



# 2011 TAXPAYER'S CHECKLIST

If mailing in or dropping off tax returns, complete the worksheet.

Please provide documents to substantiate all items of income, deductions and/or credits.

- 1. Your completed Taxpayer's Checklist. We will keep this "Checklist" in our files with a copy of your completed return.
- 2. If a new client, a copy of your prior year's federal, state and local income tax returns.
- 3. All W-2 forms (wages) & 1099s including 1099-B (sale of securities); 1099-DIV (dividends); 1099-INT (interest); 1099-G (state/local tax refund & unemployment compensation); 1099-MISC (commissions & fees, other income); 1099-R (annuity, pension & IRA distributions); SSA-1099 (SS benefits)
- 4. Any form K-1 for partnerships; joint ventures; S corporations; estates; or trusts.
- 5. If you sold any real estate, stock or mutual fund during the taxable year, please verify your records for cost basis.
- 6. If you sold, purchased or refinanced your home or other property this year, include a copy of your closing statement(s).
- 7. Verification of any federal, state or local estimated tax payments made for the taxable year.
- 8. Verify whether you have an interest in or signature authority over any foreign accounts in any foreign country (including Mexico and Canada).  Yes  No

TP: \_\_\_\_\_  
 DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ DOD: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 SSN: \_\_\_\_\_ - \_\_\_\_\_

SP: \_\_\_\_\_  
 DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ DOD: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 SSN: \_\_\_\_\_ - \_\_\_\_\_

(Check all that apply)  Blind  Deaf  Hemiplegic  Paraplegic  
 Quadraplegic  Totally & Permanently Disabled

(Check all that apply)  Blind  Deaf  Hemiplegic  Paraplegic  
 Quadraplegic  Totally & Permanently Disabled

Occupation: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_

Occupation: \_\_\_\_\_  
 Suite/Apt #: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip: \_\_\_\_\_

Filing Status (check only one):  Single  Married Filing Joint  Surviving Widow(er) w/ dependent child  Head of Household  
 Married Filing Separate Spouse's Name: \_\_\_\_\_ SSN: \_\_\_\_\_ - \_\_\_\_\_

During 2011, were you:  Married Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  Divorced/Legally Separated Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
*(Include copy of entire divorce decree or separation agreement)*

### DEPENDENT(S)

Child(ren) living w/ you and 18 & under OR between ages 19-23 AND a FULL-TIME student at least FIVE months during the taxable year.

NAME	DOB	SSN	RELATIONSHIP	# MO. IN HOME	YR of COLLEGE
1. _____	____/____/____	____ - ____	_____	_____	_____
2. _____	____/____/____	____ - ____	_____	_____	_____
3. _____	____/____/____	____ - ____	_____	_____	_____
4. _____	____/____/____	____ - ____	_____	_____	_____
5. _____	____/____/____	____ - ____	_____	_____	_____

- a. Are any of the dependent(s) blind? If so, who? \_\_\_\_\_
- b. Are any of the dependent(s) deaf and/or disabled? If so, who? \_\_\_\_\_
- c. Could any of the dependent(s) listed above be the qualifying dependent/relative of another taxpayer? If so, who? \_\_\_\_\_
- d. Did any of the dependent(s) earn more than \$3,700 during 2011? If so, who? \_\_\_\_\_
- e. Do you have reason to believe your qualifying dependent has already filed a return & claimed an exemption for himself or herself?  Yes  No
- f. Are you claiming any of the dependent(s) above in accordance with a divorce decree or separation agreement?  Yes  No *(Include copy of documents)*

## 2011 INCOME

**WAGES: PROVIDE COPIES OF ALL W-2(s)**

**SALE OF SECURITIES: PROVIDE COPIES OF ALL 1099-B(s)**

NUMBER OF W-2s FOR: (Enter # of Forms Only)	TP: # _____ SP: # _____		
<b>INTEREST INCOME: PROVIDE COPIES OF ALL 1099-INT(s)</b>		SECURITY	PROCEEDS
		SHORT-TERM GAIN(S)/LOSS(ES):	COST
		GAIN/(LOSS)	
1.	\$ _____	1.	\$ _____
2.	\$ _____	2.	\$ _____
3.	\$ _____	3.	\$ _____
4.	\$ _____	4.	\$ _____
5.	\$ _____	5.	\$ _____
<b>DIVIDENDS: PROVIDE COPIES OF ALL 1099-DIV(s)</b>		6.	\$ _____
PAYOR	ORD DIV	QUAL DIV	CGD
1.	\$ _____	\$ _____	\$ _____
2.	\$ _____	\$ _____	\$ _____
3.	\$ _____	\$ _____	\$ _____
4.	\$ _____	\$ _____	\$ _____
5.	\$ _____	\$ _____	\$ _____
6.	\$ _____	\$ _____	\$ _____
7.	\$ _____	\$ _____	\$ _____
8.	\$ _____	\$ _____	\$ _____
9.	\$ _____	\$ _____	\$ _____
10.	\$ _____	\$ _____	\$ _____
<b>SOCIAL SECURITY: PROVIDE COPIES OF ALL SSA-1099(s)</b>		9.	\$ _____
TAXPAYER: BOX 3 (Benefits Paid in '11): \$ _____ Medicare Premiums Paid: \$ _____ Medicare Premiums Paid: \$ _____ BOX 6 (Voluntary Federal Withholding): \$ _____  SPOUSE: BOX 3 (Benefits Paid in '11): \$ _____ Medicare Premiums Paid: \$ _____ Medicare Premiums Paid: \$ _____ BOX 6 (Voluntary Federal Withholding): \$ _____		10.	\$ _____
		<b>INSTALLMENT SALE(S)</b>	
		Name: _____ SSN: _____ Address: _____ City: _____ ST: _____ Zip: _____ Total Interest Paid: \$ _____ Total Principal Paid: \$ _____  Name: _____ SSN: _____ Address: _____ City: _____ ST: _____ Zip: _____ Total Interest Paid: \$ _____ Total Principal Paid: \$ _____	
<b>IRA(S): PROVIDE COPIES OF ALL 1099-R(s)</b>		<b>OTHER INCOME: PROVIDE COPIES OF SUPPORTING DOCUMENTS</b>	
TAXPAYER: 1. \$ _____ 2. \$ _____ 3. \$ _____ 4. \$ _____ 5. \$ _____  SPOUSE: 1. \$ _____ 2. \$ _____ 3. \$ _____ 4. \$ _____ 5. \$ _____		State Income Tax Refund \$ _____ Unemployment Compensation \$ _____ Alimony \$ _____ - RECEIVED \$ _____ - PAID (Need Receipts SSN) \$ _____ Jury Duty \$ _____ Election Board Fees \$ _____ Prizes/Lottery/Gambling \$ _____ - WINNING(S) \$ _____ - LOSS(ES) \$ _____ Bartering \$ _____ Farm Income \$ _____ Other: \$ _____ Other: \$ _____	
<b>PENSION(S): PROVIDE COPIES OF ALL 1099-R(s)</b>		<b>2011 ESTIMATED TAX PAYMENTS</b>	
TAXPAYER: 1. \$ _____ 2. \$ _____ 3. \$ _____  SPOUSE: 1. \$ _____ 2. \$ _____ 3. \$ _____		FEDERAL STATE 1ST QTR 2011 (DUE 04/18/2011) \$ _____ 2ND QTR 2011 (DUE 06/15/2011) \$ _____ 3RD QTR 2011 (DUE 09/15/2011) \$ _____ 4TH QTR 2011 (DUE 01/17/2012) \$ _____	
<b>NONTAXABLE INCOME:</b>		<b>OVERPAYMENT(S)</b>	
Veteran's Pension & Disability \$ _____ Gifts over \$300 \$ _____ Worker's Compensation or SDI \$ _____ Debt Forgiveness \$ _____ Child Support \$ _____ Other: \$ _____ Gain on Sale of Residence \$ _____ Other: \$ _____		2010 OVERPAYMENT APPLIED TO 2011 \$ _____ 2010 OVERPAYMENT APPLIED TO 2011 \$ _____	
<b>NOTES (IF ANY):</b>			

## 2011 DEDUCTIONS & CREDITS

### ADJUSTMENTS TO AGI

	TAXPAYER	SPOUSE
Educator Expenses	\$ _____	\$ _____
Health Savings Account Contribution	\$ _____	\$ _____
Moving Expenses	\$ _____	\$ _____
Penalty on Withdrawal of Savings	\$ _____	\$ _____
Traditional IRA Contribution	\$ _____	\$ _____
Student Loan Interest Paid	\$ _____	\$ _____

### MEDICAL EXPENSE

**Do not include any amounts paid for/reimbursed by medical insurance or any other type of insurance or paid using funds from a Health Savings or Flexible Spending Account. Do not include health insurance premiums paid with pre-tax income (i.e. payroll deduct).**

	TAXPAYER	SPOUSE
Medical/Dental/ Visions Ins Premiums	\$ _____	\$ _____
Long-Term Care Insurance	\$ _____	\$ _____
Medicine & Drugs (Prescription Only)	\$ _____	\$ _____
Office Visits	\$ _____	\$ _____
Hospitals, Nurses, Ambulance	\$ _____	\$ _____
Co-Pays	\$ _____	\$ _____
Lab Tests, Therapy, X-Rays	\$ _____	\$ _____
Hearing Aid, Glasses, Eye Exams	\$ _____	\$ _____
Doctors & Clinics	\$ _____	\$ _____
Dentists & Orthodontics	\$ _____	\$ _____
Other: _____	\$ _____	\$ _____
Medical Mileage	# _____	# _____

### TAXES PAID

State Income Tax Paid in 2011 for Prior Year's Tax	\$ _____
Local Income Tax Paid in 2011 for Prior Year's Tax	\$ _____
Real Estate Taxes PAID in 2011 (Principal Residence)	\$ _____
MI ONLY: 2011 TAXABLE VALUE (Homestead)	\$ _____
Other Real Estate Taxes PAID in 2011:	
- Second Home/Cottage	\$ _____
- Vacant Land	\$ _____
- Other:	\$ _____
Real Estate Taxes PAID @ Closing (Provide Closing Papers)	\$ _____
Real Estate Taxes REIMBURSED @ Closing (Provide Closing Papers)	\$ _____
Auto License Tabs	\$ _____
Other Personal Property Taxes	\$ _____
Sales Tax Paid State _____	\$ _____
- Actual Sales Tax Paid in 2011	\$ _____
- Major Purchase(s) (Motor Vehicle; Aircraft or Boat ONLY)	\$ _____

### HIGHER EDUCATION EXPENSES

School: _____	
Student: _____	Amt Pd: \$ _____
School: _____	
Student: _____	Amt Pd: \$ _____

### CHILD & DEPENDENT CARE EXPENSES

Child 1: _____	Amt Pd: \$ _____
Caretaker: _____	
Address: _____	
City: _____	ST: _____ Zip: _____
EIN/SSN: _____	
Child 2: _____	Amt Pd: \$ _____
Caretaker: _____	
Address: _____	
City: _____	ST: _____ Zip: _____
EIN/SSN: _____	

### MI ONLY: RENT PAID DURING 2011

No. of Months: _____	Landlord: _____
Rent per Month: \$ _____	Address: _____
	City/ST/Zip: _____
No. of Months: _____	Landlord: _____
Rent per Month: \$ _____	Address: _____
	City/ST/Zip: _____

### CHARITABLE CONTRIBUTIONS

Cash/Check (must have statement f/ charitable organization)	\$ _____
Other than Cash/Check (must have statement f/ charitable organization)	\$ _____
***If over \$500, please provide itemized list***	
ITEM(S)	DATE DONATED
COST	FMV
1. _____	\$ _____
2. _____	\$ _____
3. _____	\$ _____
4. _____	\$ _____
5. _____	\$ _____

Auto/Boat/Aircraft (bring documentation from charitable organization)	\$ _____
Special MI contributions:	
- Public Contributions	\$ _____
- Community Foundation Name: _____	\$ _____
- Homeless Shelter/Foodbank	\$ _____

### MISCELLANEOUS

Unreimbursed Employee Expenses (Required for Work):	
- Cell Phone	\$ _____
- Continuing Education	\$ _____
- Job Search Expense(s)	\$ _____
- Small Tools	\$ _____
- Supplies	\$ _____
Tax Preparation Fees	\$ _____
Safe Deposit Box	\$ _____
IRA Fees (only if billed separately & paid - not paid w/ funds f/ IRA acct)	\$ _____
- Travel	\$ _____
- Uniforms/Work Boots	\$ _____
- Mileage:	
- Total	# _____
- Business	# _____

### INTEREST EXPENSE

Qualified Mortgage Interest:	
- 1st Home	\$ _____
- 2nd Home	\$ _____
Qualified Home Equity Loan	\$ _____
Land Contract Interest Paid:	
Name: _____	SSN: _____
Address: _____	
City: _____	ST: _____ Zip: _____
Total Interest Paid: \$ _____	
Boat/Motor Home Interest (MUST have eating, sleeping & toilet facilities)	\$ _____
Points Paid on New Home Purchase	\$ _____
Points Paid on Refinance of Current Home Term: _____ Yrs	\$ _____
Qualified Mortgage Insurance Premiums (Form 1098, Box 4)	\$ _____
Investment Interest	\$ _____

### RESIDENTIAL ENERGY CREDITS

**If you have received a credit of \$500 or more in 2006-2007 or 2009-2010, you are not eligible for the 2011 federal energy tax credit. Not all improvements qualify.**

Insulation	Does not	\$ _____	
Roofs	include	\$ _____	Adv Main Air Circ Fan
Exterior Doors	installation	\$ _____	Air Source Heat Pump
Windows	costs	\$ _____	Water Heater
Furnace/Boiler		\$ _____	Biomass Stove
For MI Residents ONLY:			
Clothes Washer	\$ _____		Refrigerator
Dishwasher	\$ _____		

### NOTES (IF ANY):

# 2011 RENTAL/ROYALTY INCOME & EXPENSES

	PROPERTY 1	PROPERTY 2	PROPERTY 3	PROPERTY 4
Property Type (Circle One)	1 2 3 4 5 6 7 8	1 2 3 4 5 6 7 8	1 2 3 4 5 6 7 8	1 2 3 4 5 6 7 8
1=Single Family Residence	2=Multi Family Residence	3=Vacation/Short-Term	4=Commercial	5=Land
	6=Royalties	7=Self-Rental	8=Other (describe)	

Address \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_

Did you actively participate in rental?  Yes  No  Yes  No  Yes  No  Yes  No

Did more than 1/2 of the personal services you performed in all trades/businesses involve real property trades/business which you materially participated?  Yes  No

Did you perform more than 750 hours of services in real property trades/business in which you materially participated?  Yes  No

# Days Rented @ Fair Rental Value \_\_\_\_\_  
 # Days Used Personally \_\_\_\_\_

Gross Rents	\$ _____	\$ _____	\$ _____	\$ _____
Gross Royalties	\$ _____	\$ _____	\$ _____	\$ _____
Advertising	\$ _____	\$ _____	\$ _____	\$ _____
Association Fees	\$ _____	\$ _____	\$ _____	\$ _____
Cleaning & Maintenance	\$ _____	\$ _____	\$ _____	\$ _____
Commissions	\$ _____	\$ _____	\$ _____	\$ _____
Insurance	\$ _____	\$ _____	\$ _____	\$ _____
Legal & Professional	\$ _____	\$ _____	\$ _____	\$ _____
Management Fees	\$ _____	\$ _____	\$ _____	\$ _____
Mortgage Interest	\$ _____	\$ _____	\$ _____	\$ _____
- Form 1098	\$ _____	\$ _____	\$ _____	\$ _____
- Other	\$ _____	\$ _____	\$ _____	\$ _____
Painting & Decorating	\$ _____	\$ _____	\$ _____	\$ _____
Repairs (Minor)	\$ _____	\$ _____	\$ _____	\$ _____
Supplies	\$ _____	\$ _____	\$ _____	\$ _____
Taxes	\$ _____	\$ _____	\$ _____	\$ _____
Utilities	\$ _____	\$ _____	\$ _____	\$ _____
Other: _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____

Major Improvements:

	\$ _____	\$ _____	\$ _____	\$ _____
Date Placed in Service	/ /	/ /	/ /	/ /
Date Placed in Service	/ /	/ /	/ /	/ /
Date Placed in Service	/ /	/ /	/ /	/ /
Date Placed in Service	/ /	/ /	/ /	/ /

## AUTO

Auto (Mileage):				
- Total Miles	# _____	# _____	# _____	# _____
- Business Miles	# _____	# _____	# _____	# _____
Auto (Actual Expenses):				
Base Price-Trade In+Sales Tax	\$ _____	\$ _____	\$ _____	\$ _____
Car Wash	\$ _____	\$ _____	\$ _____	\$ _____
Gasoline	\$ _____	\$ _____	\$ _____	\$ _____
Insurance	\$ _____	\$ _____	\$ _____	\$ _____
Interest	\$ _____	\$ _____	\$ _____	\$ _____
Lease Payments	\$ _____	\$ _____	\$ _____	\$ _____
Oil Changes	\$ _____	\$ _____	\$ _____	\$ _____
Parking Fees/Tools	\$ _____	\$ _____	\$ _____	\$ _____
Registration	\$ _____	\$ _____	\$ _____	\$ _____
Repairs & Maintenance	\$ _____	\$ _____	\$ _____	\$ _____
Tires	\$ _____	\$ _____	\$ _____	\$ _____

# 2011 SCHEDULE C INCOME & EXPENSES

BUSINESS 1

BUSINESS 2

BUSINESS 3

BUSINESS 4

Business Name				
Address				
City/State/Zip				
Business Activity				
Product or Service				

Did the business make any payments in 2011 that would require it to file Form(s) 1099?  Yes  No

Gross Receipts	\$		\$		\$		\$	
Returns & Allowances	\$		\$		\$		\$	
Other Income	\$		\$		\$		\$	
Cost of Goods Sold								
Inventory as of 01/01/11 (At Cost)	\$		\$		\$		\$	
Purchases	\$		\$		\$		\$	
Cost of Labor	\$		\$		\$		\$	
Materials & Supplies	\$		\$		\$		\$	
Other Costs	\$		\$		\$		\$	
Inventory as of 12/31/11 (At Cost)	\$		\$		\$		\$	
Advertising	\$		\$		\$		\$	
Bank Charges	\$		\$		\$		\$	
Commissions & Fees	\$		\$		\$		\$	
Dues & Publications	\$		\$		\$		\$	
Insurance - Health	\$		\$		\$		\$	
Insurance - Other	\$		\$		\$		\$	
Interest	\$		\$		\$		\$	
Lease Vehicle Expense	\$		\$		\$		\$	
Licenses	\$		\$		\$		\$	
Legal & Professional	\$		\$		\$		\$	
Meals & Entertainment	\$		\$		\$		\$	
Office Expense	\$		\$		\$		\$	
Postage & Freight	\$		\$		\$		\$	
Rent	\$		\$		\$		\$	
Repairs & Maintenance	\$		\$		\$		\$	
Taxes	\$		\$		\$		\$	
Telephone	\$		\$		\$		\$	
Travel	\$		\$		\$		\$	
Utilities	\$		\$		\$		\$	
Wages	\$		\$		\$		\$	
Other:	\$		\$		\$		\$	
	\$		\$		\$		\$	
	\$		\$		\$		\$	
	\$		\$		\$		\$	

## AUTO

Auto (Mileage):								
- Total Miles	#		#		#		#	
- Business Miles	#		#		#		#	
Auto (Actual Expenses):								
Base Price-Trade In+Sales Tax	\$		\$		\$		\$	
Car Wash	\$		\$		\$		\$	
Gasoline	\$		\$		\$		\$	
Insurance	\$		\$		\$		\$	
Interest	\$		\$		\$		\$	
Lease Payments	\$		\$		\$		\$	
Oil Changes	\$		\$		\$		\$	
Parking Fees/Tools	\$		\$		\$		\$	
Registration	\$		\$		\$		\$	
Repairs & Maintenance	\$		\$		\$		\$	
Tires	\$		\$		\$		\$	

