

**EISENMENGER & CO. CPAs**  
Privacy Policy  
of

CPAs have been and continue to be bound by professional standards of confidentiality that are even more stringent than those required by law. Therefore, we have always protected your right to privacy.

Types of Nonpublic Personal Information We Collect

We collect nonpublic personal information about you that is provided to us by you or obtained by us with your authorization.

Parties to Whom We Disclose Information

For current and former clients, we do not disclose any nonpublic personal information obtained in the course of our practice except as required or permitted by law. Permitted disclosures include, for instance, providing information to our employees, and in limited situations, to unrelated third parties who need to know that information to assist us in providing services to you. In all such situations, we stress the confidential nature of information being shared.

Protecting the Confidentiality and Security of Current and Former Clients' Information

We retain records relating to professional services that we provide so that we are better able to assist you with your professional needs and, in some cases, to comply with professional guidelines. In order to guard your nonpublic personal information, we maintain physical, electronic, and procedural safeguards that comply with our professional standards.

\*\*\*\*\*

Please call if you have any questions, because your privacy, our professional ethics, and the ability to provide you with quality financial services are very important to us.

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

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) . . . . . 9.				
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) . . . . . 10.				
11. Did child live with taxpayer in U.S. for over half the year? (Yes / No) . . . . . 11.				
13a. Could any other person check Yes on lines 9 through 11 for the child? (Yes / No) . . . . . a.				
b. What is the child's relationship to the other person(s)? . . . . . b.				
c. If tie-breaker rules apply, would this child be treated as the taxpayer's qualifying child? (Yes / No) . . . . . 13c.				
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) . . . . . 14.				

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

NOTES:

PLEASE ENTER ALL PERTINENT 2011 INFORMATION.  
LAST YEAR'S AMOUNTS ARE PROVIDED FOR YOUR REFERENCE IN THE SHADED AREAS.

W-2#

WAGE AND TAX STATEMENT								
Taxpayer or spouse? .....		Employer identification no.		Foreign address		<input type="checkbox"/> Yes		
Employer name .....		Employer street address .....		Employer city .....		State	ZIP code	
Control number .....								
		2010 AMOUNTS						
1. Wages, tips, other compensation				12a. Code .....	Amt			
2. Federal income tax withheld				b. Code .....	Amt			
3. Social security wages				c. Code .....	Amt			
4. Social security tax withheld				d. Code .....	Amt			
5. Medicare wages and tips				13. Statutory empl to Sch C # ..				
6. Medicare tax withheld				Retirement plan?		<input type="checkbox"/> Yes		
7. Social security tips				Third-party sick pay? .....		<input type="checkbox"/> Yes		
8. Allocated tips				14. Other	Amt			
9. Advance EIC payments				Other	Amt			
10. Dependent care benefits				Other	Amt			
11. Non-qualified plans				Other	Amt			
		15	16	17	18	19	20	
		State	State Employer I.D. Number	State Wages	State Tax Withheld	Local Wages	Local Tax Withheld	Locality Name
1			////////////////////			////////////////////	////////////////////	////////////////////
2								
Corrected Form W-2? .....		<input type="checkbox"/> Yes		Clergy Form W-2 .....		<input type="checkbox"/> Yes		
Non-standard indicator? .....		<input type="checkbox"/> Yes		Suppress Clergy self-employment tax .....		<input type="checkbox"/> Yes		

W-2 #

WAGE AND TAX STATEMENT								
Taxpayer or spouse? .....		Employer identification no.		Foreign address		<input type="checkbox"/> Yes		
Employer name .....		Employer street address .....		Employer city .....		State	ZIP code	
Control number .....								
		2010 AMOUNTS						
1. Wages, tips, other compensation				12a. Code .....	Amt			
2. Federal income tax withheld				b. Code .....	Amt			
3. Social security wages				c. Code .....	Amt			
4. Social security tax withheld				d. Code .....	Amt			
5. Medicare wages and tips				13. Statutory empl to Sch C # ..				
6. Medicare tax withheld				Retirement plan?		<input type="checkbox"/> Yes		
7. Social security tips				Third-party sick pay? .....		<input type="checkbox"/> Yes		
8. Allocated tips				14. Other	Amt			
9. Advance EIC payments				Other	Amt			
10. Dependent care benefits				Other	Amt			
11. Non-qualified plans				Other	Amt			
		15	16	17	18	19	20	
		State	State Employer I.D. Number	State Wages	State Tax Withheld	Local Wages	Local Tax Withheld	Locality Name
1			////////////////////			////////////////////	////////////////////	////////////////////
2								
Corrected Form W-2? .....		<input type="checkbox"/> Yes		Clergy Form W-2 .....		<input type="checkbox"/> Yes		
Non-standard indicator? .....		<input type="checkbox"/> Yes		Suppress Clergy self-employment tax .....		<input type="checkbox"/> Yes		

Attach additional W-2's



C \_\_\_\_\_

**BUSINESS INCOME, CONT'D**

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 III COST OF GOODS SOLD		2011 AMOUNTS		2010 AMOUNTS	
33. INVENTORY METHOD IF NOT COST	Lower of cost or market .....	<input type="checkbox"/>	Yes		
	Other .....	<input type="checkbox"/>	Yes		
	Specify other method ..... 33.				
34. Was there any change in inventory method? .....	34.	<input type="checkbox"/>	Yes		
35. Inventory at beginning of the year .....	35.				
36. Purchases .....	36.				
Cost of items withdrawn for personal use .....		(	)	(	)
37. Cost of labor (not salary paid to yourself) .....	37.				
38. Materials and supplies .....	38.				
39. Other costs .....	39.				
41. Inventory at end of the year .....	41.	(	)	(	)

PART IV INFORMATION ABOUT YOUR VEHICLE		2011 AMOUNTS		2010 AMOUNTS	
43. Date vehicle was placed in service for business purposes .....	43.				
44a. Business miles vehicle was driven 01/01/11 - 06/30/11 .....	44a.		MI		
Business miles vehicle was driven 07/01/11 - 12/31/11 .....			MI		NEW
b. Total commuting miles vehicle was driven .....	b.		MI		
c. Total other miles vehicle was driven .....	c.		MI		
45. Was this vehicle available for use during off-duty hours? .....	45.	<input type="checkbox"/>	Yes		
46. Was another vehicle available for personal use? .....	46.	<input type="checkbox"/>	Yes		
47a. Is there evidence to support your deduction? .....	47a.	<input type="checkbox"/>	No		
b. If "yes," is the evidence written? .....	b.	<input type="checkbox"/>	No		

PART V EXPENSES		2011 AMOUNTS		2010 AMOUNTS	
Other expenses:					
Amortization .....					
Miscellaneous .....					
Oil and gas deduction .....					
Postage .....					
Telephone (business only) .....					

NOTES OR QUESTIONS:

C \_\_\_\_\_

BUSINESS INCOME

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.

Table with 3 columns: GENERAL INFORMATION, 2011 AMOUNTS, 2010 AMOUNTS. Rows include Ownership code, Clergy Schedule C, Joint Schedule C, Community property, Principal business activity, Accounting Method, and material participant questions.

PART I INCOME table with 3 columns: INCOME, 2011 AMOUNTS, 2010 AMOUNTS. Rows include Gross merchant card receipts, Returns and allowances, and Other income.

PART II EXPENSES table with 3 columns: EXPENSES, 2011 AMOUNTS, 2010 AMOUNTS. Rows include Advertising, Car and truck expenses, Commissions and fees, Contract labor, Depreciation, and various other business expenses.

**BUSINESS USE OF HOME EXPENSES**

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 OF HOME USED FOR BUSINESS		2011 AMOUNTS	2010 AMOUNTS
Spouse's Form 8829 (for Married Filing Separate split return only) .....			
1.	Home area used regularly and exclusively for business, regularly for day care, or for storage of inventory or product samples .....		
2.	Total area of home .....		
4.	Total hours this facility was used for day care .....		
5.	Total hours available for use (if used for day care that was started or stopped this year) .....		
	Part of home used exclusively for day care .....		

DEDUCTION DESTINATION		2011 AMOUNTS	2010 AMOUNTS
Home expense deduction is associated with: 1 = Schedule C    2 = Schedule F    3 = Form 2106 4 = Schedule K-1 (1065)    5 = Schedule E pg 1 .....			
Which multiple of the form or schedule selected above? .....			
For Sch C / K-1 Only: Net gain or loss from business use of home plus gain or loss from business shown on Schedule D or Form 4797 .....			
Schedule E Only: Schedule E income related to business use of home .....			NEW
For Schedule F/2106 Only: Business expenses that are NOT from business use of home .....			
For Form 2106 Only: Employee net income (Form W-2 wages less other business expenses) .....			

ALLOWABLE DEDUCTION	DIRECT EXPENSES		INDIRECT EXPENSES	
	2011 AMOUNTS	2010 AMOUNTS	2011 AMOUNTS	2010 AMOUNTS
9. Casualty losses .....				
10. Deductible mortgage interest .....				
Qualified mortgage insurance premium .....				
11. Real estate taxes .....				
16. Excess mortgage interest .....				
17. Insurance .....				
18. Rent .....				
19. Repairs and maintenance .....				
20. Utilities .....				
21. Other expenses .....				
24. Operating expenses carryover from 2010 Form 8829, line 42 .....				
28. Excess casualty losses .....				
30. Carryover of excess casualty losses and depreciation from 2010 Form 8829, line 43 .....				

DEPRECIATION OF HOME		2011 AMOUNTS	2010 AMOUNTS
36.	Smaller of home's adjusted basis or fair market value (see depreciation organizer) 36.		
37.	Value of land included in home's adjusted basis or fair market value .....		
	Date business use began .....		



E1 \_\_\_\_\_ INCOME OR LOSS FROM RENTAL REAL ESTATE, CONT'D

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.

EXPENSES	DIRECT EXPENSES		INDIRECT EXPENSES	
	2011 AMOUNTS	2010 AMOUNTS	2011 AMOUNTS	2010 AMOUNTS
5. Advertising . . . . . 5.				
6. Auto expense (see vehicle deprec organizer)				
Other travel expenses . . . . . 6.				
7. Cleaning and maintenance . . . . . 7.				
8. Commissions . . . . . 8.				
9. Insurance . . . . . 9.				
10. Legal and other professional fees . . . . . 10.				
11. Management fees . . . . . 11.				
12. Mortgage interest paid to banks, etc . . . . . 12.				
Qualified mortgage insurance . . . . .				
13. Other interest . . . . . 13.				
14. Repairs . . . . . 14.				
15. Supplies . . . . . 15.				
16. Taxes . . . . . 16.				
17. Utilities . . . . . 17.				
18. Depreciation expense (see deprec organizer) . . . . . 18.				
Depletion (see depreciation organizer) . . . . .				
19. Other expenses: . . . . . 19.				
_____				
_____				
_____				
Amortization (see depreciation organizer)				
Office in home deduction . . . . .				
Oil and gas deduction . . . . .				

PRIOR YEAR PASSIVE ACTIVITY CARRYOVER LOSSES				
FEDERAL				
	Regular		AMT	
	2011 AMOUNTS	2010 AMOUNTS	2011 AMOUNTS	2010 AMOUNTS
Schedule E operating losses . . . . .	( )		( )	
Schedule D short-term losses . . . . .	( )		( )	
Schedule D long-term losses . . . . .	( )		( )	
Schedule D 28% rate LT losses . . . . .	( )		( )	
Form 4797 Pt I (Sec 1231 losses) . . . . .	( )		( )	
Form 4797 Pt II (Ordinary losses) . . . . .	( )		( )	

STATE				
	Regular		AMT	
	2011 AMOUNTS	2010 AMOUNTS	2011 AMOUNTS	2010 AMOUNTS
Schedule E operating losses . . . . .	( )		( )	NEW
Schedule D short-term losses . . . . .	( )		( )	NEW
Schedule D long-term losses . . . . .	( )		( )	NEW
Schedule D 28% rate LT losses . . . . .	( )		( )	NEW
Form 4797 Pt I (Sec 1231 losses) . . . . .	( )		( )	NEW
Form 4797 Pt II (Ordinary losses) . . . . .	( )		( )	NEW

FOR REAL ESTATE PROFESSIONALS ONLY		
	2011 AMOUNTS	2010 AMOUNTS
Passive activity loss carryovers that are from an activity that was not an active participation activity prior to becoming a real estate professional . . . . .	<input type="checkbox"/> Yes	



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

MISCELLANEOUS INCOME AND ADJUSTMENTS

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.

MISCELLANEOUS INCOME		2011 AMOUNTS				2010 AMOUNTS	
		TAXPAYER		SPOUSE		TAXPAYER	SPOUSE
7.	Taxable scholarship / fellowship income . . . . .	7.					
10.	IF YOU ITEMIZED LAST YEAR ←	Deducted 2010 state/local sales tax	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes			
		State tax refund . . . . .					
		2010 state and local taxes . . . . .					
		2010 itemized deductions . . . . .	10.				
11.	Alimony received . . . . .	11.					
19.	Unemployment compensation received . . . . .						
19.	Repaid unemployment compensation . . . . .	19.					
20.	SOCIAL SECURITY ← BENEFITS	Social security benefits received					
		Medicare premiums withheld					
		Medicare prescription drug prem					
		Tier 1 Railroad retirement received					
		Federal withholding . . . . .	20.				
21.	Net operating loss carryover . . . . .	21.					
Other income:		SE?	T/S	ST	ST		
		<input type="checkbox"/>	<input type="checkbox"/>				

ADJUSTMENTS TO INCOME		2011 AMOUNTS				2010 AMOUNTS	
23.	Educator expenses . . . . .	23.					
25.	Health savings account deduction . . . . .	25.					
26.	Moving expenses . . . . .	26.					
28.	Self-employed SEP, SIMPLE, and qual plans . . . . .	28.					
29.	Self-employed health insurance . . . . .						
29.	Health insurance premium from S Corp . . . . .	29.					
30.	Penalty on early withdrawal of savings . . . . .	30.					
31.	Alimony paid . . . . .	31.					
	Recipient's Name	SSN	ST	ST			
32.	Payments to your IRA (see 8606 organizer).						
	Covered by employer's retirement plan . . . . .	32.	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/>	<input type="checkbox"/>	
33.	Student loan interest deduction . . . . .	33.					
34.	Tuition and fees deduction . . . . .	34.					
35.	Domestic production activities . . . . .	35.					
36.	Jury duty pay given to employer . . . . .						
Other adjustments:		T/S	ST	ST			
		<input type="checkbox"/>					

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 .....				NEW
LONG TERM CARE PREMIUMS ←	Taxpayer's amount .....			
	Spouse's amount .....			
	Dependent's amount .....			
	Dependent's birth date: _____			
Doctors, dentists, nurses, and hospitals:				
_____				
_____				
_____				
_____				

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

INTEREST PAID		2011 AMOUNTS		2010 AMOUNTS
10. Home mortgage interest and points reported on Form 1098 .....	10.			
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 .....	12.			
13. Qualified mortgage insurance premiums .....	13.			
14. Deductible investment interest .....	14.			

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



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? . . . . .  Yes

Prior year adjusted gross income . . . . .

Was the income received uneven? (seasonal employment) . . . . .  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 TP blind . . . . .  Yes

SP over 65 . . . . .  Yes SP blind . . . . .  Yes

Dependent exemptions . . . . . \_\_\_\_\_

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:

ES

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: