

**Jordahl Advisory Group LLC**  
2710 South Shore Blvd  
White Bear Lake, MN 55110  
Phone: (651)762-1040  
Fax: (651)762-1041  
sharonjordahl@gmail.com

February 08, 2012

Joe & Jane Tax saver

,

Joe and Jane:

Income tax time is just around the corner! The enclosed packet has been prepared to assist you in gathering information for your 2011 tax return. Please review the entire packet and answer any questions that apply.

Certain lines in the packet contain information from last year's return. You do not need to change the dollar amounts from last year; these figures are provided for reference only.

Bring this packet and all supporting documents, including W-2 and 1099 statements, to your tax-preparation appointment. I appreciate your trust in our business. Please feel free to contact me at (651)762-1040 if you have any questions or need additional information.

Sincerely,

Sharon K Jordahl EA  
Jordahl Advisory Group LLC

**Jordahl Advisory Group LLC**  
2710 South Shore Blvd  
White Bear Lake, MN 55110  
Phone: (651)762-1040  
Fax: (651)762-1041  
sharonjordahl@gmail.com

February 08, 2012

Joe & Jane Tax saver

,

We value you as our client, and your privacy is important to us. Please read our privacy policy below.

We collect nonpublic personal information about you from various sources, including the following:

- \* Information we receive from interviews regarding your tax situation;
- \* Information we receive on applications, organizers, or by other means, such as your name, address, telephone number, social security number, dependents, income, and other tax-related data; and
- \* Information from tax-related documents you provide that are required to process tax returns, such as Forms W-2, 1099R, 1099-INT and 1099-DIV, and stock transactions, etc.

We do not disclose any nonpublic personal information about our clients or former clients to anyone, except as requested by our clients or as required by law.

We restrict access to nonpublic personal information concerning you, except to employees who need access to such information in order to provide products or services to you. We maintain physical, electronic, and procedural safeguards that comply with federal regulations to guard your nonpublic personal information.

If you have any questions about our privacy policy, please contact us.

Sincerely,

Sharon K Jordahl EA  
Jordahl Advisory Group LLC

**Jordahl Advisory Group LLC**  
2710 South Shore Blvd  
White Bear Lake, MN 55110  
Phone: (651)762-1040  
Fax: (651)762-1041  
sharonjordahl@gmail.com

February 08, 2012

Joe & Jane Tax saver

,

Subject: Preparation of Your 2011 Tax Returns

Joe & Jane Tax saver:

Thank you for choosing Jordahl Advisory Group LLC to assist you with your 2011 taxes. This letter confirms the terms of our engagement with you and outlines the nature and extent of the services we will provide.

We will prepare your 2011 federal and state income tax returns. We will depend on you to provide the information we need to prepare complete and accurate returns. We may ask you to clarify some items but will not audit or otherwise verify the data you submit. An Organizer is enclosed to help you collect the data required for your return. The Organizer will help you avoid overlooking important information. By using it, you will contribute to efficient preparation of your returns and help minimize the cost of our services.

We will perform accounting services only as needed to prepare your tax returns. Our work will not include procedures to find defalcations or other irregularities. Accordingly, our engagement should not be relied upon to disclose errors, fraud, or other illegal acts, though it may be necessary for you to clarify some of the information you submit. We will, of course, inform you of any material errors, fraud, or other illegal acts we discover.

The law imposes penalties when taxpayers underestimate their tax liability. Please call us if you have concerns about such penalties.

Should we encounter instances of unclear tax law, or of potential conflicts in the interpretation of the law, we will outline the reasonable courses of action and the risks and consequences of each. We will ultimately adopt, on your behalf, the alternative you select.

Our fee will be based on the time required at standard billing rates plus out-of-pocket expenses. Invoices are due and payable upon presentation. To the extent permitted by state law, an interest charge may be added to all accounts not paid within thirty (30) days.

We will return your original records to you at the end of this engagement. You should securely store these records, along with all supporting documents, canceled checks, etc., as these items may later be needed to prove accuracy and completeness of a return. We will retain copies of your records and our work papers for your engagement for seven years, after which these documents will be destroyed.

Our engagement to prepare your 2011 tax returns will conclude with the delivery of the completed

returns to you (if paper filing) or your signing, and the subsequent submittal, of your tax return (if e-filing). If you have not selected to e-file your returns with our office, you will be solely responsible to file the returns with the appropriate taxing authorities. Review all tax-return documents carefully before signing them.

To affirm that this letter correctly summarizes your understanding of the arrangements for this work, please sign the enclosed copy of this letter in the space indicated and return it to us in the envelope provided.

We appreciate your confidence in us. Please call if you have questions.

Sincerely,

Sharon K Jordahl EA  
Jordahl Advisory Group LLC

(Both spouses must sign for preparation of joint returns.)

Accepted By:

---

Taxpayer

---

Spouse

---

Date

## Miscellaneous Information

Name: **JOE & JANE TAXSAVER**

SSN: **ON FILE**

Yes No

### General Information

		1. Were there any changes to your filing status or number of dependents during 2011?
		2. Can you or your spouse be claimed as a dependent by someone else?
		3. Did you incur any childcare expenses?
		4. Did you have a change in residence or job location during the year?
		5. Did you move during 2011? From where? _____ Date of move _____
		6. Did you reside in more than one state during 2011? If yes, which states? _____
		7. Did you receive any notices from the IRS or the state taxing agency? If yes, please attach.
		8. Would you like a copy of your tax return sent to you via email?
		9. Did you receive an Economic Recovery Payment in 2011 from social security benefits, supplemental security income, or pension benefits?

Yes No

### Income Information

		1. Have you received all W-2s from all employers? How many W-2s are attached? _____
		2. Did you use your vehicle on the job other than for commuting to work?
		3. Did you have an employer-provided vehicle which you drove home or used personally? If so, enter the lease value. \$ _____
		4. Did you work out of town at any time during the year?
		5. Did you earn income from a state other than the state in which you live? If yes, what state and how much? _____
		6. Did you or your spouse receive any tips not reported to your (or your spouse's) employer?
		7. Did you receive any disability income during the year? \$ _____. Attach 1099-R.
		8. Did you have an interest in or signature over a bank or brokerage account in a foreign country? Were you a grantor of or transferor to a foreign trust?
		9. Did you earn interest from, or are you an authorized signature holder on, a foreign bank account?
		10. Did you have any income from, or pay taxes to, a foreign country?
		11. Did you engage in any bartering transactions during 2011?
		12. Did you surrender any U.S. Savings Bonds during 2011?
		13. Did you receive any state or local income tax refunds from prior years?
		14. Do you or your spouse have any IRA accounts?
		15. Did you recharacterize any IRAs this year?
		16. Did you or your spouse "roll over" a profit-sharing or retirement plan distribution into another plan?
		17. Did you receive a Schedule K-1 from a partnership, S corporation, or trust? If so, please attach.
		18. Did you or your spouse receive any social security benefits during the year? Attach Form(s) SSA-1099.
		19. Did you receive any type of prize, award, or gambling winnings during 2011?
		20. Did you receive any of the following: Unemployment Income, Combat Pay, Jury Duty and/or Alimony, or Maintenance Received? If so, what and how much? _____
		21. Did you receive any income not shown in this organizer? If so, please list. _____
		22. Does anyone owe you money that has become uncollectible? _____

Comments: \_\_\_\_\_  
 \_\_\_\_\_

## Miscellaneous Information

Name: **JOE & JANE TAXSAVER**

SSN: **ON FILE**

Yes No

### Business Information

		1. Did you start a new business or purchase any rental property during 2011?
		2. Have you purchased any business assets (furniture, equipment, etc.) or converted any assets to business use? If yes, please list on an attached sheet the date placed in service, cost or basis of asset, business use percentage, etc.
		3. Did you dispose of any business assets (including real estate)? If yes, please list on an attached sheet the date removed from service, selling price and expense of sale.
		4. Did you own rental property? What percentage of time did you spend managing your rentals? _____
		5. Did you purchase any gasoline, diesel, or special fuels for non-highway business use?

Yes No

### Other Information

		1. Were any tuition costs paid during 2011 (even if classes were attended in another year)?
		2. Did anyone in your household attend higher education classes in 2011?
		3. Did you incur a loss due to damaged or stolen property?
		4. Did you purchase a home for your personal residence between April 8, 2008, and December 31, 2008 in which the First-Time Homebuyer Credit was taken on the home?
		5. Did you refinance your principal home or your second home or make a home equity loan during the year? If yes, please provide all escrow, closing, and other pertinent documentation and information.
		6. Did you purchase or sell a home that you used as a principal residence? If yes, please provide closing documentation.
		7. If yes to question 6 was the First-Time Homebuyer Credit taken?
		8. Did you make any gifts to any one person in 2011 in excess of \$13,000? If so, are you splitting this gift with your spouse?
		9. Did you pay wages to any household employees (babysitter, housekeeper, nanny, etc.)?

**To itemize deductions, bring receipts and documentation for these types of expenses:**

	Prescriptions, first-aid
	State/local income taxes
	Mortgage interest
	Tax preparation fees
	Gambling losses (up to amount of winnings)
	Cash donations to charity (provide all receipts)
	Medical/Dental/Vision expenses and insurance premiums, mileage and lodging for seeking medical care (but not meals)
	Real estate and personal property taxes paid in 2011
	Unreimbursed employee/work-related expenses (if self-employed, do not include items reported on Schedule C)
	Fair market value of property donated to charity
	Purchase price of new goods donated or used in volunteer work

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

# Miscellaneous Information

Name: **JOE & JANE TAXSAVER**

SSN: **ON FILE**

## Information to bring to your appointment:

- Driver's license & social security card (for identity verification)
- Copy of your 2010 income tax return (for comparison and review for all includible information)
- Preprinted IRS label received
- Original W-2s and other statements of income received from employers
- 1099s and other statements reporting interest/dividend/miscellaneous income
- Records of other income received (tips, self-employment, SSI, combined bank reporting statements)
- Cancelled checking/savings slip (for direct deposit/direct debit information)

Concerns to discuss with preparer: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Preparer Notes

### Miscellaneous Notes

## Personal Data

Filing Status: <input type="checkbox"/> Single <input type="checkbox"/> Married Filing Joint <input type="checkbox"/> Married Filing Separate <input type="checkbox"/> Head of Household	
Taxpayer Name <b>JOE</b>	TAXSAVER
Spouse Name <b>JANE</b>	SSN <b>ON FILE</b>
Address	Apt no.
City	State Zip
Foreign State/Province	Foreign Postal Code
Foreign Country	
Taxpayer Date of Birth	Spouse Date of Birth
Occupation	Occupation
Daytime phone: Ext:	Daytime phone: Ext:
Evening phone: Ext:	Evening phone: Ext:
Cell:	Cell:
E-mail	E-mail
<input type="checkbox"/> Full time student <input type="checkbox"/> Blind <input type="checkbox"/> Active military	<input type="checkbox"/> Full time student <input type="checkbox"/> Blind <input type="checkbox"/> Active military
Do you want \$3 to go to the Presidential Election Camp Fund? <input type="checkbox"/>	Does your spouse want \$3 to go to the Presidential Election Camp Fund? <input type="checkbox"/>
Date and time of this year's appointment	

### Income Taxes Paid

<b>Federal</b>		2011 estimate date due	2011 est amount	Amount paid	Date paid	Check no.
2010 Refund		April 18, 2011				
2010 Refund applied to 2011		June 15, 2011				
2010 Balance Due		Sept. 15, 2011				
		Jan. 17, 2012				
Amount paid	Date paid	Check no.	Amount paid	Date paid	Check no.	Amount paid
Additional payments made						
<b>Resident State</b>		2011 estimate date due	2011 est amount	Amount paid	Date paid	Check no.
2010 Refund		April 18, 2011				
2010 Refund applied to 2011		June 15, 2011				
2010 Balance Due		Sept. 15, 2011				
		Jan. 17, 2012				
Amount paid	Date paid	Check no.	Amount paid	Date paid	Check no.	Amount paid
Additional payments made						
<b>Local</b>		2011 estimate date due	2011 est amount	Amount paid	Date paid	Check no.
2010 Refund		April 18, 2011				
2010 Refund applied to 2011		June 15, 2011				
2010 Balance Due		Sept. 15, 2011				
		Jan. 17, 2012				
Amount paid	Date paid	Check no.	Amount paid	Date paid	Check no.	Amount paid
Additional payments made						

## Dependents

**Name: JOE & JANE TAXSAVER**

**SSN: ON FILE**

First name/MI		Last name		Suffix	
SSN/TIN		Relationship		Number of months lived with you	12
DOB		Does this dependent have income over \$950?	<input type="checkbox"/>	<b>2011</b>	<b>2010</b>
Child Care Credit - qualifying expenses incurred and paid in 2011					
Child Care Credit - portion of qualifying expenses provided by employer					
Education Credits - current year qualifying expenses for American Opportunity Credit					
Education Credits - current year qualifying expenses for Lifetime Learning Credit					
First name/MI		Last name		Suffix	
SSN/TIN		Relationship		Number of months lived with you	
DOB		Does this dependent have income over \$950?	<input type="checkbox"/>	<b>2011</b>	<b>2010</b>
Child Care Credit - qualifying expenses incurred and paid in 2011					
Child Care Credit - portion of qualifying expenses provided by employer					
Education Credits - current year qualifying expenses for American Opportunity Credit					
Education Credits - current year qualifying expenses for Lifetime Learning Credit					
First name/MI		Last name		Suffix	
SSN/TIN		Relationship		Number of months lived with you	
DOB		Does this dependent have income over \$950?	<input type="checkbox"/>	<b>2011</b>	<b>2010</b>
Child Care Credit - qualifying expenses incurred and paid in 2011					
Child Care Credit - portion of qualifying expenses provided by employer					
Education Credits - current year qualifying expenses for American Opportunity Credit					
Education Credits - current year qualifying expenses for Lifetime Learning Credit					
First name/MI		Last name		Suffix	
SSN/TIN		Relationship		Number of months lived with you	
DOB		Does this dependent have income over \$950?	<input type="checkbox"/>	<b>2011</b>	<b>2010</b>
Child Care Credit - qualifying expenses incurred and paid in 2011					
Child Care Credit - portion of qualifying expenses provided by employer					
Education Credits - current year qualifying expenses for American Opportunity Credit					
Education Credits - current year qualifying expenses for Lifetime Learning Credit					
First name/MI		Last name		Suffix	
SSN/TIN		Relationship		Number of months lived with you	
DOB		Does this dependent have income over \$950?	<input type="checkbox"/>	<b>2011</b>	<b>2010</b>
Child Care Credit - qualifying expenses incurred and paid in 2011					
Child Care Credit - portion of qualifying expenses provided by employer					
Education Credits - current year qualifying expenses for American Opportunity Credit					
Education Credits - current year qualifying expenses for Lifetime Learning Credit					

## Child & Dependent Care

**Name: JOE & JANE TAXSAVER**

**SSN: ON FILE**

Child Care Provider's Social Security Number or Employer ID Number					
Child Care Provider's Name					
Child Care Provider's Address					
Child Care Provider's City State Zip				Child Care Provider's Phone	
Amount Paid in 2011				Amount Paid in 2010	
Child Care Provider's Social Security Number or Employer ID Number					
Child Care Provider's Name					
Child Care Provider's Address					
Child Care Provider's City State Zip				Child Care Provider's Phone	
Amount Paid in 2011				Amount Paid in 2010	
Child Care Provider's Social Security Number or Employer ID Number					
Child Care Provider's Name					
Child Care Provider's Address					
Child Care Provider's City State Zip				Child Care Provider's Phone	
Amount Paid in 2011				Amount Paid in 2010	
Child Care Provider's Social Security Number or Employer ID Number					
Child Care Provider's Name					
Child Care Provider's Address					
Child Care Provider's City State Zip				Child Care Provider's Phone	
Amount Paid in 2011				Amount Paid in 2010	
Child Care Provider's Social Security Number or Employer ID Number					
Child Care Provider's Name					
Child Care Provider's Address					
Child Care Provider's City State Zip				Child Care Provider's Phone	
Amount Paid in 2011				Amount Paid in 2010	
Child Care Provider's Social Security Number or Employer ID Number					
Child Care Provider's Name					
Child Care Provider's Address					
Child Care Provider's City State Zip				Child Care Provider's Phone	
Amount Paid in 2011				Amount Paid in 2010	

# Wages and Salaries

Please attach all W-2(s).

**Name: JOE & JANE TAXSAVER**

**SSN: ON FILE**

TS  Employer's name and address: \_\_\_\_\_ Federal EIN \_\_\_\_\_

	2011	2010		2011	2010
Wages, tips, other compensation			State <input type="checkbox"/> State I.D. _____		
Federal income tax withheld			State wages		
Social Security wages			State income tax		
Social Security tax withheld			Locality name		
Medicare wages and tips			Local wages		
Medicare tax withheld			Local income tax		
Social Security tips			State <input type="checkbox"/> State I.D. _____		
Allocated tips			State wages		
Dependent care benefits			State income tax		
			Locality name		
Are you a statutory employee?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Local wages		
Are you covered by a retirement plan?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Local income tax		
Did you receive third-party sick pay?	<input type="checkbox"/>	<input checked="" type="checkbox"/>			

TS  Employer's name and address: \_\_\_\_\_ Federal EIN \_\_\_\_\_

	2011	2010		2011	2010
Wages, tips, other compensation			State <input type="checkbox"/> State I.D. _____		
Federal income tax withheld			State wages		
Social Security wages			State income tax		
Social Security tax withheld			Locality name		
Medicare wages and tips			Local wages		
Medicare tax withheld			Local income tax		
Social Security tips			State <input type="checkbox"/> State I.D. _____		
Allocated tips			State wages		
Dependent care benefits			State income tax		
			Locality name		
Are you a statutory employee?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Local wages		
Are you covered by a retirement plan?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Local income tax		
Did you receive third-party sick pay?	<input type="checkbox"/>	<input checked="" type="checkbox"/>			





## Profit or Loss From Business Schedule C

Name: **JOE TAXSAVER**

SSN: **ON FILE**

TS	T	Principal business or profession	Business code	
		Business name	Employer I.D. number	
Business address				

Accounting method, if not cash  Accrual  Other

Activity type You disposed of this property during 2011

You started or acquired this business during 2011

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

If, Yes," did you or will you file all required Forms 1099?  Yes  No

Income	2011	2010	2011	2010
Payments from Form 1099-K			Returns and allowances	
Gross receipts or sales			Other income	
Statutory Employee Earnings				

Expenses	2011	2010	2011	2010
Advertising			Taxes and licenses	
Car and truck expenses			Travel	
Commissions and fees			Total meals and entertainment	
Contract labor			Utilities	
Depletion			Wages	
Employee benefit programs			Other expenses (list):	
Insurance (other than health)				
Mortgage interest (paid to banks etc.)				
Other interest				
Legal & professional services				
Office expenses				
Pension and profit sharing plans				
Rent or lease (vehicles, machinery, and equipment)				
Rent (other business property)				
Repairs and maintenance			Other (Detail)	
Supplies			Family Health Coverage	

Cost of goods sold	2011	2010	2011	2010
Inventory at beginning of the year			Materials and supplies	
Purchases (less cost of items withdrawn for personal use)			Other costs	
Cost of labor			Inventory at end of year	

Inventory method, if not Cost  Lower of Cost or Market  Other There was a change of inventory method

## Profit or Loss From Business

### Schedule C General Information

Name: **JOE TAXSAVER**

SSN: **ON FILE**

TS	<input type="checkbox"/>	Principal business or profession	Business code
Employer I.D. number			
Business name			
Business address			
Accounting method, if not cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other			
Inventory method, if not cost <input type="checkbox"/> Lower of Cost or Market <input type="checkbox"/> Other <input type="checkbox"/> Change of inventory method <input type="checkbox"/> Yes <input type="checkbox"/> No			
Activity type <span style="float: right;">You disposed of this property during 2011 <input type="checkbox"/></span>			
You started or acquired this business during 2011 <input type="checkbox"/>			
Did you make any payments in 2011 that would require you to file Form(s) 1099? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>			
If "Yes," did you or will you file all required Forms 1099? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>			

**Other Information**

**2011**      **2010**

Family Health Coverage		
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**Income**

**2011**      **2010**

Merchant Card and third party payments from Form 1099-K		
Gross receipts or sales		
Statutory Employee Earnings that were not reported on Form W-2		
Returns and allowances		
Other income (list on detail worksheet)		

**Cost of Goods Sold**

**2011**      **2010**

Inventory at beginning of the year		
Purchases (less cost of items withdrawn for personal use)		
Cost of labor		
Materials and supplies		
Other costs (list on detail worksheet)		
Inventory at end of year		





# Sale of Home

Name: **JOE & JANE TAXSAVER**

SSN: **ON FILE**

Enter the date you purchased the home

Enter the date you sold the home

Enter the purchase price of your old home

Seller-paid points for old home if bought after 1990

Enter the selling price of the old home

Enter any expenses from the sale of the old home

**Settlement fees or closing costs for old home.**

Abstract and recording fees

Legal fees

Surveys

Title insurance

Transfer or stamp taxes

Amounts the seller owed that you agreed to pay

Other fees or closing cost

Cost of capital improvements to old home

Special tax assessments paid on old home for local improvements, such as streets

**Other increases to basis:**

Describe:

If home was used for business, enter any depreciation claimed

**Other decreases to basis:**

Describe:

**Information on time lived in the home sold**

**You**

**Spouse**

Enter the date that you first used the property as a main home

Enter the date that you first owned the property as a main home

Have you excluded gain from the sale of another home during the 2-year period ending on the date of this sale?

Yes  No  Yes  No

If YES, answer the following:

Enter date of most recent sale of another home on which you excluded the gain

**Check the box below that applies to you if the home sold and the First Time Homebuyer Credit (Form 5405) was taken on this home.**

- I sold the home to a related person
- I converted the home to a rental or business or I still own the home but it is no longer my main home
- I transferred the home to spouse (or ex-spouse as part of my divorce settlement) Ex-spouse's Name \_\_\_\_\_
- My home was destroyed, condemned, or disposed of under threat of condemnation and I acquired or plan to acquire a new home within 2 years
- My home was destroyed, condemned, or disposed of under threat of condemnation and I do not plan to acquire a new home within 2 years
- The taxpayer who claimed the credit died in 2011.

Amount of First-Time Homebuyer Credit taken

**Please bring the contract for the sale of the home to your appointment.**

## Casualties and Thefts

**Name: JOE & JANE TAXSAVER**

**SSN: ON FILE**

Description of properties:	Location:	Personal	Business	Investment	Employee
Cost or other basis	Date acquired				
Insurance or other reimbursement (whether or not you filed a claim)	Date of incident				
Fair market value before incident	<input type="checkbox"/> Loss from federally declared disaster area				
Fair market value after incident					

**Appendix A Information for Ponzi losses**

Part II Computation of Deduction

Initial investment	Percentage of qualified investment				
Subsequent investments	Actual recovery				
Income reported in prior years	Potential insurance / SIPC recovery				
Withdrawals					

Part III Required Statements and Declarations

Name of person or entity that conducted fraudulent arrangements

Name	SSN/EIN
Street Address	
City	State                      Zip

Description of properties:	Location:	Personal	Business	Investment	Employee
Cost or other basis	Date acquired				
Insurance or other reimbursement (whether or not you filed a claim)	Date of incident				
Fair market value before incident	<input type="checkbox"/> Loss from federally declared disaster area				
Fair market value after incident					

**Appendix A Information for Ponzi losses**

Part II Computation of Deduction

Initial investment	Percentage of qualified investment				
Subsequent investments	Actual recovery				
Income reported in prior years	Potential insurance / SIPC recovery				
Withdrawals					

Part III Required Statements and Declarations

Name of person or entity that conducted fraudulent arrangements

Name	SSN/EIN
Street Address	
City	State                      Zip

## Installment Sale Income

**Name: JOE & JANE TAXSAVER**

**SSN: ON FILE**

TSJ					2011	Prior Years
TSJ	T	Description of property:				
Date acquired			Date sold			
Selling price						
Mortgages assumed						
Cost of property sold						
Depreciation allowed						
Commissions & expense of sale						
Gross profit percentage						
Interest received						
Principal payments received						
TSJ		Description of property:				
Date acquired			Date sold			
Selling price						
Mortgages assumed						
Cost of property sold						
Depreciation allowed						
Commissions & expense of sale						
Gross profit percentage						
Interest received						
Principal payments received						
TSJ		Description of property:				
Date acquired			Date sold			
Selling price						
Mortgages assumed						
Cost of property sold						
Depreciation allowed						
Commissions & expense of sale						
Gross profit percentage						
Interest received						
Principal payments received						

## Supplemental Income and Loss

### Part I - Income or Loss From Rental Real Estate and Royalties

Name: **JOE TAXSAVER**

SSN: **ON FILE**

TSJ	T	Property description	Activity Type
		Did you make any payments in 2011 that would require you to file Form(s) 1099?	<input type="checkbox"/> Yes <input type="checkbox"/> No
		If "Yes," did you or will you file all required Forms 1099?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Property Address			
City		State	ZIP
<input type="checkbox"/>	Single Family Residence	<input type="checkbox"/>	Multi-Family Residence
<input type="checkbox"/>	Commercial	<input type="checkbox"/>	Land
<input type="checkbox"/>	Self-Rental	<input type="checkbox"/>	Other
<input type="checkbox"/>	Vacation / Short Term Rental		<input type="checkbox"/>
<input type="checkbox"/>	Royalties		<input type="checkbox"/>
Fair Rental Days		Personal use days	
If multi-dwelling unit and the taxpayer occupies part, enter the percentage occupied by the taxpayer			
<input type="checkbox"/>	This is your main home		
<input type="checkbox"/>	Some investment is NOT at risk	<input type="checkbox"/>	Property was 100% disposed of in 2011
<input type="checkbox"/>	Property is a Single Member LLC		

Income:	2011		2010	
Enter merchant card and third party payments from Form 1099-K				
Enter "cashback" amounts, processing fees, other non-income items				
Payments not reported to you from Form 1099-K				
Expenses:	Direct expense		Indirect expense	
	2011	2010	2011	2010
Advertising				
Auto and travel				
Cleaning and maintenance				
Commissions				
Insurance <input type="checkbox"/> Includes Private Mortgage Insurance				
Legal and professional fees				
Management fees				
Interest - mortgage				
Interest - other				
Repairs				
Supplies				
Taxes				
Utilities				
Other: (list)				

<b>Other Information:</b> Ownership Percentage		
--	--	--







## Form 1099-G Unemployment Compensation

**Name:** JOE TAXSAVER

**SSN:** ON FILE

TSJ	T	Payer's Federal I.D. Number:			
Payer's name:					
Payer's address:					
City, State, Zip:					
Payer's phone:			Account number:		
		<b>2011</b>	<b>2010</b>		
Unemployment compensation				State	State I.D.
Unemployment compensation repaid in current year				State unemployment	
State/local tax refunds/credits				State withholding	
Tax year					
Federal tax withheld				<input type="checkbox"/> Unemployment benefits are from railroad	
ATAA payments					
Taxable grants					
Agriculture					
<input type="checkbox"/> Trade/business					
Market gain					

TSJ	T	Payer's Federal I.D. Number:			
Payer's name:					
Payer's address:					
City, State, Zip:					
Payer's phone:			Account number:		
		<b>2011</b>	<b>2010</b>		
Unemployment compensation				State	State I.D.
Unemployment compensation repaid in current year				State unemployment	
State/local tax refunds/credits				State withholding	
Tax year					
Federal tax withheld				<input type="checkbox"/> Unemployment benefits are from railroad	
ATAA payments					
Taxable grants					
Agriculture					
<input type="checkbox"/> Trade/business					
Market gain					

# Form 1099-MISC

Please attach all 1099-M(s)

Name: **JOE & JANE TAXSAVER**

SSN: **ON FILE**

TS	T	For	C	Payer's Federal ID number:			
Payer's name:							
Address:							
City, State, Zip							
		<b>2011</b>	<b>2010</b>			<b>2011</b>	<b>2010</b>
Rents				State		State I.D.	
Royalties				State tax withheld			
Other income				State income			
Description				Name of locality			
Federal tax withheld				Local tax withheld			
Fishing boat proceeds				Local income			
Medical & health care payments				State		State I.D.	
Non-employee compensation				State tax withheld			
Substitute payments				State income			
<input type="checkbox"/>	Payer made direct sales of \$5,000 or more of consumer products			Name of locality			
Crop insurance proceeds				Local tax withheld			
Excess golden parachute				Local income			
Gross attorney proceeds							

TS		For		Payer's Federal ID number:			
Payer's name:							
Address:							
City, State, Zip							
		<b>2011</b>	<b>2010</b>			<b>2011</b>	<b>2010</b>
Rents				State		State I.D.	
Royalties				State tax withheld			
Other income				State income			
Description				Name of locality			
Federal tax withheld				Local tax withheld			
Fishing boat proceeds				Local income			
Medical & health care payments				State		State I.D.	
Non-employee compensation				State tax withheld			
Substitute payments				State income			
<input type="checkbox"/>	Payer made direct sales of \$5,000 or more of consumer products			Name of locality			
Crop insurance proceeds				Local tax withheld			
Excess golden parachute				Local income			
Gross attorney proceeds							

## Pension, Annuities, Retirement, Etc. Distributions

Please attach all 1099-R(s), SSA statements, etc.

**Name: JOE & JANE TAXSAVER**

**SSN: ON FILE**

TS	T	Payer's name:	Payer's Federal ID Number:					
Address:								
City, State, Zip							2011	2010
		2011	2010	State	State I.D.			
Disability indicator		<input type="checkbox"/>	<input type="checkbox"/>	State income tax withheld				
Report as wages on 1040		<input type="checkbox"/>	<input type="checkbox"/>	State distribution				
Gross distribution				Name of locality				
Taxable amount				Local income tax withheld				
Total distribution		<input type="checkbox"/>	<input type="checkbox"/>	Local distribution				
Capital gain				State	State I.D.			
Federal income tax withheld				State income tax withheld				
Employee contributions or insurance premiums				State distribution				
Distribution code(s)				Name of locality				
IRA/SEP/SIMPLE Roth: Y/N		<input type="checkbox"/>	<input type="checkbox"/>	Local income tax withheld				
Your percentage of total distribution				Local distribution				

TS	T	Payer's name:	Payer's Federal ID Number:					
Address:								
City, State, Zip							2011	2010
		2011	2010	State	State I.D.			
Disability indicator		<input type="checkbox"/>	<input type="checkbox"/>	State income tax withheld				
Report as wages on 1040		<input type="checkbox"/>	<input type="checkbox"/>	State distribution				
Gross distribution				Name of locality				
Taxable amount				Local income tax withheld				
Total distribution		<input type="checkbox"/>	<input type="checkbox"/>	Local distribution				
Capital gain				State	State I.D.			
Federal income tax withheld				State income tax withheld				
Employee contributions or insurance premiums				State distribution				
Distribution code(s)				Name of locality				
IRA/SEP/SIMPLE Roth: Y/N		<input type="checkbox"/>	<input type="checkbox"/>	Local income tax withheld				
Your percentage of total distribution				Local distribution				

### Social Security Benefit Statement

		2011	2010			2011	2010		
TS	T	Net benefits		Medicare premiums		Income tax withheld		2011	2010
TS	T	Net benefits		Medicare premiums		Income tax withheld			

## Moving Expenses

Name: **JOE & JANE TAXSAVER**

SSN: **ON FILE**

			2011	2010
TSJ	T			
Enter the number of miles from your OLD home to your NEW workplace				
Enter the number of miles from your OLD home to your OLD workplace				
Enter the amount you paid for transportation and storage of household goods and personal effects				
Enter the amount you paid for travel and lodging incurred during move (do NOT include cost of meals)				
Enter the amount of moving expenses reimbursed to you by your employer				
Was this a military move?			<input type="checkbox"/>	Yes

## Self-Employed Health Insurance

			2011	2010
TSJ				
Enter total payments made during the tax year for health insurance established under business for you, your spouse or dependents				
Enter the qualified long term care amount				
Enter your medicare wages from an S corporation				

## Self-Employed Pensions

TSJ				
Enter your plan contribution rate as a decimal				
Enter your allowable elective deferrals made during 2011				
Enter your catch-up contributions				
Enter the amount of designated ROTH contributions included above				

## Noncash Charitable Contributions

TSJ	T	Donee I.D.		
Name of donee organization				
Address of donee organization				
City, State, & ZIP of donee organization				
Description of donated property			<b>PROPERTY TYPE (if over \$5,000)</b>	
Physical condition of donated property			Art valued more than \$20,000	
Valuation method used			Art valued less than \$20,000	
How was it acquired?			Collectibles	
Date acquired			Qualified Conservation Contribution	
Date contributed			Other Real Estate	
Donor's cost or adjusted basis			Intellectual Property	
Fair market value			Equipment	
Bargain sale price			Securities	
Average security price			Other	

## Other Income and Adjustments

Name: **JOE & JANE TAXSAVER**SSN: **ON FILE**

### Income

	Taxpayer		Spouse	
	2011	2010	2011	2010
Taxable scholarships received				
Interest income (If over \$1,500 report only on Interest and Dividend sheet)				
Tax-exempt interest (If over \$1,500 report only on Interest and Dividend sheet)				
Dividend income (If over \$1,500 report only on Interest and Dividend sheet)				
Taxable refunds: State taxes				
Local taxes				
Alimony received				
IRA/pension distributions received. Was any portion rolled over? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Pension distributions received				
Unemployment compensation received				
Unemployment repaid in 2011				
Total Social Security received				
Lump sum benefits - earlier years				
Railroad Tier One benefits received				
Other income (please list):				

### Adjustments

Educator Expenses				
Self-employed SEP, SIMPLE and qualified plans				
Keogh contributions to defined contribution plan				
Keogh contributions to defined benefit plan				
Self-employed health insurance premium payments				
Penalty on early withdrawal of savings				
Alimony paid Name: SSN:				
Alimony paid Name: SSN:				
IRA contributions for 2011				
Student loan interest				
Jury duty pay given to employer				
Other adjustments (please list):				

## Itemized Deductions

Name: **JOE & JANE TAXSAVER**

SSN: **ON FILE**

MEDICAL and DENTAL		2011	2010	GIFTS TO CHARITY (attach receipts)	2011	2010
Health insurance premiums				Total gifts by cash or check		
Long term care premiums				30% limitation		
Number of Medical miles before 7/1				Charitable miles		
Number of medical miles after 6/30				Other than by cash or check		
Other medical and dental expenses (list):				Carryover from prior year subject to:		
				50% limitation		
				30% limitation		
				30% limitation capital gain property		
				20% limitation		
				<b>JOB EXPENSES (list):</b>		
				Unreimbursed employee expenses		
TAXES YOU PAID						
State and local income taxes						
Sales tax						
Real estate taxes						
Taxes that qualify for State Property Tax Credit						
Personal property taxes						
Other taxes (list):						
				Tax preparation fees		
				<b>OTHER EXPENSE (list):</b>		
INTEREST YOU PAID						
Home mortgage interest & points on Form 1098						
Home mortgage interest not on Form 1098						
Name:						
Address:				<b>MISCELLANEOUS DEDUCTIONS</b>		
SSN/EIN:				Other deductions not subject to 2% limit		
Points not reported on Form 1098						
Qualified mortgage insurance premiums						
Investment interest						

# Mortgage Interest

**Name: JOE & JANE TAXSAVER**

**SSN: ON FILE**

TSJ	J	For	A	Business name	Product		
Recipient/Lender Information:						<b>2011</b>	<b>2010</b>
Federal ID #					Mortgage interest received		
Name					Points paid		
Address					Refund overpaid interest		
City, State, Zip					Real Estate taxes paid		
Account Number					Mortgage insurance premiums		
TSJ		For		Business name	Product		
Recipient/Lender Information:						<b>2011</b>	<b>2010</b>
Federal ID #					Mortgage interest received		
Name					Points paid		
Address					Refund overpaid interest		
City, State, Zip					Real Estate taxes paid		
Account Number					Mortgage insurance premiums		
TSJ		For		Business name	Product		
Recipient/Lender Information:						<b>2011</b>	<b>2010</b>
Federal ID					Mortgage interest received		
Name					Points paid		
Address					Refund overpaid interest		
City, State, Zip					Real Estate taxes paid		
Account Number					Mortgage insurance premiums		
TSJ		For		Business name	Product		
Recipient/Lender Information:						<b>2011</b>	<b>2010</b>
Federal ID #					Mortgage interest received		
Name					Points paid		
Address					Refund overpaid interest		
City, State, Zip					Real Estate taxes paid		
Account Number					Mortgage insurance premiums		

## Expenses for Business Use of Your Home

Name: **JOE & JANE TAXSAVER**

SSN: **ON FILE**

TSJ	T	For	c				
<b>Business Use of Home</b>							
				<b>2011</b>	<b>2010</b>		
Square feet of home used exclusively for business							
Total square feet of home							
<b>Use of Home for Daycare</b>							
				<b>2011</b>	<b>2010</b>		
Area used part time for business							
Total hours used for daycare							
Total hours available							
Did you live in the home all year?				<input type="checkbox"/> Yes	<input type="checkbox"/> No		
<b>Expenses</b>							
				Expenses directly related to business use <b>only</b>		Total Household expenses	
Did you claim office in home expenses last year? <input type="checkbox"/> Yes <input type="checkbox"/> No				<b>2011</b>	<b>2010</b>	<b>2011</b>	<b>2010</b>
Deductible mortgage interest							
Real estate taxes							
Excess mortgage interest							
Insurance							
Rent							
Repairs and maintenance							
Utilities							
Other expenses							
<b>Cost of Home</b>							
				<b>2011</b>	<b>2010</b>		
Enter the <b>smaller</b> of your home's adjusted basis or its fair market value							
Does this include the value of the land? <input type="checkbox"/> Yes <input type="checkbox"/> No				Value of land			
Date placed in service							
Date taken out of service							

## Employee Business Expense

Name: **JOE & JANE TAXSAVER**

SSN: **ON FILE**

TS    T    Occupation

### Part I - Employee Business Expense and Reimbursements

	2011	2010
Rural mail carrier		
Parking fees, tolls, and local transportation, including train, bus, etc.		
Travel expense while away from home overnight, including lodging, airplane, car rental, etc. <b>Do Not</b> include meals and entertainment		
Other business expenses		
Meals and entertainment expenses		
DOT meals		
Enter reimbursements received from your employer that were <b>not</b> reported to you in box 1 of Form W-2. Include any amount reported under code "L" in box 12 on your Form W-2 for		
Other business expenses		
Meals and entertainment expenses		
Portion of total expenses that is for impairment-related work expenses of disabled employee		
Portion of total expenses that is for Armed Forces reservist		
<input type="checkbox"/> Qualifying performing artist <input type="checkbox"/> Fee-based state or local government official <input type="checkbox"/> Pastor		

### Business Vehicle Expenses

Vehicle Description	Vehicle 1		Vehicle 2	
	2011	2010	2011	2010
Enter the date vehicle was placed in service				
Total miles vehicle was driven during 2011				
Business miles before 7/1 included above				
Business miles after 6/30 included above				
Average daily roundtrip commuting distance				
Commuting miles included in total miles above				
Taxes				
Gasoline, oil, repairs, vehicle insurance, etc.				
Vehicle rentals				
Inclusion amount				
Value of employer-provided vehicle (applies only if 100% annual lease value was included on Form W-2)				
Enter cost or other basis				
Enter section 179 deduction				
Enter depreciation method and percentage				
If an employer provided vehicle, was personal use during off duty hours permitted?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you or your spouse have another vehicle available for personal use?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you have evidence to support your deduction?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes", is the evidence written?	<input type="checkbox"/> Yes <input type="checkbox"/> No			



## Credit for Federal Tax on Fuels

<b>Name: JOE &amp; JANE TAXSAVER</b>		<b>SSN: ON FILE</b>		
			<b>Gallons USED</b>	<b>2010</b>
<b>1a</b>	Off-highway business use			
<b>1b</b>	Use on a farm for farming purposes			
<b>1c</b>	Other non-taxable use of gasoline	<b>Type</b>		
<b>1d</b>	Exported			
<b>2a</b>	Aviation gasoline used in commercial aviation			
<b>2b</b>	Aviation gasoline other nontaxable use	<b>Type</b>		
<b>2c</b>	Exported			
<b>2d</b>	LUST tax on aviation fuels used in foreign trade			
<b>3a</b>	Nontaxable use	<b>Type</b>	<b>Visible evidence of dye</b>	
<b>3b</b>	Use on a farm for farming purposes			
<b>3c</b>	Use in trains			
<b>3d</b>	Used in intercity/local bus			
<b>3e</b>	Exported			
<b>4a</b>	Nontaxable use	<b>Type</b>	<b>Visible evidence of dye</b>	
<b>4b</b>	Use on a farm for farming purposes			
<b>4c</b>	Intercity and local buses			
<b>4d</b>	Exported			
<b>4e</b>	Nontaxable use taxed at \$.044	<b>Type</b>		
<b>4f</b>	Nontaxable use taxed at \$.219	<b>Type</b>		
<b>5a</b>	Kerosene taxed at \$.244			
<b>5b</b>	Kerosene taxed at \$.219			
<b>5c</b>	Nontaxable use taxed at \$.244	<b>Type</b>		
<b>5d</b>	Nontaxable use taxed at \$.219	<b>Type</b>		
<b>5e</b>	LUST tax on aviation fuel used in foreign trade			
<b>6</b>	Ultimate vendor ID #			
<b>6a</b>	Use by a state or local government		<b>Visible evidence of dye</b>	
<b>6b</b>	Use in certain intercity and local buses			
<b>7</b>	Ultimate vendor ID #			
<b>7a</b>	Kerosene for state and local government		<b>Visible evidence of dye</b>	
<b>7b</b>	Sales from blocked pump			
<b>7c</b>	Certain intercity and local buses			
<b>8</b>	Ultimate vendor ID #			
<b>8a</b>	Use in commercial aviation taxed at \$.219			
<b>8b</b>	Commercial aviation taxed at \$.244			
<b>8c</b>	Nonexempt noncommercial aviation			
<b>8d</b>	Other nontaxable uses taxed at \$.244	<b>Type</b>		
<b>8e</b>	Other nontaxable uses taxed at \$.219	<b>Type</b>		
<b>8f</b>	LUST tax on aviation fuels used in foreign trade			

## First-Time Homebuyer Credit

Name: **JOE & JANE TAXSAVER**

SSN: **ON FILE**

**Form 5405 - First-Time Homebuyer Credit**

TSJ

Address of home qualifying for the credit  
Street

City

State ZIP

Date the home was purchased

Yes

No

If date purchased is after April 30, 2011, and before July 1, 2011, was a binding contract signed before May 1, 2011, to purchase the home before July 1, 2011?



Are you (or your spouse if married) a member of the military or foreign service?

Was the home purchased from a related person?



Are you choosing to claim the credit on your 2010 return?

**Credit**

Purchase price of the home

If someone other than a spouse held an interest in the home, enter only the taxpayer's share of the credit

Purchase of the home qualifies for the credit as:

First-time homebuyer

Long-time resident

## Residential Energy Credits

**Name:** JOE & JANE TAXSAVER

**SSN:** ON FILE

TSJ

Were improvements or costs made to your main home located in the US?  Yes  No

Address of main home

City, State, ZIP

Were improvements or costs related to the construction of this main home?  Yes  No

Enter the nonbusiness energy property credit that you took in:

2006	2007	2009	2010
------	------	------	------

Qualified energy efficient improvements

Insulation material or systems primarily designed to reduce heat loss or gain

Exterior doors that meet or exceed Energy Star requirements

Metal or asphalt roof with appropriate pigmented coatings designed to reduce heat gain

Exterior windows and skylights that meet or exceed Energy Star requirements

Enter the amount of window expense you claimed in:

2006	2007	2009	2010
------	------	------	------

Residential energy property costs

Energy efficient building property costs

Qualified natural gas, propane, or oil furnace or hot water boiler

Advanced main air circulating fan used in a natural gas, propane, or oil furnace

Residential Energy Efficient Property Credit

Qualified solar electric property costs

Qualified solar water heating property costs

Qualified small wind energy property costs

Qualified geothermal heat pump property costs

Was qualified fuel cell property installed on or in your main home in US?  Yes  No

Address of main home

City, State, ZIP

Qualified fuel cell property costs

Kilowatt capacity of property on line 22

Amount of unused credit from 2010 Form 5695, line 28

## Energy Credits

Name: **JOE & JANE TAXSAVER**

SSN: **ON FILE**

### 8834 - Qualified Electric Vehicle Credit

	TSJ	Vehicle 1	Vehicle 2
Year of vehicle			
Make of vehicle			
Model of vehicle			
Vehicle Identification Number			
Date vehicle was placed in service			
Cost of vehicle			
Business/investment use percentage			
Section 179 expense deduction			
Credits from passive activities			

### 8936 - Qualified Plug-in Electric Drive Motor Vehicle Credit

	TSJ	Vehicle 1	Vehicle 2
Year of vehicle			
Make of vehicle			
Model of vehicle			
Vehicle Identification Number			
Date vehicle was placed in service			
Tentative Credit			
Business/Investment use percentage			

### Form 8908 - Energy Efficient Home Credit

	TSJ	
<b>1a</b>	Total number of qualified energy efficient homes meeting the 50% standard that were sold during the year	
<b>2a</b>	Total number of qualified energy efficient manufactured homes meeting the 30% standard that were sold during the tax year	

### Form 8910 - Alternative Motor Vehicle Credit

	TSJ	Vehicle 1	Vehicle 2
Year of vehicle			
Make of vehicle			
Model of vehicle			
Vehicle Identification Number			
Date vehicle was placed in service			
Maximum credit allowable			
Cost of converting vehicle to plug-in electric drive motor			
Section 179 expense deduction			
Business/investment use percentage			



## Auto Expense Worksheet

Name: **JOE & JANE TAXSAVER**

SSN: **ON FILE**

For **c**

Business name & Profession/Product \

Description

Date placed in service

Do you or your spouse have another vehicle available for personal use?  Yes  No

Was your vehicle available for use during off-duty hours?  Yes  No

Do you have evidence to support your deduction?  Yes  No

If "Yes," is the evidence written?  Yes  No

Enter the number of miles your vehicle was used for:

**a** Business miles before 7/1

**b** Business miles after 6/30

**c** Commuting

**d** Other

**2011**

**2010**

**Expenses:**

**2011**

**2010**

Garage rent

Gas

Insurance

Licenses

Oil

Parking fees

Lease payments

Interest

Property tax

Repairs

Tires

Tolls

Other expenses (list):

Apply Business %