPLOYED SEP, SIMPLE & QUALIFIED PLANS		
SELF EMPLOYED HEALTH INSURANCE DEDUCTION		
PENALTY ON EARLY WITHDRAWAL OF SAVINGS IRA DEDUCTION		
TRADITIONAL IRA DEDUCTION		
ROTH IRA DEDUCTION		
STUDENT LOAN INTEREST		
TUITION & FEES DEDUCTION		
DOMESTIC PRODUCTION ACTIVITIES DEDUCTION		
ROTH CONVERSIONS		

DEPENDENT CARE EXPENSES & EDUCATION CREDITS
**ENTER BELOW THE PERSONS OR ORGANIZATIONS WHO PROVIDED
 THE CHILD & DEPENDENT CARE.**

<u>NAME</u>	<u>ADDRESS</u>	<u>PHONE NUMBER</u>	<u>ID NUMBER</u>	<u>AMOUNT PAID</u>
1.				
2.				
3.				

EDUCATION EXPENSES
AMERICAN OPPORTUNITY TAX CREDIT (FORMERLY THE HOPE CREDIT)

<u>STUDENT'S NAME</u>	<u>STUDENT'S SSN</u>	<u>QUALIFIED EXPENSES*</u>	<u>FULL TIME OR PART TIME?</u>	<u>POST SECONDARY EDUCATION?</u>
1.				<input type="checkbox"/> YES <input type="checkbox"/> NO
2.				<input type="checkbox"/> YES <input type="checkbox"/> NO
3.				<input type="checkbox"/> YES <input type="checkbox"/> NO

**QUALIFIED EXPENSES INCLUDE: TUITION, BOOKS,
 SUPPLIES & EQUIPMENT (I.E. COMPUTER)**

OTHER CREDITS
PLEASE PROVIDE A COPY OF THE INVOICE

HOME ENERGY CREDITS:

SOLAR ELECTRIC	
SOLAR WATER HEATING	
FUEL CELL	
WIND ENERGY	
GEOHERMAL HEAT PUMP	
RESIDENTIAL ENERGY CREDIT	

BUSINESS INCOME & EXPENSES
(HOME BASED BUSINESS, SOLE PROPRIETOR)

IF MORE THAN ONE BUSINESS, MAKE COPIES OF THE BUSINESS & EXPENSE FORMS

CHECK OWNERSHIP: TAXPAYER SPOUSE JOINT

BUSINESS NAME: _____

BUSINESS ADDRESS: _____

PRINCIPAL BUSINESS/PROFESSION: _____

EMPLOYER ID NUMBER: _____

DID YOU MATERIALLY PARTICIPATE IN THE OPERATION OF THIS BUSINESS DURING THE YEAR? YES NO

DID YOU START OR ACQUIRE THIS BUSINESS DURING THE YEAR? YES NO

INCOME	AMOUNT
GROSS RECEIPTS OR SALES FROM 1099'S	
GROSS RECEIPTS OR SALES OTHER	
RETURN & ALLOWANCES	
OTHER INCOME (I.E. BUSINESS INTEREST)	

COST OF GOODS SOLD (INVENTORY ONLY)	AMOUNT
INVENTORY AT BEGINNING OF YEAR	
PURCHASES: LESS COST OF ITEMS WITHDRAWN FOR PERSONAL USE	
COST OF LABOR	
MATERIALS & SUPPLIES	
OTHER COSTS	
INVENTORY AT END OF YEAR	

EXPENSES:	AMOUNT
ADVERTISING	
CAR & TRUCK EXPENSES (COMPLETE VEHICLE EXPENSE SECTION)	NEXT PAGE
COMMISSIONS & FEES	
EMPLOYEE BENEFIT PROGRAM	
INSURANCE (OTHER THAN HEALTH)	
INSURANCE (HEALTH)	
INTEREST:	
A) COMMERCIAL MORTGAGE (FROM FORM 1098 ONLY)	
B) OTHER INTEREST (EXPLAIN)	
LEGAL & PROFESSIONAL SERVICES	
OFFICE EXPENSES	
PENSION & PROFIT-SHARING PLANS	
RENT OR LEASE:	
A) MACHINERY & EQUIPMENT	
B) OTHER BUSINESS PROPERTY	
REPAIRS & MAINTENANCE	
SUPPLIES (NOT INCLUDED IN COST OF GOODS SOLD)	
TAXES & LICENSES	
TRAVEL	

MEALS & ENTERTAINMENT	
TELEPHONE & CELLULAR	
UTILITIES	
WAGES	
OTHER EXPENSES:	AMOUNT
A)	
B)	
C)	
D)	

VEHICLE EXPENSES (FOR BUSINESS USE ONLY)

**IF VEHICLES ARE USED BY BOTH TAXPAYER & SPOUSE OR IN MORE THAN ONE BUSINESS,
MAKE A COPY OF THIS FORM FOR EACH.**

<u>GENERAL INFORMATION</u>	<u>VEHICLE 1</u>	<u>VEHICLE 2</u>
ODOMETER READING 01/01/11		
ODOMETER READING 12/31/11		
DESCRIPTION OF VEHICLE		
DATE PLACED IN SERVICE		
TOTAL MILES FOR THE YEAR		
TOTAL BUSINESS MILES FOR THE YEAR		
TOTAL COMMUTING MILES FOR THE YEAR		
MILEAGE ROUND TRIP EACH DAY TO WORK		
<u>ACTUAL EXPENSES:</u>	<u>VEHICLE 1</u>	<u>VEHICLE 2</u>
AUTO CLUB		
GASOLINE & OIL		
REPAIRS & MAINTENANCE		
INSURANCE		
INTEREST		
LICENSE & REGISTRATION		
VEHICLE LEASE (PROVIDE COPY OF LEASE AGREEMENT)		
WASH & WAX		
TOLLS & PARKING		
<u>OTHER EXPENSES: ATTACH LIST</u>		
COST OF VEHICLE		

IS ANOTHER VEHICLE AVAILABLE FOR PERSONAL USE? YES NO
DO YOU HAVE EVIDENCE TO SUPPORT THE BUSINESS USE CLAIMED? YES NO
IF YES, IS THE EVIDENCE WRITTEN? YES NO
WAS THE VEHICLE TRADED IN 2011? YES NO

TAX PAYER MUST MAINTAIN MILEAGE LOG WHEN CLAIMING AUTO EXPENSE DEDUCTION

HOME OFFICE EXPENSE
(HOME BASED BUSINESS, SOLE PROPRIETOR)

AREA USED REGULARLY & EXCLUSIVELY FOR BUSINESS (SQUARE FOOTAGE): _____

AREA USED FOR DAY CARE (SQUARE FOOTAGE): _____

TOTAL AREA OF HOME (SQUARE FOOTAGE): _____

NUMBER OF HOURS USED FOR DAY CARE IN THE YEAR: _____

EXPENSES:	DIRECT:	INDIRECT:
MORTGAGE INTEREST		
REAL ESTATE TAXES		
INSURANCE		
REPAIRS & MAINTENANCE		
UTILITIES		
RENT		
HOA FEES		
OTHER EXPENSES:		
A)		
B)		
C)		

DEPRECIATION:

DESCRIPTION:	DATE ACQUIRED:	COST:
RESIDENCE		
ADDITION/IMPROVEMENT		
ADDITION/IMPROVEMENT		
ADDITION/IMPROVEMENT		

LAND VALUE INCLUDED IN COST OF RESIDENCE: _____

BUSINESS DEPRECIATION

BUSINESS ASSETS ACQUIRED DURING THE YEAR 2011

<u>DESCRIPTION:</u>	<u>DATE ACQUIRED:</u>	<u>COST:</u>

PLEASE PROVIDE A DETAILED DEPRECIATION SCHEDULE FOR ASSETS ACQUIRED BEFORE 2011

RENTAL "REAL ESTATE" PROPERTY AND ROYALTY INCOME:
ATTACH HUD-1'S FOR ALL PROPERTY PURCHASES & REFINANCINGS IN 2011

Description of Property & Complete Property Address (*ex: Single family, Duplex, Condo, or Commercial*)

Property ID (A) _____

Property ID (B) _____

Property ID (C) _____

Property ID (D) _____

<u>Income:</u>	<u>(A)</u>	<u>(B)</u>	<u>(C)</u>	<u>(D)</u>
Date Property became Available for Rent	_____	_____	_____	_____
Rents received (<i>total for year</i>)	_____	_____	_____	_____
Royalties received	_____	_____	_____	_____

<u>Expenses:</u>	<u>(A)</u>	<u>(B)</u>	<u>(C)</u>	<u>(D)</u>
Auto (Used for Rental Properties)	_____	_____	_____	_____
Advertising and Promotion	_____	_____	_____	_____
Cleaning and Maintenance	_____	_____	_____	_____
Commissions	_____	_____	_____	_____
Insurance	_____	_____	_____	_____
Legal and Professional Fees	_____	_____	_____	_____
Mortgage Interest	_____	_____	_____	_____
Management Fees	_____	_____	_____	_____
Points Purchase/Refinancing	_____	_____	_____	_____
Repairs (<i>over \$250, itemized below</i>)	_____	_____	_____	_____
Real Estate Taxes	_____	_____	_____	_____
Utilities	_____	_____	_____	_____
Meals/Entertainment	_____	_____	_____	_____
Other Expenses (<i>List on Last Page</i>)	_____	_____	_____	_____

ASSETS FOR DEPRECIATION:

Rental Asset Worksheet: *Complete for all rental assets purchased. List any repairs, furnishings and appliances greater than \$250*

Property ID	Date Purchased	Asset	Price	If Sold, Date	Sale Price

Note: If you converted personal property items for rental use, under the heading 'date purchased,' please indicate the date when the asset was first used for the rental and under the heading 'price,' indicate fair market value of asset on the date of first rental use.

MOVING EXPENSES

DATE OF MOVE: _____

NUMBER OF MILES FROM OLD HOME TO NEW WORKPLACE: _____

NUMBER OF MILES FROM OLD HOME TO OLD WORKPLACE: _____

EXPENSES OF TRANSPORT & STORAGE OF HOUSEHOLD GOODS & PERSONAL EFFECTS:	AMOUNT:
TRANSPORTATION EXPENSES	
STORAGE EXPENSES	
EXPENSES OF MOVING FROM OLD HOME TO NEW HOME:	
TRAVEL NOT INCLUDING MEALS	
LODGING NOT INCLUDING MEALS	
AMOUNT EMPLOYER PAID YOU FOR THE EXPENSES LISTED ABOVE	
MISC	

OTHER ITEMS NOT INCLUDED ELSEWHERE PLEASE EXPLAIN FULLY:

WOULD LIKE YOUR REFUND DIRECTLY DEPOSITED FOR YOU?

IF SO, PLEASE PROVIDE THE INFORMATION BELOW.

BANKING INFORMATION

<u>DIRECT DEPOSIT OF REFUND TO FOLLOWING:</u>	ACCOUNT NUMBER/ DATE
NAME OF BANK	
ROUTING NUMBER	
ACCOUNT NUMBER	
<u>DIRECT ELECTRONIC PAYMENT OF BALANCE DUE ON TAXES FROM THE FOLLOWING:</u>	
NAME OF BANK	
ROUTING NUMBER	
ACCOUNT NUMBER	
DATE OF ELECTRONIC WITHDRAWAL	
<u>DIRECT ELECTRONIC PAYMENT FOR BALANCE DUE WITH EXTENSION FORM 4868:</u>	
NAME OF BANK	
ROUTING NUMBER	
ACCOUNT NUMBER	
DATE OF ELECTRONIC WITHDRAWAL	

