

**Prepared By:**

Schiller & Company, P.C.  
606 SE 117th Ave, #100  
Vancouver, WA 98683

**Prepared For:**

,

**2011 Client Organizer**

**From:**

**To:**

Schiller & Company, P.C.  
606 SE 117th Ave, #100  
Vancouver, WA 98683  
|||

## **2011 Client Organizer**

This information is complete and correct to the best of my (our) knowledge.

Taxpayer signature \_\_\_\_\_ Date \_\_\_\_\_

Spouse signature \_\_\_\_\_ Date \_\_\_\_\_

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.

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

**We are now able to scan in most standard tax forms directly into our system. If you have included the original form with your organizer, you do not need to enter the information onto the corresponding page.**

Enter 2011 information on the Client Organizer sheets provided. If any of the information is incorrect or no longer applies to you, please draw a line through it, or make the necessary corrections. Please make sure you have accounted for all accounts which were reported on your prior year tax return. (We encourage you to still include your year-end information forms 1099.)

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, miscellaneous income, etc.
- Brokerage statements showing investment transactions for stocks, bonds, etc.
- Schedule K-1 showing income from partnerships, S corporations, estates and trusts.
- Statements supporting deductions for mortgage interest and taxes.
- Any tax notices sent to you by the IRS or other taxing authority.

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 1, 2012. Any information received after that date may require an extension of time to be filed for your return.

Thank you for the opportunity to serve you.

Sincerely,

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 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.

It is your responsibility to provide all the information required for the preparation of complete and accurate returns. 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.

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.

The law provides various penalties that may be imposed when taxpayers understate their tax liability. If you would like information on the amount or the circumstances of these penalties, please contact us.

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 fee for these services will be based upon the amount of time required at standard billing rates plus out-of-pocket expenses. All invoices are due and payable upon presentation.

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,

Schiller & Company, P.C.

Accepted By: \_\_\_\_\_ Accepted By: \_\_\_\_\_

Date: \_\_\_\_\_ Date: \_\_\_\_\_

## Questions

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

	Yes	No
<b>Personal Information</b>		
Did your marital status change during the year? If yes, explain: _____	<input type="checkbox"/>	<input type="checkbox"/>
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"/>
<b>Dependent Information</b>		
Were there any changes in dependents from the prior year? If yes, explain: _____	<input type="checkbox"/>	<input type="checkbox"/>
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"/>
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"/>
<b>Purchases, Sales and Debt Information</b>		
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? If yes, please provide settlement sheet (HUD-1) and Form 1099-S.	<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"/>

	Yes	No
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 an IRA, Roth, Keogh, SIMPLE, SEP, 401k, or other qualified retirement plan?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any 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"/>

### **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 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"/>

### **Miscellaneous Information**

Did you make gifts of more than \$13,000 to any individual?	<input type="checkbox"/>	<input type="checkbox"/>
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	Yes	No
Do you have a will?	<input type="checkbox"/>	<input type="checkbox"/>
Has your will or trust been updated within the last three years?	<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"/>
Are you a business owner and have paid 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"/>
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, 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"/>
Does your spouse 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.		

### **Estimated Taxes**

Did you apply an overpayment of 2010 taxes to your 2011 estimated tax (instead of being refunded)?	<input type="checkbox"/>	<input type="checkbox"/>
If you have an overpayment of 2011 taxes, do you want the excess applied to your 2012 estimated tax (instead of being refunded)?	<input type="checkbox"/>	<input type="checkbox"/>
Do you expect your 2012 taxable income and withholdings to be different from 2011? If yes, please explain: _____	<input type="checkbox"/>	<input type="checkbox"/>



**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]

	<b>Taxpayer</b>	<b>Spouse</b>
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		
Email, Work phone, Home phone, Fax, Mobile phone, Car phone	_____ [18]	_____ [26]

**NOTES/QUESTIONS:**

**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) \_\_\_\_\_[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]

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**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	<b>Calculated Amount</b>
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:**



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 <sup>[1]</sup> Income	Tax Exempt Income	Penalty on Early Withdrawal	U.S. Obligations* \$ or %	Tax Exempt* \$ or %	Foreign Taxes Paid	Prior Year Information
	<b>1</b>	Payer						
		Amounts	+					
	<b>2</b>	Payer						
		Amounts	+					
	<b>3</b>	Payer						
		Amounts	+					
	<b>4</b>	Payer						
		Amounts	+					
	<b>5</b>	Payer						
		Amounts	+					
	<b>6</b>	Payer						
		Amounts	+					
	<b>7</b>	Payer						
		Amounts	+					
	<b>8</b>	Payer						
		Amounts	+					
	<b>9</b>	Payer						
		Amounts	+					
	<b>10</b>	Payer						
		Amounts	+					

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

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 Type J Code	(**See codes below)	Ordinary <sup>[1]</sup> 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 +											

<b>**Dividend Codes</b>	
Blank = Other	3 = Nominee





Form ID: 1099M	<b>Miscellaneous Income #1</b>	<b>17a</b>
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Please provide all Forms 1099-MISC

		<b>Preparer use only</b>
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Name of payer		[3]
Taxpayer/Spouse/Joint (T, S, J)		[5]
State postal code		[6]
Rents <b>(Box 1)</b>	+	[11]
Royalties <b>(Box 2)</b>	+	[13]
Other income <b>(Box 3)</b>	+	[15]
Federal income tax withheld <b>(Box 4)</b>	+	[17]
Fishing boat proceeds <b>(Box 5)</b>	+	[19]
Medical and health care payments <b>(Box 6)</b>	+	[21]
Nonemployee compensation <b>(Box 7)</b>	+	[23]
Substitute payments in lieu of dividends or interest <b>(Box 8)</b>	+	[25]
Payer made direct sales of \$5,000 or more of consumer products <b>(Box 9)</b>		[27]
Crop Insurance proceeds <b>(Box 10)</b>	+	[29]
Excess golden parachute payments <b>(Box 13)</b>	+	[31]
Gross proceeds paid to an attorney <b>(Box 14)</b>	+	[33]
Section 409A deferrals <b>(Box 15a)</b>	+	[35]
Section 409A income <b>(Box 15b)</b>	+	[37]
State tax withheld <b>(Box 16)</b>	+	[39]
State/Payer's state no. <b>(Box 17)</b>		[41]
State income <b>(Box 18)</b>	+	[42]

	<b>Control Totals+</b>	
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<b>Miscellaneous Income #2</b>
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Please provide all Forms 1099-MISC

		<b>Preparer use only</b>
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Name of payer		[3]
Taxpayer/Spouse/Joint (T, S, J)		[5]
State postal code		[6]
Rents <b>(Box 1)</b>	+	[11]
Royalties <b>(Box 2)</b>	+	[13]
Other income <b>(Box 3)</b>	+	[15]
Federal income tax withheld <b>(Box 4)</b>	+	[17]
Fishing boat proceeds <b>(Box 5)</b>	+	[19]
Medical and health care payments <b>(Box 6)</b>	+	[21]
Nonemployee compensation <b>(Box 7)</b>	+	[23]
Substitute payments in lieu of dividends or interest <b>(Box 8)</b>	+	[25]
Payer made direct sales of \$5,000 or more of consumer products <b>(Box 9)</b>		[27]
Crop Insurance proceeds <b>(Box 10)</b>	+	[29]
Excess golden parachute payments <b>(Box 13)</b>	+	[31]
Gross proceeds paid to an attorney <b>(Box 14)</b>	+	[33]
Section 409A deferrals <b>(Box 15a)</b>	+	[35]
Section 409A income <b>(Box 15b)</b>	+	[37]
State tax withheld <b>(Box 16)</b>	+	[39]
State/Payer's state no. <b>(Box 17)</b>		[41]
State income <b>(Box 18)</b>	+	[42]

	<b>Control Totals+</b>	
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**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]
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\*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]
_____	+ _____
_____	+ _____

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]			+	
<b>Address</b>			+	
<b>Address</b>			+	
<b>Address</b>			+	
<b>Address</b>			+	

**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]
	+	
	+	
	+	
	+	
	+	
	+	
	+	
	+	

T/S/J	2011 Information	Prior Year Information
Contributions made by cash or check (including out-of-pocket expenses)		
[2] _____	+ _____ [3]	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
[5] Volunteer miles driven _____ [6]		
Noncash items, such as: Goodwill/Salvation Army/Other clothing or household goods		
[8] _____	+ _____ [9]	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	

**Miscellaneous Deductions**

T/S/J	2011 Information	Prior Year Information
Unreimbursed expenses, such as: Uniforms, Professional dues, Business publications, Job seeking expenses, Educational expenses		
[11] _____	+ _____ [12]	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
Union dues:		
[14] _____	+ _____ [15]	
_____	+ _____	
[17] Tax preparation fees _____ [18]		
Other expenses, subject to 2% AGI limitation, such as: Legal/accounting fees, custodial fees		
[20] _____	+ _____ [21]	
_____	+ _____	
_____	+ _____	
_____	+ _____	
[23] Safe deposit box rental _____ [24]		
Investment expenses, other than on Schedule(s) K-1:		
[26] _____	+ _____ [27]	
_____	+ _____	
_____	+ _____	
Other expenses, not subject to the 2% AGI limitation:		
[30] _____	+ _____ [31]	
_____	+ _____	
_____	+ _____	
_____	+ _____	
Gambling losses: (Enter only if you have gambling income)		
[33] _____	+ _____ [34]	
_____	+ _____	