

Steven H. Mangan, CPA
14093 Commerce Ave NE Ste 500
Prior Lake, MN 55372
952-440-3777

Dear :

This Client Organizer is designed to help you gather tax information needed to prepare your 2011 personal income tax return. We have preprinted certain information from your 2010 personal income tax return to help you complete the organizer with minimal time and effort.

If you wish to use our web electronic organizer instead of completing this form, please email us at admin@shmcpa-mn.com us or call us at 952-440-3777 and we will gladly transmit this organizer in a format which allows you to enter information directly from your computer. This option has many benefits including convenience of home data entry, reduced processing time, and improved accuracy.

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.

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.

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.

IRS regulations require paid tax preparers who expect to prepare 11 or more federal individual or trust tax returns to file them electronically. To comply with this requirement your return will be electronically filed this year. The benefits of e-filing include a secure way to file tax returns and it provides proof of acceptance, usually within 48 hours, that the IRS has accepted your return for processing. Contact this office if you prefer your return be filed on paper.

If you would like to discuss the information in your completed organizer or the preparation of your 2011 tax return, please call our office for an appointment.

Thank you for the opportunity to serve you.

Sincerely,

Steven H. Mangan, CPA

Questions

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

	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 \$1,900?	<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"/>
If you are divorced or separated with child(ren), do you have a divorce decree or other form of separation agreement which establishes custodial responsibilities?	<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, Roth, Keogh, SIMPLE, SEP, 401k, 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"/>
Did you pay out-of-pocket medical expenses (Co-pays, prescription drugs, etc.)?	<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"/>
If you are a business owner, did you pay health insurance premiums for your employees this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you utilize an area of your home for business purposes?	<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, or plan to attend one in the coming 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, or do you 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? If yes, explain: _____	<input type="checkbox"/>	<input type="checkbox"/>
Do you want to designate \$3 to the Presidential Election Campaign Fund?	<input type="checkbox"/>	<input type="checkbox"/>
If you check yes, it will not change your tax or reduce your refund.	<input type="checkbox"/>	<input type="checkbox"/>

Client Organizer Topical Index

This client organizer topical index is designed to help you quickly locate the items listed. To use the index just locate the topic and refer to the page number listed. The page number corresponds to the number printed in the top right corner of your organizer sheets.

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		Unemployment compensation	17
		Wages and salaries	9

Please note the following conventions used throughout your client organizer: T/S/J and T/S headings should be used to indicate if an item belongs to the (T)axpayer, (S)pouse, or (J)oint. Also, if an item did not occur in your resident state, please indicate the state's postal code abbreviation in which the item occurred. Control totals and [] numbers are for preparer use only.

Preparer - Enter on Screen Contact

Tax matters person (Indicate which spouse handles tax return related questions) (Blank = Both, T = Taxpayer, S = Spouse) _____ [8]

Taxpayer email address _____ [9]

Spouse email address _____ [10]

Taxpayer

Spouse

Car telephone number _____ [11] _____ [19]

Fax telephone number _____ [12] _____ [20]

Mobile telephone number _____ [13] _____ [21]

Pager number _____ [14] _____ [22]

Other: _____ [15] _____ [23]

 Telephone number _____ [16] _____ [24]

 Extension _____ [17] _____ [25]

Preferred method of contact _____ [18] _____ [26]

 Email, Work phone, Home phone, Fax, Mobile phone, Car phone

NOTES/QUESTIONS:

If you would like to have a refund direct deposited into or a balance due debited from your bank account(s), please enter information in the fields below. Note that electronic funds will be withdrawn only from the primary account listed below.

Primary account:

Financial institution routing transit number _____ [1]
 Name of financial institution _____ [2]
 Your account number _____ [3]
 Type of account (1 = Savings, 2 = Checking, 3 = IRA*) _____ [4]
 Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) _____ [5]
 Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) _____ [6]
 Enter the maximum dollar amount, or percentage of total refund Dollar _____ [7] or Percent (xxx.xx) _____ [8]

Secondary account #1:

Financial institution routing transit number _____ [23]
 Name of financial institution _____ [24]
 Your account number _____ [25]
 Type of account (1 = Savings, 2 = Checking, 3 = IRA*) _____ [26]
 Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) _____ [27]
 Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) _____ [28]
 Enter the maximum dollar amount, or percentage of total refund Dollar _____ [9] or Percent (xxx.xx) _____ [10]

Secondary account #2:

Financial institution routing transit number _____ [29]
 Name of financial institution _____ [30]
 Your account number _____ [31]
 Type of account (1 = Savings, 2 = Checking, 3 = IRA*) _____ [32]
 Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) _____ [33]
 Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) _____ [34]
 Enter the maximum dollar amount, or percentage of total refund Dollar _____ [13] or Percent (xxx.xx) _____ [14]

*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.

Refund - U.S. Series I Savings Bond Purchases

A tax refund may be used to buy up to \$5,000 of U.S. Series I Savings bonds and registered for up to three different persons. If you would like to purchase U.S. Series I Savings bonds (in increments of \$50) with your refund, if applicable, please complete the following information. Please note you may enter only one name per registration (with exception of married filing joint returns) and must enter the party's given name, do not use nicknames.

Indicate either a maximum dollar amount (up to \$5,000), or percentage of refund you would like used to purchase bonds

The bonds will be registered to the name(s) on the return. For married filing joint returns this means the bonds will be registered in both names listed on the return.

To register the bonds separately, leave these fields blank and use the fields provided below.

Enter either a dollar amount or percent, but not both Dollar _____ [11] or Percent (xxx.xx) _____ [12]

Bond information for someone other than taxpayer and spouse, if married filing jointly

Maximum dollar amount (up to \$5,000), or percentage of refund used to purchase bonds Dollar _____ [15] or Percent (xxx.xx) _____ [16]
 Owner's name (First Last) _____ [36] _____ [37]
 Co-owner or beneficiary (First Last) _____ [38] _____ [39]
 Mark if the name listed above is a beneficiary _____ [40]

Bond information for someone other than taxpayer and spouse, if married filing jointly

Maximum dollar amount (up to \$5,000), or percentage of refund used to purchase bonds Dollar _____ [19] or Percent (xxx.xx) _____ [20]
 Owner's name (First Last) _____ [41] _____ [42]
 Co-owner or beneficiary (First Last) _____ [43] _____ [44]
 Mark if the name listed above is a beneficiary _____ [45]

IRS regulations require paid tax preparers who expect to prepare a certain amount of federal individual tax returns to file them electronically. To comply with this requirement your return will be electronically filed this year if it qualifies for electronic filing under IRS rules. Taxpayers may choose to file a paper return instead of filing electronically.

Mark if you want to file a paper return even if you qualify for electronic filing

____ [1]

Do you want to receive email notification when your electronically filed return is accepted by the taxing agency? (Y, N)

Y [2]

Mark if you are filing a balance due return electronically and you want to pay the amount due by debiting your financial institution account

____ [6]

The IRS requires a Personal Identification Number (PIN) be used in signing returns that are electronically filed.

Each taxpayer and spouse, if applicable, must provide a 5 digit self-selected PIN of your choice other than all zeroes.

Taxpayer self-selected Personal Identification Number (PIN)

_____ [4]

Spouse self-selected Personal Identification Number (PIN)

_____ [5]

NOTES/QUESTIONS:

If you have an overpayment of 2011 taxes, do you want the excess:

Refunded _____ [43]

Applied to 2012 estimated tax liability _____ [44]

Do you expect a considerable change in your 2012 income? (Y, N) _____ [45]

If yes, please explain any differences: _____ [46]

_____ [47]

_____ [48]

_____ [49]

Do you expect a considerable change in your deductions for 2012? (Y, N) _____ [50]

If yes, please explain any differences: _____ [51]

_____ [52]

_____ [53]

_____ [54]

Do you expect a considerable change in the amount of your 2012 withholding? (Y, N) _____ [55]

If yes, please explain any differences: _____ [56]

_____ [57]

_____ [58]

_____ [59]

Do you expect a change in the number of dependents claimed for 2012? (Y, N) _____ [60]

If yes, please explain any differences: _____ [61]

_____ [62]

_____ [63]

_____ [64]

2011 Federal Estimated Tax Payments

2010 overpayment applied to 2011 estimates + _____ [1]

Mark if you paid the calculated amounts on the dates due indicated below. Skip the remaining fields. _____ [4]

If your estimated payments were not made on the date due or were for an amount other than the calculated amount below, please enter the actual date and amount paid.

	Date Due	Date Paid if After Date Due	Amount Paid	Calculated Amount
1st quarter payment	4/18/11	_____ [5]	+ _____ [6]	_____
2nd quarter payment	6/15/11	_____ [7]	+ _____ [8]	_____
3rd quarter payment	9/15/11	_____ [9]	+ _____ [10]	_____
4th quarter payment	1/17/12	_____ [11]	+ _____ [12]	_____
Additional payment		_____ [13]	+ _____ [14]	_____

NOTES/QUESTIONS:

Taxpayer/Spouse/Joint (T, S, J) _____ [1]

State postal code _____ [2]

Amount paid with 2010 return + _____ [3]
 2010 overpayment applied to '11 estimates + _____ [4]
 Treat calculated amounts as paid _____ [8]

Date Paid	Amount Paid	Calculated Amount
1st quarter payment _____ [9]	+ _____ [10]	_____ _____ _____ _____
2nd quarter payment _____ [11]	+ _____ [12]	
3rd quarter payment _____ [13]	+ _____ [14]	
4th quarter payment _____ [15]	+ _____ [16]	
Additional payment _____ [17]	+ _____ [18]	

2011 City Estimated Tax Payments

<p>City #1</p> <p>City name _____ [28]</p> <p>Amount paid with 2010 return + _____ [31]</p> <p>2010 overpayment applied to '11 estimates + _____ [32]</p> <p>Treat calculated amounts as paid _____ [36]</p>	<p>City #2</p> <p>City name _____ [50]</p> <p>Amount paid with 2010 return + _____ [53]</p> <p>2010 overpayment applied to '11 estimates + _____ [54]</p> <p>Treat calculated amounts as paid _____ [58]</p>
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<table border="0"> <thead> <tr> <th>Date Paid</th> <th>Amount Paid</th> </tr> </thead> <tbody> <tr> <td>1st quarter payment _____ [37]</td> <td>+ _____ [38]</td> </tr> <tr> <td>2nd quarter payment _____ [39]</td> <td>+ _____ [40]</td> </tr> <tr> <td>3rd quarter payment _____ [41]</td> <td>+ _____ [42]</td> </tr> <tr> <td>4th quarter payment _____ [43]</td> <td>+ _____ [44]</td> </tr> </tbody> </table>	Date Paid	Amount Paid	1st quarter payment _____ [37]	+ _____ [38]	2nd quarter payment _____ [39]	+ _____ [40]	3rd quarter payment _____ [41]	+ _____ [42]	4th quarter payment _____ [43]	+ _____ [44]	<table border="0"> <thead> <tr> <th>Date Paid</th> <th>Amount Paid</th> </tr> </thead> <tbody> <tr> <td>1st quarter payment _____ [59]</td> <td>+ _____ [60]</td> </tr> <tr> <td>2nd quarter payment _____ [61]</td> <td>+ _____ [62]</td> </tr> <tr> <td>3rd quarter payment _____ [63]</td> <td>+ _____ [64]</td> </tr> <tr> <td>4th quarter payment _____ [65]</td> <td>+ _____ [66]</td> </tr> </tbody> </table>	Date Paid	Amount Paid	1st quarter payment _____ [59]	+ _____ [60]	2nd quarter payment _____ [61]	+ _____ [62]	3rd quarter payment _____ [63]	+ _____ [64]	4th quarter payment _____ [65]	+ _____ [66]
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2nd quarter payment _____ [61]	+ _____ [62]																				
3rd quarter payment _____ [63]	+ _____ [64]																				
4th quarter payment _____ [65]	+ _____ [66]																				

Calculated Amount

1st quarter payment	_____
2nd quarter payment	_____
3rd quarter payment	_____
4th quarter payment	_____

Calculated Amount

1st quarter payment	_____
2nd quarter payment	_____
3rd quarter payment	_____
4th quarter payment	_____

<p>City #3</p> <p>City name _____ [72]</p> <p>Amount paid with 2010 return + _____ [75]</p> <p>2010 overpayment applied to '11 estimates + _____ [76]</p> <p>Treat calculated amounts as paid _____ [80]</p>	<p>City #4</p> <p>City name _____ [94]</p> <p>Amount paid with 2010 return + _____ [97]</p> <p>2010 overpayment applied to '11 estimates + _____ [98]</p> <p>Treat calculated amounts as paid _____ [102]</p>
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Date Paid	Amount Paid																				
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4th quarter payment _____ [87]	+ _____ [88]																				
Date Paid	Amount Paid																				
1st quarter payment _____ [103]	+ _____ [104]																				
2nd quarter payment _____ [105]	+ _____ [106]																				
3rd quarter payment _____ [107]	+ _____ [108]																				
4th quarter payment _____ [109]	+ _____ [110]																				

Calculated Amount

1st quarter payment	_____
2nd quarter payment	_____
3rd quarter payment	_____
4th quarter payment	_____

Calculated Amount

1st quarter payment	_____
2nd quarter payment	_____
3rd quarter payment	_____
4th quarter payment	_____

Interest Income

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

*Whole numbers will be treated as \$ amounts. Enter percentages in the XXX.XX format. For example, enter 100% as 100.00 or 75.5% as 75.50.

T/S/J	Type Code (**See codes below)	Interest Income	Tax Exempt Income	Penalty on Early Withdrawal	U.S. Obligations* \$ or %	Tax Exempt* \$ or %	Foreign Taxes Paid	Prior Year Information
	1	Payer						
		Amounts	+					
	2	Payer						
		Amounts	+					
	3	Payer						
		Amounts	+					
	4	Payer						
		Amounts	+					
	5	Payer						
		Amounts	+					
	6	Payer						
		Amounts	+					
	7	Payer						
		Amounts	+					
	8	Payer						
		Amounts	+					
	9	Payer						
		Amounts	+					
	10	Payer						
		Amounts	+					

**Interest Codes		
Blank = Regular Interest	4 = Accrued Interest	6 = ABP Adjustment
3 = Nominee Distribution	5 = OID Adjustment	7 = Series EE & I Bond

	Control Totals	+	Income	Form ID: B-1
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Dividend Income

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

*Whole numbers will be treated as \$ amounts. Enter percentages in the XXX.XX format. For example, enter 100% as 100.00 or 75.5% as 75.50.

T S J	Type Code	Ordinary Dividends	Qualified Dividends	Total Cap Gain Distributions	Section 1250	Sec. 1202	28% Capital Gain	Tax Exempt Dividends	U.S. Obligations* \$ or %	Tax Exempt* \$ or %	Foreign Taxes Paid	Prior Year Information
1	Payer											
	Amounts	+										
2	Payer											
	Amounts	+										
3	Payer											
	Amounts	+										
4	Payer											
	Amounts	+										
5	Payer											
	Amounts	+										
6	Payer											
	Amounts	+										
7	Payer											
	Amounts	+										
8	Payer											
	Amounts	+										
9	Payer											
	Amounts	+										
10	Payer											
	Amounts	+										

**Dividend Codes	
Blank = Other	3 = Nominee

Please provide a copy of Form(s) SSA-1099 or RRB-1099

Taxpayer/Spouse (T, S)

__ [1]

State postal code

__ [2]

Social Security Benefits

If you received a Form SSA - 1099, please complete the following information:

Net Benefits for 2011 (Box 3 minus Box 4) (Box 5)

2011 Information + _____ [8]

Voluntary Federal Income Tax Withheld (Box 6)

+ _____ [10]

From the DESCRIPTION OF AMOUNT IN BOX 3 area of Form SSA-1099:

Medicare premiums

+ _____ [12]

Prescription drug (Part D) premiums

+ _____ [14]

Prior Year Information

Grey box for prior year information with three horizontal lines.

Tier 1 Railroad Benefits

If you received a Form RRB - 1099, please complete the following information:

Net Social Security Equivalent Benefit:

Portion of Tier 1 Paid in 2011 (Box 5)

2011 Information + _____ [22]

Federal Income Tax Withheld (Box 10)

+ _____ [25]

Medicare Premium Total (Box 11)

+ _____ [27]

Prior Year Information

Grey box for prior year information with three horizontal lines.

Additional Information About Benefits Received

Additional information about the benefits received not reported above. For example did you repay any benefits in 2011 or receive any prior year benefits in 2011. This information will be reported in the SSA-1099 DESCRIPTION OF AMOUNT IN BOX 3 area or in the RRB-1099 Boxes 7 through 9.

Four horizontal lines for additional information with labels [38], [39], [40], [41], [42] on the right.

NOTES/QUESTIONS:

Traditional IRA

	Taxpayer	Spouse
Are you or your spouse (if MFJ or MFS) covered by an employer's retirement plan? (Y, N)	_ [1]	_ [2]
Do you want to contribute the maximum allowable traditional IRA contribution amount? If yes, enter the applicable code: (1 = Deductible only, 2 = Both deductible and nondeductible)	_ [3]	_ [4]
Enter the total traditional IRA contributions made for use in 2011	+ _____ [5]	+ _____ [6]

	Taxpayer	Spouse
Enter the nondeductible contribution amount made for use in 2011	+ _____ [11]	+ _____ [12]
Enter the nondeductible contribution amount made in 2012 for use in 2011	+ _____ [13]	+ _____ [14]
Traditional IRA basis	+ _____ [15]	+ _____ [16]
Value of all your traditional IRA's on December 31, 2011:	+ _____ [17]	+ _____ [18]
_____	+	_____
_____	+	_____
_____	+	_____
_____	+	_____
_____	+	_____

Roth IRA

Please provide copies of any 1998 through 2010 Form 8606 not prepared by this office

	Taxpayer	Spouse
Mark if you want to contribute the maximum Roth IRA contribution	_ [27]	_ [28]
Enter the total Roth IRA contributions made for use in 2011	+ _____ [29]	+ _____ [30]
Enter the total amount of Roth IRA conversion recharacterizations for 2011	+ _____ [37]	+ _____ [38]
Enter the total contribution Roth IRA basis on December 31, 2010	+ _____ [45]	+ _____ [46]
Enter the total Roth IRA contribution recharacterizations for 2011	+ _____ [47]	+ _____ [48]
Enter the Roth conversion IRA basis on December 31, 2010	+ _____ [49]	+ _____ [50]
Value of all your Roth IRA's on December 31, 2011:	+ _____ [51]	+ _____ [52]
_____	+	_____
_____	+	_____
_____	+	_____
_____	+	_____
_____	+	_____

NOTES/QUESTIONS:

Schedule A - Medical and Dental Expenses

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]	
-	+ _____	
-	+ _____	

Interest Expenses

T/S/J	2011 Information	Percentage Type* (XXX.XX)	Mortgage Ins. Premiums Paid	Prior Year Information
	Home mortgage interest: From Form 1098			
[1]	_____ + _____	[2] _____	_____ + _____	
	_____ + _____	_____	_____ + _____	
	_____ + _____	_____	_____ + _____	
	_____ + _____	_____	_____ + _____	
	_____ + _____	_____	_____ + _____	
	_____ + _____	_____	_____ + _____	
	_____ + _____	_____	_____ + _____	
	_____ + _____	_____	_____ + _____	
	_____ + _____	_____	_____ + _____	
	_____ + _____	_____	_____ + _____	

*Mortgage Types

Blank = Used to buy, build or improve main/qualified second home

1 = Not used to buy, build, improve home or investment

2 = Used to pay off previous mortgage

3 = Used to pay off previous mortgage, excess proceeds invested

4 = Taken out before 7/1/82 and secured by home used by taxpayer

T/S/J	Name	SSN	2011 Information	Prior Year Information
	Other, such as: Home mortgage interest paid to individuals			
[4]	_____	_____	_____ + _____ [5]	
	Address _____	_____	_____ + _____	
	Address _____	_____	_____ + _____	
	Address _____	_____	_____ + _____	
	Address _____	_____	_____ + _____	

T/S/J **Name and address of other person who received Form 1098 for jointly liable mortgage interest you paid -**

— Payer's/Borrower's name _____ [7]

— Street Address _____

— City/State/Zip code _____

Refinancing Points paid in 2011 -

— Taxpayer/Spouse/Joint (T, S, J) _____ [11]

— Description _____

— Total points paid _____

— Percentage of principal exceeding original mortgage (For AMT adjustment) _____

— Points paid in 2011 (**Preparer use only**) _____ + _____ [12]

— Date of refinance _____

— Total number of payments _____

— Reported on Form 1098 in 2011 _____

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

— Description _____

— Total points paid _____

— Percentage of principal exceeding original mortgage (For AMT adjustment) _____

— Points paid in 2011 (**Preparer use only**) _____ + _____

— Date of refinance _____

— Total number of payments _____

— Reported on Form 1098 in 2011 _____

T/S/J	2011 Information	Prior Year Information
	Investment interest expense, other than on Schedule(s) K-1:	
[14]	_____ + _____ [15]	
	_____ + _____	
	_____ + _____	
	_____ + _____	
	_____ + _____	
	_____ + _____	
	_____ + _____	
	_____ + _____	
	_____ + _____	
	_____ + _____	

Control Totals +

Itemized Deductions

Client Notes

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

Taxpayer name(s)

Social security number
