

TAX DEDUCTION FINDER FOR TAX YEAR 2011

In order to **ACCURATELY** and **PROMPTLY** prepare your tax return, please enter **ALL INFORMATION** that pertains to your tax situation.

PLEASE NOTE: If our form is not sufficient to handle all your transactions in any category, please attach additional information on a separate sheet of paper. For income, include all original W-2 forms as well as any 1099 forms if tax was withheld.

TAXPAYER INFORMATION

| Name | | Soc. Sec. No. | Date of Birth |
|----------------|--|---------------|---------------|
| Taxpayer | | | |
| Spouse | | | |
| Occupation | | Work Phone | Cell Phone |
| Taxpayer | | | |
| Spouse | | | |
| Street Address | | | |
| Home Phone | | Fax | Email |

Preferred contact method: Home Phone Taxpayer Phone Spouse Phone Email Mail Fax *(we will call first)*

How do you want your copy of the tax return sent to you? Secure Portal Mail Mail – Signature Confirmation

Do you want to have our preparation fees withheld if you receive a refund? Yes No

DEPENDENTS

List name(s) as appears on Social Security Card and attach copy of card for new dependents.

| Name | Soc. Sec. No. | Date of Birth | Relationship to You | Months Lived With You |
|------|---------------|---------------|---------------------|-----------------------|
| | | | | |
| | | | | |
| | | | | |

CHILDCARE EXPENSES

ALL of this information is required. No deduction allowed by IRS if ANY information is missing.

Provider

Street Address, City, State, Zip Code

If **INDIVIDUAL**, provide **Social Security Number**
If **BUSINESS**, provide **Federal Identification Number**

Amount Paid

INCOME

Check any that are applicable to you and attach the appropriate forms.

- Wages:** Attach two copies of each W-2 form received to this worksheet. Keep any remaining copies for your records.
- Pension Plans, IRA Distributions, and/or Rollovers:** Attach all 1099-R forms.
- Social Security Income:** Attach all 1099-SSA forms.
- Interest Income on ALL Interest-Bearing Accounts:** Includes bank accounts, credit unions, brokerage accounts, etc. Attach all 1099-INT forms.
- Dividend Income:** From individual stocks, brokerage accounts, etc. Attach all 1099-DIV forms.
- Sale of Stocks, Bonds, or Other Investments:** Attach all 1099-B forms.
- Miscellaneous Income:** Includes income from side jobs, independent contractor work, prizes won, etc. Attach all 1099-MISC forms.
- Unemployment Compensation:** Attach all 1099-G forms.
- Disability and Life Insurance:** Attach all statements.
- Alimony RECEIVED:** Name of former spouse: _____ SSN: _____ Amount: _____

SELF-EMPLOYED INDIVIDUAL/BUSINESS INCOME and/or RENTAL INCOME: Please use separate worksheets provided. If you did not receive these worksheets, you may download them in PDF format from our website or please call our office to have the forms mailed or faxed to you.

UNREIMBURSED MEDICAL & DENTAL EXPENSES

Do not include amounts for over-the counter drugs, herbs, or vitamins.

| Type of Expense | Taxpayer | Spouse |
|--|----------|--------|
| Doctors, Dentists, Hospitals, Labs, Psychologists/Psychiatrics | \$ | \$ |
| Prescriptions, Medical Supplies (glasses, hearing aids, prosthetics, etc.) | \$ | \$ |
| Health & Dental Insurance Premiums | \$ | \$ |
| Long-Term Care Premiums | \$ | \$ |
| Number of Medical Miles | | |

UNREIMBURSED EMPLOYEE BUSINESS EXPENSES

Do not include any expenses for SELF-EMPLOYMENT.

These are expenses incurred by your regular employment that your employer did NOT reimburse you for.

| Type of Expense | Taxpayer Amount | Spouse Amount |
|--|-----------------|---------------|
| Number of Business Miles driven during year for your employer | | |
| Total Miles Driven for any purpose | | |
| Parking & Tolls Paid related to your employment | \$ | \$ |
| Business Meals & Entertainment not paid for by your employer | \$ | \$ |
| Transportation & Lodging while away from home, such as airfare, rental car, hotel fees, etc. | \$ | \$ |
| Services Used While Traveling – Business ONLY including fax, cell phone, internet, postage, courier, dry cleaning/laundry, etc. | \$ | \$ |

Unreimbursed Employee Business Expenses (continued from previous page)

| Type of Expense | Taxpayer Amount | Spouse Amount |
|--|-----------------|---------------|
| Business Books & Magazines including subscriptions | \$ | \$ |
| Seminars, Training, Continuing Education not paid for by employer | \$ | \$ |
| Uniforms – purchase price and dry cleaning ONLY | \$ | \$ |
| Professional License Fees, Association Dues, Union Dues | \$ | \$ |
| Teacher's Expenses including classroom supplies, books, etc. | \$ | \$ |
| Other – please specify: _____ | \$ | \$ |

MISCELLANEOUS DEDUCTIONS

| Type of Expense | Taxpayer Amount | Spouse Amount |
|--|-----------------|---------------|
| Safe Deposit Box Fees if used to store investment items | \$ | \$ |
| Fees for IRA Accounts, Other Investment Accounts or Investment Advice | \$ | \$ |
| Fees for Tax Advice, Tax Preparation or Tax-Related Estate Planning | \$ | \$ |

TAXES PAID

| Type of Expense | Amount Paid |
|---|-------------|
| Real Estate Taxes – Personal Residence | \$ |
| Real Estate Taxes – Vacation or Second Home (no rental properties) | \$ |
| Real Estate Taxes – Time Share | \$ |
| Real Estate Taxes – Lots, Land | \$ |
| Ad Valorem Taxes – Vehicles, RV's, Boats, Motorcycles, Mobile Homes, Airplanes, etc. (tax only, no fees) | \$ |
| Sales & Use Tax on Large Purchases (such as a vehicle; include copy of sales receipt) | \$ |

ESTIMATED TAXES

| Quarter | Federal Tax | State Tax | Date Federal Paid | Date State Paid* |
|--|-------------|-----------|-------------------|------------------|
| First – Due April 15th | \$ | \$ | | |
| Second – Due June 15th | \$ | \$ | | |
| Third – Due September 15th | \$ | \$ | | |
| Fourth – Due January 15th | \$ | \$ | | |

* State payment for 4th quarter has to be made by December 31 to be deductible in the current year.

MORTGAGE INTEREST

Please attach all 1098-Mortgage Interest forms received. If you refinanced or purchased your home during this tax year, please enclose front and back copy of the Settlement Statement or HUD-1 form received at closing.

| Type of Interest | Amount |
|---|--------|
| Primary Mortgage Interest Paid for Residence | \$ |
| Secondary Mortgage Interest Paid for Residence | \$ |
| Home Equity Line of Credit (secured by residence) | \$ |
| Time Share Mortgage Interest | \$ |
| Vacation or Second Home Mortgage Interest (no rental properties) | \$ |
| Mortgage Interest Paid to Individual (not a bank or loan company; include social security number and address of individual) | \$ |

Include SSN and address of individual here.

CASH CHARITABLE CONTRIBUTIONS

Include monetary contributions to qualified organizations only, NOT individuals.

You must include a receipt, letter or canceled check for all contributions. Donations can be made by cash, check or credit card.

| Name of Organization | Amount TAXPAYER Donated | Amount SPOUSE Donated |
|----------------------|-------------------------|-----------------------|
| | \$ | \$ |
| | \$ | \$ |
| | \$ | \$ |
| TOTALS: | \$ | \$ |

NON-CASH CHARITABLE CONTRIBUTIONS

*The IRS requires the address of the organization donated to – please attach receipts or letters received to this worksheet.
When determining value, use thrift store value. Giving to individuals is not tax-deductible.*

Item(s) Donated: (attach separate list if necessary)

| Organization | Item(s) | Condition of Item* | Fair Market Value [#] | Date Originally Purchased | Date Donated |
|--------------|---------|--------------------|--------------------------------|---------------------------|--------------|
| | | | \$ | | |
| | | | \$ | | |
| | | | \$ | | |

* Excellent, good, fair, poor [#] Must have appraisal if over \$5,000

Mileage for Charitable Works: (include miles driven for charity, not amount spent on gas) _____

Other Out-of-Pocket Expenses for Charity: (please explain) _____

IRA CONTRIBUTIONS

Only include contributions made by April 15, 2011. Attach Form 5498 from bank or brokerage firm.

| Type of IRA | Amount TAXPAYER Contributed | Amount SPOUSE Contributed | Date of Contribution | Applicable Year |
|---------------|-----------------------------|---------------------------|----------------------|-----------------|
| Nondeductible | \$ | \$ | | |
| Deductible | \$ | \$ | | |
| ROTH | \$ | \$ | | |

Did you make a ROTH Conversion or Recharacterization? If yes, what was the amount? \$ _____

TUITION & STUDENT LOANS

*Please attach all 1098-T forms. Include a separate list with more information if necessary.
For student loan interest, attach all 1098-E forms from financial institution(s) if applicable.*

| Type of Expense | 1st Student Name: _____ | 2nd Student Name: _____ |
|--|-------------------------|-------------------------|
| Tuition, Fees, Books, Supplies for First Two Years of College | \$ | \$ |
| Tuition, Books, Supplies for Non-Degree Courses | \$ | \$ |
| Tuition for 3rd Year of College and Beyond (including graduate training) | \$ | \$ |
| Student Loan Interest | \$ | \$ |

529 PLAN CONTRIBUTIONS

Name of State Plan: _____ Amount Contributed: \$ _____

OFFICE IN HOME – NOT SELF EMPLOYED

Only for employees of a company that does not provide an office, and requires that you provide your own home office.

| Type of Expense | Taxpayer Amount | Spouse Amount |
|--|-----------------|---------------|
| Second Telephone Line Charges (first line is not deductible) | \$ | \$ |
| Total Utilities Paid including gas, water, electric, garbage pickup | \$ | \$ |
| Total Rent Paid – only if you pay rent for your home | \$ | \$ |
| Hazard or Renters Insurance | \$ | \$ |
| Maintenance and Repairs | \$ | \$ |
| Office Supplies (please include a separate list showing office supplies purchased, date purchased, and cost of item) | \$ | \$ |
| Pest Control | \$ | \$ |

Office in Home (continued from previous page)

| Type of Expense | Taxpayer Amount | Spouse Amount |
|--|-----------------|---------------|
| Improvements – new roof, carpeting, HVAC, etc. | \$ | \$ |
| Homeowners/Condo Association Fees | \$ | \$ |
| Special City/County Assessments | \$ | \$ |
| Other (please specify): _____ | \$ | \$ |

Square footage of area of home used exclusively for business: _____ sq. ft.

Total heated square footage of home: _____ sq. ft.

MOVING EXPENSES RELATED TO EMPLOYMENT

Include expenses only related to moving because of your employment, and only if you moved more than 50 miles.

| Date of Move | Number of Miles Moved | Amount Paid for Moving Household Goods Only | Travel Amount Paid For Lodging of employee and family by employer, for one trip |
|--------------|-----------------------|---|---|
| | | \$ | \$ |

PROPERTY CASUALTY LOSS

Did you experience a disaster (such as a flood, tornado, etc.) that caused severe damage to your home in 2011? If so, please fill out the information below. Attach a separate sheet if necessary.

| Date of Casualty | Disaster Type | Property Lost | Fair Market Before Casualty | Fair Market After Casualty | Original Cost of Property |
|------------------|---------------|---------------|-----------------------------|----------------------------|---------------------------|
| | | | | | |

Was your property in a federally-declared disaster area at the time of casualty? Yes No

Insurance Proceeds or FEMA Grants Received: \$ _____ (Please attach FEMA or SBA loan letter.)

RESIDENTIAL ENERGY CREDITS

Certain energy-efficiency improvements that you installed or placed in service during 2011 are eligible for a tax credit. Some limits apply; we will discuss these with you during tax preparation.

Did you install any energy-efficient improvements to your home, such as exterior doors, windows, insulation, heat pumps, water heaters, furnaces, HVAC units, solar-powered equipment, or wind-powered equipment? If so, please describe and attach any sales receipts or documentation: _____

FOREIGN FINANCIAL ACCOUNTS

If you have any savings, checking or other types of financial accounts held in foreign countries, a form must be reported and received by the IRS by June 30, 2012. There are no extensions for reporting this. Failure to file results in a \$10,000 penalty.

| Name of Institution | Country | Balance in TAXPAYER'S account(s)* | Balance in SPOUSE'S account(s)* |
|---------------------|---------|-----------------------------------|---------------------------------|
| | | \$ | \$ |
| | | \$ | \$ |
| | | \$ | \$ |
| TOTALS: | | \$ | \$ |

**If not using American dollars, specify which currency.*

FORECLOSURES, DEBTS & CANCELLATION OF INDEBTEDNESS

Please attach any 1099-A or 1099-C forms received and a list of all assets owned and all liabilities before date of debt cancellation.

- Did you hold any debts or securities that became worthless during the year?
- Was any debt on your principal residence or investment property reduced or forgiven?
- Did you execute a short sale on a home or experience foreclosure?

If so, please describe here (attach additional page if necessary): _____

ADDITIONAL INFORMATION

- Do you wish to direct deposit any refunds? Yes No

If yes, please attach a voided check, even if your refunds have been direct-deposited by our firm in the past.

- Did you pay alimony to a former spouse in 2011? If yes, enter the information below:

| | | |
|-----------------------|-----------------------------------|-------------|
| Name of Former Spouse | Social Security Number (required) | \$ |
| | | Amount Paid |

- Did you purchase any of these new in 2011? If so, please attach a sales receipt:
 - New passenger automobile, light truck, motorcycle, or motor home Yes No
 - New low-speed, 2-wheeled or 3-wheeled vehicle Yes No

- Did you incur a penalty for an early withdrawal from a CD account? If so, what was the penalty (attach statement)? \$ _____

- Did you receive COBRA premium assistance (reduced premium payment)? If yes, please provide amount: \$ _____

- Did you or your spouse have any bartering income in 2011? If yes, please provide details: _____
- _____

- Did you have any gambling winnings or losses? Winnings: \$ _____ Losses: \$ _____

Attach all W-2s or other forms/statements provided by casino.

