INDIVIDUAL INCOME TAX INFORMATION FOR 2011

1. GENERAL INFORMATION

Name ______________________ Date of Birth ___/___/___ Soc Sec # ______________
Spouse ______________________ Date of Birth ___/___/___ Soc Sec # ______________
Taxpayer Occupation ______________________ Spouse's Occupation ______________________
Address ______________________ City ______________ State ______ Zip Code ______________
County ______________ Home Phone ______________ Work ______________ Cell ______________
Work ______________ Cell ______________
E-mail Address (***to contact for additional information***) ______________________________

Circle Filing Status Single Married Filing Joint Married Filing Separately Head of Household

2. DEPENDENT INFORMATION

Name	Date of Birth	Social Security #	Relationship	Months Lived at Home	Student Yes/No
	/ /				
	/ /				
	/ /				
	/ /				
	/ /				

3. ESTIMATED TAX PAYMENTS - (Bring copies of your cancelled checks.)

	Federal	State
April 15, 2011	$	$
June 15, 2011	$	$
September 15, 2011	$	$
December 31, 2011	$	$
January 15, 2012	$	$
2010 overpayment applied to 2011	$	$

4. WAGES & COMPENSATION (Bring in all W-2 and 1099 forms)

5. INTEREST & DIVIDEND INCOME (Bring in all 1099 forms)

Name of Payer	Amount	Name of Payer	Amount
	$		$
	$		$

6. TAX-EXEMPT INTEREST

Name of Payer	Amount	Name of Payer	Amount
	$		$
	$		$

7. **<u>OTHER INCOME</u>** (**Bring in all 1099 forms)**

		Taxpayer	Spouse
A.	Unemployment Compensation Received	$	$
B.	State Income Tax Refund	$	$
C.	Alimony Received	$	$
D.	Tip Income Not Reported on W-2	$	$
E.	Social Security Benefits **(bring in Social Sec forms)**	$	$
F.	Gambling Winnings **(bring in W-2G forms)**	$	$
G.	IRA Distributions Received **(bring in 1099-R forms)**		
H.	Pension & Annuity Income **(bring in 1099-R forms)**		
I.	Other Income (please list payee and amount)		
	______________________	$	$
	______________________	$	$
	______________________	$	$
	______________________	$	$

	Yes	No	
J.	_____	_____	Sale of Investments **(Bring in all 1099 forms)** Attach a list showing: <u>Item Sold</u> <u>Date Sold</u> <u>Sale Proceeds</u> <u>Date Acquired</u> <u>Cost or Basis</u>
K.	_____	_____	Business Income – Attach the schedule of Income and Related Expenses (yellow form)
L.	_____	_____	Rental income – Attach the Income and Expenses for Each Property (blue form)
M.	_____	_____	Partnerships, 'S'-Corporations, Trusts & LLC's – **(Bring in all K-1 Forms)**
N.	_____	_____	Did you Purchase or Sell your Personal Residence – (Bring in Closing Statement)
O.	_____	_____	Did you make any Energy Efficient Improvements to your home in 2011? – (Bring in receipts)
P.	_____	_____	Did you receive employer sponsored dependent care benefits this year? (flex benefits)
Q.	_____	_____	Did you pay any student loan interest this year? – (Bring in Form 1098E)
R.	_____	_____	Did you pay college tuition for yourself or dependent this year? – (Bring in Form 1098-T and complete section below)
S.	_____	_____	Did you or your employer contribute to a Health Savings Account in 2011?
T.	_____	_____	Are you or your spouse insured by a long-term care "partnership plan"? (Bring in certification) **You will need to contact your insurance company if you do not have a copy of the certificate**

<u>Child's Name</u>	<u>Dates Paid</u>	<u>Amount Paid</u>	Circle Year in College as of 01/01/11
		$	1 2 3 4 5
		$	1 2 3 4 5
		$	1 2 3 4 5

DEDUCTIONS

8. **<u>IRA PLANS</u>**

		Taxpayer	Spouse
A.	If eligible, do you want to contribute to an IRA? (yes or no)		
B.	Amount already contributed for 2011 (if any)	$	$
C.	Type of IRA (Roth, Traditional, Other)		

9. **ALIMONY** Amount Social Sec #

Amount paid this year and recipient's Social Security Number $__________ __________

10. **CHILD CARE** – (Daycare Center or Baby Sitter)

Amount flexed through your employer $__________

1. Name __________ I.D or Soc Sec # __________
   Address __________
   Amount Paid $__________ Name of children attending __________

2. Name __________ I.D or Soc Sec # __________
   Address __________
   Amount Paid $__________ Name of children attending __________

11. **EMPLOYEE BUSINESS EXPENSE** – (Mileage **must** be supported by a written log or expense report to be eligible for deduction.)

Business miles driven __________

Total of all miles driven, including personal __________

Cost of business related meals (only if you are not using per diem) $__________

Lodging costs $__________

Number of days away from home overnight on business __________

__________ $__________

__________ $__________

12. **MOVING EXPENSES** – Attach a list of any moving expenses as a result of a job related relocation

13. **MEDICAL EXPENSE**

Medical insurance premiums you paid (***do not include Medicare***) $__________

Prescription drugs, insulin, doctors, dentists, hospitals, chiropractors and clinics you paid $__________

Eyeglasses, hearing aids, dentures, etc. $__________

Long-Term Care Insurance premiums paid Taxpayer $__________

Spouse $__________

Lodging costs while away from home for medical treatment $__________

Miles driven for medical care __________

14. **TAXES**

Real estate tax on residence paid in 2011 (Must bring in 2010 Real Estate tax statement) $__________

Taxes paid on second home, vacation home, lake cabin, etc. $__________

15. **INTEREST**

Home mortgage interest and points paid to financial institutions (Bring in Form 1098) $__________

Second mortgage interest paid on personal residence $__________

Home mortgage interest paid to individuals (person's name, SS# and address) $__________

Investment interest paid $__________

Mortgage Insurance Premium paid $__________

16. **CONTRIBUTIONS** - Cash contributions require a receipt from the charity to be deductible.

Church and Charities paid by Cash (receipt required) or Check $__________

Non-cash Contributions – (Provide detail information below)

Name & Address of Donee Organization	Description of Property	Date of Contribution	Your Cost of Property	Fair Market Value of Property	Method used to Determine Fair Market Value
		/ /	$	$	
		/ /	$	$	

17. **MISCELLANEOUS DEDUCTIONS**

Union & Professional Dues	$	Uniforms & Tools	$
Safe Deposit Box	$	Tax Prep Fees	$
Documented Gaming Losses	$	Other	$

18. **EDUCATOR CLASSROOM EXPENSES**

Amount of unreimbursed expenses incurred in connection with books, supplies, computer equipment and supplementary materials used in the classroom $__________

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