

<b>2011</b>	<b>1040</b>	<b>US</b>	<b>Tax Organizer</b>
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**DON FITCH CPA**  
 74-478 Highway 111, #3  
 Palm Desert, CA 92260  
 Telephone number: (760)567-3110  
 Fax number: (760)836-0968  
 E-mail address: DonFitchCPA@paylesstax.com

Date:  
 Time:  
 Location:

This tax organizer will assist you in gathering information necessary for the preparation of your 2011 tax return. Please enter all pertinent 2011 information.

**CLIENT INFORMATION**

Taxpayer

Spouse

First name and initial . . . . .		
Last name . . . . .		
Title/suffix . . . . .		
Social security number . . . . .		
Occupation . . . . .		
Date of birth (m/d/y) . . . . .		
Date of death (m/d/y) . . . . .		
1=blind . . . . .		
Home phone . . . . .		
Work phone . . . . .		
Work extension . . . . .		
Cell phone . . . . .		
E-mail address . . . . .		

Address	In care of . . . . .	
	Street address . . . . .	
	Apartment number . . . . .	
	City . . . . .	
	State . . . . .	
	ZIP code . . . . .	

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**DEPENDENTS**

Dependent No.

Dependent No.

First name . . . . .		
Last name . . . . .		
Title/suffix . . . . .		
Date of birth (m/d/y) . . . . .		
Social security number . . . . .		
Relationship . . . . .		
Months lived at home . . . . .		

Dependent No.

Dependent No.

First name . . . . .		
Last name . . . . .		
Title/suffix . . . . .		
Date of birth (m/d/y) . . . . .		
Social security number . . . . .		
Relationship . . . . .		
Months lived at home . . . . .		

<b>2011</b>	<b>1040</b>	<b>US</b>	<b>Tax Organizer</b>
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Please enter all pertinent 2011 information. If you have attached a government form for an item, check the box and do not enter a 2011 amount.

**WAGES, SALARIES AND TIPS**

Employer name:

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

2011 Amount	2010 Amount
<b>Attach Forms W-2</b>	

**INTEREST INCOME**

Payer name:

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

<b>Attach Forms 1099-INT</b>	

**DIVIDEND INCOME**

Payer name:

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

<b>Attach Forms 1099-DIV</b>	

**PENSIONS, IRA AND GAMBLING INCOME**

Payer name:

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

<b>Attach Forms 1099-R &amp; W-2G</b>	

Winnings not reported on W-2G.....

Total gambling losses.....

**OTHER GOVERNMENT FORMS - INCOME**

- Form 1099-B - Sales of stock (also include transaction history).....
- Form 1099-MISC - Miscellaneous income.....
- Form 1099-K - Merchant card and third party network payments.....
- Form 1099-S - Sales of real estate (also include closing statements)

<b>Attach Forms 1099</b>
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- Form 1099-G - State tax refunds.....

<b>Attach Forms 1099</b>
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Taxpayer:

- Form SSA-1099 - Social security benefits.....
- Form 1099-G - Unemployment compensation.....

<b>Attach Forms 1099</b>
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Spouse:

- Form SSA-1099 - Social security benefits.....
- Form 1099-G - Unemployment compensation.....

<b>Attach Forms 1099</b>
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**MISCELLANEOUS INCOME**

Taxpayer: Alimony received.....

Spouse: Alimony received.....

Other: \_\_\_\_\_


**2011 1040 US Tax Organizer**

**RETIREMENT PLAN CONTRIBUTIONS**

Taxpayer: Traditional IRA contributions (1=maximum) .....  
 Roth IRA contributions (1=maximum) .....  
 Self-employed, SEP, SIMPLE, & qualified plan contributions (1=maximum) .....  
 Spouse: Traditional IRA contributions (1=maximum) .....  
 Roth IRA contributions (1=maximum) .....  
 Self-employed, SEP, SIMPLE, & qualified plan contributions (1=maximum) .....

2011 Amount	2010 Amount

**OTHER GOVERNMENT FORMS - DEDUCTIONS**

Form 1098-E - Student loan interest .....  
 Form 1098-T - Tuition and related expenses .....

<b>Attach Forms 1098</b>	
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**ADJUSTMENTS TO INCOME**

Taxpayer:  
 Self-employed health insurance premiums .....  
 Educator expenses .....  
 Expenses from rental of personal property .....  
 Other adjustments to income:


\_\_\_\_\_  
 Alimony paid - Recipient name & SSN .....


Spouse:  
 Self-employed health insurance premiums .....  
 Educator expenses .....  
 Expenses from rental of personal property .....  
 Other adjustments to income:


\_\_\_\_\_  
 Alimony paid - Recipient name & SSN .....


**MEDICAL AND DENTAL EXPENSES**

Prescription medicines and drugs .....  
 Doctors, dentists and nurses .....  
 Hospitals and nursing homes .....  
 Insurance premiums .....  
 Long-term care premiums - taxpayer .....  
 Long-term care premiums - spouse .....  
 Insurance reimbursement .....  
 Out-of-pocket lodging and transportation expenses .....  
 Number of medical miles .....  
 Other: \_\_\_\_\_


**TAXES PAID**

State income taxes - 1/11 payment on 2010 state estimate .....  
 State income taxes - paid with 2010 state extension .....  
 State income taxes - paid with 2010 state return .....  
 State income taxes - paid for prior years and/or to other states .....


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2011

1040

US

## Miscellaneous Questions

If any of the following items pertain to you or your spouse for 2011, please check the appropriate box and provide additional information if necessary.

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	Did your marital status change during the year?
<input type="checkbox"/>	<input type="checkbox"/>	Did your address change during the year?
<input type="checkbox"/>	<input type="checkbox"/>	Could you be claimed as a dependent on another person's tax return?
<input type="checkbox"/>	<input type="checkbox"/>	Were there any changes in dependents?
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive unreported tip income of \$20 or more in any month?
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive any disability income?
<input type="checkbox"/>	<input type="checkbox"/>	Did you buy or sell any stocks, bonds or other investment property?
<input type="checkbox"/>	<input type="checkbox"/>	Did you purchase, sell, or refinance your principal home or second home, or did you take a home equity loan?
<input type="checkbox"/>	<input type="checkbox"/>	Did you make any residential energy-efficient improvements or purchases involving solar, wind, geothermal or fuel cell energy sources?
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive a distribution from or make a contribution to a retirement plan (401(k), IRA, etc.)?
<input type="checkbox"/>	<input type="checkbox"/>	Did you transfer or rollover any amount from one retirement plan to another?
<input type="checkbox"/>	<input type="checkbox"/>	Did you convert part or all of your traditional/SEP/SIMPLE IRA to a Roth IRA?
<input type="checkbox"/>	<input type="checkbox"/>	Did you, your spouse, or a dependent incur any tuition expenses that are required to attend a college, university, or vocational school?
<input type="checkbox"/>	<input type="checkbox"/>	Did you incur a loss because of damaged or stolen property?
<input type="checkbox"/>	<input type="checkbox"/>	Did you use your car on the job (other than to and from work)?
<input type="checkbox"/>	<input type="checkbox"/>	Do you want to electronically file your tax return?
<input type="checkbox"/>	<input type="checkbox"/>	May the IRS discuss your tax return with your preparer?
<input type="checkbox"/>	<input type="checkbox"/>	Was your home rented out or used for business?
<input type="checkbox"/>	<input type="checkbox"/>	Were you notified or audited by either the IRS or the State taxing agency?
<input type="checkbox"/>	<input type="checkbox"/>	Were you (or your spouse) the beneficiary of COBRA premium assistance for any month during 2011?

2011

1040

US

**Direct Deposit & Estimates (Form 1040 ES)**

Please enter all pertinent 2011 information.

**DIRECT DEPOSIT / ELECTRONIC PAYMENT (3)**

- 1=direct deposit of federal tax refund into bank account .....
- 1=electronic payment of balance due .....
- 1=electronic payment of estimated tax .....


**BANK INFORMATION**

Name of Bank	Percent to Deposit (xx.xx)	Routing Number	Account Number	Type of Account (Table 1)	Type of Invest. (Table 2)

**2011 ESTIMATED TAX / 1040-ES (6)**

**Federal**

	Amount Paid	Date Paid	TS	2011 Voucher Amount
Overpayment applied from 2010 .....				
1st quarter payment (due 4/18/11) .....				
2nd quarter payment (due 6/15/11) .....				
3rd quarter payment (due 9/15/11) .....				
4th quarter payment (due 1/17/12) .....				
Additional Estimated Tax Payments				
Paid with extension (not later than 4/17/12)				

**State**

	Amount Paid	Date Paid	TS	2011 Voucher Amount
Overpayment applied from 2010 .....				
1st quarter payment (due 4/18/11) .....				
2nd quarter payment (due 6/15/11) .....				
3rd quarter payment (due 9/15/11) .....				
4th quarter payment (due 1/17/12) .....				
Additional Estimated Tax Payments				
Paid with extension (not later than 4/17/12)				

**1**      **Type of Account**

1 = Savings  
2 = Checking

**2**      **Type of Investment**

1 = Checking or savings (default)	6 = Coverdell savings account (ESA)
2 = Taxpayer's IRA (next year limits)	7 = Other
3 = Spouse's IRA (next year limits)	8 = Taxpayer's IRA (current year limits)
4 = Health savings account (HSA)	9 = Spouse's IRA (current year limits)
5 = Archer MSA	10 = Series I treasury bonds

2011

1040

US

Direct Deposit & Estimates (Form 1040 ES) (cont.)

Please enter all pertinent 2011 information.

**APPLICATION OF 2011 OVERPAYMENT (7.1)**

If you have an overpayment of 2011 taxes, do you want the excess refunded?  or applied to 2012 estimate? ...

Other (please explain): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**2012 ESTIMATED TAX INFORMATION**

Do you expect your 2012 taxable income to be different from 2011? ..... Yes  No

If "yes" explain any differences in income, deductions, dependents, etc.: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you expect your 2012 withholding to be different from 2011? ..... Yes  No

If "yes" explain any differences: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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2011

1040

US

Business Income (Schedule C)

No.

Please enter all pertinent 2011 amounts. Last year's amounts are provided for your reference.

GENERAL INFORMATION

Principal business/profession.....	
Principal business code.....	
Business name, if different from Form 1040.....	
Business address, if different from Form 1040...	
City, if different from Form 1040.....	
State, if different from Form 1040.....	
ZIP code, if different from Form 1040.....	
Employer identification number.....	
Other accounting method.....	

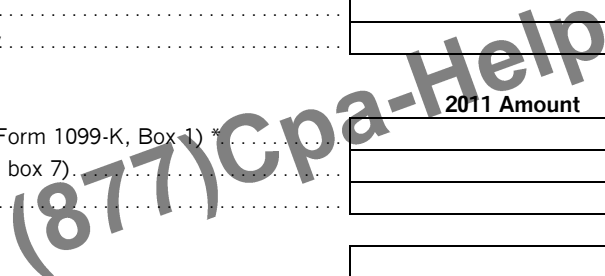
Accounting method: 1=cash, 2=accrual.....		
Inventory method: 1=cost, 2=lower cost/market, 3=other.....		
1=change of inventory method.....		
1=spouse, 2=joint.....		
1=first Schedule C filed for this business.....		
If required to file Form(s) 1099, did you or will you file all required Form(s) 1099: 1=yes, 2=no.....		
1=not subject to self-employment tax.....		
1=did not "materially participate".....		
1=personal services is not a material income producing factor.....		
1=investment.....		
1=minister's Schedule C.....		
1=single member limited liability company.....		

INCOME

	2011 Amount	2010 Amount
Merchant card and third party payments (Form 1099-K, Box 1) *		
Gross receipts or sales (Form 1099-MISC, box 7)		
Returns and allowances.....		
Other income:		
_____		
_____		
_____		
_____		
_____		
_____		

COST OF GOODS SOLD

Inventory at beginning of the year.....		
Purchases.....		
Cost of items for personal use.....		
Cost of labor.....		
Materials and supplies.....		
Other costs:		
_____		
_____		
_____		
_____		
Inventory at end of the year.....		









2011

1040

US

Installment Sales (Form 6252)

Please enter all pertinent 2011 amounts. Last year's amounts are provided for your reference.

PRIOR YEAR INSTALLMENT SALE

		2011 Amount		2010 Amount	
No. <input type="text"/>	Description of property.....				
	Date acquired (m/d/y).....				
	Date sold (m/d/y).....				
	Gross profit ratio (.xxxx).....				
	Current year principal payments (-1 if none).....				

No. <input type="text"/>	Description of property.....				
	Date acquired (m/d/y).....				
	Date sold (m/d/y).....				
	Gross profit ratio (.xxxx).....				
	Current year principal payments (-1 if none).....				

No. <input type="text"/>	Description of property.....				
	Date acquired (m/d/y).....				
	Date sold (m/d/y).....				
	Gross profit ratio (.xxxx).....				
	Current year principal payments (-1 if none).....				

No. <input type="text"/>	Description of property.....				
	Date acquired (m/d/y).....				
	Date sold (m/d/y).....				
	Gross profit ratio (.xxxx).....				
	Current year principal payments (-1 if none).....				

No. <input type="text"/>	Description of property.....				
	Date acquired (m/d/y).....				
	Date sold (m/d/y).....				
	Gross profit ratio (.xxxx).....				
	Current year principal payments (-1 if none).....				

No. <input type="text"/>	Description of property.....				
	Date acquired (m/d/y).....				
	Date sold (m/d/y).....				
	Gross profit ratio (.xxxx).....				
	Current year principal payments (-1 if none).....				

No. <input type="text"/>	Description of property.....				
	Date acquired (m/d/y).....				
	Date sold (m/d/y).....				
	Gross profit ratio (.xxxx).....				
	Current year principal payments (-1 if none).....				

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2011

1040

US

**Sale of Home & Moving Expenses**

If you sold your home or moved in 2011, please complete the information below.  
For the sale of home, please provide Form 1099-S and closing statements from the purchase and sale of your home.

**SALE OF HOME (17)**

Description of property (Box 3).....	
Date acquired (m/d/y).....	
Date sold (m/d/y) (Box 1).....	
Sales price (Box 2).....	
1=sale of home.....	
1=owned and used property as main home for at least 2 of 5 years before sale.....	
1=first-time homebuyer credit was previously taken on this home.....	
1=business use in year of sale.....	
Number of days after December 31, 2008 that home was not used as principal residence.....	

**Adjusted Basis**

Original cost.....	
Improvements:	
_____	
_____	
_____	
Adjusted basis.....	

**Expenses of Sale** (Commissions, advertising fees, legal fees, and loan charges paid by the seller)

_____	
_____	
_____	
Total expenses of sale.....	

**Reduced Exclusion**

Please complete the following information if due to a change in health, place of employment, or unforeseen circumstances you either:  
**a)** Did not meet the ownership and use tests \*, or **b)** Excluded gain on the sale of another home after May 6, 1997.

If excl. gain from another home after May 6, 1997 & within 2 yrs. of current sale, enter date of sale (m/d/y)	
1=sale due to change in health, employment or unforeseen circumstances.....	
Days used as main home - taxpayer.....	
Days used as main home - spouse.....	
Days property owned - taxpayer.....	
Days property owned - spouse.....	

**MOVING EXPENSES (27)** (If you moved because of a change in the location of your job)

1=spouse, 2=joint.....	
1=armed forces move due to permanent change of station.....	
Miles from old home to new work place.....	
Miles from old home to old work place.....	
Expenses for transportation and storage of household goods and personal effects.....	
Lodging and travel (excluding meals):	
Lodging and travel (excluding automobile).....	
Parking fees and tolls.....	
Gas and oil.....	
Miles driven to new home (1/1/11 - 6/30/11).....	
Miles driven to new home (7/1/11 - 12/31/11).....	

(\* owned and used property as main home for at least 2 of 5 years before sale)

<b>2011</b>	<b>1040</b>	<b>US</b>	<b>Rental &amp; Royalty Income (Schedule E)</b>	No. <input style="width:40px;" type="text"/>	
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**Please enter all pertinent 2011 amounts. Last year's amounts are provided for your reference.**

**GENERAL INFORMATION**

Description of property.....	<input style="width:95%;" type="text"/>
Street address .....	<input style="width:95%;" type="text"/>
City.....	<input style="width:95%;" type="text"/>
State.....	<input style="width:95%;" type="text"/>
ZIP code.....	<input style="width:95%;" type="text"/>
Type of property (see table)....	<input style="width:95%;" type="text"/>
Other type of property.....	<input style="width:95%;" type="text"/>

Percentage of ownership if not 100% (.xxxx) .....	<input style="width:35%;" type="text"/>	<b>Type of Property</b> 1 = Single Family Residence 2 = Multi-Family Residence 3 = Vacation/Short-Term Rental 4 = Commercial 5 = Land 6 = Royalties 7 = Self-Rental
Percentage of tenant occupancy if not 100% (.xxxx) .....	<input style="width:35%;" type="text"/>	
1=spouse, 2=joint .....	<input style="width:35%;" type="text"/>	
1=qualified joint venture .....	<input style="width:35%;" type="text"/>	
If required to file Form(s) 1099, did you or will you file all required Form(s) 1099: 1=yes, 2=no. ....	<input style="width:35%;" type="text"/>	
1=nonpassive activity, 2=passive royalty .....	<input style="width:35%;" type="text"/>	
1=did not actively participate.....	<input style="width:35%;" type="text"/>	
1=real estate professional.....	<input style="width:35%;" type="text"/>	
1=rental other than real estate .....	<input style="width:35%;" type="text"/>	
1=investment .....	<input style="width:35%;" type="text"/>	
1=single member limited liability company.....	<input style="width:35%;" type="text"/>	

**INCOME**

	2011 Amount	2010 Amount
Merchant card and third party payments (Form 1099-K, Box 1) * .....	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Payments not reported above.....	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Adjustments to amounts from Form(s) 1099-K * .....	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>

**DIRECT EXPENSES**

NOTE: Direct expenses are related only to the rental activity. These include rental agency fees, advertising, and office supplies.

Advertising.....	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Association dues.....	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Auto and travel (not entered elsewhere).....	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Cleaning and maintenance.....	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Commissions.....	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Gardening.....	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Insurance.....	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Legal and professional fees.....	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Licenses and permits.....	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Management fees.....	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Miscellaneous.....	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Mortgage interest (paid to banks, etc.).....	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Qualified mortgage insurance premiums.....	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Excess mortgage interest.....	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Other interest (not entered elsewhere).....	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Painting and decorating.....	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>

NOTE: If you purchased or disposed of any business assets, please complete Sheet 22.

\* NOTE: Based on late revisions to the 2011 Schedules E, Merchant card and third party payments from Form 1099-K, Box 1 will not be reported separately (for 2011 only).

2011

1040

US

Rental & Royalty Income (Sch. E) (cont.)

No.

Please enter all pertinent 2011 amounts. Last year's amounts are provided for your reference. The indirect expense column should only be used for vacation homes or less than 100% tenant occupied rentals.

**DIRECT EXPENSES (continued)**

Direct expenses are related only to the rental activity. These include rental agency fees, advertising, and office supplies.

	2011 Amount	2010 Amount
Pest control.....		
Plumbing and electrical.....		
Repairs.....		
Supplies.....		
Taxes - real estate.....		
Taxes - other (not entered elsewhere).....		
Telephone.....		
Utilities.....		
Wages and salaries.....		
Other:		
_____		
_____		
_____		

**OIL AND GAS**

Production type (preparer use only).....		
Cost depletion.....		
Percentage depletion rate or amount.....		
State cost depletion, if different (-1 if none).....		
State % depletion rate or amount, if different (-1 if none).....		

**VACATION HOME**

Number of days rented at fair market value.....		
Number of days personal use.....		
Number of days owned (if optional method elected).....		

**INDIRECT EXPENSES**

NOTE: Indirect expenses are related to operating or maintaining the dwelling unit. These include repairs, insurance, and utilities.

Advertising.....		
Association dues.....		
Auto and travel (not entered elsewhere).....		
Cleaning and maintenance.....		
Commissions.....		
Gardening.....		
Insurance.....		
Legal and professional fees.....		
Licenses and permits.....		
Management fees.....		
Miscellaneous.....		
Mortgage interest (paid to banks, etc.).....		
Qualified mortgage insurance premiums.....		
Excess mortgage interest.....		
Other interest (not entered elsewhere).....		
Painting and decorating.....		

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2011

1040

US

Rental & Royalty Income (Sch. E) (cont.)

No.

3

Please enter all pertinent 2011 amounts. Last year's amounts are provided for your reference. The indirect expense column should only be used for vacation homes or less than 100% tenant occupied rentals.

**INDIRECT EXPENSES (continued)**

NOTE: Indirect expenses are related to operating or maintaining the dwelling unit. These include repairs, insurance, and utilities.

	2011 Amount	2010 Amount
Pest control .....		
Plumbing and electrical .....		
Repairs .....		
Supplies .....		
Taxes - real estate .....		
Taxes - other (not entered elsewhere) .....		
Telephone .....		
Utilities .....		
Wages and salaries .....		
Other:		
_____		
_____		
_____		
_____		
_____		
_____		
_____		
_____		

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<b>2011</b>	<b>1040</b>	<b>US</b>	<b>Partnership and S corporation Information</b>	-
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Please add, change or delete 2011 information as appropriate. Be sure to attach all Schedule K-1s.

**PARTNERSHIP INFORMATION (20.1)**

No.	Name of Partnership	Employer Identification Number	Tax Shelter Registration Number	Additional Amounts Invested in Partnership

**S CORPORATION INFORMATION (20.2)**

No.	Name of S corporation	Employer Identification Number	Tax Shelter Registration Number	Additional Amounts Invested in S corporation

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<b>2011</b>	<b>1040</b>	<b>US</b>	<b>Estate or Trust and REMIC Information</b>	
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Please add, change or delete 2011 information as appropriate.  
Be sure to attach all Schedule K-1s and Schedule Qs.

**ESTATE OR TRUST INFORMATION (20.3)**

No.	Name of Estate or Trust	Employer Identification Number	Tax Shelter Registration Number

**REMIC INFORMATION (20.4)**

No.	Name of REMIC	Employer Identification Number

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<b>2011</b>	<b>1040</b>	<b>US</b>	<b>Vehicle Expenses</b>	No. <input style="width:40px;" type="text"/>	
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Please enter all pertinent 2011 amounts. Last year's amounts are provided for your reference.

**GENERAL INFORMATION**

	2011 Amount	2010 Amount
Description of vehicle.....		
1=no evidence to support your deduction.....		
1=no written evidence to support your deduction.....		
1=vehicle is available for off-duty personal use.....		
1=no other vehicle is available for personal use.....		
1=vehicle used primarily by more than 5% owner.....		
Number of months your job required a vehicle (if not 12 months).....		

**AUTOMOBILE MILEAGE**

Total mileage (for the tax year).....		
Business mileage (from 1/1/11 to 6/30/11).....		
Business mileage (from 7/1/11 to 12/31/11).....		
Commuting mileage (for the tax year).....		
Average daily round-trip commute.....		

**ACTUAL EXPENSES**

Parking fees and tolls (business portion only).....		
Gasoline, lube, oil.....		
Repairs.....		
Tires.....		
Insurance.....		
Miscellaneous.....		
Auto license (other than personal property taxes).....		
Personal property taxes (based on car's value).....		
Interest (car loan) (for Schedule C, E & F).....		
Vehicle rent or lease payments.....		
Inclusion amount (enter as positive).....		
Value of employer-provided vehicle on Form W-2 (2106).....		

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2011

1040

US

Business Use of Home (Form 8829)

No.

Please enter 2011 indirect expenses in full. Nonbusiness portion will carry to Schedule A. Business percentage will be applied to indirect expenses only.

**BUSINESS USE OF HOME**

	2011 Amount	2010 Amount
Form .....		
Number of form (e.g., enter 2 for Schedule C number 2) .....		
Business use area (square footage) .....		
Total area of home (square footage) .....		
Total hours facility used (for daycare facilities only) .....		
Total hours available (if not 8,760) .....		
% (.xx) or amount of gross income from home if not 100% (-1 if none) .....		
% (.xx) or amount of expenses from home if not 100% (-1 if none) .....		

**INDIRECT EXPENSES**

NOTE: Indirect expenses are for keeping up and running your entire home. They benefit both the business and personal parts of your home.

Mortgage interest .....		
Real estate taxes .....		
Qualified mortgage insurance premiums .....		
Casualty losses .....		
Insurance .....		
Miscellaneous .....		
Rent .....		
Repairs and maintenance .....		
Utilities .....		
Excess mortgage interest .....		
Other indirect expenses:		
_____		
_____		
_____		

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**DIRECT EXPENSES**

NOTE: Direct expenses benefit only the business part of your home. They include painting or repairs made to specific areas or rooms used for business.

Mortgage interest .....		
Real estate taxes .....		
Qualified mortgage insurance premiums .....		
Casualty losses .....		
Insurance .....		
Miscellaneous .....		
Rent .....		
Repairs and maintenance .....		
Utilities .....		
Excess mortgage interest .....		
Excess casualty losses .....		
Allowable casualty losses .....		
Other direct expenses:		
_____		
_____		
_____		

2011

1040

US

Employee/Vehicle Bus. Exp. (Form 2106)

No.

Please enter all pertinent 2011 amounts. Last year's amounts are provided for your reference.

**GENERAL INFORMATION**

Occupation, if different from Form 1040.....

Form .....	<input type="text"/>	
Number of form (1=first Schedule C, 2=second, etc.) .....	<input type="text"/>	
1=spouse .....	<input type="text"/>	
1=performance artist, 2=handicapped, 3=fee-basis government official.....	<input type="text"/>	

**EMPLOYEE BUSINESS EXPENSES**

	2011 Amount	2010 Amount
Meal and entertainment expenses .....	<input type="text"/>	<input type="text"/>
Reimbursements for meals and entertainment not on W-2, box 1 .....	<input type="text"/>	<input type="text"/>
1=Department of Transportation (80% meal allowance) .....	<input type="text"/>	<input type="text"/>
Local transportation (bus, taxi, train, etc.).....	<input type="text"/>	<input type="text"/>
Travel expenses while away from home overnight .....	<input type="text"/>	<input type="text"/>
Reimbursements not included on Form W-2, box 1.....	<input type="text"/>	<input type="text"/>
Other business expenses:	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

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2011

1040

US

Health Savings Accounts (8889)

Please enter all pertinent 2011 amounts & attach all 1099-SA forms.  
Last year's amounts are provided for your reference.

**HSA CONTRIBUTIONS**

NOTE: Contributions to an HSA are only eligible to persons covered under a high deductible health plan. For tax year 2011, a high deductible health plan is one with an annual deductible that is not less than \$1,200 for self-only coverage or \$2,400 for family coverage, and the annual out-of-pocket expenses (deductibles, co-payments, and other amounts, but not premiums) do not exceed \$5,950 for self-only coverage or \$11,900 for family coverage.

	2011 Amount		2010 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
1= self-only coverage, 2= family coverage.....				
HSA contributions you made or expect to make, except rollovers, employer contributions, and contributions made to an employee account through a cafeteria plan (1=maximum).....				
Contributions included above that were made after you became eligible for Medicare.....				
Contributions made to date.....				

**HSA DISTRIBUTIONS**

Total HSA distribution received (1099-SA, box 1)...				
Distributions included above that were rolled over to another HSA.....				
Total unreimbursed qualified medical expenses...				

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<b>2011</b>	<b>1040</b>	<b>US</b>	<b>Child and Dependent Care Expenses (Form 2441)</b>	
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Please enter all pertinent 2011 information. Last year's amounts are provided for your reference. You must have paid for the care of one or more dependents enabling you to work or attend school to qualify for this credit.

	2011 Amount		2010 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
Dependent care expenses incurred but not paid in 2011...				
Employer-provided benefits forfeited in 2011.....				

**PERSONS AND EXPENSES QUALIFYING FOR DEPENDENT CARE CREDIT**

No. <input style="width:40px;" type="text"/>	First name.....		
	Last name.....		
	Date of birth (m/d/y).....		
	Social security number.....		
	Qualified dependent care expenses incurred and paid in 2011.....		<b>2010 amt:</b>
1=disabled.....			
1=spouse, 2=joint.....			

No. <input style="width:40px;" type="text"/>	First name.....		
	Last name.....		
	Date of birth (m/d/y).....		
	Social security number.....		
	Qualified dependent care expenses incurred and paid in 2011.....		<b>2010 amt:</b>
1=disabled.....			
1=spouse, 2=joint.....			

No. <input style="width:40px;" type="text"/>	First name.....		
	Last name.....		
	Date of birth (m/d/y).....		
	Social security number.....		
	Qualified dependent care expenses incurred and paid in 2011.....		<b>2010 amt:</b>
1=disabled.....			
1=spouse, 2=joint.....			

**PERSONS OR ORGANIZATIONS PROVIDING CARE (33.2)**

No. <input style="width:40px;" type="text"/>	Name of provider.....		
	Street address.....		
	City, state, ZIP code.....		
	Identification number (SSN or EIN).....		
	Amount paid to care provider in 2011.....		<b>2010 amt:</b>
1=spouse, 2=joint.....			

No. <input style="width:40px;" type="text"/>	Name of provider.....		
	Street address.....		
	City, state, ZIP code.....		
	Identification number (SSN or EIN).....		
	Amount paid to care provider in 2011.....		<b>2010 amt:</b>
1=spouse, 2=joint.....			

2011

1040

US

Qualified Adoption Expenses (Form 8839)

Please enter all pertinent 2011 information. Last year's amounts are provided for your reference.

ELIGIBLE CHILDREN

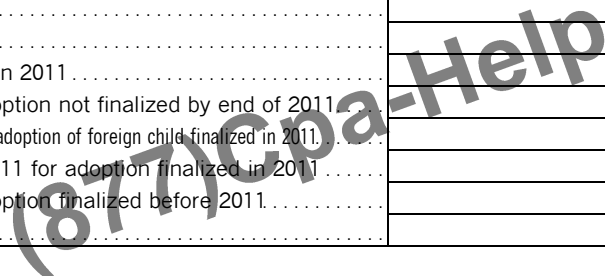
2011 Amount

2010 Amount

No. <input type="text"/>	First name.....			
	Last name.....			
	Identification number.....			
	Date of birth (m/d/y).....			
	1=born before 1994 and was disabled.....			
	1=special needs child.....			
	1=foreign child.....			
	1=adoption was not final in 2011.....			
	Qualified Adoption Expenses Paid in	2010 for adoption not finalized by end of 2011.....		
		Prior years for adoption of foreign child finalized in 2011.....		

No. <input type="text"/>	First name.....			
	Last name.....			
	Identification number.....			
	Date of birth (m/d/y).....			
	1=born before 1994 and was disabled.....			
	1=special needs child.....			
	1=foreign child.....			
	1=adoption was not final in 2011.....			
	Qualified Adoption Expenses Paid in	2010 for adoption not finalized by end of 2011.....		
		Prior years for adoption of foreign child finalized in 2011.....		

No. <input type="text"/>	First name.....			
	Last name.....			
	Identification number.....			
	Date of birth (m/d/y).....			
	1=born before 1994 and was disabled.....			
	1=special needs child.....			
	1=foreign child.....			
	1=adoption was not final in 2011.....			
	Qualified Adoption Expenses Paid in	2010 for adoption not finalized by end of 2011.....		
		Prior years for adoption of foreign child finalized in 2011.....		



2011

1040

US

Education Credits / Tuition Deduction

Please complete the information below if you paid qualified education expenses in 2011 for you, your spouse, or your dependents enrolled in an accredited postsecondary institution. Last year's amounts are provided for your reference.

PERSONS AND EXPENSES QUALIFYING FOR EDUCATION CREDITS OR TUITION DED.

		2011 Amount	2010 Amount	
No. <input type="text"/>	Student Info. 1=taxpayer, 2=spouse First name Last name Social security number			
	1=American opportunity credit, 2=lifetime learning credit			
	Number of years hope credit claimed			
	Number of years American opportunity credit claimed			
	Student completed 1st 4 years of post-secondary edu. before 2011: 1=yes, 2=no			
	Qualified tuition and fees paid in 2011 (net of refund or assistance and not entered elsewhere)			
	Books and supplies required to be purchased from institution			
Books and supplies not entered above				
Amount of prior year refund or assistance *				

No. <input type="text"/>	Student Info. 1=taxpayer, 2=spouse First name Last name Social security number			
	1=American opportunity credit, 2=lifetime learning credit			
	Number of years hope credit claimed			
	Number of years American opportunity credit claimed			
	Student completed 1st 4 years of post-secondary edu. before 2011: 1=yes, 2=no			
	Qualified tuition and fees paid in 2011 (net of refund or assistance and not entered elsewhere)			
	Books and supplies required to be purchased from institution			
Books and supplies not entered above				
Amount of prior year refund or assistance *				

No. <input type="text"/>	Student Info. 1=taxpayer, 2=spouse First name Last name Social security number			
	1=American opportunity credit, 2=lifetime learning credit			
	Number of years hope credit claimed			
	Number of years American opportunity credit claimed			
	Student completed 1st 4 years of post-secondary edu. before 2011: 1=yes, 2=no			
	Qualified tuition and fees paid in 2011 (net of refund or assistance and not entered elsewhere)			
	Books and supplies required to be purchased from institution			
Books and supplies not entered above				
Amount of prior year refund or assistance *				

\* Refund of qualified expenses and tax-free educational assistance received after you file your return for the year in which the expenses were paid.

2011

1040

US

**Household Employment Taxes (Schedule H)**

Please enter all pertinent 2011 information. Last year's amounts are provided for your reference.

**HOUSEHOLD EMPLOYMENT TAXES**

NOTE: If you paid any one household employee cash wages of \$1,700 or more in 2011; withheld federal income tax during 2011 for any household employee; or paid total cash wages of \$1,000 or more in any calendar quarter of 2009 or 2011 to household employees, please complete the following:

Employer identification number ..... 

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 1=spouse, 2=joint ..... 

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	2011 Amount	2010 Amount
Social security, Medicare and income taxes:		
1=paid any one employee cash wages of \$1,700 or more.....		
1=withheld federal income tax for household employee.....		
Total cash wages subject to social security taxes.....		
Total cash wages subject to Medicare taxes.....		
Federal income tax withheld.....		
Advance earned income credit payments.....		
Taxes withheld from state disability payments.....		

Federal unemployment tax:

1=paid total cash wages of \$1,000 or more in any calendar quarter of 2010 or 2011.....		
Total cash wages subject to FUTA tax.....		
1=paid unemployment contributions to only one state.....		
1=paid all state unemployment contributions by 4/15/12.....		
1=all wages taxable for FUTA were also taxable for state unemployment		
Name of state.....		
Contributions paid to state unemployment fund.....		

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<b>2011</b>	<b>1040</b>	<b>US</b>	<b>Parent's Election to Report Child's Inc.</b>	No. <input style="width:40px;" type="text"/>	
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**Please enter all pertinent 2011 amounts & attach all 1099-INT and 1099-DIV forms.  
Last year's amounts are provided for your reference.**

**CHILD'S INFORMATION**

First name .....	<input style="width:95%;" type="text"/>
Last name .....	<input style="width:95%;" type="text"/>
Social security number.....	<input style="width:95%;" type="text"/>
Date of birth (m/d/y) .....	<input style="width:95%;" type="text"/>
1=nontaxable to federal.....	<input style="width:95%;" type="text"/>
1=nontaxable to state.....	<input style="width:95%;" type="text"/>

**INTEREST INCOME (Form 1099-INT)**

	2011 Amount	2010 Amount
Banks, credit unions, etc. (Box 1):  _____	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
U.S. bonds, T-bills, etc. (nontaxable to state) (Box 3):  _____	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Tax-exempt interest:		
Total municipal bonds.....	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
In-state municipal bonds .....	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Adjustments:		
Nominee distribution .....	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Accrued interest .....	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Tax-exempt interest (1099-INT in error) .....	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
OID adjustment.....	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
ABP adjustment .....	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Foreign:		
1=interest in or authority over foreign account .....	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Name of foreign country.....	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
1=grantor/transferor or received distribution from foreign trust .....	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Post 8/7/86 private activity bond interest (included above) (6251).....	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>

**DIVIDEND INCOME (Form 1099-DIV)**

	2011 Amount	2010 Amount
Total ordinary dividends (Box 1a):  _____	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Qualified dividends (Box 1b) .....	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Total capital gain distributions (Box 2a):  _____	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Unrecaptured section 1250 gain (Box 2b) .....	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Section 1202 gain (Box 2c) .....	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Collectibles (28%) gain (Box 2d).....	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Nontaxable distributions (Box 3).....	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Tax-exempt interest:		
Total municipal bonds.....	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
In-state municipal bonds .....	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Nominee distributions:		
Ordinary dividends.....	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Qualified dividends.....	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Capital gain distributions .....	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Alaska permanent fund dividends included above.....	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>

