

2011 TAX DEDUCTION FINDER

Your Name _____ Soc. Sec. No. _____
 Spouse's Name _____ Soc. Sec. No. _____
 Your Occupation _____ Date of Birth _____ Home Phone _____
 Spouse's Occupation _____ Date of Birth _____ Work Phone _____
 Address _____ e-mail _____

THINGS TO BRING: ▶ Last year's return (if new client) ▶ W-2 Forms ▶ Purchase & sale info for all property sold
 ▶ 1099 Forms for: interest · dividends · soc. sec. · unemployment · self-employment · debt cancellation. · retirement
 ▶ 1098 Forms for: mortgage interest · tuition · noncash contributions

FEDERAL STATE
 Last year I received refunds of: _____
 Last year I had to pay: _____

| DEPENDENTS | | | | |
|-----------------------|-------------------------------------|--------------|-----------|-------|
| Name | Number of months lived in your home | | | |
| First, Initial & Last | Social Security # (required) | Relationship | Birthdate | Grade |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

I want my refunds directly deposited into my bank, IRA ...
 (bring a voided check / account info)

INCOME (other than income shown on W-2s)

| SOURCE | T/S/J | AMOUNT |
|---|-------|--------|
| INTEREST (Bring in 1099s or Statements) | | |
| If Individual, list Name, Address & Soc. Sec. # | | |
| Include all tax exempt and Municipal Bonds | | |
| | | |
| Excludable Series EE Savings Bonds | | |

| SOURCE | T/S/J | AMOUNT |
|--|-------|--------|
| DIVIDENDS (Bring in 1099s or Statements) | | |
| Include all tax exempt | | |
| | | |
| | | |
| | | |

OTHER INCOME NOT INCLUDED ABOVE OR ON W-2

| | | |
|--|--|--|
| UNEMPLOYMENT (Bring in 1099) | | |
| ALIMONY | | |
| TIPS | | |
| COMMISSIONS/BONUSES | | |
| PRIZES/AWARDS/GAMBLING/LOTTERY | | |
| JURY/ELECTION DUTY | | |
| BUSINESS/FARM/RENTAL (Bring details) | | |
| STOCK & PROPERTY SALES (Bring 1099, Cost, Dates) | | |
| PARTNER./CORP/ESTATE/TRUST (Bring K-1) | | |
| SCHOLARSHIPS/FELLOWSHIPS, if not on W-2 | | |
| STRIKE PAY | | |
| PENSIONS (Bring in 1099-R) | | |
| | | |

| | | |
|---|--|--|
| PERSONAL INJURY AWARDS | | |
| DISABILITY/RETIREMENT | | |
| IRA(Bring in 1099-R) | | |
| SOCIAL SECURITY (Bring in SSA-1099) | | |
| SOCIAL SECURITY (Bring in SSA-1099) | | |
| RAILROAD RETIREMENT (Bring in RRB-1099) | | |
| RAILROAD RETIREMENT (Bring in RRB-1099) | | |
| DEBT CANCELLATION – BRING 1099-C or A | | |

NON-TAXABLE INCOME

| | | |
|-----------------------------|--|--|
| VETERANS PENSION/DISABILITY | | |
| CHILD SUPPORT/ASSISTANCE | | |
| WORKER'S COMPENSATION | | |
| OTHER (identify) | | |
| OTHER (identify) | | |

| ESTIMATE PAYMENTS PAID IN/FOR 2011 | | | FEDERAL | | | STATE | | |
|------------------------------------|-----------|---------|---------|--|-----------|---------|--------|--|
| | Date Paid | Check # | Amount | | Date Paid | Check # | Amount | |
| 4th Qtr. Prior Year | | | | | | | | |
| 1st Qtr. This Year | | | | | | | | |
| 2nd Qtr. This Year | | | | | | | | |
| 3rd Qtr. This Year | | | | | | | | |
| 4th Qtr This Year | | | | | | | | |

RETIREMENT PLANS
 If you or your spouse has an IRA, SEP, SIMPLE or Keogh Retirement Plan, list the amount you have contributed for 2011 and the date of contribution.

IRA: Regular **Roth** You \$ _____ Date _____ Spouse \$ _____ Date _____
SEP..... You \$ _____ Date _____ Spouse \$ _____ Date _____
Keogh..... You \$ _____ Date _____ Spouse \$ _____ Date _____
SIMPLE..... You \$ _____ Date _____ Spouse \$ _____ Date _____

If amount listed is not the maximum, do you want to contribute the maximum deductible amount? Yes _____ No _____
 Did you convert any funds from a regular IRA to a Roth IRA? You \$ _____ Spouse \$ _____

MEDICAL SAVINGS ACCOUNTS (MSAs) / HEALTH SAVINGS ACCOUNTS (HSAs)
 Amount Contributed: You _____ Spouse _____ Amount withdrawn for Qualified Expense _____
 Amount of Insurance Deductible _____ Type of Plan: Single _____ Family _____

ITEMIZED DEDUCTIONS

MEDICAL EXPENSES

(Must exceed 7.5% of Adjusted Gross Income)

Net amount paid by
you -- NOT PRETAX

| | |
|---|---------|
| Medical Insurance Premiums: Payroll Deduction | |
| Paid directly by you | |
| Medicare B/D deducted from Social Security | |
| Dental Insurance | |
| Long Term Care Insurance | |
| | Mileage |
| Alcohol or Drug Addiction Therapy | |
| Ambulance | |
| Anesthesiology | |
| Child Birth Class | |
| Doctors, Dentists, Chiropractors, etc. | |
| Eye Glasses, Contact Lenses, Exams | |
| Hearing Aid, Batteries, Repairs | |
| Hospitals | |
| Insulin | |
| Laser eye surgery | |
| Lodging (limited to \$50/day per person) | |
| Parking | |
| Prescribed Medical Attire (support hose, shoes, etc.) | |
| Prescribed Medical Equip: Cost/Rental | |
| Prescribed weight loss program | |
| Prescriptions (not over-the-counter) | |
| Required nursing home care | |
| Special Schooling for Mentally or Physically Handicapped | |
| Other | |
| | |
| | |

TAXES

| | |
|--------------------------------------|--|
| Real Estate: Home | |
| 2nd Home | |
| Other | |
| Personal Property | |
| Auto / Truck Tabs | |
| Sales Tax on New Vehicle | |
| Other Sales Tax Paid (from receipts) | |
| | |

INTEREST

| | |
|---|--|
| Home Mortgage (paid to financial institution) Bring in Form(s) 1098 | |
| Home Mortgage (paid to individual) List Name, Social Security Number & Address | |
| 2nd Home Mortgage (paid to financial institution) | |
| 2nd Home Mortgage (paid to individual) List Name, Social Security Number & Address | |
| Home Equity Loan: Bring in Form(s) 1098 | |
| Points (bring closing papers if purchased this yr.) | |
| Mortgage insurance paid (2007 or later purchase) | |
| Have you refinanced above properties this year? If yes, bring closing papers. | |
| Investment Interest (provide details) | |
| | |

CONTRIBUTIONS

Receipts from the
charity are required.

| | |
|--|--|
| A. Cash Contributions for which you have receipts, canceled checks, payroll deductions, etc. | |
| | |
| | |
| | |
| TOTAL: | |
| B. Non-cash items: Fair market value or garage sale price on clothing, furniture, appliances, etc. Give organization, item and value (if over \$500, bring detailed information and receipts.) Autos, boats, airplanes bring 1098-C. | |
| | |
| C. Transportation / Travel for Volunteer Work | |
| Mileage | |
| Parking | |
| Out-of-pocket expenses (receipted) | |

CASUALTY & THEFT LOSSES

| | |
|--|---------------------|
| (Must exceed 10% of Adjusted Gross Income) | |
| Date of Casualty _____ | Date Acquired _____ |
| Kind of Property _____ | How Destroyed _____ |
| FMV Before _____ | FMV After _____ |
| Cost plus improvements | |
| Insurance reimbursements | |
| Federally declared disaster area? Yes__ No__ | |
| Ponzi-style Scheme Loss | |

MISCELLANEOUS DEDUCTIONS

| | |
|--|----------------|
| JOB EXPENSES: Job Supplies | |
| Job Hunting: Mileage / Travel (see pg. 4) | XXXXXXXXXXXXXX |
| Employment Agency Fees | |
| Phone / Résumé / Postage / etc. | |
| Job-related Education: Tuition / Fees | |
| Books / Supplies | |
| Workshops / Seminars | |
| Mileage / Food / Lodging (see pg. 4) | XXXXXXXXXXXXXX |
| Malpractice Insurance | |
| Phone: Additional extension only, plus enhancements, long dist., fax, pager | |
| Professional Dues / Licenses | |
| Professional Journals / Trade Journals | |
| Safety Equipment | |
| Tools - Small | |
| Tools & Equipment - Depreciable | |
| Uniforms - Cost / Cleaning | |
| Union Dues / Initiation Fees | |
| INVESTMENT EXPENSE: Save Deposit Box | |
| Journals / Subscriptions | |
| Phone / Postage / Mileage | |
| Tax Preparation Fees / Tax Consultations | |
| IRA or Keogh Fees (paid separately) | |
| Credit / Debit Card Fees for Tax Payments | |
| OTHER: | |
| Gambling Losses | |

CHILD and DEPENDENT CARE ▶ *If you or your spouse paid for dependent care to be gainfully employed.*

Were the Dependent Care services performed in your home? Yes ___ No ___

Were you reimbursed by your employer for child care: Yes ___ No ___ If so \$ _____ Amount forfeited, if any \$ _____

Even though your reimbursement equaled your child care expenses, you are required to show the following information on your tax return:

Name(s) and Age(s) _____
of Dependents _____

| Name(s) of Individual/Organization Who Provided Care | Address: Number, Street City, State & Zip | Social Security or Employer ID Number | Amount Paid In 2011 |
|--|---|---------------------------------------|---------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

▶ If more space is needed, attach statement.

▶ You cannot take a credit for amounts paid to your dependent.

EDUCATION CREDITS, DEDUCTIONS

Tuition and required fees you paid for yourself, your spouse or dependent(s) for post-secondary education \$ _____ Date paid _____

Date education began _____ Student's Name _____ Degree Program? Yes ___ No ___

Was the student enrolled at least half time? _____ Year in School -- Fresh., Soph., etc. _____

PLEASE CHECK ALL APPLICABLE QUESTIONS

- YES _____ Are you being claimed as a dependent on another Tax Return?
- _____ Do any of your dependents have income over \$950.00?
- _____ Did you change your marital status during the year? If yes, date _____
- _____ Did you pay any alimony/separate maintenance? If yes, \$ _____ Soc.Sec.# or person paid _____ - _____ - _____
- _____ Are you paying towards the support of a relative other than dependents claimed above, and if so, do they have less than \$3,700.00 in *taxable* income?
- _____ Did you have moving expenses for a move of 50 miles or more to a new job location?
- _____ Did you or your spouse become disabled or legally blind during the tax year?
- _____ Are you paying interest on a student loan? Interest paid in 2011 \$ _____
- _____ Did you purchase classroom materials as an educator? If yes, \$ _____
- _____ Did you purchase a business vehicle or other business equipment during the year? If yes, bring details.
- _____ Are you making payments on a boat or recreational vehicle that has a toilet, sleeping and basic living facilities?
- _____ Have you received an income statement on your Social Security # which is reported on another tax return?
- _____ Do you have a non-collectible debt? If so, bring details.
- _____ Are you involved in bartering your services or property for other services or property?
- _____ Do you have income, expenses or deductions that are not listed? Bring details.
- _____ Did you pay someone who performed services at your home in 2011?
- _____ Were you notified by the IRS or State of any change in a prior year's tax return? Bring notice.
- _____ Do you (and/or your spouse) wish to designate \$3.00 to the Presidential Election Fund?
Taxpayer _____ Spouse _____
- _____ In 2011, did you pay adoption fees, court costs, attorney fees and/or other expenses directly related to an adoption?
Amount _____ Was it finalized? _____ Was the adoption international? _____
- _____ Did you receive combat pay in 2011?
- _____ Was your home mortgage forgiven in foreclosure or restructure? Bring the 1099-C or 1099-A.
- _____ Were you a home buyer in 2011? Bring the settlement statement.
- _____ Do you own stock in an insurance firm that demutualized?
- _____ Did you buy and install qualified energy saving improvements in your home in 2011? If so, bring details.
- _____ Did you receive a \$7,500.00 First Time Homebuyer Credit for a purchase in 2008?

EMPLOYEE BUSINESS EXPENSE

Do you have any expense for your job which is not fully reimbursed, or the reimbursement is shown on your W-2, such as:

- › Use of your auto on the job (other than driving to and from work)
- › Mileage / Lodging / Food for education or job hunting
- › Temporary job assignment
- › Meals / Lodging while away from home overnight
- › Entertainment of Clients
- › Use of your home as office or for sample storage
- › Mileage to second job on same day
- › Advertising / Office Supplies / Postage

| PURCHASE OR TRADE OF VEHICLE | | | | | |
|------------------------------|------|------|----------------|------|--------------|
| | Make | Year | Date Purchased | Cost | Cash to Boot |
| Present Auto | | | | | |
| Previous Auto | | | | | |

| PURCHASE OR TRADE OF VEHICLE | | | | | |
|------------------------------|------|------|----------------|------|--------------|
| | Make | Year | Date Purchased | Cost | Cash to Boot |
| Present Auto | | | | | |
| Previous Auto | | | | | |

| 1. AUTOMOBILE EXPENSES | | <i>If you take auto expense using optional mileage rates, complete lines 1 – 6</i> | | | |
|--|---|--|------------------------------------|------------------------------------|--|
| Check box if mfg. gross vehicle weight is 6000 lbs+ | | Vehicle 1 <input type="checkbox"/> | Vehicle 2 <input type="checkbox"/> | Vehicle 3 <input type="checkbox"/> | |
| 1. | Total Miles Driven | | | | |
| 2. | Total Business Miles | | | | |
| 3. | Commuting Miles: Average daily round trip to job or first and last regular stop | | | | |
| 4. | Total Year Commuting Miles | | | | |
| 5. | Ending Odometer Reading (Dec. 31) | | | | |
| 6. | Parking & Tolls | | | | |
| You may have a greater deduction using actual expenses. If so, fill in the following information: | | | | | |
| 7. | Gas/Oil/Repairs/Tires/Lube/Wash/Tow | | | | |
| 8. | Licenses/Taxes/Ins/Auto Club/Garage | | | | |
| 9. | Lease Payments | | | | |
| 10. | Fair Market Value at time of Lease | | | | |
| 11. | Other | | | | |

| 2. TRAVEL AWAY FROM HOME | TAXPAYER | SPOUSE |
|---|----------|--------|
| Number of Nights Away from Home | | |
| a. Airplane/Train/Cabs/Buses/etc. | | |
| Auto Rental | | |
| Cruise Ship Convention/Seminar | | |
| Convention/Seminar Fees | | |
| Lodging (actual costs) | | |
| Laundry and Cleaning | | |
| Other | | |
| b. Meals & Tips (actual costs) | | |
| 3. OTHER BUSINESS EXPENSE | TAXPAYER | SPOUSE |
| a. Client Lunches/Beverages | | |
| Entertainment/Tickets | | |
| (Keep above totals separate from other costs) | | |
| b. Business Ext. Phone + enhancements | | |
| Long distance, fax, paging, cellular | | |
| Commissions Paid | | |
| Christmas Cards/Gifts | | |
| Postage/Stationery/Supplies/Freight | | |
| Dues/Subscriptions | | |
| Tickets to qualified Charitable Events | | |
| Other | | |

| 4. OFFICE IN HOME (if qualified to take deduction) | |
|--|--------------------|
| Date Acquired Home | |
| Total Cost | |
| Cost of Land | |
| Cost of Improvements | |
| Square Footage of Home | |
| Square Footage of Office Area | |
| Rent Paid if you are Renter | |
| Interest | |
| Taxes | |
| Utilities/Garbage | |
| Insurance | |
| Repairs/Maintenance | |
| Casualty Loss (Nondeductible Amounts) | |
| Other | |
| Reimbursement Not Shown Anywhere Else | Part 1 - Vehicle 1 |
| | Part 1 - Vehicle 2 |
| | Part 2-a |
| | Part 2-b |
| | Part 3-a |
| Part 3-b | |
| Part 4 | |

CHECK LIST

Please check all information and amounts listed to be sure of completeness and accuracy to insure paying the least legal amount of tax.

Enclose all W-2s, Interest, Dividend and other 1099s. If you received any booklets, cards, labels, envelopes or correspondence from the IRS or state, please bring them.

Enclose Purchase/Sales/Contract Agreements or Closing Papers. **Dates are important!**

I consent to have the IRS discuss my tax return with my preparer.

TIMELY RECORDS must be maintained to support the above deductions. Records must indicate who, what, why, where and when.

Check if you have receipts or log:

I have reviewed this information and to the best of my knowledge it is true, correct and complete.

Please sign: _____

There are still some unlisted deductions for special situations and limitations to these deductions. During your appointment we will discuss them and answer your questions about income and deductions.

When complete, call for an appointment.