

This Tax Organizer is designed to help you collect and report the information needed to prepare your 2011 income tax return. The attached worksheets cover income, deductions, and credits, and will help in the preparation of your tax return by focusing attention on your special needs.

Please enter your 2011 information in the designated areas on the worksheets. If you need to include additional information, you may use the back of a worksheet or an additional page.

When possible, 2010 information is included for your reference. You do not need to make any 2010 entries.

Note: The General Questions and Business/Investment Questions worksheets include a variety of questions designed to assist in completing your tax return. If you answer **yes** to any of the questions, be sure to provide the applicable details.

Please provide the following information:

- A copy of your 2010 tax return (if not in our possession).
- Original Form(s) W-2.
- Schedule(s) K-1 showing income or loss from partnerships, S corporations or estates or trusts.
- Copies of other compensation or pension documentation, such as Form 1099-MISC or Form 1099-R.
- Form(s) 1099 or statements reporting dividend and interest income.
- Brokerage statements showing transactions for stocks, bonds, etc.
- Form(s) 1098 reporting interest paid, copies of real estate tax bills and other information relating to real property holdings.
- Copies of closing statements regarding the sale or purchase of real property.
- All other information notices you received, or any items you have questions about.

Thank you for taking the time to complete this Tax Organizer.

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ORG2

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General Questions

ORG3

PERSONAL INFORMATION

	Yes	No
1 Did your marital status change during 2011?	<input type="checkbox"/>	<input type="checkbox"/>
If yes , explain . . . _____		
2 Do you want to allow your tax preparer to discuss this year's return with the IRS?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If no , enter another person (if desired) to be allowed to discuss this return with the IRS. Caution: Review any transferred information for accuracy.		
Designee's Name . . . ▶ _____		
Phone Number . . . ▶ _____		Personal Identification Number (5 digit PIN) . . . ▶ _____
3 Do you or your spouse plan to retire in 2012?	<input type="checkbox"/>	<input type="checkbox"/>
4 Were you or your spouse permanently and totally disabled in 2011?	<input type="checkbox"/>	<input type="checkbox"/>
5 Enter date of death for taxpayer or spouse (if during 2011 or 2012):	Taxpayer:	Spouse:
6 Were you or your spouse a member of the U.S. Armed Forces during 2011?	<input type="checkbox"/>	<input type="checkbox"/>

DEPENDENT INFORMATION

	Yes	No
7 a Do you have dependents who must file?	<input type="checkbox"/>	<input type="checkbox"/>
b If yes , do you want us to prepare the return(s)?	<input type="checkbox"/>	<input type="checkbox"/>
8 a Do you have children who are under age 19 or a full time student under age 24 with investment income greater than \$1,900?	<input type="checkbox"/>	<input type="checkbox"/>
b If yes , do you want to include your child's income on your return?	<input type="checkbox"/>	<input type="checkbox"/>
9 Are any of your dependents not U.S. citizens or residents?	<input type="checkbox"/>	<input type="checkbox"/>
10 Did you provide over half the support for any other person during 2011?	<input type="checkbox"/>	<input type="checkbox"/>
11 Did you incur adoption expenses during 2011?	<input type="checkbox"/>	<input type="checkbox"/>

IRA, PENSION AND EDUCATION SAVINGS PLANS

	Yes	No
12 Did you receive payments from a pension or profit-sharing plan?	<input type="checkbox"/>	<input type="checkbox"/>
13 Did you receive a total distribution from an IRA or other qualified plan that was partially or totally rolled over into another IRA or qualified plan within 60 days of the distribution?	<input type="checkbox"/>	<input type="checkbox"/>
14 a Did you convert all or part of a regular IRA into a Roth IRA?	<input type="checkbox"/>	<input type="checkbox"/>
b Did you roll over all or part of a qualified plan into a Roth IRA?	<input type="checkbox"/>	<input type="checkbox"/>
15 Did you contribute to a Coverdell Education Savings Account?	<input type="checkbox"/>	<input type="checkbox"/>

ITEMS RELATED TO INCOME/LOSSES

	Yes	No
16 Did you receive any disability payments in 2011?	<input type="checkbox"/>	<input type="checkbox"/>
17 Did you receive tip income not reported to your employer?	<input type="checkbox"/>	<input type="checkbox"/>
18 a Did you buy, sell, refinance, or abandon a principal residence or other real property in 2011? (Attach copies of any escrow statements or Forms 1099.)	<input type="checkbox"/>	<input type="checkbox"/>
b If you sold or abandoned a home, did you claim the First-Time Homebuyer Credit when you purchased the home?	<input type="checkbox"/>	<input type="checkbox"/>
c Are you planning to purchase a home soon?	<input type="checkbox"/>	<input type="checkbox"/>
19 Did you incur any casualty or theft losses during 2011?	<input type="checkbox"/>	<input type="checkbox"/>
20 Did you incur any non-business bad debts?	<input type="checkbox"/>	<input type="checkbox"/>

PRIOR YEAR TAX RETURNS

	Yes	No
21 Were you notified by the Internal Revenue Service or state taxing authority of changes to a prior year's return?	<input type="checkbox"/>	<input type="checkbox"/>
If yes , enclose agent's report or notice of change.		
22 Were there changes to a prior year's income, deductions, credits, etc which would require filing an amended return?	<input type="checkbox"/>	<input type="checkbox"/>

General Questions (continued)

ORG3

FOREIGN BANK ACCOUNTS, FOREIGN ASSETS AND FOREIGN TAXES

	Yes	No
23 Did you have foreign income or pay any foreign taxes in 2011?	<input type="checkbox"/>	<input type="checkbox"/>
24 a At any time during 2011, did you have an interest in or a signature or other authority over a bank account, or other financial account in a foreign country?	<input type="checkbox"/>	<input type="checkbox"/>
b Did the aggregate value of all your foreign accounts exceed \$10,000 at any time during 2011? Report all interest income on Org 11	<input type="checkbox"/>	<input type="checkbox"/>
25 Were you the grantor of or transferor to a foreign trust which existed during the tax year, whether or not you have any beneficial interest in the trust?	<input type="checkbox"/>	<input type="checkbox"/>
26 Did you at any time during 2011, have an interest in or any authority over any foreign accounts or assets (i.e. stocks, bonds, mutual funds, partnership interests, etc.) held in foreign financial institutions that exceeded \$50,000 in value at any time during the year?	<input type="checkbox"/>	<input type="checkbox"/>

HEALTH AND LIFE INSURANCE

	Yes	No
27 Did you or your spouse have self-employed health insurance?	<input type="checkbox"/>	<input type="checkbox"/>
28 If you or your spouse are self-employed, are either of you eligible to participate in an employer's health plan at another job?	<input type="checkbox"/>	<input type="checkbox"/>
29 Did your employer pay premiums on life insurance in excess of \$50,000 where the proceeds are payable to beneficiaries named by you?	<input type="checkbox"/>	<input type="checkbox"/>
30 Did you contribute to or receive distributions from a Health Savings Account (HSA)?	<input type="checkbox"/>	<input type="checkbox"/>
31 Did you or your spouse elect continuation of COBRA coverage after your employment was involuntarily terminated?	<input type="checkbox"/>	<input type="checkbox"/>

MISCELLANEOUS

	Yes	No
32 Did you make energy efficient improvements to your home or purchase any energy-saving property during 2011? If yes , please attach details	<input type="checkbox"/>	<input type="checkbox"/>
33 Did you start paying mortgage insurance premiums in 2011? If yes , please attach details	<input type="checkbox"/>	<input type="checkbox"/>
34 Did you purchase a motor vehicle or boat during 2011? If yes , attach documentation showing sales tax paid.	<input type="checkbox"/>	<input type="checkbox"/>
35 Did you purchase a hybrid or electric vehicle in 2011? If yes , enter year, make, model, and date purchased: _____	<input type="checkbox"/>	<input type="checkbox"/>
36 Did you donate a vehicle in 2011? If yes, attach Form 1098C	<input type="checkbox"/>	<input type="checkbox"/>
37 What was the sales tax rate in your locality in 2011? _____ % State ID . . . _____		
38 Did you or your spouse make gifts of over \$13,000 to an individual or contribute to a prepaid tuition plan?	<input type="checkbox"/>	<input type="checkbox"/>
39 Did you make gifts to a trust?	<input type="checkbox"/>	<input type="checkbox"/>
40 If there were dues paid to an association, was any portion required to be non-deductible due to political lobbying by the association? If yes , please attach details.	<input type="checkbox"/>	<input type="checkbox"/>
41 Did you or your spouse participate in a medical savings account in 2011? If yes , please attach Form 1099-SA (Distributions from an HSA, Archer MSA or Medicare+Choice MSA.)	<input type="checkbox"/>	<input type="checkbox"/>
42 Did you make a loan at an interest rate below market rate?	<input type="checkbox"/>	<input type="checkbox"/>
43 Did you pay any individual for domestic services in 2011?	<input type="checkbox"/>	<input type="checkbox"/>
44 Did you pay interest on a student loan for yourself, your spouse, or your dependents?	<input type="checkbox"/>	<input type="checkbox"/>
45 Did you, your spouse, or your dependents attend post-secondary school in 2011?	<input type="checkbox"/>	<input type="checkbox"/>
46 Did a lender cancel any of your debt in 2011? (Attach any Forms 1099-A or 1099-C)	<input type="checkbox"/>	<input type="checkbox"/>
47 Did you receive any income not included in this Tax Organizer? If yes , please attach information.	<input type="checkbox"/>	<input type="checkbox"/>

ELECTRONIC FILING AND DIRECT DEPOSIT OF REFUND

	Yes	No
48 If your tax return is eligible for Electronic Filing, would you like to file electronically?	<input type="checkbox"/>	<input type="checkbox"/>
49 The Internal Revenue Service is able to deposit many refunds directly into taxpayers' accounts. If you receive a refund, would you like direct deposit?	<input type="checkbox"/>	<input type="checkbox"/>

Caution: Review transferred information for accuracy.

50 If **yes**, please provide the following information:

a Name of your financial institution _____

b Routing Transit Number (must begin with 01 through 12 or 21 through 32) _____

c Account number _____

d What type of account is this? Checking Savings

Please attach a **voided** check (not a deposit slip) if your bank account information has changed.

Business/Investment Questions

ORG4

	Yes	No
1 Did you receive stock from a stock bonus plan with your employer? (Do not include stock sales included on your W-2.)	<input type="checkbox"/>	<input type="checkbox"/>
2 Did you buy or sell any stocks or bonds in 2011? If yes , attach broker's information (such as Form 1099-Bs and broker annual statements) related to the transactions.	<input type="checkbox"/>	<input type="checkbox"/>
3 Did you surrender any U.S. savings bonds during 2011?	<input type="checkbox"/>	<input type="checkbox"/>
4 Did you use the proceeds from Series EE or I U.S. savings bonds purchased after 1989 to pay for higher education expenses?	<input type="checkbox"/>	<input type="checkbox"/>
5 Did you realize a gain or loss on property which was taken from you by destruction, theft, seizure, or condemnation?	<input type="checkbox"/>	<input type="checkbox"/>
6 Did you start a business, purchase a rental property or farm, or acquire interests in partnerships or S corporations?	<input type="checkbox"/>	<input type="checkbox"/>
7 Do you have any investments for which you were not personally 'at risk' (other than sole proprietorship or farm)?	<input type="checkbox"/>	<input type="checkbox"/>
8 Did you own an interest in a Real Estate Mortgage Investment Conduit (REMIC) during 2011?	<input type="checkbox"/>	<input type="checkbox"/>
9 Did you sell property or equipment on installment in 2011?	<input type="checkbox"/>	<input type="checkbox"/>
10 Did you have any business related educational expenses?	<input type="checkbox"/>	<input type="checkbox"/>
11 Did you do a 'like-kind' exchange of property in 2011?	<input type="checkbox"/>	<input type="checkbox"/>
12 Do you have records, as described below, to support expenses? Tax law and IRS regulations allow deductions for travel and entertainment if adequate records can be presented. Information must include: 1 Amount; 2 Time and place; 3 Date; 4 Business purpose; 5 Description of gift(s); and 6 Business relationship of recipient.	<input type="checkbox"/>	<input type="checkbox"/>
13 Did you purchase special fuels for non-highway use? If yes , please list the type of use and the number of gallons for each fuel. _____ _____ _____ _____	<input type="checkbox"/>	<input type="checkbox"/>
14 Was Form 8903 (Domestic Production Activities Deduction) included in your 2010 federal income tax return?	<input type="checkbox"/>	<input type="checkbox"/>

Basic Taxpayer Information

ORG6

PERSONAL INFORMATION

	TAXPAYER	SPOUSE
Last name	_____	_____
First name	_____	_____
Middle initial and suffix	MI _____ Suffix _____	MI _____ Suffix _____
Social security number	_____	_____
Occupation	_____	_____
Work phone/extension	_____	_____
Cell phone	_____	_____
E-mail address	_____	_____
Birthdate or age as of 1-1-2012	MM/DD/YYYY _____	MM/DD/YYYY _____
Blind	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Contribute to Presidential Election Campaign Fund	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Eligible to be claimed as a dependent on another return	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Street address	_____	Apartment number _____
City	_____ State _____	ZIP code _____
Home phone	_____ Foreign country _____	_____
Fax	_____ Foreign phone _____	_____

FILING STATUS

1 Single

2 Married filing jointly

3 Married filing separately

Check this box if you **did not** live with spouse at any time during the year

Check this box if you are eligible to claim spouse's exemption

Check this box if your spouse itemizes deductions

4 Head of household

If the qualifying person is a child but not your dependent, enter

Child's name _____ Child's social security number _____

5 Qualifying widow(er)

Check the box for the year the spouse died. 2009 2010

DEPENDENT INFORMATION

Full Name (first name, middle initial, last name, suffix)	Social Security Number	**Code	Date of Birth	2011 Child Care Expense	
				+Months in U.S.	*Not Citizen
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	

** For the Dependent Code, enter the following: L = dependent child who lived with you
 N = dependent child who didn't live with you due to divorce or separation
 O = other dependent
 Q = not a dependent (but is a person who qualifies your client for the earned income credit and/or the credit for child and dependent care expenses)

+ Enter the number of months dependent lived with you, and/or your spouse if married filing jointly, in the U.S.

* Check this box if dependent child is not a U.S. citizen or resident alien

W-2 – WAGES, SALARIES, TIPS, AND OTHER COMPENSATION

Attach all copies of your W-2 forms here.

1	Employer's name <u>W-2</u>	Check if not applicable for 2011	<input type="checkbox"/>
	Employer's name _____	Check if for spouse	<input type="checkbox"/>
	1 Check if this employer hired an on-staff care provider or furnished dependent care at your workplace.		<input type="checkbox"/>
	2 Enter any amounts forfeited from a flexible spending account		_____
	3 Check if the income reported is from a foreign source		<input type="checkbox"/>
	4 a Clergy: Enter your designated housing or parsonage allowance		_____
	b Clergy: Enter smallest of (a) the designated housing or parsonage allowance, (b) amount spent on qualifying housing expenses, or (c) fair rental value.		_____
	c Check SE tax on: (a) housing or parsonage allowance <input type="checkbox"/>	(b) W-2 wages <input type="checkbox"/>	(c) both <input type="checkbox"/>

2	Employer's name _____	Check if not applicable for 2011	<input type="checkbox"/>
	Employer's name _____	Check if for spouse	<input type="checkbox"/>
	1 Check if this employer hired an on-staff care provider or furnished dependent care at your workplace.		<input type="checkbox"/>
	2 Enter any amounts forfeited from a flexible spending account		_____
	3 Check if the income reported is from a foreign source		<input type="checkbox"/>
	4 a Clergy: Enter your designated housing or parsonage allowance		_____
	b Clergy: Enter smallest of (a) the designated housing or parsonage allowance, (b) amount spent on qualifying housing expenses, or (c) fair rental value.		_____
	c Check SE tax on: (a) housing or parsonage allowance <input type="checkbox"/>	(b) W-2 wages <input type="checkbox"/>	(c) both <input type="checkbox"/>

1099-R – DISTRIBUTIONS FROM PENSIONS, ANNUITIES, RETIREMENT OR PROFIT-SHARING PLANS, IRAS, INSURANCE CONTRACTS, ETC

Attach all copies of your 1099-R forms here.

1	Payer's name <u>1099-R</u>	Check if not applicable for 2011	<input type="checkbox"/>
	Payer's name _____	Check if for spouse	<input type="checkbox"/>
	1 Check if either box applies: Rollover. <input type="checkbox"/>	Conversion to Roth IRA	<input type="checkbox"/>
	2 a If a partial rollover, enter the amount rolled over		_____
	b If a partial conversion to a Roth IRA, enter the amount converted to Roth IRA		_____
	3 Health insurance premiums deductible on Schedule A		_____
	4 a If entire distribution is a Required Minimum Distribution (RMD), check this box <input type="checkbox"/>		▶
	b If only part of distribution is RMD, enter the part that is RMD.		_____

2	Payer's name _____	Check if not applicable for 2011	<input type="checkbox"/>
	Payer's name _____	Check if for spouse	<input type="checkbox"/>
	1 Check if either box applies: Rollover. <input type="checkbox"/>	Conversion to Roth IRA	<input type="checkbox"/>
	2 a If a partial rollover, enter the amount rolled over		_____
	b If a partial conversion to a Roth IRA, enter the amount converted to Roth IRA		_____
	3 Health insurance premiums deductible on Schedule A		_____
	4 a If entire distribution is a Required Minimum Distribution (RMD), check this box <input type="checkbox"/>		▶
	b If only part of distribution is RMD, enter the part that is RMD.		_____

W-2G – GAMBLING OR LOTTERY WINNINGS

Attach all copies of your W-2G forms here.

Name of Payer	Check if Spouse	Gross Winnings (Box 1)	Federal Tax Withheld (Box 2)	State Tax Withheld (Box 14)	State Code (Box 13)
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				

1099-MISC Income

ORG8

Copy 1

MISCELLANEOUS INCOME

Attach all copies of 1099-MISC forms here.

Box	Description	Payer 1	Payer 2	Payer 3
	Check if spouse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Check if you did not receive income from this payer in 2011	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Payer's name	1099-MISC		
	Payer's federal identification number or Payer's social security number			
1	Rents			
2	Royalties			
3	Other income			
4	Federal income tax withheld			
5	Fishing boat proceeds			
6	Medical/health care payments			
7	Nonemployee compensation			
8	Substitute payments			
10	Crop insurance proceeds			
13	Excess golden parachute payments			
14	Gross proceeds paid to an attorney			
15 a	Section 409A deferrals			
15 b	Section 409A income			
16	State tax withheld – 1st state			
17	State name – two letters – 1st state			
	Payer's state number – 1st state			
18	State income – 1st state			
16	State tax withheld – 2nd state			
17	State name – two letters – 2nd state			
	Payer's state number – 2nd state			
18	State income – 2nd state			

Social Security Benefits/Form 1099-G/Other Income

ORG10

SOCIAL SECURITY BENEFITS

<input checked="" type="checkbox"/> Attach all copies of SSA and RRB forms.	Taxpayer	Spouse
1 Social Security Benefits from Form SSA-1099	0.	
2 Federal income tax withheld from Form SSA-1099		
3 Medicare B premiums withheld from Form SSA-1099		
4 Medicare D premiums withheld from Form SSA-1099		
5 Railroad Retirement Benefits from Form RRB-1099		
6 Federal income tax withheld from Form RRB-1099		
7 Medicare premiums withheld from Form RRB-1099		

FORM 1099-G

Attach all copies of 1099-G forms.

Box	Description	Payer 1	Payer 2	Payer 3
	Check if Spouse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Check if Joint	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Payer's name	1099-G		
1	Unemployment compensation			
a	Unemployment benefits you repaid in 2011			
2	State and local income tax refunds			
3	Enter the tax year from 1099-G box 3			
a	If tax year is 2009 or prior, enter the taxable portion of the amount reported in box 2			
4	Federal income tax withheld			
5	ATAA/RTAA payments			
6	Taxable grants			
7	Agriculture payments			
8	Check if box 2 amount is from trade or business	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	Market gain			
10a	Two-letter state abbreviation	_____	_____	_____
	Two or three-letter local abbreviation	_____	_____	_____
b	State identification number			
11	State income tax withheld			

OTHER INCOME

Nature and Source	2011 Taxpayer	2011 Spouse	2010 Combined
1 Alimony received			
2 Recovery of bad debts previously deducted			
3 Jury duty pay			
4 Bartering income not reported elsewhere			
5 Income from the rental of personal property			
6 Other miscellaneous income items: Description:			

Interest and Dividend Income

ORG11

T = Taxpayer, S = Spouse, J = Joint

INTEREST INCOME

Attach all copies of your Form 1099-INTs here.

****Type of Interest**
 blank = Regular taxable interest
 ME1 = ME bond interest in federal income
 MD1 = MD nontaxable interest — taxable federal

MA1 = MA bank interest
 NH1 = NH nontaxable interest — taxable federal
 NJ1 = NJ nontaxable interest — taxable federal

OK1 = OK bank interest
 TN1 = TN nontaxable interest — taxable federal
 WV1 = WV bond interest in federal income

TSJ	X*	Payer Name	2011 Box 1 Interest	Type of Interest**	2011 Box 3 US/Treasury Interest	2011 Box 8 Tax Exempt	State	2010 Box 1 + 3
		1099-INT						

X* Check if you did not receive income from this account in 2011.

DIVIDEND INCOME

Attach all copies of your Form 1099-DIVs here.

TSJ	X*	Payer Name	2011 Box 1a Ordinary Dividends	2011 Box 1b Qualified Dividends	2011 Box 2a Capital Gains	State	2010 Box 1a + 2a
		1099-DIV					

X* Check if you did not receive income from this account in 2011.

Medical and Tax Expenses

ORG13

MEDICAL AND DENTAL EXPENSES	2011	2010
1 Prescription medications		
2 Health insurance premiums (enter Medicare B on ORG10)		
3 Qualified long-term care premiums		
a Taxpayer's gross long-term care premiums		
b Spouse's gross long-term care premiums		
c Dependent's gross long-term care premiums		
4 Enter self-employed health insurance premiums on ORG19, ORG27, ORG45A, or ORG46A for the appropriate activity		
5 a Insurance reimbursement		
b Medical (MSA) or health (HSA) savings account distributions		
6 Doctors, dentists, etc		
7 Hospitals, clinics, etc		
8 Lab and X-ray fees		
9 Expenses for qualified long-term care		
10 Eyeglasses and contact lenses		
11 Medical equipment and supplies		
12 a Miles driven for medical purposes 01/01/11 thru 06/30/11		
b Miles driven for medical purposes 07/01/11 thru 12/31/11		
13 Ambulance fees and other medical transportation costs		
14 Lodging		
15 Other medical and dental expenses:		
a _____		
b _____		
c _____		
d _____		
e _____		
f _____		
g _____		
h _____		
i _____		
j _____		
TAXES	2011	2010
Enter state and local income taxes on ORG7, ORG8, ORG10, and ORG40.		
16 Real estate taxes paid on principal residence		
17 Real estate taxes paid on additional homes or land		
18 Auto registration fees based on the value of the vehicle		
19 Other personal property taxes		
20 Other taxes:		
_____		
_____		

Interest Paid and Cash Contributions

ORG14

HOME MORTGAGE INTEREST PAID			
Lender's Name	Check if NOT on Form 1098	2011	2010
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		

POINTS PAID ON LOAN TO BUY, BUILD, OR IMPROVE MAIN HOME		
Lender's Name	Check if NOT on Form 1098	2011
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	

SELLER FINANCED MORTGAGE		
Individual's Name	Identifying Number	Address

OTHER POINTS					
Enter below any points paid on a home equity loan (other than to improve your main home), a loan for a second home, or a refinanced mortgage.					
Lender's Name	Loan Over	Points Paid	Date of Loan	Loan Length (years)	2010 Points Deducted
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				

INVESTMENT INTEREST		
	2011	2010
Investment interest (for example: margin interest, interest paid on loans used for property held for investment, etc)		

Interest Paid and Cash Contributions (continued)

ORG14

CASH CONTRIBUTIONS			
Name of Donee Organization	Check if Statement Exists for Gifts \$250 or More	2011	2010
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
Charitable miles driven			
Miles driven to deliver noncash contributions			
Parking fees, tolls, and local transportation			

Noncash Contributions

ORG14A

Copy 1

Name of Donee Organization	Check if Statement Exists for Gifts of \$250 or More	Fair Market Value	Prior Year Fair Market Value
A _____			
B _____			
C _____			
D _____			
E _____			
F _____			
G _____			
H _____			
I _____			

Note: Complete sections below **only** if the **total** noncash contributions are **more than \$500**.

Description of Donated Property	Type**	Address of Donee Organization
A _____		
B _____		
C _____		
D _____		
E _____		
F _____		
G _____		
H _____		
I _____		

* Method for Fair Market Value	Date of Contribution	Complete these columns only for each contribution over \$500		
		Date Acquired (month, year)	How Acquired***	Your Cost
A _____				
B _____				
C _____				
D _____				
E _____				
F _____				
G _____				
H _____				
I _____				

*** Methods of determining FMV:**

- | | | |
|---------------|--------------------------|-------------------|
| Appraisal | Capitalization of income | Present value |
| Average share | Comparative sales | Replacement cost |
| Catalog | Consignment shop | Reproduction cost |
| | | Thrift shop |

**** Type of Donated Property**

- | | | |
|---------------------------------|-----------------------------------|--|
| Household/clothing items | Business equipment | Intellectual property |
| Motor vehicle, boat or airplane | Business inventory | Real property, conservation property |
| Art, other than self-created | Stock, publicly traded | Real property, other than conservation |
| Art, self-created | Stock, other than publicly traded | Other personal property |
| Collectibles | Securities, other than stock | Other intangible property |

***How Property was Acquired: Purchase, Gift, Inheritance, Exchange

Miscellaneous Itemized Deductions

ORG15

MISCELLANEOUS DEDUCTIONS (2% LIMITATION)	2011	2010
Employee Business Expenses		
Note: If you have any travel, transportation, meals or entertainment expenses or your employer reimbursed you for any of your job-related expenses, complete ORG17 for all your employee expenses.		
1 Union and professional dues		
2 Professional subscriptions		
3 Uniforms and protective clothing		
4 Job search costs		
5 Other unreimbursed employee expenses:		
a _____		
b _____		
c _____		
d _____		
e _____		
Other Expenses Subject to the 2% Limitation		
Treat all MACRS assets for this activity as qualified Indian reservation property? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Treat all assets acquired after August 27, 2005 as qualified GO Zone property? <input type="checkbox"/> Regular <input type="checkbox"/> Extension <input type="checkbox"/> No		
Treat all assets acquired after May 4, 2007 as qualified Kansas Disaster Zone property? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Was this property located in a Qualified Disaster Area? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Check to code assets as Investment Expense <input type="checkbox"/>		
Use ORG50 to record dispositions.		
Use ORG51A to enter additional assets.		
Use ORG11a for investment expenses related to interest income.		
Use ORG11b for investment interest related to dividend income.		
6 Tax return preparation fees		
7 Investment counsel and advisory fees		
8 Certain attorney and accounting fees		
9 Safe deposit box rental		
10 IRA custodial fees		
11 Other expenses (list):		
a _____		
b _____		
c _____		
d _____		
e _____		
OTHER MISCELLANEOUS DEDUCTIONS	2011	2010
12 Amortizable bond premiums (acquired before 10/23/86)		
13 Gambling losses (to the extent of gambling income)		
14 Unrecovered investment in annuity		
15 Other miscellaneous deductions:		
_____		

Car And Truck Expenses

(Employees use ORG17 – Employee Business Expenses)

ORG18

for: ORG19 SCH C

GENERAL INFORMATION-	Vehicle 1	Vehicle 2	Vehicle 3
1 Description of vehicle	AUTO		
2 Date placed in service			
3 Enter detail on lines 3a and 3b, or total on line 3c:			
a Ending mileage reading			
b Beginning mileage reading			
c Total miles for the year (line 3a less line 3b)			
4a Business miles 01/01/2011 thru 06/30/2011			
b Business miles 07/01/2011 thru 12/31/2011			
5 Total commuting miles			
STANDARD MILEAGE RATE	Vehicle 1	Vehicle 2	Vehicle 3
6 Do you qualify for standard mileage? (Preparer Use)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
7 Is this a leased vehicle?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
ACTUAL EXPENSES	Vehicle 1	Vehicle 2	Vehicle 3
8 Gasoline, oil, repairs, insurance, etc			
9 Vehicle registration fee (excluding property tax)			
10 Vehicle lease or rental fee			
11 Inclusion amount (Preparer Use Only)			
12 Depreciation (Preparer Use Only)			
13 Parking fees, tolls, and local transportation			
14 Portion of vehicle registration fee based on value			
15 Interest on vehicle			
DEPRECIATION/DISPOSITIONS	Vehicle 1	Vehicle 2	Vehicle 3
16 Cost or basis			
17 Is this an electric vehicle?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
18 Is this qualified Indian reservation property?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
19 Type of vehicle (Preparer Use)			
20 Section 179 expense (Preparer Use)			
21 Qualified Property for Economic Stimulus? (Preparer Use)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
22 Qualified Property for Qualified Disaster Area? (Preparer Use)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
23 Kansas Disaster Zone? (Preparer Use)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
24 Qualified GO Zone Property (Preparer Use)	<input type="checkbox"/> Reg <input type="checkbox"/> Ext <input type="checkbox"/> N/A	<input type="checkbox"/> Reg <input type="checkbox"/> Ext <input type="checkbox"/> N/A	<input type="checkbox"/> Reg <input type="checkbox"/> Ext <input type="checkbox"/> N/A
25 Percentage for SDA? (Preparer Use)	<input type="checkbox"/> 100%/50% <input type="checkbox"/> 30% <input type="checkbox"/> No	<input type="checkbox"/> 100%/50% <input type="checkbox"/> 30% <input type="checkbox"/> No	<input type="checkbox"/> 100%/50% <input type="checkbox"/> 30% <input type="checkbox"/> No
26 Elect OUT of SDA? (Preparer Use)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
27 Elect 30% in place of 50% SDA (Preparer Use)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
28 Date sold			
29 Date acquired, if different from line 2			
30 Sales price			
31 Expense of sale			
32 Gain/loss basis, if different (Preparer Use)			
33 AMT gain/loss basis, if different (Preparer Use)			
VEHICLE QUESTIONS	Vehicle 1	Vehicle 2	Vehicle 3
34 Is another vehicle available for personal use?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
35 Was vehicle available during off duty hours?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
36 Was vehicle used primarily by a greater than 5% owner or related person?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
37 Do you have evidence to support the business use claimed?			<input type="checkbox"/> Yes <input type="checkbox"/> No
38 If yes , is the evidence written?			<input type="checkbox"/> Yes <input type="checkbox"/> No

Business Income and Expenses

ORG19

GENERAL INFORMATION

1 Check ownership Taxpayer Spouse Joint

2 Business name _____

3 a Business street address _____

 b 1 City, State and Zip Code, or _____

 2 Foreign country _____

4 Principal business/profession SCH C

5 Employer ID number _____

6 Business code (Preparer Use Only) _____

7 Was this business fully disposed of in a fully taxable transaction during 2011? Yes No

8 Accounting method:
 Cash Accrual Other (specify) _____

9 Method used to value closing inventory:
 Cost Lower of Other (explain) _____
 cost or
 market

10 Was there a change in determining quantities, costs, or valuations between opening/closing inventory?
 (If yes, attach explanation) Yes No

11 Did you materially participate in the operation of this business during 2011? Yes No

12 Did you start or acquire this business during 2011? Yes No

13 a Did you make any payments in 2011 that require you to file Forms 1099? Yes No

 b If yes, did you or will you file all the required Forms 1099? Yes No

14 At-risk determination:

 a Is all of the investment in this activity at risk? Yes No

 b Is some of the investment in this activity not at risk? Yes No

15 Did you have unallowed passive losses in 2010? Yes No

16 a Treat all MACRS assets for this activity as qualified Indian reservation property? Yes No

 b Treat all assets acquired after August 27, 2005 as qualified GO Zone property? Regular Extension No

 c Treat all assets acquired after May 4, 2007 as qualified Kansas Disaster Zone property? Yes No

 d Was this business located in a Qualified Disaster Area? Yes No

Complete ORG51 for Asset Acquisitions and ORG50 for Dispositions.

INCOME	2011	2010
17 Gross receipts or sales		
18 Returns and allowances plus other adjustments		
19 Other income (include federal/state gas tax credit/refund)		

COST OF GOODS SOLD – IF APPLICABLE	2011	2010
20 Inventory at beginning of year		
21 Purchases		
22 Items withdrawn for personal use		
23 Cost of labor (do not include your salary)		
24 Materials and supplies		
25 Other costs		
26 Inventory at end of year		

Business Income and Expenses (continued)

ORG19

EXPENSES	2011	2010
Business name _____		
27 Advertising		
28 Car and truck expenses (complete ORG18)		
29 Commissions and fees		
30 Contract labor		
31 Depletion		
32 Depreciation and Section 179 deduction (Preparer Use Only)		
33 Employee benefit programs:		
a Employee health insurance premiums		
b Other employee benefit programs		
34 Insurance (other than health)		
35 Self-employed health insurance attributable to this business		
36 Interest:		
a Mortgage paid to banks not reported to you on Form 1098		
b Other		
37 Legal and professional services		
38 Office expenses		
39 Pension and profit-sharing plans		
40 Rent or lease:		
a Machinery and equipment (enter vehicle lease on ORG18)		
b Other business property		
41 Repairs and maintenance		
42 Supplies (not included in cost of goods sold)		
43 Taxes and licenses not reported to you on Form 1098		
44 Travel, meals, and entertainment:		
a Travel		
b Meals and entertainment subject to 50% limit		
c Meals subject to 80% limit		
d Meals and entertainment not subject to limit		
45 Utilities		
46 Gross wages		
47 Other expenses:		
_____		
_____		
_____		
_____		
_____		
_____		
_____		
_____		
48 Expenses for business use of your home (Preparer Use Only)		
Complete ORG20 for Business Use of Home.		
49 Qualified pension plan start-up costs		

Rent and Royalty Income and Expenses

ORG25

BASIC PROPERTY INFORMATION

Property description: _____
 Property type: * _____ If type is other, enter a description: _____
 Location (street address): RENTAL _____
 City: _____ State: _____ Zip: _____
 Foreign Country: _____

1 Check property owner Taxpayer Spouse Joint

	Yes	No
2 a Did you make any payments that would require you to file Form(s) 1099?	<input type="checkbox"/>	<input type="checkbox"/>
b If yes , did you or will you file all required Forms(s) 1099?	<input type="checkbox"/>	<input type="checkbox"/>

3 a Enter the ownership percentage (if not 100%). _____
 b If not 100%, are you reporting 100% of the income and expenses? Yes No

4 Is this a rental property? (If **yes**, answer questions 5 through 11; if **no**, skip to question 12.) Yes No

5 Did you have personal use of this property or rent it for part of the year at less than fair rental value? Yes No

6 For all rental properties, **enter the number of days** during 2011 that:
 a The property was rented (or available for rent) at fair rental value _____
 b The property was used personally or rented at less than fair rental value _____
 c You owned the property, if not the entire year _____

7 a Does this rental have multiple living units and you live in one of the units? Yes No
 b If **yes**, enter percentage of rental use _____

8 Did you actively participate in this property's management during 2011? Yes No

9 Did you materially participate in this property's management during 2011? Yes No

10 Do you want to treat this property as non-passive? Yes No

11 Did this property have unallowed passive losses in 2010? Yes No

12 Did you dispose of this property in a fully taxable transaction? Yes No

13 Check this box if some of this investment was **not** at-risk Yes No

14 a Treat all MACRS assets for this activity as qualified Indian reservation property? Yes No

 b Treat all assets acquired after August 27, 2005 as qualified GO Zone property? Regular Extension No

 c Treat all assets acquired after May 4, 2007 as qualified Kansas Disaster Zone property? Yes No

 d Was this activity located in a Qualified Disaster Area? Yes No

Complete ORG51 for Asset Acquisitions and ORG50 for Dispositions.

INCOME	2011	2010
15 Rents received		
16 Royalties received		

- * Property Types:**
- 1 Single family residence
 - 2 Multi-family residence
 - 3 Vacation/short-term rental
 - 4 Commercial
 - 5 Land
 - 6 Royalties
 - 7 Self-rental
 - 8 Other

Rent and Royalty Income and Expenses (continued)

ORG25

EXPENSES		2011	2010
Property location	<u>RENTAL</u>		
17 Advertising			
18 a Automobile (complete ORG18 for autos)			
b Travel			
19 Cleaning and maintenance			
20 Commissions			
21 a Mortgage insurance premiums — qualified			
b Other insurance			
22 Legal and professional fees			
23 Management fees			
24 a Mortgage interest paid to banks — qualified			
b Mortgage interest paid to banks — other			
25 Other interest			
26 Repairs			
27 Supplies			
28 a Real estate taxes			
b Other taxes			
29 Utilities			
30 Other expenses:			
a _____			
b _____			
c _____			
d _____			
e _____			
31 a Depreciation and Section 179 deduction (Preparer Use Only)			
b Depletion (Preparer Use Only)			

Child and Dependent Care Expenses

ORG35

CHILD AND DEPENDENT CARE EXPENSES			
Enter below the persons or organizations who provided the child and dependent care.			
First Name (if person) Last Name (if person) OR Provider Business Name Additional Business Name <hr style="border: 0; border-top: 1px dashed black;"/> Provider Phone	Provider Address	ID Number <hr style="border: 0; border-top: 1px dashed black;"/> Check box if provider is a business	Amount Paid
1	----- ----- ----- Care at above address? <input type="checkbox"/>	----- ----- ----- Business . ▶ <input type="checkbox"/>	----- ----- -----
2	----- ----- ----- Care at above address? <input type="checkbox"/>	----- ----- ----- Business . ▶ <input type="checkbox"/>	----- ----- -----
3	----- ----- ----- Care at above address? <input type="checkbox"/>	----- ----- ----- Business . ▶ <input type="checkbox"/>	----- ----- -----
4	----- ----- ----- Care at above address? <input type="checkbox"/>	----- ----- ----- Business . ▶ <input type="checkbox"/>	----- ----- -----
EXPENSES		2011	2010
1	Total employment taxes paid on wages for child care expenses		
2	Total expenses paid in 2011 but not incurred in 2011		
3	Total expenses incurred in 2011 but not paid in 2011		
4	Medical expenses paid for qualifying persons unable to care for themselves		
STUDENT/DISABLED PERSON INFORMATION FOR 2011		Taxpayer	Spouse
5 If taxpayer or spouse was a full-time student or disabled in 2011, answer the following questions:			
a Number of months that taxpayer/spouse was a full-time student or disabled			
b Did taxpayer or spouse work and earn less than \$250/\$500 during the months entered on line 5a? If No, leave line 5b blank. If Yes, multiply the number of months working and earning less by either \$250/\$500 and enter that amount here			

Tax Payments

ORG40

2011 ESTIMATED TAX PAYMENTS

	Federal		State			Local		
	Date	Amount	Date	Amount	ID	Date	Amount	ID
1 Qtr 1 due by 04/18/11								
2 Qtr 2 due by 06/15/11								
3 Qtr 3 due by 09/15/11								
4 Qtr 4 due by 01/17/12								
5 a Additional payments .								
b Additional payments .								
c Additional payments .								
d Additional payments .								

OTHER TAX PAYMENTS

	Federal	State	Local
6 2010 overpayment applied to 2011			
7 Balance due paid with 2010 return			
8 a 2010 Quarter 4 payments paid in 2011			
b 2010 extension payments paid in 2011			
9 Other taxes paid in 2011 for prior years (include explanation)			

2012 ESTIMATED TAX WORKSHEET

If you expect any significant change in your income or expenses in 2012, please enter the increase or decrease below.

Income

10 Wages		Taxpayer	
		Spouse	
11 Self-Employment Income		Taxpayer	
		Spouse	
12 Capital Gains (sale of stock, real estate, etc)			
13 Other Income:			
Description			

Deductions

14 Allowable Itemized Deductions	
15 Other deductions (such as alimony paid, early withdrawal penalties, etc):	
Description	
16 Federal Withholding	
17 Number of personal exemptions expected for 2012	

ADDITIONAL INFORMATION

18 Check to use your 2011 tax amount for your 2012 estimate	<input type="checkbox"/>
19 If you have an overpayment of 2011 taxes, check the box to indicate how you want your overpayment applied.	
a Apply entire overpayment to next year and refund excess.	<input type="checkbox"/>
b Apply entire overpayment to first quarter and refund excess.	<input type="checkbox"/>
20 Amount to apply if not entire overpayment	
21 Number of installments for estimated tax (1 - 4)	

State Information Worksheet

ORG60

GENERAL INFORMATION

	Taxpayer	Spouse
1 Enter your state of residence		
2 Check the appropriate box if:	Taxpayer	Spouse
a Full year resident	<input type="checkbox"/>	<input type="checkbox"/>
b Part year resident	<input type="checkbox"/>	<input type="checkbox"/>
c Nonresident	<input type="checkbox"/>	<input type="checkbox"/>
	Date of entry: _____	Date of exit: _____
3 Resident locality: _____		
4 County: _____ School district: _____ School district number: _____		
	Taxpayer	Spouse
5 Check if disabled	<input type="checkbox"/>	<input type="checkbox"/>

STATE CREDITS

6 Description/type of credit (for example, solar energy, carpool)	Code	Amount
a _____		
b _____		
c _____		
d _____		
e _____		

VOLUNTARY STATE CONTRIBUTIONS

7 Description/type of contribution (for example, wildlife, cancer)	Code	Amount
a _____		
b _____		
c _____		
d _____		
e _____		

MISCELLANEOUS QUESTIONS

		Yes	No
8 Did you file a state return for 2010?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9 Do you want state forms and instructions sent to you next year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 Do you want any applicable penalty and interest calculated and added to the return?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11 How do you want your state refund (if any) applied?			
a Refunded <input type="checkbox"/>	b Apply to 2012 estimates <input type="checkbox"/>	c Apply to 2012 taxes <input type="checkbox"/>	
12 Additional state information: _____			

**Tax Organizer ADDENDUM
State Tax Information - Maryland**

MARYLAND PRE-PAID COLLEGE TRUST/529 CONTRIBUTIONS: Maryland allows an up to \$2,500 deduction per account per child for contributions to a Maryland Pre-paid College Trust or Maryland College Investment Plan account. Please include your year-end statements for with your tax documents and list your contributions below. For new clients, please let us know if you have any carryforwards from prior years:

Child's Name _____	2011 MCIP Contributions _____	Carryforward-Prior year _____
_____	_____	_____
_____	_____	_____
_____	_____	_____

VOLUNTARY CONTRIBUTIONS: Maryland offers the opportunity to contribute part of your refund or add to your tax payment to the following organizations: Waiting List Equity Fund (to provide certain services for individuals with developmental disabilities), Chesapeake Bay Trust and Endangered Species Fund, Fair Campaign Financing Fund, and the Maryland Cancer Fund. If you would like to make a contribution to one or more, please let us know the organization and amount:

Listed organization: _____ Amount: \$ _____

Listed organization: _____ Amount: \$ _____

State Tax Information – District of Columbia

DC COLLEGE SAVINGS PLAN/529 CONTRIBUTIONS: District of Columbia allows an up to \$3,000 deduction per owner for contributions to a qualified DC "529" College Savings Plan account. Please include your year-end statements for with your tax documents and list your contributions below. For new clients, please let us know if you have any carryforwards from prior years:

Owner Name _____	2011 DCCSP Contributions _____	Carryforward-Prior year _____
_____	_____	_____

DEDUCTION FOR PREMIUMS FOR LONG-TERM CARE: DC offers a deduction for premiums paid for long-term care insurance coverage for self and spouse. The deduction is not to exceed \$500 per individual per year.

2011 LONG-TERM CARE PREMIUMS	Self	\$ _____
	Spouse	\$ _____

FIRST-TIME HOMEBUYERS CREDIT: There is federal tax credit of up to \$5,000 for first time homebuyers in the District of Columbia. This credit is claimed on the federal 1040.

I/We purchased our main home in DC on _____(date) & did not own a home in DC in the previous year.

VOLUNTARY CONTRIBUTIONS: DC offers the opportunity to contribute part of your refund to the following organizations: Public Trust for Drug Prevention/Children at Risk, or DC Statehood Delegation Fund. If you would like to make a contribution to one or more, please let us know the organization and amount:

Listed organization: _____ Amount: \$ _____

Listed organization: _____ Amount: \$ _____