

VisionQwest Accountancy Group
MICHAEL LODGE
500 N Central, Suite 740
Glendale, CA 91203

Organizer Mailing Slip

TAX ORGANIZER

Dear Tax Client,

Enclosed is your Tax Organizer for tax year 2011.

Your Organizer contains several sections that include common expenses and deductions that many taxpayers overlook. Please review these sections carefully. Depending upon your tax bracket, you may save as much as \$35 for each \$100 in deductible expenses you find in your 2011 records.

If my firm prepared your return last year, your prior year amounts are included in the Prior Year Amount column of your Organizer. Use this information to help you remember the types of income and deductions you reported last year.

To complete the Organizer, enter all relevant information in the designated areas on each page. Please add any notes or questions that will help me prepare a complete and accurate return for you and to plan with you how to manage your tax situation in future years.

If you answer 'Yes' to any of the General Business and Investment questions, please provide detailed information with your answer.

I have scheduled your appointment for:

When you arrive for your appointment, please bring your Organizer and any of the following that apply to your tax situation:

- Last year's tax return (if not in our possession)
- Original Form(s) W-2
- Schedule(s) K-1 from partnerships, S-corporations, estates or trusts
- Information about contributions to a pension or other retirement plan if this is the first year you received income from the plan
- Form(s) 1099 or statements reporting dividend, interest, retirement or other income
- Broker statements providing details of capital gains transactions
- Form(s) 1098 and copies of real estate tax bills, etc.
- Legal documents pertaining to the sale or purchase of real property

If you have any questions before your scheduled appointment, please give me a call.

Sincerely,

MICHAEL LODGE
VisionQwest Accountancy Group
500 N Central, Suite 740
Glendale, CA 91203
818.547.0497
mlodge@vqrginc.com

VisionQwest Accountancy Group
A Professional Accountancy Corporation
500 N Central, Suite 740
Glendale, CA 91203
818.547.0497
Fax - 818.547.0449
mlodge@vqrginc.com

January 5, 2012

Dear Tax Client,

Thank you for choosing my firm to prepare your income tax returns for tax year 2011. This letter confirms the services I will provide.

I will prepare your federal and state returns for tax year 2011 based on information you provide. Although my work will not include procedures to discover irregularities or inaccuracies in the tax data you provide, I may ask for clarification of certain information, or additional information, so that I can prepare accurate and complete returns for you.

It is your responsibility to provide all necessary information related to income and deductions for tax year 2011, and to respond to my inquiries in a timely manner so that I am able to accurately complete your returns by the appropriate due dates.

You are responsible for maintaining appropriate records, such as official tax documents you receive, receipts and substantiation for your deductions, and purchase and sales information for assets.

It is your responsibility to review your returns before they are filed to determine that all income has been correctly reported and that you have substantiation for your deductions. Filing your returns by the due dates is your responsibility.

If your returns are later selected for review or audit by taxing authorities, I will be glad to assist or represent you if you desire. My fees for preparing your returns do not include time that might be necessary to assist you during a taxing authority review.

My fees for preparation of your returns are based upon my standard billing rates plus out-of-pocket expenses. My invoices are due and payable upon presentation.

If this letter accurately summarizes your understanding of our agreement relating to the preparation of your tax returns, please sign the enclosed copy in the space indicated and return it to me.

Thank you again for choosing my firm to prepare your 2011 tax return. I appreciate your business.

Sincerely,

VisionQwest Accountancy Group

Accepted by:

Date _____

Date _____

VisionQwest Accountancy Group
A Professional Accountancy Corporation
500 N Central, Suite 740
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Sincerely,

VisionQwest Accountancy Group

Accepted by:

Date _____

Date _____

General Information

Taxpayer

First Name

Middle Initial

Last Name

Suffix

Social Security Number

Date of Birth

Spouse

Check ("X") which phone number to list on return.

Home Phone

Work Phone

Cell Phone

Fax Number

Legally Blind

Totally Disabled

Claimed as a Dependent

Presidential Election Fund (\$3)

Occupation

E-mail address

State of Residence as of 12/31

County of Residence as of 12/31

School District as of 12/31

Sales tax rate of locality in 2011 %

If Part Year, Period of Residency to

Filing Status

Status on 2010 return :

- Status as of 12/31/2011 : **1** Single
- Enter ("X") in the box **2** Married filing joint
- 3** Married filing separately
(Enter spouse's name and SSN above)
- 4** Head of Household Non-dependent name: _____
Non-dependent SSN: _____
- 5** Qualifying widow(er) with minor child Year spouse died _____

Address

Street _____ Apt/Suite : _____

City _____ State _____ Zip Code _____

If address is in a foreign country, enter that country _____

If a bona fide resident of a U.S. territory, enter territory _____

Questions (Cont.)

If any of the following items apply to you or your spouse, please "X" the appropriate box and if possible, include details.

- | Yes | No | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 35 Did you convert a traditional IRA to a Roth IRA? |
| <input type="checkbox"/> | <input type="checkbox"/> | 36 Did you exchange any securities or investments for something other than cash? |
| <input type="checkbox"/> | <input type="checkbox"/> | 37 Do you have any short sales, commodity sales, or straddles? |
| <input type="checkbox"/> | <input type="checkbox"/> | 38 Did you receive Form 2439? |
| <input type="checkbox"/> | <input type="checkbox"/> | 39 Did you buy or sell any bonds? |
| <input type="checkbox"/> | <input type="checkbox"/> | 40 Did you receive stock from a stock bonus plan with your employer? |
| <input type="checkbox"/> | <input type="checkbox"/> | 41 Did you sell any other personal assets at a gain? |
| <input type="checkbox"/> | <input type="checkbox"/> | 42 Did you sell any real estate (other than your home) during the year? |
| <input type="checkbox"/> | <input type="checkbox"/> | 43 Did you sell any assets using the installment method? |
| <input type="checkbox"/> | <input type="checkbox"/> | 44 Did you receive proceeds from a prior year installment sale? |
| <input type="checkbox"/> | <input type="checkbox"/> | 45 Did you purchase a rental property? |
| <input type="checkbox"/> | <input type="checkbox"/> | 46 Did you exchange any property for other property? |
| <input type="checkbox"/> | <input type="checkbox"/> | 47 Did you receive any income not reported in this Organizer? |

Business and Rental Property Income

- | Yes | No | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 48 If you own rental property, do you qualify as a Real Estate Professional? |
| <input type="checkbox"/> | <input type="checkbox"/> | 49 Did you start or acquire a new business? |
| <input type="checkbox"/> | <input type="checkbox"/> | 50 Did you sell any part of an existing business, or sell business assets? |
| <input type="checkbox"/> | <input type="checkbox"/> | 51 Did you cease operating any business or rental property? |
| <input type="checkbox"/> | <input type="checkbox"/> | 52 Did you remove any of your business assets for personal use? |

Business and Rental Property Deductions

- | Yes | No | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 53 Did you use part of your home for business purposes? |
| <input type="checkbox"/> | <input type="checkbox"/> | 54 Did you make any contributions to a Keogh or a self-employed SEP plan for 2011? |
| <input type="checkbox"/> | <input type="checkbox"/> | 55 Do you pay for any health or long term care insurance through your business? |
| <input type="checkbox"/> | <input type="checkbox"/> | 56 If you or your spouse are self-employed, are either of you covered under an employer's health plan? |
| <input type="checkbox"/> | <input type="checkbox"/> | 57 Did you purchase any furniture or equipment for your business? |

Other Deductions

- | Yes | No | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 58 Did you make any contributions, or plan to make contributions, to a traditional or Roth IRA for 2011? |
| <input type="checkbox"/> | <input type="checkbox"/> | 59 Did you make any contributions to HSA (Health Savings Account) in 2011? |
| <input type="checkbox"/> | <input type="checkbox"/> | 60 Did you use your car on the job (other than to and from work)? |
| <input type="checkbox"/> | <input type="checkbox"/> | 61 Did you work out of town for part of the year? |
| <input type="checkbox"/> | <input type="checkbox"/> | 62 Did you incur any travel and entertainment expenses for business purposes? |
| <input type="checkbox"/> | <input type="checkbox"/> | 63 Did you pay expenses for the care of your child or other dependent so you could work? |
| <input type="checkbox"/> | <input type="checkbox"/> | 64 Did you lose property or have damage to a property due to a casualty, theft, or condemnation? |
| <input type="checkbox"/> | <input type="checkbox"/> | 65 Did any security become worthless during 2011? |
| <input type="checkbox"/> | <input type="checkbox"/> | 66 Did any debts become uncollectible during 2011? |
| <input type="checkbox"/> | <input type="checkbox"/> | 67 Did you purchase a 'clean fuel' or electric hybrid vehicle in 2011? |
| <input type="checkbox"/> | <input type="checkbox"/> | 68 Did you contribute less than an entire interest in any property to charity? |
| <input type="checkbox"/> | <input type="checkbox"/> | 69 Did you refinance a mortgage or take out a home equity loan during 2011? |
| <input type="checkbox"/> | <input type="checkbox"/> | 70 Did you incur moving expenses during the year due to a change of employment? |
| <input type="checkbox"/> | <input type="checkbox"/> | 71 Did you pay any educational tuition or fees for you or a dependent? |
| <input type="checkbox"/> | <input type="checkbox"/> | 72 Did you pay any student loan interest? |
| <input type="checkbox"/> | <input type="checkbox"/> | 73 Did you make any federal or state estimated payments? |
| <input type="checkbox"/> | <input type="checkbox"/> | 74 Did you make any energy efficient improvements to your main home in 2011? |

Name _____

SSN _____

Wages and Retirement Income

W-2 Information

Enter "X"
if spouse

W-2	Employer's Name	Box 1 Wages, Tips Other Comp	Box 2 Federal Income Tax Withheld	Box 16 State Wages	Box 17 State Income Tax Withheld
<input type="checkbox"/>	1				
<input type="checkbox"/>	2				
<input type="checkbox"/>	3				
<input type="checkbox"/>	4				
<input type="checkbox"/>	5				
<input type="checkbox"/>	6				
<input type="checkbox"/>	7				
<input type="checkbox"/>	8				
<input type="checkbox"/>	9				
<input type="checkbox"/>	10				
<input type="checkbox"/>	11				
<input type="checkbox"/>	12				
<input type="checkbox"/>	13				
<input type="checkbox"/>	14				
<input type="checkbox"/>	15				

1099-R Information

	Payer's Name	Box 1 Gross Distribution	Box 4 Federal Income Tax Withheld	Box 12a State Distribution	Box 10a State Income Tax Withheld
<input type="checkbox"/>	1				
<input type="checkbox"/>	2				
<input type="checkbox"/>	3				
<input type="checkbox"/>	4				
<input type="checkbox"/>	5				
<input type="checkbox"/>	6				
<input type="checkbox"/>	7				
<input type="checkbox"/>	8				
<input type="checkbox"/>	9				
<input type="checkbox"/>	10				
<input type="checkbox"/>	11				
<input type="checkbox"/>	12				
<input type="checkbox"/>	13				
<input type="checkbox"/>	14				
<input type="checkbox"/>	15				

Name _____

SSN _____

Interest Income

Please provide copies of all Form 1099-INT or other statements reporting interest income.

* F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint.

*F/S/J	Payer		Taxable Interest Income		Tax Exempt Interest		Specified Priv Act Interest	
			Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount
<input type="checkbox"/>	1	1						
<input type="checkbox"/>	2	2						
<input type="checkbox"/>	3	3						
<input type="checkbox"/>	4	4						
<input type="checkbox"/>	5	5						
<input type="checkbox"/>	6	6						
<input type="checkbox"/>	7	7						
<input type="checkbox"/>	8	8						
<input type="checkbox"/>	9	9						
<input type="checkbox"/>	10	10						
<input type="checkbox"/>	11	11						
<input type="checkbox"/>	12	12						
<input type="checkbox"/>	13	13						
<input type="checkbox"/>	14	14						
<input type="checkbox"/>	15	15						
<input type="checkbox"/>	16	16						
<input type="checkbox"/>	17	17						
<input type="checkbox"/>	18	18						
<input type="checkbox"/>	19	19						
<input type="checkbox"/>	20	20						

Dividend Income

Please provide copies of all Form 1099-DIV or other statements reporting dividend income.

* F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint.

*F/S/J	Payer		Ordinary Dividends		Qualified Dividends		Capital Gains	
			Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount
<input type="checkbox"/>	1	1						
<input type="checkbox"/>	2	2						
<input type="checkbox"/>	3	3						
<input type="checkbox"/>	4	4						
<input type="checkbox"/>	5	5						
<input type="checkbox"/>	6	6						
<input type="checkbox"/>	7	7						
<input type="checkbox"/>	8	8						
<input type="checkbox"/>	9	9						
<input type="checkbox"/>	10	10						
<input type="checkbox"/>	11	11						
<input type="checkbox"/>	12	12						
<input type="checkbox"/>	13	13						
<input type="checkbox"/>	14	14						
<input type="checkbox"/>	15	15						
<input type="checkbox"/>	16	16						
<input type="checkbox"/>	17	17						
<input type="checkbox"/>	18	18						
<input type="checkbox"/>	19	19						
<input type="checkbox"/>	20	20						

Name _____

SSN _____

Interest Income

Please provide copies of all Form 1099-INT or other statements reporting interest income.

* F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint.

*F/S/J Payer

			Taxable Interest Income		Tax Exempt Interest		Specified Priv Act Interest	
			Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount
	1	1						
	2	2						
	3	3						
	4	4						
	5	5						
	6	6						
	7	7						
	8	8						
	9	9						
	10	10						
	11	11						
	12	12						
	13	13						
	14	14						
	15	15						
	16	16						
	17	17						
	18	18						
	19	19						
	20	20						
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	25	25						
	26	26						
	27	27						
	28	28						
	29	29						
	30	30						
	31	31						
	32	32						
	33	33						
	34	34						
	35	35						
	36	36						
	37	37						
	38	38						
	39	39						
	40	40						
	41	41						
	42	42						
	43	43						
	44	44						
	45	45						
	46	46						
	47	47						
	48	48						
	49	49						
	50	50						

Name _____

SSN _____

Dividend Income

Please provide copies of all Form 1099-DIV or other statements reporting dividend income.

* F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint.

*F/S/J	Payer		Ordinary Dividends		Qualified Dividends		Capital Gains	
			Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount
	1	1						
	2	2						
	3	3						
	4	4						
	5	5						
	6	6						
	7	7						
	8	8						
	9	9						
	10	10						
	11	11						
	12	12						
	13	13						
	14	14						
	15	15						
	16	16						
	17	17						
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	19	19						
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	21	21						
	22	22						
	23	23						
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	25	25						
	26	26						
	27	27						
	28	28						
	29	29						
	30	30						
	31	31						
	32	32						
	33	33						
	34	34						
	35	35						
	36	36						
	37	37						
	38	38						
	39	39						
	40	40						
	41	41						
	42	42						
	43	43						
	44	44						
	45	45						

Name _____

SSN _____

Alimony Received

* F/S - enter ownership (F)iler or (S)pouse.

Payer		Current Year Amount	Prior Year Amount
<input type="checkbox"/> F/S*	1		
<input type="checkbox"/>	2		
<input type="checkbox"/>	3		
<input type="checkbox"/>	4		
<input type="checkbox"/>	5		
<input type="checkbox"/>	6		
<input type="checkbox"/>	7		
<input type="checkbox"/>	8		
<input type="checkbox"/>	9		

Alimony Paid

* F/S - enter ownership (F)iler or (S)pouse.

Recipient's Name		Recipient's SSN	Current Year Amount	Prior Year Amount
<input type="checkbox"/> F/S*	1	1		
<input type="checkbox"/>	2	2		
<input type="checkbox"/>	3	3		
<input type="checkbox"/>	4	4		
<input type="checkbox"/>	5	5		
<input type="checkbox"/>	6	6		
<input type="checkbox"/>	7	7		
<input type="checkbox"/>	8	8		
<input type="checkbox"/>	9	9		

Name _____

SSN _____

Self-Employed Business Income and Expenses (Schedule C)

Enter "X" in one box: Filer Spouse

General Information

- 1 Employer Identification Number _____ (do not enter Social Security Number)
- 2 Principal business or profession _____
- 3 Business name _____
- 4 Business address _____
- 5 City _____ State _____ Zip _____

General Check Boxes (Enter "X" where applicable)

- 6 Accounting Method Cash Accrual Other - (Specify) _____
- 7 Did you "materially participate" in this business? Yes No
- 8 Check ('X') if you started or acquired this business in 2011.
- 9 Did you make any payments in 2011 that would require you to file Form(s) 1099? Yes No

Business Income

* Report statutory income as W-2 income.

		Current Year Amount	Prior Year Amount
10	Income reported on 1099 MISC		
11	Gross merchant card and third party network receipts and sales		
	Gross receipts or sales not reported on Form 1099 or Form W-2		
12	_____		
13	_____		
14	_____		
15	_____		
16	Returns and allowances		
17	Other income		

Inventory (Enter "X" where applicable)

- 18 Method(s) used to value closing inventory . . . Cost Lower of cost or market Other
- 19 Any change in determining quantities, costs, or valuations between opening and closing inventory? Yes No

		Current Year Amount	Prior Year Amount
20	Inventory at the beginning of year		
21	Purchases less cost of items withdrawn for personal use		
22	Cost of labor		
23	Materials and supplies		
24	Other Costs		
25	Inventory at end of year		

Assets Placed in Service This Year

Description:

		Date Placed In Service	Purchase Amount
A	_____		
B	_____		
C	_____		
D	_____		
E	_____		
F	_____		
G	_____		

Name _____

SSN _____

Business _____

Self-Employed Business Expenses Cont. (Schedule C)

		Current Year Amount	Prior Year Amount
Expenses			
41	Advertising	41	
42	Contract labor	42	
43	Commissions and fees	43	
44	Depletion	44	
45	Employee benefit programs (other than on line 51)	45	
46	Insurance (other than health)	46	

Interest:

47	Mortgage (paid to banks, etc.)	47	
48	Other	48	

49	Legal and professional services	49	
50	Office expense	50	
51	Pension and profit-sharing plans	51	

Rent or Lease:

52	Machinery rental or lease	52	
53	Equipment rental or lease	53	
54	.....	54	
55	.....	55	
56	.....	56	
	Other business property rental or lease		
57	.....	57	
58	.....	58	
59	.....	59	

60	Repairs and maintenance	60	
61	Supplies (not included in inventory cost of goods sold)	61	
62	Taxes and licenses	62	

Travel, Meals, and Entertainment:

Travel

63	.....	63	
64	.....	64	
65	.....	65	
66	.....	66	

Meals and entertainment

67	Enter "X" in the box if subject to DOT hours of service limits	67	<input type="checkbox"/>	<input type="checkbox"/>
68	.....	68		
69	.....	69		
70	.....	70		
71	.....	71		

72	Utilities	72	
73	Wages	73	

Other Expenses

74	.....	74	
75	.....	75	
76	.....	76	
77	.....	77	
78	.....	78	
79	.....	79	
80	.....	80	
81	.....	81	
82	.....	82	

Name _____

SSN _____

Business _____

Vehicle Information (Schedule C)

Vehicle 1 - **Vehicle 2 -**

	Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount
1 Date vehicle was placed in service . . . 1				
2 Cost of vehicle 2				
3 Total miles driven for the year 3				
4 Business miles driven during the year . 4				
January 1 to June 30				
July 1 to December 31				
5 Commuting miles included on line 3 . . . 5				
6 Parking fees and tolls 6				
7 Vehicle Interest 7				
8 Vehicle Personal Property tax 8				

Actual Expenses

9 Gasoline, oil and repairs 9				
10 Vehicle Insurance 10				
11 Vehicle registration fees 11				
12 Vehicle lease or rental 12				
13 ----- 13				

Vehicle 3 - **Vehicle 4 -**

	Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount
1 Date vehicle was placed in service . . . 1				
2 Cost of vehicle 2				
3 Total miles driven for the year 3				
4 Business miles driven during the year . 4				
January 1 to June 30				
July 1 to December 31				
5 Commuting miles included on line 3 . . . 5				
6 Parking fees and tolls 6				
7 Vehicle Interest 7				
8 Vehicle Personal Property tax 8				

Actual Expenses

9 Gasoline, oil and repairs 9				
10 Vehicle Insurance 10				
11 Vehicle registration fees 11				
12 Vehicle lease or rental 12				
13 ----- 13				

Name _____

SSN _____

Real Estate Rentals and Royalties

Kind of Property

Address

City State Zip

	Current Year Info	Prior Year Info
1 Owner of property (Enter Filer, Spouse, or Joint) 1		
2 Enter "X" if you actively participated? 2	<input type="checkbox"/>	<input type="checkbox"/>
3 Enter "X" if property was used for personal use by you or your family for more than 14 days or 10% of the total days rented? 3	<input type="checkbox"/>	<input type="checkbox"/>
3a If entered ("X"), enter the number of days of personal use? 3a	<input type="text"/>	<input type="text"/>
3b If entered ("X"), enter the number of days rented? 3b	<input type="text"/>	<input type="text"/>

Income

	Current Year Amounts	Prior Year Amounts
4 Royalty received 4		
5 Rent received 5		
5a If rental real estate, enter the percent of ownership if less than 100% 5a		
5b Rental use percentage for property used partially for personal use only 5b		

Property Expense

	Current Year Amounts	Prior Year Amounts
6 Advertising 6		
7 Cleaning and maintenance 7		
8 Commissions 8		
9 Insurance 9		
10 Legal and other professional fees 10		
11 Management fees 11		
12 a Qualified mortgage interest paid to banks, etc. 12a		
b Other mortgage interest paid to banks, etc. 12b		
13 Other interest 13		
14 Repairs 14		
15 Supplies 15		
16 a Real estate taxes 16a		
b Other Taxes 16b		
17 Utilities 17		

Assets Placed in Service This Year

Description:	Date Placed In Service	Purchase Amount
A	A	
B	B	
C	C	
D	D	
E	E	
F	F	
G	G	

Name _____

SSN _____

Property _____

Other Expenses (Schedule E)

Other Expense

18

19

20

21

22

23

24

25

	Current Year	Prior Year
18		
19		
20		
21		
22		
23		
24		
25		

Travel Expenses

26

27

28

29

30

31

32

33

	Current Year	Prior Year
26		
27		
28		
29		
30		
31		
32		
33		

Meals and Entertainment Expense

34

35

36

37

38

39

40

41

	Current Year	Prior Year
34		
35		
36		
37		
38		
39		
40		
41		

Name _____

SSN _____

Property _____

Vehicle Information (Schedule E)

Vehicle 1 -

Vehicle 2 -

	Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount
1 Date vehicle was placed in service . . . 1				
2 Cost of vehicle 2				
3 Total miles driven for the year 3				
4 Business miles driven during the year . 4				
January 1 to June 30				
July 1 to December 31				
5 Commuting miles included on line 3 . . . 5				
6 Parking fees and tolls 6				
7 Vehicle Interest 7				
8 Vehicle Personal Property tax 8				

Actual Expenses

9 Gasoline, oil and repairs 9				
10 Vehicle Insurance 10				
11 Vehicle registration fees 11				
12 Vehicle lease or rental 12				
13 ----- 13				

Vehicle 3 -

Vehicle 4 -

	Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount
1 Date vehicle was placed in service . . . 1				
2 Cost of vehicle 2				
3 Total miles driven for the year 3				
4 Business miles driven during the year . 4				
January 1 to June 30				
July 1 to December 31				
5 Commuting miles included on line 3 . . . 5				
6 Parking fees and tolls 6				
7 Vehicle Interest 7				
8 Vehicle Personal Property tax 8				

Actual Expenses

9 Gasoline, oil and repairs 9				
10 Vehicle Insurance 10				
11 Vehicle registration fees 11				
12 Vehicle lease or rental 12				
13 ----- 13				

Name _____

SSN _____

Miscellaneous Income

	Filer			Spouse	
	Current Year Amount	Prior Year Amount		Current Year Amount	Prior Year Amount
1 Refund from state			1		
2 Unemployment compensation			2		
3 Prizes and awards			3		
4 Scholarships and fellowships			4		
5 Bartering income			5		
6 Fees received for jury duty			6		
7 Income from rental of personal property, if not in the business of renting such property			7		
8 Precinct election board duty			8		
9 Alaska Permanent Fund Dividends			9		
10 -----			10		
11 -----			11		
12 -----			12		
13 Other income not provided for in this Organizer			13		

Adjustments to Income

* F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint.

*F/S/J				Current Year Amount	Prior Year Amount
<input type="checkbox"/>	1	Educator expenses	1		
<input type="checkbox"/>	2	Student loan interest	2		
<input type="checkbox"/>	3	Health Savings account deduction	3		
<input type="checkbox"/>	4	Moving expenses	4		
<input type="checkbox"/>	5	Self-employed SEP, SIMPLE, or other qualified plans	5		
<input type="checkbox"/>	6	Penalty on early withdrawal of savings	6		
<input type="checkbox"/>	7	Tuition and fees	7		

Miscellaneous Deductions

* F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint.

*F/S/J				Current Year Amount	Prior Year Amount
<input type="checkbox"/>	1	Performing-arts-related expenses	1		
<input type="checkbox"/>	2	Foreign housing deduction	2		
<input type="checkbox"/>	3	Jury duty pay given to your employer	3		
<input type="checkbox"/>	4	Reforestation amortization	4		
<input type="checkbox"/>	5	Repayment of sub-pay under the Trade Act of 1974	5		
<input type="checkbox"/>	6	Contributions to Section 501(c)(18) pension plans	6		
<input type="checkbox"/>	7	Attorney fees and court costs paid for actions settled or decided after October 22, 2004 involving unlawful discrimination claims, but only to the extent of gross income from such actions.	7		
<input type="checkbox"/>	8	Employee business expenses of fee-basis state or local government officials	8		
<input type="checkbox"/>	9	Expenses from the rental of personal property but were not in the business of renting such property	9		
<input type="checkbox"/>	10	Contributions by chaplains to section 403(b) plans	10		
<input type="checkbox"/>	11	Archer MSA deduction	11		
<input type="checkbox"/>	12	-----	12		
<input type="checkbox"/>	13	-----	13		

Name _____

SSN _____

IRA Contribution Information

Traditional IRA Contributions

Filer

- 1 Enter total traditional IRA contributions made for 2011 1
- 2 Enter contributions, on line 1, made after 12/31/2011 and before 04/15/2012 2
- 3 Enter value of all traditional IRAs as of 12/31/2011 3

Current Year Amount	Prior Year Amount

Spouse

- 4 Enter total traditional IRA contributions made for 2011 4
- 5 Enter contributions, on line 4, made after 12/31/2011 and before 04/15/2012 5
- 6 Enter value of all traditional IRAs on 12/31/2011 6

Roth Contributions

Filer

- 1 Enter 2011 Roth IRA contributions 1
- 2 Enter value of all Roth IRAs on 12/31/2011 2

Current Year Amount	Prior Year Amount

Spouse

- 3 Enter 2011 Roth IRA contributions 3
- 4 Enter value of all Roth IRAs on 12/31/2011 4

SIMPLE IRA

Filer

- 1 Enter value of all SIMPLE IRAs on 12/31/2011 1

Current Year Amount	Prior Year Amount

Spouse

- 2 Enter value of all SIMPLE IRAs on 12/31/2011 2

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Education IRA (Coverdell ESA)

Filer

- 1 Enter 2011 Coverdell ESA contributions 1
- 2 Enter value of the Coverdell ESA on 12/31/2011 2

Current Year Amount	Prior Year Amount

Spouse

- 3 Enter 2011 Coverdell ESA contributions 3
- 4 Enter value of the Coverdell ESA on 12/31/2011 4

Name _____

SSN _____

Taxes - Itemized Deductions

Current Year Amount	Prior Year Amount

Real Estate Taxes

23 Principal residence 23

Real Estate Not Held For Investment

24 24

25 25

26 26

27 27

28 28

Real Estate Held For Investment

29 29

30 30

31 31

32 32

33 33

34 Personal property taxes 34

Other Taxes

35 35

36 36

37 37

--	--

Name _____

SSN _____

Unreimbursed Employee Expenses - Itemized Deductions

Current Year Amount	Prior Year Amount
---------------------	-------------------

List car, truck, transportation, meals and entertainment expenses on Employee Expenses tab

48	Union dues	48		
49	Professional journals and subscriptions	49		
50	Uniform and protective clothing costs and cleaning	50		
51	Job search costs (resumes, travel, postage, etc.)	51		
52	.....	52		
53	.....	53		
54	.....	54		
55	.....	55		
56	.....	56		
57	.....	57		
58	.....	58		

Other Miscellaneous Expenses - Itemized Deductions

		If investment related enter "X"	Current Year Amount	Prior Year Amount
59	Certain attorney and accounting fees			
60	Safe deposit box rental			
61	IRA Custodial fees			
62	Investment counsel and advisory fees			
63	.....		
64	.....		
65	.....		
66	.....		
67	.....		
68	.....		
69	.....		
70	.....		
71	.....		
72	.....		
73	.....		
74	.....		

Other Miscellaneous Deductions

75	Tax preparation fees	75		
76	Gambling losses (if gambling income)	76		
77	Amortizable bond premiums on bonds acquired before 10/23/86	77		
78	From K1 Input Worksheet (1065 & 1120S) - Portfolio deduction	78		
79	.....	79		
80	.....	80		
81	.....	81		
82	.....	82		
83	.....	83		
84	.....	84		
85	.....	85		

Name _____

SSN _____

Noncash Charitable Contributions (Total of Contributions more than \$500)

Information on Donated Property

(a) Name and Address of the Donee Organization		(b) Description of Donated Property
1	Name Address City State Zip Code	
2	Name Address City State Zip Code	
3	Name Address City State Zip Code	
4	Name Address City State Zip Code	
5	Name Address City State Zip Code	

Note: If the fair market value for an item is \$500 or less, you do not have to complete columns (d), (e), and (f).

	(c) Date of the Contribution	(d) Date Acquired mm/dd/yyyy	(e) How Acquired	(f) Cost or Adjusted Basis	(g) Fair Market Value F. M. V.	(h) Method Used to Determine the F. M. V.
1						
2						
3						
4						
5						

Name _____

SSN _____

Employee Business Expenses

Enter "X" in one box: Occupation in which you incurred the expenses

Filer

Spouse

Meals and Entertainment

- 1 Meals and entertainment expenses 1
- 2 Enter "X" in the box if subject to DOT hours of service limits 2

Current Year Amount	Prior Year Amount

Travel Expenses

- 3 Parking fees, tolls, and transportation, including train, bus, etc., that DID NOT involve overnight travel or commuting to and from work. 3
- 4 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. DO NOT include meals and entertainment. 4

Other Employment Related Expenses

- 5 Business gifts 5
- 6 Employment related education expenses 6
- 7 Trade publications 7
- 8 8
- 9 9
- 10 10
- 11 11
- 12 12

Vehicle Information

Vehicle 1 -

Vehicle 2 -

- 13 Date vehicle was placed in service . . . 13
- 14 Cost of vehicle 14
- 15 Total miles driven for the year 15
- 16 Business miles driven during the year 16
 - January 1 to June 30
 - July 1 to December 31
- 17 Commuting miles (included in total miles driven for the year) 17
- 18 Average daily roundtrip commuting miles 18
- 19 Vehicle Interest 19
- 20 Vehicle Personal Property tax 20

Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount

If claiming actual expenses continue:

- 21 Gasoline, oil, repairs and vehicle insurance 21
- 22 Vehicle lease or rental 22
- 23 Value of employer-provided vehicle (if 100% is included in W-2) 23

Name _____

SSN _____

Child and Dependent Care Expenses

- 1 Amount of dependent care benefits forfeited **1** _____
- 2 Amount of dependent care expenses incurred in 2010 and paid in 2011 **2** _____

Note: Enter qualified expenses for dependents on the Organizer dependent sheet.

Non-Dependent Information and Qualifying Expenses

	First Name	Last Name	Birthdate	SSN	Amount incurred and paid in 2011
3	_____	_____	_____	_____	_____
4	_____	_____	_____	_____	_____
5	_____	_____	_____	_____	_____

Persons or Organizations Who Provided the Care

	Name	Address	SSN/EIN	Amount incurred and paid in 2011
6	First: _____	_____	SSN: _____ EIN: _____	
	Last: _____	City: _____		
	Business: _____	State: _____ Zip: _____		
7	First: _____	_____	SSN: _____ EIN: _____	
	Last: _____	City: _____		
	Business: _____	State: _____ Zip: _____		
8	First: _____	_____	SSN: _____ EIN: _____	
	Last: _____	City: _____		
	Business: _____	State: _____ Zip: _____		
9	First: _____	_____	SSN: _____ EIN: _____	
	Last: _____	City: _____		
	Business: _____	State: _____ Zip: _____		
10	First: _____	_____	SSN: _____ EIN: _____	
	Last: _____	City: _____		
	Business: _____	State: _____ Zip: _____		