

2011
TAXPAYER ORGANIZER

This easy-to-use organizer has been prepared to assist you in collecting information for your 2011 Individual Income Tax Return. For returning clients, information from your prior year tax return has been listed to serve as a guide in assembling this year's tax data.

Enter this year's information in the area provided on the attached pages. If you need more space, you may use the back of the pages. Line through any preprinted data that does not apply to the current year. If necessary, attach additional sheets with pertinent facts that may not have been requested in this organizer.

If you have any questions, make note of them within the booklet so that we can discuss them when we prepare your tax return.

Please provide all records and necessary information requested, including:

- prior year federal and state return (new client only)
- W-2s for wages, salaries, tips, and pensions
- 1098s for mortgage interest paid to financial institutions
- 1099s for interest, dividends, state tax refunds, and other payments
- K-1s from partnerships, S corporations, estates, and trusts
- additional correspondence from tax agencies, if any

Using this organizer will assist you in compiling complete and accurate tax data that will make it possible to take full advantage of all allowable deductions.

Contact us as soon as possible to schedule an appointment to review your organizer booklet and prepare your 2011 tax return. We appreciate the opportunity to serve you.

Courtesy of
THE MCGRUDER GROUP CPAS
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FAIRFAX, VA 22030
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2011
TAX INFORMATION QUESTIONNAIRE

The following questions help us understand your current year tax situation. If you are filing jointly, each question also applies to your spouse. Please answer each question by circling yes (Y) or no (N). **For every question you answered yes, please provide details in the blank lines at the end of this questionnaire.** If a question does not pertain to you, please circle no. If you require help answering any of these questions, please contact us.

- Y N 1. Electronic filing is mandated for most tax preparers with some exceptions. Do you approve of your tax return being electronically filed?
- Y N 2. Would you like to have an electronic copy of your tax return (PDF file)?
- Y N 3. Would you like to have a paper copy of your tax return?
- Y N 4. Did your marital status change during the year?
- Y N 5. Were you a resident of, or did you have income in, more than one state during the year?
- Y N 6. Do you wish to have \$3 (or \$6 on a joint return) of your taxes applied to the Presidential Campaign Fund (this will not affect the amount of refund or balance due on your tax return).
- Y N 7. On your state tax return, do you wish to make any political contributions or other type of contribution?
- Y N 8. Do you have any dependents living with you or are you supporting anyone not living with you? If yes, provide details if there were any changes to any dependents in your household (marriages, deaths, etc.).
- Y N 9. Did any of your dependent children under age 18 (24 if a college student) have any income (wages, interest, etc.)?
- Y N 10. Are you or any dependents blind and/or disabled? Please provide details including any disability income received.
- Y N 11. Did you incur child care or dependent care expenses?
- Y N 12. Did you cash any series EE or I U.S. Bonds that were issued after 1989 and paid qualified higher education expenses?
- Y N 13. Did you or any member of your household pay educational expenses for post secondary education?
- Y N 14. Did you buy, sell, or trade any assets?
- Y N 15. Outside of W-2 contributions (401k, 403b, etc.) did you contribute to or receive a distribution from any retirement plan or did you convert any retirement funds to Roth funds?
- Y N 16. Did you receive or pay any alimony or separate maintenance payments?
- Y N 17. Did you have any moving expenses?
- Y N 18. If you are self-employed, did you pay any health or long-term care insurance premiums? If yes, were either you or your spouse eligible to participate in an employer-sponsored health or long-term care insurance plan?
- Y N 19. Did you contribute to or receive a distribution from a Health Savings Account?
- Y N 20. Did you receive any COBRA health insurance premium assistance during 2011?
- Y N 21. Did you make cash or noncash charitable contributions?
- Y N 22. Did you make any large purchases or home improvements? (e.g. purchase airplane or vehicles). If yes, provide details of each purchase including the date of purchase, amount of purchase and amount of sales tax paid.
- Y N 23. Did you have any casualty or theft losses?
- Y N 24. Did you have purchasing, selling, refinancing, financing, or foreclosing transactions on your personal residence or any other real estate? If yes, provide the settlement document (HUD-1), Form 1099-S, Form 1099-C or other related documentation if applicable.
- Y N 25. Did you have any debt that was cancelled in 2011? (i.e. debt that you owed to a creditor that you are no longer required to pay). If yes, provide details and copies of any 1099-C received.
- Y N 26. Did you pay COBRA health insurance premiums as a result of becoming unemployed between Sept. 1, 2008 and May 31, 2010?
- Y N 27. Did you receive the First-Time Homebuyer Credit from purchasing a home prior to 1/1/2009?
- Y N 28. Did you dispose of a home for which you received any First-Time Homebuyer Credit?
- Y N 29. If you are the recipient of a PBGC or TAA pension, did you pay health insurance premiums?
- Y N 30. Did you adopt a child during the year 2011?
- Y N 31. Do you own a vacation home that was rented to someone else at anytime?
- Y N 32. Did you make any gifts directly or through a trust which exceeded \$13,000 per person?
- Y N 33. Did you pay wages of more than \$1,700 to any one household employee?
- Y N 34. Have you provided ALL your income from ALL sources? If not, please use the space at the end to list any other income.
- Y N 35. Have you provided ALL your deductions? If you are uncertain about an item then provide details.
- Y N 36. Has the IRS/State/Local taxing authority made you aware, or are you aware of, any changes to your income, deductions and credits reported on any prior year tax return?
- Y N 37. Did you have any interest in, or signature, or other authority over a bank, securities, or other financial account in a foreign

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PERSONAL DATA

CLIENT _____

PLEASE ADD, CHANGE, OR DELETE ANY INFORMATION THAT IS NECESSARY TO UPDATE YOUR FILE FOR 2011.

	TAXPAYER		SPOUSE	
First Name				
Last Name				
Title				
Salutation				
SSN				
Occupation				
Birthdate				
Blind	<input type="checkbox"/> Yes		<input type="checkbox"/> Yes	
Permanently and totally disabled ..	<input type="checkbox"/> Yes		<input type="checkbox"/> Yes	
Death Date				
Over age 65	<input type="checkbox"/> Yes		<input type="checkbox"/> Yes	
E-mail address				
	Telephone Numbers	Day or Evening	Telephone Numbers	Day or Evening
Home phone				
Work phone				
Cell phone				
Fax				
President Elect Fd	<input type="checkbox"/> Yes		<input type="checkbox"/> Yes	
Tuition and fees				
AOC expenses				
AOC prior years				
Credit Type				

Address Apt No _____
 City State _____ ZIP Code _____
 County County / municipal code _____
 School District Name School District number _____
 If this is a military address, enter applicable code: 1 = APO/FPO 2 = Stateside _____

Foreign address
 City State or Province _____
 Country Postal Code .. _____

FILING STATUS

Enter the number that corresponds with the filing status chosen: (1 - 2 - 3 - 4 - 5)

- 1 = Single
 - Claimed as a dependent on someone else's return.
 - Taxpayer claimed as dependent of someone else but qualifies for Education Credit
- 2 = Married Filing Jointly
 - Spouse is claimed as a dependent on someone else's return
- 3 = Married Filing Separately
 - Dual status alien
 - Itemizing required for Schedule A
 - Taking standard deduction
 - Claiming spouse as a dependent
 - Didn't live with spouse entire year
- 4 = Head of Household

Qualifying person's name, social security number, and relationship should be listed on the Dependent Information sheet.
- 5 = Qualifying Widow(er) with Dependent Child

Year spouse died (2009 or 2010) _____

Fill out information below if you want to use Direct Deposit

DIRECT DEPOSIT AND ELECTRONIC FUNDS WITHDRAWAL			
Bank name	Routing number	Type of account C / S	Account number

DEPENDENT INFORMATION

CLIENT _____

PLEASE ADD, CHANGE, OR DELETE ANY INFORMATION THAT IS NECESSARY TO UPDATE YOUR FILE FOR 2011.

	DEPENDENT #1	DEPENDENT #2	DEPENDENT #3	DEPENDENT #4
First Name & Initial ..				
Last Name if Diff ..				
Birthdate				
Soc Sec Number ..				
Relationship				
Ownership Code ..	<input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse	<input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse	<input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse	<input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse
# Months in Home ..				
Disabled	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
College Student ..	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
*Ineligible for CTC ..	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Child Care Expense				
Tuition and Fees ..				
AOC Expenses				
** Type of Educ Cr ..				
AOC Prior Years ..				
*** Status Code ..				
Insured	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Kidnapped	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes

	CHILD #1	CHILD #2	CHILD #3	CHILD #4
9. Is child the taxpayer's son, daughter, stepchild, foster child, brother, sister, stepbrother, stepsister, or descendant of any of them? (Yes / No)				
10. Is either of the following true? (1) Child is unmarried or (2) Child is married and can be claimed as taxpayer's dependent? (Yes / No)				
11. Did child live with taxpayer in U.S. for over half the year? (Yes / No)				
13a. Could any other person check Yes on lines 9 through 11 for the child? (Yes / No)				
b. What is the child's relationship to the other person(s)?				
c. If tie-breaker rules apply, would this child be treated as the taxpayer's qualifying child? (Yes / No)				
14. Does the child have an SSN that allows him/her to work or is valid for EIC purposes? A qualifying child must have a valid SSN for employment. If "Not Valid for Employment" is printed on the card and the number was issued solely to apply for or receive a federally funded benefit, the child is not eligible for EIC. (Yes / No)				

Number of children listed above who lived at home (default)

Number of children listed above who did not live at home due to divorce or separation

Number of other dependents listed above

* An entry in this box disallows Child Tax Credit for this child.

**** Type of Education Credit:** AOC (can only be taken first four years), Lifetime, Tuition & Fees deduction

***** Status Codes:**

0 = Claimed	6 = Not claimed but qualifies for both EIC and DCB
1 = Not claiming child this year	7 = Not claimed but qualifies for HOH and DCB
2 = Not claimed but child qualifies for EIC	8 = Not claimed but qualifies for all three
3 = Not claimed but qualifying child for Head of Household	9 = Claimed but ineligible for EIC
4 = Not claimed but qualifies for Depn Care Benefits (DCB)	10 = Claimed on Fed, but not Puerto Rico
5 = Not claimed but qualifies for both EIC and HOH	11 = Claimed on Puerto Rico, but not Fed

NOTES:

CHILD AND DEPENDENT CARE EXPENSES

CLIENT _____

PLEASE ADD, CHANGE, OR DELETE ANY INFORMATION THAT IS NECESSARY TO UPDATE YOUR FILE FOR 2011.
LAST YEAR'S AMOUNTS ARE PROVIDED FOR YOUR REFERENCE IN THE SHADED AREAS.

PART I - PERSONS OR ORGANIZATIONS WHO PROVIDED THE CARE				
Care Provider's Name	Address (Number, street, apt. no., city, state, and ZIP code)	Identification Number	2011 Amts	2010 Amounts
		SSN		
	Telephone number:	EIN		
		SSN		
	Telephone number:	EIN		
		SSN		
	Telephone number:	EIN		
		SSN		
	Telephone number:	EIN		
		SSN		
	Telephone number:	EIN		

PART II - CREDIT FOR CHILD AND DEPENDENT CARE EXPENSES		2011 AMOUNTS	2010 AMOUNTS
Record dependent care expenses for each dependent on the Dependent Information sheet.			
4. Pension or annuity from nonqualified deferred compensation plan or nongovernmental section 457(b) plan	4.		
5. Number of months taxpayer was a student or disabled, if applicable	5.		
Number of months spouse was a student or disabled, if applicable			
Worksheet for 2010 Expenses Paid for Dependent Care Expenses in 2011			
1. Amount of 2010 qualified expenses paid in 2010	1.		
2. Amount of 2010 qualified expenses paid in 2011	2.		
4. Care for 2010 was for 2 or more qualifying children	4.	<input type="checkbox"/> Yes	<input type="checkbox"/>
5. Dependent care benefits received for 2010 and excluded from income	5.		
7. Smaller of taxpayer's earned income and spouse's earned income for 2010	7.		
9. Amount on which the credit for 2010 was figured	9.		
11. 2010 adjusted gross income	11.		
Expenses paid for: _____		Name	SSN
Explanation of expenses: _____			

PART III - DEPENDENT CARE BENEFITS		2011 AMOUNTS	2010 AMOUNTS
14. Total employer-provided dependent care benefits	14.		
15. Carryover from 2010 that was used in 2011 during the grace period	15.		
16. Forfeited amount of employer-provided dependent care benefits	16.		
18. Qualified expenses incurred in 2011	18.		
20. Taxpayer elects to include nontaxable combat pay	20.	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Spouse elects to include nontaxable combat pay		<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
23. Amount of depn care benefits received from sole proprietorship or partnership	23.		

NOTES OR QUESTIONS:

A

ITEMIZED DEDUCTIONS

CLIENT _____

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 LAST YEAR'S AMOUNTS ARE PROVIDED FOR YOUR REFERENCE IN THE SHADED AREAS.

MEDICAL AND DENTAL EXPENSES	2011 AMOUNTS		2010 AMOUNTS
	TAXPAYER	SPOUSE	
1. Prescription medicines and drugs			
Medical insurance premiums (Medicare premiums are entered with Social Security)			
Medical miles driven 01-01-11 to 06-30-11	MI	MI	
Medical miles driven 07-01-11 to 12-31-11	MI	MI	NEW
LONG TERM CARE PREMIUMS ← Taxpayer's amount			
Spouse's amount			
Dependent's amount			
Dependent's birth date: _____ 1.			
Doctors, dentists, nurses, and hospitals:			

TAXES PAID	2011 AMOUNTS	2010 AMOUNTS
5. Additional state and local income taxes		
6. Real estate taxes (state and local) (not land held for investment)		
Foreign real estate taxes		
7. Personal property taxes		
8. Foreign income taxes paid		
Other taxes:		

INTEREST PAID	2011 AMOUNTS	2010 AMOUNTS
10. Home mortgage interest and points reported on Form 1098		
11. HOME MORTGAGE INTEREST PAID TO AN INDIVIDUAL NOT REPORTED ON FORM 1098 ←	First name	T, S, J
	Address	<input type="checkbox"/>
	City, state, zip	
	SSN	
	FEIN	Amount
	Second name	T, S, J
	Address	<input type="checkbox"/>
	City, state, zip	
	SSN	
	FEIN	Amount
	Third name	T, S, J
	Address	<input type="checkbox"/>
City, state, zip		
SSN		
FEIN	Amount	
Details: _____		
12. Points not reported on Form 1098		
13. Qualified mortgage insurance premiums		
14. Deductible investment interest		

NOTES OR QUESTIONS: (For points, please give details on refinance, terms, and dates.)

NONCASH CHARITABLE CONTRIBUTIONS

IF YOU MADE ANY NONCASH CHARITABLE CONTRIBUTIONS IN 2011.
PLEASE LIST THE APPLICABLE INFORMATION FOR EACH CONTRIBUTION BELOW.

SECTION A - DEDUCTIONS OF \$5,000 OR LESS PER ITEM AND CERTAIN PUBLICLY TRADED SECURITIES							
INFORMATION ON DONATED PROPERTY							
Donee Organization ----- Donee Address	Description of Donation	Date Contributed	Date Acquired by Donor	How Acquired	Donor's Cost or Basis	Fair Market Value	Method Used to Determine FMV

PART II OTHER INFORMATION	(Complete line 2 if less than an entire interest in property listed in Part I was given up) (Complete line 3 if conditions were placed on a contribution listed in Part I)
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- 2a. Enter letter from Part I that identifies the property _____
- b. Total amount claimed as deduction for property listed in Part I: (1) For this tax year _____
(2) For any prior tax years _____
- c. Name and address of each organization to which any such contribution was made in a prior year (only if different from above)
 Name of charitable organization _____
 Address (number, street, and room or suite no.) _____
 City or town _____ State _____ ZIP code _____
- d. For tangible property, enter place where property is located or kept _____
- e. Name of any person, other than the donee organization having actual possession of the property _____

If an agreement between the donor and donee places conditions on any contrib listed in Part I, answer the following questions. Attach stmt.

- 3a. Is there a restriction, either temporary or permanent, on the donee's right to use or dispose of the donated property? . . . 3a. Yes
- b. Did you give to anyone the right to the income from the donated property or to the possession of the property, including the right to vote donated securities, to acquire the property by purchase or otherwise, or to designate the person having such income, possession, or right to acquire? b. Yes
- c. Is there a restriction limiting the donated property for a particular use? 3c. Yes

SECTION B - APPRAISAL SUMMARY (DEDUCTIONS OVER \$5,000 PER ITEM OR GROUP)							
INFORMATION ON DONATED PROPERTY							

Enter kind of donated property from the listing below:

1 = Art (contribution over \$20,000)	4 = Qualified conservation contribution	7 = Equipment
2 = Art (contribution under \$20,000)	5 = Other real estate	8 = Securities
3 = Collectibles	6 = Intellectual property (patents, etc.)	9 = Other

Donated Property Description	Physical Condition	Appraised Fair Market Value	Date Acquired	How Acquired	Donor's Cost or Basis	Bargain Sales: Amount Received	Average Trading Price of Securities

Attach any declarations of appraisal and donee acknowledgments

C _____

BUSINESS INCOME

CLIENT _____

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LAST YEAR'S AMOUNTS ARE PROVIDED FOR YOUR REFERENCE IN THE SHADED AREAS.

GENERAL INFORMATION		2011 AMOUNTS	2010 AMOUNTS
Ownership code (T=Taxpayer, S=Spouse, J=Joint)			
Clergy Schedule C		<input type="checkbox"/> Yes	
If Joint Schedule C, taxpayer's ownership percentage		%	
Community property for self-employment purposes		<input type="checkbox"/> Yes	
Two-letter state code			
A. Principal business activity	A.		
Principal busn including product or svc			
B. Principal business code	B.		
C. Business name	C.		
D. Federal employer identification number	D.		
E. Business street address	E.		
Business city, state, ZIP code			
F. ACCOUNTING METHOD IF NOT CASH			
← Accrual method	F.	<input type="checkbox"/> Yes	
Other		<input type="checkbox"/> Yes	
Specify other method			
G. Were you a "material participant" in the operation of this business?	G.	<input type="checkbox"/> No	
H. Is this the first Schedule C filed for this business?	H.	<input type="checkbox"/> Yes	
I. Were you required to file Form(s) 1099 in 2011?	I.	<input type="checkbox"/> Yes	NEW
J. If yes, were all required Forms(s) filed?	J.	<input type="checkbox"/> No	NEW

PART I	INCOME	2011 AMOUNTS	2010 AMOUNTS
1a.	Gross merchant card/3rd party network receipts and sales		NEW
b.	Gross receipts or sales not included in line 1a		
c.	Income reported on W-2 if 'statutory employee' box checked		NEW
2.	Returns and allowances		
6.	Other income (including fuel tax credit or refund)		

PART II	EXPENSES	2011 AMOUNTS	2010 AMOUNTS
8.	Advertising		
9.	Car and truck expenses (see vehicle depreciation organizer)		
10.	Commissions and fees		
11.	Contract labor		
12.	Depletion		
13.	Depreciation and section 179 expense deduction (see depreciation organizer)		
14.	Employee benefit programs		
15.	Insurance (other than health)		
16a.	Mortgage interest (paid to banks, etc.)		
b.	Other interest		
17.	Legal and professional services		
18.	Office expense		
19.	Pension and profit-sharing plans		
20a.	Rent or lease of vehicles, machinery, and equipment		
b.	Rent or lease of other business property		
21.	Repairs and maintenance		
22.	Supplies		
23.	Taxes and licenses		
24a.	Travel:		
b.	Meals and entertainment subject to 50% limitation		
	Meals and entertainment		
25.	Utilities		
26.	Wages less employment credits		
30.	Expenses for busn use of home (see 8829 organizer or attach explanation)		
32b.	Amount at risk		

INCOME OR LOSS FROM RENTAL REAL ESTATE, Pg 2

CLIENT _____

PLEASE ADD, CHANGE, OR DELETE ANY INFORMATION THAT IS NECESSARY TO UPDATE YOUR FILE FOR 2011.
 LAST YEAR'S AMOUNTS ARE PROVIDED FOR YOUR REFERENCE IN THE SHADED AREAS.

INCOME (LOSS) FROM REAL ESTATE MORTGAGE INVESTMENT CONDUITS	2011 AMOUNTS	2010 AMOUNTS
Name		
Ownership code (T = Taxpayer; S = Spouse; J = Joint)		
Employer identification number		
Excess inclusion from Schedules Q (Form 1066), line 2c		
Taxable income (net loss) from Schedules Q (Form 1066), line 1b		
Income from Schedules Q (Form 1066), line 3b		

SUMMARY	2011 AMOUNTS	2010 AMOUNTS
Gross farming and fishing income		
Reconciliation for Real Estate Professionals:		
Net income or (loss) reported anywhere on tax return from material participation under passive activity loss rules		

NOTES

2010 FEDERAL UNDERPAYMENT AND ESTIMATED TAX INFORMATION

CLIENT _____

PLEASE ENTER ALL PERTINENT 2011 INFORMATION.

2011 FEDERAL ESTIMATED TAX PAYMENTS				
	Due Date	Amount Due	Date Paid	Amount Paid
Overpayment applied from 2010 return ..				
1st quarter payment	04-15-2011		- -	
2nd quarter payment	06-15-2011		- -	
3rd quarter payment	09-15-2011		- -	
4th quarter payment	01-17-2012		- -	
Additional payment			- -	

UNDERPAYMENT INFORMATION

Prior year (2010) tax amount

Are you a Farmer / Fisherman?

Prior year adjusted gross income

Was the income received uneven? (seasonal employment)

<input type="checkbox"/>	Yes
<input type="checkbox"/>	Yes

APPLICATION OF 2011 OVERPAYMENT

If you have an overpayment of 2011 taxes, do you want the excess refunded? or applied to 2012 estimate?.....

Other (please explain): _____

2012 ESTIMATED TAX INFORMATION

Do you expect your 2012 taxable income to be generally the same as 2011? Yes No

If "No," enter any differences in income, deductions, dependents, etc.

Filing Status

Personal exemptions TP over 65 Yes No TP blind Yes No

Dependent exemptions ... SP over 65 Yes No SP blind Yes No

Qualified Child tax credit ...

1. Wages increase or (-) decrease	Taxpayer <input type="text"/>	Spouse <input type="text"/>	
Ordinary income increase or (-) decrease			1. <input type="text"/>
2. Qualified dividends and/or long-term capital gain increase or (-) decrease (5% or 15%)			2. <input type="text"/>
3. Self-employment income	3. Taxpayer <input type="text"/>	Spouse <input type="text"/>	
4. Adjustments increase or (-) decrease			4. <input type="text"/>
6. Itemized deductions increase or (-) decrease			6. <input type="text"/>
9. Taxable income increase or (-) decrease			9. <input type="text"/>
10. Tax increase or (-) decrease			10. <input type="text"/>
11. Alternative minimum tax increase or (-) decrease			11. <input type="text"/>
12. Nonrefundable credits increase or (-) decrease			12. <input type="text"/>
14. Other taxes increase or (-) decrease			14. <input type="text"/>
15. Refundable credits increase or (-) decrease			15. <input type="text"/>
19. Withholding increase or (-) decrease			19. <input type="text"/>
20. Total 2012 estimated tax payments paid to date			20. <input type="text"/>

If you owe a tax for 2012, do you want estimated tax vouchers prepared? Yes

NOTES OR QUESTIONS:

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2010 STATE UNDERPAYMENT AND ESTIMATED TAX INFORMATION

CLIENT _____

PLEASE ENTER ALL PERTINENT 2011 INFORMATION.

State _____

2011 STATE ESTIMATED TAX PAYMENTS				
	Due Date	Amount Due	Date Paid	Amount Paid
Overpayment applied from 2010 return ..				
1st quarter payment	04-15-2011		- -	
2nd quarter payment	06-15-2011		- -	
3rd quarter payment	09-15-2011		- -	
4th quarter payment	01-17-2012		- -	
Additional payment			- -	

UNDERPAYMENT INFORMATION

Prior year (2010) tax amount

Are you a Farmer / Fisherman?

Prior year adjusted gross income

Was the income received uneven? (seasonal employment)

<input type="checkbox"/>	Yes
<input type="checkbox"/>	Yes

APPLICATION OF 2011 OVERPAYMENT

If you have an overpayment of 2011 taxes, do you want the excess refunded? or applied to 2012 estimate?

Other (please explain): _____

2012 ESTIMATED TAX INFORMATION

Do you expect your 2012 taxable income to be generally the same as 2011? Yes No

If "No," enter any differences:

1. Taxable income	1.	
2. Tax	2.	
7. Withholding	7.	

If you owe a tax for 2012, do you want estimated tax vouchers prepared? Yes

NOTES OR QUESTIONS: