

**Smith Financial Services, P.A.
14 B West Main St
Middletown, MD 21769-8005
301-473-5880**

Dear :

Your Client Organizer is attached and ready for printing. Open the PDF file attachment by either double-clicking the attachment or using the Download button, depending on your email program. Adobe® Reader® version 9.0 (or greater) is required to view your tax return. If it is not installed on your computer, download it free from <http://get.adobe.com/reader/>.

If you did not receive an attachment with this email, please contact our office.

To protect your privacy, your Client Organizer is password protected. When prompted, enter the password using only numbers. The password to open your Electronic Client Organizer is your SSN. For example, if your Social Security number is 111-22-3333 you would enter 111223333.

PRIVACY POLICY

Like all providers of personal financial services, tax professionals are required by law to inform clients of their policies regarding privacy of client information. Our firm continues to adhere to professional standards of confidentiality that are even more stringent than those required by law. We have always protected the security and privacy of your personal and financial information.

Types of Nonpublic Personal Information We Collect

The only nonpublic personal information we collect is provided to us by you or obtained with your authorization.

Parties to Whom We Disclose Information

We do not disclose any nonpublic personal information obtained in the course of our practice except as required or permitted by law. Permitted disclosures may include providing information to our employees, or, in limited situations, to unrelated third parties who need that information to assist us in serving you. In all situations, we stress the confidential nature of the information being shared.

Protecting the Confidentiality and Security of Clients' Information

We retain records relating to our professional services to better serve your professional needs and, in some cases, to comply with professional guidelines. In order to protect your nonpublic personal information, we maintain physical, electronic, and procedural safeguards that comply with our professional standards.

In order to meet the filing deadline for your 2011 income tax return, your completed tax organizer needs to be received by our office no later than March 23, 2012. Any information received after that date may require an extension of time be filed for your return.

To contact us regarding this message, please call us at 301-473-5880 or email us at KARENS@SFS-MD.COM.

Thank you for the opportunity to serve you.

Sincerely,

Smith Financial Services, P.A.

This electronic mail message contains confidential and legally privileged information intended only for the use of the recipient. If the reader of this message is not the intended recipient, the reader is hereby notified that any dissemination, distribution, copying or other use of this message is strictly prohibited and is hereby instructed to notify the sender immediately by return email and destroy this copy of this message.



Dear :

Enclosed is the paperwork necessary to begin the preparation of your 2011 income tax returns. In order for our office to begin the return, we must have the engagement letter signed by **both husband and wife** (where applicable), the completed and signed questionnaire and required deposit.

Also enclosed is a Tax Organizer that is designed to help you organize the information needed to prepare the return. We have preprinted certain information from your 2010 personal income tax return to help you complete the organizer with minimal time and effort.

We will need the original documents in order to verify the information. If you would like to organize your data, enter 2011 information on the Client Organizer sheets provided. If any information does not apply to you or is incorrect, please draw a line through it or make the necessary corrections.

The Client Questionnaire asks about pertinent tax items necessary for preparing the most accurate tax return possible. Please answer all applicable questions and attach a statement when necessary for additional information not provided in the Client Organizer.

In your Client Organizer, all social security numbers and bank account numbers have been replaced with asterisks (***-**-****) and (****1234) to protect your privacy and personal information. If you need to change or update a social security number or bank account information, please contact this office. Do not indicate the social security number or bank account change on your Client Organizer. When you receive your completed tax return(s), please review all social security numbers and bank account information for accuracy. Report any discrepancies to this office immediately.

If you have received this information via your web portal, please print out and complete all of the pages.

If you are receiving a paper copy of this mailing, please complete all of the attached pages.

In order to meet the filing deadline for your 2011 income tax return, your completed tax organizer needs to be received by our office no later than March 23, 2012. Any information received after that date may require an extension of time to be filed for your return.

If your return is not included in a regularly billed fee, a deposit of \$150 is due at the time your information is provided to our office. The return must be paid in full before the return will be efiled or provided to you.

IMPORTANT: THE PREPARATION OF YOUR TAX RETURN WILL NOT BE STARTED WITHOUT THE COMPLETED AND SIGNED ATTACHED QUESTIONNAIRE, SIGNED ENGAGEMENT LETTER BY BOTH HUSBAND AND WIFE (where applicable) AND REQUIRED DEPOSIT.

By law all charitable contributions claimed as a deduction on your tax return must be substantiated by keeping a written record of the contribution. Acceptable written records used to substantiate each contribution include a cancelled check or bank record that supports the donation, or a written receipt or similar statement that includes (1) the name of the donee organization and (2) the date and amount of the contribution and (3) if any goods or services were received in exchange for the contribution. If the resulting returns are examined by the IRS, requests may be made for the written record of the contribution. It is recommended that for any charitable contributions claimed, you retain the written records for at least seven years.

You may visit our website at www.sfs-md.com to print a charitable contribution worksheet to assist you in organizing your contributions.

We will also need the following information:

- Forms W-2 for wages, salaries and tips.
- All Forms 1099 for interest, dividends, retirement, miscellaneous income, Social Security, state or local refunds, gambling winnings, etc.
- Brokerage statements showing investment transactions for stocks, bonds, etc.
- Schedule K-1 from partnerships, S corporations, estates and trusts.
- Statements supporting deductions for mortgage interest, taxes, and charitable contributions (including any Form 1098-C).
- Copies of closing statements regarding the sale or purchase of real property.
- Legal papers for adoption, divorce, or separation involving custody of your dependent children.
- Any tax notices sent to you by the IRS or other taxing authority.
- A copy of your income tax return from last year, if not prepared by this office.
- **Estimated payments for the 2011 tax year must be verified before your return can be completed.**

Thank you for the opportunity to serve you.

Sincerely,

Smith Financial Services, P.A.

PRIVACY POLICY

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We do not disclose any nonpublic personal information obtained in the course of our practice except as required or permitted by law. Permitted disclosures may include providing information to our employees, or, in limited situations, to unrelated third parties who need that information to assist us in serving you. In all situations, we stress the confidential nature of the information being shared.

Protecting the Confidentiality and Security of Clients' Information

We retain records relating to our professional services to better serve your professional needs and, in some cases, to comply with professional guidelines. In order to protect your nonpublic personal information, we maintain physical, electronic, and procedural safeguards that comply with our professional standards.



Dear :

This letter is to confirm and specify the terms of our engagement with you and to clarify the nature and extent of the services we will provide. In order to ensure an understanding of our mutual responsibilities, we ask all clients for whom returns are prepared to confirm the following arrangements.

We will prepare your 2011 federal and requested _____ state income tax returns from information which you will furnish to us. We will not audit or otherwise verify the data you submit, although it may be necessary to ask you for clarification of some of the information. We will furnish you with questionnaires and worksheets to guide you in gathering the necessary information. Your use of such forms will assist in keeping the fee to a minimum.

It is your responsibility to provide all the information required for the preparation of complete and accurate returns. You represent that the information you are supplying to us is accurate and complete to the best of your knowledge and that your expenses for meals, entertainment, travel contributions and vehicle use are supported by records as required by law. You should retain all the documents, cancelled checks and other data that form the basis of income and deductions. These may be necessary to prove the accuracy and completeness of the returns to a taxing authority. You have the final responsibility for the income tax returns and, therefore, you should review them carefully before you sign them. If any changes are required, it is your responsibility to inform us so necessary corrections to your returns are made prior to filing. Any changes made after the filing will require an additional fee.

Our work in connection with the preparation of your income tax returns does not include any procedures designed to discover defalcations and/or irregularities, should any exist. We will render such accounting and bookkeeping assistance as determined to be necessary for preparation of the income tax returns.

You will be charged an additional fee if we are asked to assist or represent you in a tax examination, inquiry or notice. In the event of preparer error, you are responsible for additional tax that may be due, but it is our responsibility to pay for any penalty that may be assessed.

Your returns may be selected for review by the taxing authorities. Any proposed adjustments by the examining agent are subject to certain rights of appeal. In the event of such government tax examination, we will be available upon request to represent you and will render additional invoices for the time and expenses incurred. Our firm is not responsible for IRS disallowance of doubtful deductions unsupported by adequate documentation.

A deposit of \$150 is required before work will begin on your return. Our fee will be based upon a fee schedule and amount of time required, which will be included with your copy of the return. All tax invoices must be paid in full before the return will be provided. This fee does not include responding to IRS or state inquiries.

All returns will be provided to you via a secure web portal. If you wish to receive your return in a different way, additional charges will be incurred.

Please Note: This engagement letter must be signed by both husband and wife (if applicable) before work will begin on your return. Also, all invoices must be paid in full before your return will be provided to you.

If the foregoing fairly sets forth your understanding, please sign the enclosed copy of this letter in the space indicated and return it to our office. However, if there are other tax returns you expect us to prepare, please inform us by noting so at the end of the return copy of this letter.

We want to express our appreciation for this opportunity to work with you.

Very truly yours,

Smith Financial Services, P.A.

Accepted By: _____ Date: _____

Accepted By: _____ Date: _____

Question aire

Please check the appropriate box and include all necessary details and documentation.

NOTE: Your tax return will not be started without this completed Questionnaire and attached Engagement Letter signed by both husband and wife (where appropriate)

	Yes	No
Personal Information		
Did your marital status change during the year?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, explain: _____		
Did your address change from last year?	<input type="checkbox"/>	<input type="checkbox"/>
Can you be claimed as a dependent by another taxpayer?	<input type="checkbox"/>	<input type="checkbox"/>
Did you change any bank accounts that have been used to direct deposit (or direct debit) funds from (or to) the IRS or other taxing authority during the tax year?	<input type="checkbox"/>	<input type="checkbox"/>
Dependent Information		
Were there any changes in dependents from the prior year?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, explain: _____		
Do you have any children under age 19 or a full-time student under age 24 with unearned income in excess of \$1900?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have dependents who must file a tax return?	<input type="checkbox"/>	<input type="checkbox"/>
Did you provide over half the support for any other person(s) during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay for child care while you worked or looked for work?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay any expenses related to the adoption of a child during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Purchases, Sales and Debt Information		
Did you start a new business or purchase rental property during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you acquire a new or additional interest in a partnership or S corporation?	<input type="checkbox"/>	<input type="checkbox"/>
Did you sell, exchange, or purchase any real estate during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you purchase or sell a principal residence during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you foreclose or abandon a principal residence or real property during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you acquire or dispose of any stock during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you take out a home equity loan this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you refinance a principal residence or second home this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you sell an existing business, rental, or other property this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you incur any non-business bad debts this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you have any debts canceled or forgiven this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you purchase a new hybrid, alternative motor, or electric motor energy efficient vehicle this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay any student loan interest this year?	<input type="checkbox"/>	<input type="checkbox"/>
Income Information		
Did you have any foreign income or pay any foreign taxes during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any income from property sold prior to this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any lump-sum payments from a pension, profit sharing or 401(k) plan?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any withdrawals from or contributions to an IRA, Keogh, SIMPLE, SEP, or other qualified retirement plan?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any withdrawals from an education savings or 529 Plan account?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any distributions from a Health savings account (HSA), Archer MSA, or Medicare Advantage MSA this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any Social Security benefits during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any unemployment benefits during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any disability income during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive tip income not reported to your employer this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did any of your life insurance policies mature, or did you surrender any policies?	<input type="checkbox"/>	<input type="checkbox"/>
Did you cash any Series EE or I U.S. Savings bonds issued after 1989?	<input type="checkbox"/>	<input type="checkbox"/>
Itemized Deduction Information		
Did you incur a casualty or theft loss during the year?	<input type="checkbox"/>	<input type="checkbox"/>

Do you have evidence to substantiate charitable contributions?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any noncash charitable contributions (clothes, furniture, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>
Did you donate a vehicle or boat during the year? If yes, attach Form 1098-C.	<input type="checkbox"/>	<input type="checkbox"/>
Did you have an expense account or allowance during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you use your car on the job, for other than commuting?	<input type="checkbox"/>	<input type="checkbox"/>
Did you work out of town for part of the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you have any expenses related to seeking a new job during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any major purchases during the year (cars, boats, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any out-of-state purchases (by telephone, internet, mail, in person) that the seller did not collect state sales or use tax?	<input type="checkbox"/>	<input type="checkbox"/>

Miscellaneous Information

Did you make gifts of more than \$13,000 to any individual?	<input type="checkbox"/>	<input type="checkbox"/>
Did you have any educational expenses during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any contributions to an education savings or 529 Plan account?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any contributions to a Health savings account (HSA) or Archer MSA?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay long-term health care premiums for yourself or your family?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay any COBRA health care coverage continuation premiums?	<input type="checkbox"/>	<input type="checkbox"/>
Did you engage in any bartering transactions?	<input type="checkbox"/>	<input type="checkbox"/>
Are you an active participant in a pension or retirement plan?	<input type="checkbox"/>	<input type="checkbox"/>
Did you retire or change jobs this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you incur moving costs because of a job change?	<input type="checkbox"/>	<input type="checkbox"/>
Did you, your spouse, or your dependents attend a post-secondary school during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay any individual as a household employee during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make energy efficient improvements to your main home this year?	<input type="checkbox"/>	<input type="checkbox"/>
Were you a grantor or transferor for a foreign trust, have an interest in or a signature or other authority over a bank account, securities account, or other financial account in a foreign country?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive correspondence from the State or the Internal Revenue Service?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, explain: _____		
Do you want to designate \$3 to the Presidential Election Campaign Fund?		
If you check yes, it will not change your tax or reduce your refund.	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay state and local real estate property taxes this year? If yes, please attach a supporting statement.	<input type="checkbox"/>	<input type="checkbox"/>

Please note: ALL tax returns will be delivered via a secure web portal. There will be an additional charge for all paper returns.

I would like to receive my tax return and support documents via

Electronic delivery via SFS Net Portal (recommended) OR
 Paper (Additional charges will apply to receive your return via paper)
 I will pick up at SFS office Please Deliver via UPS (add'l \$12 charge)

By checking this box, I (we) are electing **not** to complete the organizer provided and acknowledge that the preparation of this tax return may take longer and therefore I (we) may incur additional cost. In all instances, this questionnaire **must** be completed.

The information provided in this questionnaire is complete and accurate to the best of my (our) knowledge and ability.

Taxpayer Signature _____ Date _____

Spouse Signature _____ Date _____

General: 1040 **Personal Information**

Filing (Marital) status code (1 = Single, 2 = Married filing joint, 3 = Married filing separate, 4 = Head of household, 5 = Qualifying widow(er)) _____

Mark if you were married but living apart all year _____ Mark if your nonresident alien spouse does not have an ITIN _____

Taxpayer **Spouse**

Social security number _____

First name _____

Last name _____

Occupation _____

Designate \$3.00 to the presidential election campaign fund? (1 = Yes, 2 = No, 3=Blank) _____

Mark if legally blind _____

Mark if dependent of another taxpayer _____

Taxpayer between 19 and 23, full-time student, with income less than 1/2 support? (Y, N) _____

Date of birth _____

Date of death _____

Work/daytime telephone number/ext number _____

Do you authorize us to discuss your return with the IRS (Y, N) _____

General: 1040, Contact **Present Mailing Address**

Address _____

Apartment number _____

City/State postal code/Zip code _____

Foreign country name _____

Home/evening telephone number _____

Taxpayer email address _____

Spouse email address _____

General: 1040 **Dependent Information**

First Name	Last Name	Date of Birth	Social Security No.	Relationship	Months in home	Care expenses paid for dependent
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Credits: 2441 **Child and Dependent Care Expenses**

Provider information:	Provider #1	Provider #2
Name	_____	_____
Street address	_____	_____
City, state, and zip code	_____	_____
Social security number OR Employer identification number	_____	_____
Tax Exempt or Living Abroad Foreign Care Provider (1 = TE, 2 = LAFCP)	_____	_____
Amount paid to care provider in 2011	_____	_____
	Taxpayer	Spouse

Employer-provided dependent care benefits that were forfeited _____

General: Info **Direct Deposit/Electronic Funds Withdrawal Information**

If you would like to have a refund deposited directly or a balance due debited directly into/from your bank account, please enter the following information:

Financial institution: Routing transit number _____ Name _____

Your account number _____ Type of account (1 = Savings, 2 = Checking, 3 = IRA*) _____

If you would like to use a refund to purchase U.S. Series I Savings bonds (in increments of \$50), enter a maximum amount up to \$5,000.** _____

*Refunds may only be direct deposited to established traditional, Roth or SEP-IRA accounts. Make sure direct deposits will be accepted by the bank or financial institution.

**To purchase U.S. Series I Savings bonds in someone else's name, please contact our office.

Income: W2 **Salary and Wages**

Please provide all copies of Form W-2 that you receive.

Below is a list of the Form(s) W-2 as reported in last year's tax return. If a particular W-2 no longer applies, mark the not applicable box.

T/S	Description	Prior Year Information	Mark if no longer applicable
____	_____	_____	____
____	_____	_____	____
____	_____	_____	____
____	_____	_____	____
____	_____	_____	____

Income: 1099R **Pension, IRA, and Annuity Distributions**

Please provide all copies of Form 1099-R that you receive.

Below is a list of the Form(s) 1099-R as reported in last year's tax return. If a particular 1099-R no longer applies, mark the not applicable box.

T/S	Description	Prior Year Information	Mark if no longer applicable
____	_____	_____	____
____	_____	_____	____
____	_____	_____	____
____	_____	_____	____
____	_____	_____	____
____	_____	_____	____

Income: K1, K1T **Schedules K-1**

Please provide all copies of Schedule K-1 that you receive.

Below is a list of the Schedule(s) K-1 as reported in last year's tax return. If a particular K-1 no longer applies, mark the not applicable box.

T/S/J	Description	Form	Mark if no longer applicable
____	_____	_____	____
____	_____	_____	____
____	_____	_____	____
____	_____	_____	____
____	_____	_____	____
____	_____	_____	____
____	_____	_____	____
____	_____	_____	____
____	_____	_____	____
____	_____	_____	____

Income: W2G **Gambling Income**

Please provide all copies of Form W-2G that you receive.

Below is a list of the Form(s) W-2G as reported in last year's tax return. If a particular W-2G no longer applies, mark the not applicable box.

T/S	Description	Prior Year Information	Mark if no longer applicable
____	_____	_____	____
____	_____	_____	____
____	_____	_____	____

Educate: 1099Q **Qualified Education Plan Distributions**

Please provide all copies of Form 1099-Q that you receive.

Below is a list of the Form(s) 1099-Q as reported in last year's tax return. If a particular 1099-Q no longer applies, mark the not applicable box.

T/S	Description	Prior Year Information	Mark if no longer applicable
____	_____	_____	____
____	_____	_____	____

Income: B1 **Interest Income**

Please provide all copies of Form 1099-INT.

T/S/J	Payer Name	Interest Income	Prior Year Information
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Income: B3 **Seller Financed Mortgage Interest**

T, S, J Payer's name _____ Payer's social security number _____
 Payer's address _____ Amount received in 2011 _____ Amount received in 2010 _____
 Amount received in 2011 _____ Amount received in 2010 _____

Income: B2 **Dividend Income**

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

T/S/J	Payer Name	Ordinary Dividends	Qualified Dividends	Prior Year Information
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Income: D **Sales of Stocks, Securities, and Other Investment Property**

Please provide copies of all Forms 1099-B and 1099-S.

T/S/J	Description of Property	Date Acquired	Date Sold	Gross Sales Price (Less expenses of sale)	Cost or Other Basis
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Income: Income **Other Income**

Please provide copies of all supporting documentation.

	2011 Information		Prior Year Information
	Taxpayer	Spouse	Prior Year Information
State and local income tax refunds	_____	_____	_____
Alimony received	_____	_____	_____
Unemployment compensation	_____	_____	_____
Unemployment compensation repaid	_____	_____	_____
Social security benefits	_____	_____	_____
Medicare premiums to be reported on Schedule A	_____	_____	_____
Railroad retirement benefits	_____	_____	_____

T/S/J	2011 Information	Prior Year Information
Other Income:	_____	_____
_____	_____	_____
_____	_____	_____

1040 Adj: IRA

Adjustments to Income - IRA Contributions

Please provide year end statements for each account and any Form 8606 not prepared by this office.

Taxpayer

Spouse

Traditional IRA Contributions for 2011 -

If you want to contribute the maximum allowable traditional IRA contribution amount,

enter the applicable code: (1 = Deductible only, 2 = Both deductible and nondeductible)

Enter the total traditional IRA contributions made for use in 2011

Roth IRA Contributions for 2011 -

Mark if you want to contribute the maximum Roth IRA contribution

Enter the total Roth IRA contributions made for use in 2011

Educate: Educate

Higher Education Deductions and/or Credits

Complete this section if you paid interest on a qualified student loan in 2011 for qualified higher education expenses for you, your spouse, or a person who was your dependent when you took out the loan.

T/S	Qualified student loan interest paid	2011 Information	Prior Year Information
_____	_____	_____	_____
_____	_____	_____	_____

Complete this section if you paid qualified education expenses for higher education costs in 2011.

Qualified education expenses include tuition and fees required for enrollment or attendance at an eligible educational institution.

Please provide all copies of Form 1098-T.

T/S	Ed Exp Code*	Student's SSN	Student's First Name	Student's Last Name	Qualified Expenses	Prior Year Information
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

*Education Expense Code: 1 = American opportunity credit; 2 = Lifetime learning credit; 3 = Tuition and fees deduction

The student qualifies for the American opportunity credit when enrolled at least half-time in a program leading to a degree, certificate, or recognized credential; has not completed the first 4 years of post-secondary education; has no felony drug convictions on student's record.

1040 Adj: 3903

Job Related Moving Expenses

Complete this section if you moved to a new home because of a new principal work place.

Description of move _____

Taxpayer/Spouse/Joint (T, S, J) _____

Mark if the move was due to service in the armed forces _____

Number of miles from old home to new workplace _____

Number of miles from old home to old workplace _____

Mark if move is outside United States or its possessions _____

Transportation and storage expenses _____

Travel and lodging (not including meals) _____

Total amount reimbursed for moving expenses _____

1040 Adj: OtherAdj

Other Adjustments to Income

Alimony Paid:

T/S	Recipient name	Recipient SSN	2011 Information	Prior Year Information
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Address _____ City _____ State _____ Zip code _____

Taxpayer Spouse Prior Year Information

Educator expenses:

_____	_____	_____	_____
_____	_____	_____	_____

Other adjustments:

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Itemized: A1 **Medical and Dental Expenses**

T/S/J		2011 Information	Prior Year Information
—	Medical and dental expenses	_____	_____
—	Medical insurance premiums you paid	_____	_____
—	Long-term care premiums you paid	_____	_____
—	Prescription medicines and drugs	_____	_____
—	Miles driven for medical items 1/1/11 through 6/30/11 _____ 7/1/11 through 12/31/11 _____	_____	_____

Itemized: A1 **Tax Expenses**

T/S/J		2011 Information	Prior Year Information
—	State/local income taxes paid	_____	_____
—	2010 state and local income taxes paid in 2011	_____	_____
—	Sales tax paid on actual expenses	_____	_____
—	Real estate taxes paid	_____	_____
—	Personal property taxes	_____	_____
—	Other taxes	_____	_____

Itemized: A2 **Interest Expenses**

T/S/J		2011 Information	Prior Year Information
—	Home mortgage interest: From Form 1098	_____	_____
Other, such as: Home mortgage interest paid to individuals			
T/S/J	Name	SSN	2011 Information
—	_____	_____	_____
Address _____			
T/S/J		2011 Information	Prior Year Information
—	Investment interest expense, other than on K-1s:	_____	_____
Refinancing Information:			
T/S/J	Description	Refinance #1	Refinance #2
—	_____	_____	_____
—	Total points paid	_____	_____
—	Date of refinance	_____	_____
—	Total number of payments	_____	_____
—	Reported on Form 1098 in 2011	_____	_____

Itemized: A3 **Charitable Contributions**

T/S/J		2011 Information	Prior Year Information
—	Contributions made by cash or check	_____	_____
—	Volunteer miles driven	_____	_____
—	Noncash items, such as: Goodwill, Salvation Army	_____	_____

Itemized: A3 **Miscellaneous Deductions**

T/S/J		2011 Information	Prior Year Information
—	Unreimbursed expenses	_____	_____
—	Union dues	_____	_____
—	Tax preparation fees	_____	_____
—	Other expenses, subject to 2% AGI limitation:	_____	_____
—	_____	_____	_____
—	Safe deposit box rental	_____	_____
—	Investment expenses, other than on K1s:	_____	_____
—	Other expenses, not subject to the 2% AGI limitation:	_____	_____
—	_____	_____	_____
—	Gambling losses: (Enter only if you have gambling income)	_____	_____

Form ID: Rent **Rent and Royalty Property - General Information** 25

Preparer use only	2011 Information	Prior Year Information
Taxpayer/Spouse/Joint (T, S, J)	_____ [3]	
Description	_____ [2]	
Address	_____ [8]	
State postal code	_____ [4]	
Type (1 = Single-family, 2 = Multi-family, 3 = Vacation/short-term, 4 = Commercial, 5 = Land, 6 = Royalties, 7 = Self-rental, 8 = Other)	_____ [9]	
Description of other type (Type code #8)	_____ [10]	
Fair rental days (If not full year) (For types 1, 2, 4, 5, 7 and 8 only) (Use Rent-2 for type 3)	_____ [11]	
Percentage of ownership if not 100%	_____ [13]	
Business use percentage, if not 100% (Not vacation home percentage)	_____ [15]	_____

Rent and Royalty Income

	2011 Information	Prior Year Information
Merchant card and third party payments (from Form 1099-K)	+ _____ [23]	
Rents and royalties NOT from merchant cards/third party payments	+ _____ [25]	

Rent and Royalty Expenses

	2011 Information	Percent if not 100%	Prior Year Information
Advertising	+ _____ [28]	_____ [29]	
Auto	+ _____ [31]	_____ [32]	
Travel	+ _____ [34]	_____ [35]	
Cleaning and maintenance	+ _____ [37]	_____ [38]	
Commissions:			
_____	+ _____ [40]	_____ [42]	
_____	+ _____	_____	
Insurance:			
_____	+ _____ [43]	_____ [45]	
_____	+ _____	_____	
Legal and professional fees	+ _____ [46]	_____ [47]	
Management fees:			
_____	+ _____ [49]	_____ [51]	
_____	+ _____	_____	
Mortgage interest paid to banks, etc (Form 1098)	+ _____ [52]	_____ [53]	
Other mortgage interest	+ _____ [55]	_____ [57]	
Qualified mortgage insurance premiums	+ _____ [58]	_____ [59]	
Other interest:			
_____	+ _____ [61]	_____ [63]	
_____	+ _____	_____	
Repairs	+ _____ [64]	_____ [65]	
Supplies	+ _____ [67]	_____ [68]	
Taxes:			
_____	+ _____ [70]	_____ [72]	
_____	+ _____	_____	
_____	+ _____	_____	
Utilities	+ _____ [73]	_____ [74]	
Depreciation	+ _____ [76]	_____ [77]	
Depletion	+ _____ [79]	_____ [80]	
Other expenses:			
_____	+ _____ [82]	_____	
_____	+ _____	_____	
_____	+ _____	_____	
_____	+ _____	_____	
_____	+ _____	_____	
Refinancing points paid this year:			
Description	_____ [86]		
Total points paid/Current amort (Prep use only)	_____ + _____		
Date of Refinance	_____	Reported on 1098 in 2011	

Preparer use only
 Description _____

Vacation Home Information

	2011 Information	Prior Year Information				
Number of days home was used personally	_____ [6]	<table border="1" style="width: 100%; height: 100%;"> <tr><td style="text-align: right;">_____</td></tr> <tr><td style="text-align: right;">_____</td></tr> <tr><td style="text-align: right;">_____</td></tr> <tr><td style="text-align: right;">_____</td></tr> </table>	_____	_____	_____	_____

Number of days home was rented	_____ [8]					
Number of day home owned, if not 365	_____ [10]					
Carryover of disallowed operating expenses into 2011	+ _____ [20]					
Carryover of disallowed depreciation expenses into 2011	+ _____ [21]					

Passive and Other Information

Preparer use only				
Carryovers	Regular		AMT	
Operating	+	[27]	+	[28]
Schedule D - Short-term	+	[29]	+	[30]
Schedule D - Long-term	+	[31]	+	[32]
Schedule D - 28% rate	+	[33]	+	[34]
Form 4797 - Part I	+	[35]	+	[36]
Form 4797 - Part II	+	[37]	+	[38]
Comm revitalization	+	[39]	+	[40]
Section 179	+	[41]		

NOTES/QUESTIONS:

Form ID: A-1 **Schedule A - Medical and Dental Expenses** 49

T/S/J	2011 Information	Prior Year Information
Medical and dental expenses, such as: Doctors, Dentists, Nurses, Hospital and nursing homes, Lab fees and x-rays, Medical and surgical supplies, Hearing aids, Guide dogs, Eyeglasses and contact lenses, and Insurance reimbursements received		
[1] _____	+ _____ [2]	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
Medical insurance premiums you paid*:		
[4] _____	+ _____ [5]	
_____	+ _____	
_____	+ _____	
Long-term care premiums you paid*:		
[7] _____	+ _____ [8]	
_____	+ _____	
Prescription medicines and drugs:		
[10] _____	+ _____ [11]	
_____	+ _____	
_____	+ _____	
[13] Miles driven for medical items (1/1/11 to 6/30/11) _____ [14] (7/1/11 to 12/31/11) _____ [17]		
*Not entered elsewhere		

Schedule A - Tax Expenses

T/S/J	2011 Information	Prior Year Information
State/local income taxes paid:		
[18] _____	+ _____ [19]	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
2010 state and local income taxes paid in 2011:		
[21] _____	+ _____ [22]	
_____	+ _____	
_____	+ _____	
Real estate taxes paid:		
[24] _____	+ _____ [25]	
_____	+ _____	
_____	+ _____	
Personal property taxes:		
[27] _____	+ _____ [28]	
_____	+ _____	
Other taxes, such as: foreign taxes and State disability taxes		
[30] _____	+ _____ [31]	
_____	+ _____	
_____	+ _____	
Sales tax paid on major purchases:		
[36] _____	+ _____ [37]	
_____	+ _____	
Sales tax paid on actual expenses:		
[39] _____	+ _____ [40]	
_____	+ _____	
_____	+ _____	

Form ID: Notes

Client Notes

Submit questions and provide additional information to your tax return preparer here.

Taxpayer name(s) _____

Social security number _____