

# TAX ORGANIZER

Enclosed is your Tax Organizer for tax year 2011.

Your Organizer contains several sections that include common expenses and deductions that many taxpayers overlook. Please review these sections carefully. Depending upon your tax bracket, you may save as much as \$35 for each \$100 in deductible expenses you find in your 2011 records.

To complete the Organizer, enter all relevant information in the designated areas on each page. Please add any notes or questions that will help us prepare a complete and accurate return for you and to plan with you how to manage your tax situation in future years.

If you answer 'Yes' to any of the General Business and Investment questions, please provide detailed information with your answer.

When you are ready, please send your Organizer and any of the following that apply to your tax situation:

- Last year's tax return (if not in our possession)
- Original Form(s) W-2
- Schedule(s) K-1 from partnerships, S-corporations, estates or trusts
- Information about contributions to a pension or other retirement plan if this is the first year you received income from the plan
- Form(s) 1099 or statements reporting dividend, interest, retirement or other income
- Broker statements providing details of capital gains transactions
- Form(s) 1098 and copies of real estate tax bills, etc.
- Legal documents pertaining to the sale or purchase of real property

Please review the enclosed Tax Preparation Services Agreement and return a signed copy to us. We can't begin work without it.

If you have any questions please give us a call.

Sincerely,

Tax Hotline  
2340 S. Arlington Heights Rd., Suite 310  
Arlington Heights, IL 60005  
Telephone: 800-924-3091  
Facsimile: 847-718-9584  
Email: [hotline.tax@gmail.com](mailto:hotline.tax@gmail.com)

# General Information

## Taxpayer

## Spouse

First Name . . . . .

Middle Initial . . . . .

Last Name . . . . .

Suffix . . . . .

Social Security Number . . . . .

Date of Birth . . . . .

Check ("X") which phone number to list on return.

Home Phone . . . . .

Work Phone . . . . .

Cell Phone . . . . .

Fax Number . . . . .

Legally Blind . . . . .

Totally Disabled . . . . .

Claimed as a Dependent . . . . .

Presidential Election Fund (\$3) . . . . .

Occupation . . . . .

E-mail address . . . . .

State of Residence as of 12/31 . . . . .

County of Residence as of 12/31 . . . . .

School District as of 12/31 . . . . .

Sales tax rate of locality in 2011 . . . . . %

If Part Year, Period of Residency . . . . . to

## Filing Status

Status on 2010 return :

- Status as of 12/31/2011 :  **1** Single
- Enter ("X") in the box  **2** Married filing joint
- 3** Married filing separately  
(Enter spouse's name and SSN above)
- 4** Head of Household Non-dependent name: \_\_\_\_\_  
Non-dependent SSN: \_\_\_\_\_
- 5** Qualifying widow(er) with minor child Year spouse died \_\_\_\_\_

## Address

Street \_\_\_\_\_ Apt/Suite : \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

If address is in a foreign country, enter that country . . . . . \_\_\_\_\_

If a bona fide resident of a U.S. territory, enter territory . . . . . \_\_\_\_\_



**Questions (Cont.)**

If any of the following items apply to you or your spouse, please "X" the appropriate box and if possible, include details.

- | Yes                      | No                       |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <b>35</b> Did you convert a traditional IRA to a Roth IRA?                              |
| <input type="checkbox"/> | <input type="checkbox"/> | <b>36</b> Did you exchange any securities or investments for something other than cash? |
| <input type="checkbox"/> | <input type="checkbox"/> | <b>37</b> Do you have any short sales, commodity sales, or straddles?                   |
| <input type="checkbox"/> | <input type="checkbox"/> | <b>38</b> Did you receive Form 2439?  |
| <input type="checkbox"/> | <input type="checkbox"/> | <b>39</b> Did you buy or sell any bonds?  |
| <input type="checkbox"/> | <input type="checkbox"/> | <b>40</b> Did you receive stock from a stock bonus plan with your employer?             |
| <input type="checkbox"/> | <input type="checkbox"/> | <b>41</b> Did you sell any other personal assets at a gain?                             |
| <input type="checkbox"/> | <input type="checkbox"/> | <b>42</b> Did you sell any real estate (other than your home) during the year?          |
| <input type="checkbox"/> | <input type="checkbox"/> | <b>43</b> Did you sell any assets using the installment method?                         |
| <input type="checkbox"/> | <input type="checkbox"/> | <b>44</b> Did you receive proceeds from a prior year installment sale?                  |
| <input type="checkbox"/> | <input type="checkbox"/> | <b>45</b> Did you purchase a rental property?   |
| <input type="checkbox"/> | <input type="checkbox"/> | <b>46</b> Did you exchange any property for other property?                             |
| <input type="checkbox"/> | <input type="checkbox"/> | <b>47</b> Did you receive any income not reported in this Organizer?                    |

**Business and Rental Property Income**

- | Yes                      | No                       |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <b>48</b> If you own rental property, do you qualify as a Real Estate Professional? |
| <input type="checkbox"/> | <input type="checkbox"/> | <b>49</b> Did you start or acquire a new business?                                  |
| <input type="checkbox"/> | <input type="checkbox"/> | <b>50</b> Did you sell any part of an existing business, or sell business assets?   |
| <input type="checkbox"/> | <input type="checkbox"/> | <b>51</b> Did you cease operating any business or rental property?                  |
| <input type="checkbox"/> | <input type="checkbox"/> | <b>52</b> Did you remove any of your business assets for personal use?              |

**Business and Rental Property Deductions**

- | Yes                      | No                       |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <b>53</b> Did you use part of your home for business purposes?  |
| <input type="checkbox"/> | <input type="checkbox"/> | <b>54</b> Did you make any contributions to a Keogh or a self-employed SEP plan for 2011?                     |
| <input type="checkbox"/> | <input type="checkbox"/> | <b>55</b> Do you pay for any health or long term care insurance through your business?                        |
| <input type="checkbox"/> | <input type="checkbox"/> | <b>56</b> If you or your spouse are self-employed, are either of you covered under an employer's health plan? |
| <input type="checkbox"/> | <input type="checkbox"/> | <b>57</b> Did you purchase any furniture or equipment for your business?                                      |

**Other Deductions**

- | Yes                      | No                       |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <b>58</b> Did you make any contributions, or plan to make contributions, to a traditional or Roth IRA for 2011? |
| <input type="checkbox"/> | <input type="checkbox"/> | <b>59</b> Did you make any contributions to HSA (Health Savings Account) in 2011?                               |
| <input type="checkbox"/> | <input type="checkbox"/> | <b>60</b> Did you use your car on the job (other than to and from work)?  |
| <input type="checkbox"/> | <input type="checkbox"/> | <b>61</b> Did you work out of town for part of the year?  |
| <input type="checkbox"/> | <input type="checkbox"/> | <b>62</b> Did you incur any travel and entertainment expenses for business purposes?                            |
| <input type="checkbox"/> | <input type="checkbox"/> | <b>63</b> Did you pay expenses for the care of your child or other dependent so you could work?                 |
| <input type="checkbox"/> | <input type="checkbox"/> | <b>64</b> Did you lose property or have damage to a property due to a casualty, theft, or condemnation?         |
| <input type="checkbox"/> | <input type="checkbox"/> | <b>65</b> Did any security become worthless during 2011?  |
| <input type="checkbox"/> | <input type="checkbox"/> | <b>66</b> Did any debts become uncollectible during 2011?   |
| <input type="checkbox"/> | <input type="checkbox"/> | <b>67</b> Did you purchase a 'clean fuel' or electric hybrid vehicle in 2011?                                   |
| <input type="checkbox"/> | <input type="checkbox"/> | <b>68</b> Did you contribute less than an entire interest in any property to charity?                           |
| <input type="checkbox"/> | <input type="checkbox"/> | <b>69</b> Did you refinance a mortgage or take out a home equity loan during 2011?                              |
| <input type="checkbox"/> | <input type="checkbox"/> | <b>70</b> Did you incur moving expenses during the year due to a change of employment?                          |
| <input type="checkbox"/> | <input type="checkbox"/> | <b>71</b> Did you pay any educational tuition or fees for you or a dependent?                                   |
| <input type="checkbox"/> | <input type="checkbox"/> | <b>72</b> Did you pay any student loan interest?  |
| <input type="checkbox"/> | <input type="checkbox"/> | <b>73</b> Did you make any federal or state estimated payments?   |
| <input type="checkbox"/> | <input type="checkbox"/> | <b>74</b> Did you make any energy efficient improvements to your main home in 2011?                             |







Name \_\_\_\_\_

SSN \_\_\_\_\_

## Wages and Retirement Income

### W-2 Information

Enter "X"  
if spouse

W-2	Employer's Name	Box 1 Wages, Tips Other Comp	Box 2 Federal Income Tax Withheld	Box 16 State Wages	Box 17 State Income Tax Withheld
<input type="checkbox"/>	1 .....				
<input type="checkbox"/>	2 .....				
<input type="checkbox"/>	3 .....				
<input type="checkbox"/>	4 .....				
<input type="checkbox"/>	5 .....				
<input type="checkbox"/>	6 .....				
<input type="checkbox"/>	7 .....				
<input type="checkbox"/>	8 .....				
<input type="checkbox"/>	9 .....				
<input type="checkbox"/>	10 .....				
<input type="checkbox"/>	11 .....				
<input type="checkbox"/>	12 .....				
<input type="checkbox"/>	13 .....				
<input type="checkbox"/>	14 .....				
<input type="checkbox"/>	15 .....				

### 1099-R Information

	Payer's Name	Box 1 Gross Distribution	Box 4 Federal Income Tax Withheld	Box 12a State Distribution	Box 10a State Income Tax Withheld
<input type="checkbox"/>	1 .....				
<input type="checkbox"/>	2 .....				
<input type="checkbox"/>	3 .....				
<input type="checkbox"/>	4 .....				
<input type="checkbox"/>	5 .....				
<input type="checkbox"/>	6 .....				
<input type="checkbox"/>	7 .....				
<input type="checkbox"/>	8 .....				
<input type="checkbox"/>	9 .....				
<input type="checkbox"/>	10 .....				
<input type="checkbox"/>	11 .....				
<input type="checkbox"/>	12 .....				
<input type="checkbox"/>	13 .....				
<input type="checkbox"/>	14 .....				
<input type="checkbox"/>	15 .....				



Name \_\_\_\_\_

SSN \_\_\_\_\_

**Interest Income**

Please provide copies of all Form 1099-INT or other statements reporting interest income.

\* F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint.

*F/S/J	Payer		Taxable Interest Income		Tax Exempt Interest		Specified Priv Act Interest	
			Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount
<input type="checkbox"/>	1	.....	1					
<input type="checkbox"/>	2	.....	2					
<input type="checkbox"/>	3	.....	3					
<input type="checkbox"/>	4	.....	4					
<input type="checkbox"/>	5	.....	5					
<input type="checkbox"/>	6	.....	6					
<input type="checkbox"/>	7	.....	7					
<input type="checkbox"/>	8	.....	8					
<input type="checkbox"/>	9	.....	9					
<input type="checkbox"/>	10	.....	10					
<input type="checkbox"/>	11	.....	11					
<input type="checkbox"/>	12	.....	12					
<input type="checkbox"/>	13	.....	13					
<input type="checkbox"/>	14	.....	14					
<input type="checkbox"/>	15	.....	15					
<input type="checkbox"/>	16	.....	16					
<input type="checkbox"/>	17	.....	17					
<input type="checkbox"/>	18	.....	18					
<input type="checkbox"/>	19	.....	19					
<input type="checkbox"/>	20	.....	20					

**Dividend Income**

Please provide copies of all Form 1099-DIV or other statements reporting dividend income.

\* F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint.

*F/S/J	Payer		Ordinary Dividends		Qualified Dividends		Capital Gains	
			Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount
<input type="checkbox"/>	1	.....	1					
<input type="checkbox"/>	2	.....	2					
<input type="checkbox"/>	3	.....	3					
<input type="checkbox"/>	4	.....	4					
<input type="checkbox"/>	5	.....	5					
<input type="checkbox"/>	6	.....	6					
<input type="checkbox"/>	7	.....	7					
<input type="checkbox"/>	8	.....	8					
<input type="checkbox"/>	9	.....	9					
<input type="checkbox"/>	10	.....	10					
<input type="checkbox"/>	11	.....	11					
<input type="checkbox"/>	12	.....	12					
<input type="checkbox"/>	13	.....	13					
<input type="checkbox"/>	14	.....	14					
<input type="checkbox"/>	15	.....	15					
<input type="checkbox"/>	16	.....	16					
<input type="checkbox"/>	17	.....	17					
<input type="checkbox"/>	18	.....	18					
<input type="checkbox"/>	19	.....	19					
<input type="checkbox"/>	20	.....	20					

Name \_\_\_\_\_

SSN \_\_\_\_\_

### Interest Income

Please provide copies of all Form 1099-INT or other statements reporting interest income.

\* F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint.

\*F/S/J Payer

			Taxable Interest Income		Tax Exempt Interest		Specified Priv Act Interest	
			Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount
	1	1						
	2	2						
	3	3						
	4	4						
	5	5						
	6	6						
	7	7						
	8	8						
	9	9						
	10	10						
	11	11						
	12	12						
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	29	29						
	30	30						
	31	31						
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	33	33						
	34	34						
	35	35						
	36	36						
	37	37						
	38	38						
	39	39						
	40	40						
	41	41						
	42	42						
	43	43						
	44	44						
	45	45						
	46	46						
	47	47						
	48	48						
	49	49						
	50	50						

Name \_\_\_\_\_

SSN \_\_\_\_\_

### Dividend Income

Please provide copies of all Form 1099-DIV or other statements reporting dividend income.

\* F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint.

*F/S/J	Payer		Ordinary Dividends		Qualified Dividends		Capital Gains	
			Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount
	1	1						
	2	2						
	3	3						
	4	4						
	5	5						
	6	6						
	7	7						
	8	8						
	9	9						
	10	10						
	11	11						
	12	12						
	13	13						
	14	14						
	15	15						
	16	16						
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	18	18						
	19	19						
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	21	21						
	22	22						
	23	23						
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	25	25						
	26	26						
	27	27						
	28	28						
	29	29						
	30	30						
	31	31						
	32	32						
	33	33						
	34	34						
	35	35						
	36	36						
	37	37						
	38	38						
	39	39						
	40	40						
	41	41						
	42	42						
	43	43						
	44	44						
	45	45						

Name \_\_\_\_\_

SSN \_\_\_\_\_

### Seller Financed Mortgage Interest

\*F/S/J

<input type="checkbox"/>	1	Name .....	SSN/EIN .....
		Address .....	
<input type="checkbox"/>	2	Name .....	SSN/EIN .....
		Address .....	
<input type="checkbox"/>	3	Name .....	SSN/EIN .....
		Address .....	
<input type="checkbox"/>	4	Name .....	SSN/EIN .....
		Address .....	
<input type="checkbox"/>	5	Name .....	SSN/EIN .....
		Address .....	
<input type="checkbox"/>	6	Name .....	SSN/EIN .....
		Address .....	
<input type="checkbox"/>	7	Name .....	SSN/EIN .....
		Address .....	
<input type="checkbox"/>	8	Name .....	SSN/EIN .....
		Address .....	
<input type="checkbox"/>	9	Name .....	SSN/EIN .....
		Address .....	
<input type="checkbox"/>	10	Name .....	SSN/EIN .....
		Address .....	
<input type="checkbox"/>	11	Name .....	SSN/EIN .....
		Address .....	
<input type="checkbox"/>	12	Name .....	SSN/EIN .....
		Address .....	
<input type="checkbox"/>	13	Name .....	SSN/EIN .....
		Address .....	
<input type="checkbox"/>	14	Name .....	SSN/EIN .....
		Address .....	
<input type="checkbox"/>	15	Name .....	SSN/EIN .....
		Address .....	
<input type="checkbox"/>	16	Name .....	SSN/EIN .....
		Address .....	
<input type="checkbox"/>	17	Name .....	SSN/EIN .....
		Address .....	
<input type="checkbox"/>	18	Name .....	SSN/EIN .....
		Address .....	
<input type="checkbox"/>	19	Name .....	SSN/EIN .....
		Address .....	
<input type="checkbox"/>	20	Name .....	SSN/EIN .....
		Address .....	
<input type="checkbox"/>	21	Name .....	SSN/EIN .....
		Address .....	
<input type="checkbox"/>	22	Name .....	SSN/EIN .....
		Address .....	
<input type="checkbox"/>	23	Name .....	SSN/EIN .....
		Address .....	
<input type="checkbox"/>	24	Name .....	SSN/EIN .....
		Address .....	

Current Year Amount	Prior Year Amount
---------------------	-------------------

1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		
19		
20		
21		
22		
23		
24		

Name \_\_\_\_\_

SSN \_\_\_\_\_

### Exclusion of Interest From Series EE and I US Savings Bonds Issued After 1989

If you cashed series EE or I U.S. savings bonds in 2011 that were issued after 1989, you may be able to exclude from your income part or all of the interest on those bonds.

- 1 Total qualified tuition and fees paid . . . . . 1 -----
- 2 Nontaxable education benefits received . . . . . 2 -----
- 3 Enter total proceeds (principal and interest) from EE or I bonds issued after 1989 and cashed in 2011 . . . . . 3 -----
- 4 Enter the face value of all post - 1989 series EE bonds cashed in 2011 . . . . . 4 -----
- 5 Enter the face value of all series I bonds cashed in 2011 . . . . . 5 -----

**Name of person (you, your spouse, or your dependent) who was enrolled at or attended an eligible educational institution**

**Eligible Educational Institution**

	First Name	M I	Last Name
1	-----	-----	-----
2	-----	-----	-----
3	-----	-----	-----

1	Name	-----
	Address	-----
	City, State, Zip	-----
2	Name	-----
	Address	-----
	City, State, Zip	-----
3	Name	-----
	Address	-----
	City, State, Zip	-----



Name \_\_\_\_\_

SSN \_\_\_\_\_

### Alimony Received

\* F/S - enter ownership (F)iler or (S)pouse.

Payer		Current Year Amount	Prior Year Amount
<input type="checkbox"/>	1 .....		
<input type="checkbox"/>	2 .....		
<input type="checkbox"/>	3 .....		
<input type="checkbox"/>	4 .....		
<input type="checkbox"/>	5 .....		
<input type="checkbox"/>	6 .....		
<input type="checkbox"/>	7 .....		
<input type="checkbox"/>	8 .....		
<input type="checkbox"/>	9 .....		

### Alimony Paid

\* F/S - enter ownership (F)iler or (S)pouse.

Recipient's Name		Recipient's SSN	Current Year Amount	Prior Year Amount
<input type="checkbox"/>	1 .....	1 .....		
<input type="checkbox"/>	2 .....	2 .....		
<input type="checkbox"/>	3 .....	3 .....		
<input type="checkbox"/>	4 .....	4 .....		
<input type="checkbox"/>	5 .....	5 .....		
<input type="checkbox"/>	6 .....	6 .....		
<input type="checkbox"/>	7 .....	7 .....		
<input type="checkbox"/>	8 .....	8 .....		
<input type="checkbox"/>	9 .....	9 .....		

Name \_\_\_\_\_

SSN \_\_\_\_\_

### Self-Employed Business Income and Expenses (Schedule C-EZ)

Enter "X" in one box:  Filer  Spouse

#### General Information

- 1 Federal employer identification number ..... (do not enter Social Security Number)
- 2 Principal business or profession .....
- 3 Business name .....
- 4 Business address .....
- City, state, zip ..... State \_\_\_\_\_ Zip \_\_\_\_\_

#### Business Income

\* Report statutory income as W-2 income.

		Current Year Amount	Prior Year Amount
5	Income reported on 1099 MISC .....		
	Gross receipts or sales not reported on Form 1099 or Form W-2		
6	.....		
7	.....		
8	.....		
9	.....		

#### Business Expenses

		Current Year Amount	Prior Year Amount
10	Business meals and entertainment .....		
11	Enter "X" in the box if subject to DOT hours of service limits .....	<input type="checkbox"/>	<input type="checkbox"/>
12	.....		
13	.....		
14	.....		
15	.....		
16	.....		

Name \_\_\_\_\_

SSN \_\_\_\_\_

Business \_\_\_\_\_

**Vehicle Information (Schedule C-EZ)**

**Vehicle 1 -**

**Vehicle 2 -**

	<b>Current Year Amount</b>	<b>Prior Year Amount</b>	<b>Current Year Amount</b>	<b>Prior Year Amount</b>
1 Date vehicle was placed in service . . . . . 1				
2 Cost of vehicle . . . . . 2				
3 Total miles driven for the year . . . . . 3				
4 Business miles driven during the year . . . . . 4				
January 1 to June 30 . . . . .				
July 1 to December 31 . . . . .				
5 Commuting miles included on line 3 . . . . . 5				
6 Parking fees and tolls . . . . . 6				
7 Vehicle Interest . . . . . 7				
8 Vehicle Personal Property tax . . . . . 8				

**Actual Expenses**

9 Gasoline, oil and repairs . . . . . 9				
10 Vehicle Insurance . . . . . 10				
11 Vehicle registration fees . . . . . 11				
12 Vehicle lease or rental . . . . . 12				
13 ----- 13				

**Vehicle 3 -**

**Vehicle 4 -**

	<b>Current Year Amount</b>	<b>Prior Year Amount</b>	<b>Current Year Amount</b>	<b>Prior Year Amount</b>
1 Date vehicle was placed in service . . . . . 1				
2 Cost of vehicle . . . . . 2				
3 Total miles driven for the year . . . . . 3				
4 Business miles driven during the year . . . . . 4				
January 1 to June 30 . . . . .				
July 1 to December 31 . . . . .				
5 Commuting miles included on line 3 . . . . . 5				
6 Parking fees and tolls . . . . . 6				
7 Vehicle Interest . . . . . 7				
8 Vehicle Personal Property tax . . . . . 8				

**Actual Expenses**

9 Gasoline, oil and repairs . . . . . 9				
10 Vehicle Insurance . . . . . 10				
11 Vehicle registration fees . . . . . 11				
12 Vehicle lease or rental . . . . . 12				
13 ----- 13				

Name \_\_\_\_\_

SSN \_\_\_\_\_

### Self-Employed Business Income and Expenses (Schedule C)

Enter "X" in one box:  Filer  Spouse

#### General Information

- 1 Employer Identification Number \_\_\_\_\_ (do not enter Social Security Number)
- 2 Principal business or profession \_\_\_\_\_
- 3 Business name . . . . . \_\_\_\_\_
- 4 Business address . . . . . \_\_\_\_\_
- 5 City . . . . . \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

#### General Check Boxes (Enter "X" where applicable)

- 6 Accounting Method . . . . .  Cash  Accrual  Other - (Specify) \_\_\_\_\_
- 7 Did you "materially participate" in this business?  Yes  No
- 8 Check ('X') if you started or acquired this business in 2011.
- 9 Did you make any payments in 2011 that would require you to file Form(s) 1099?  Yes  No

#### Business Income

\* Report statutory income as W-2 income.

		Current Year Amount	Prior Year Amount
10	Income reported on 1099 MISC . . . . .		
11	Gross merchant card and third party network receipts and sales . . . . .		
	Gross receipts or sales not reported on Form 1099 or Form W-2		
12	_____		
13	_____		
14	_____		
15	_____		
16	Returns and allowances . . . . .		
17	Other income . . . . .		

#### Inventory (Enter "X" where applicable)

- 18 Method(s) used to value closing inventory . . .  Cost  Lower of cost or market  Other
- 19 Any change in determining quantities, costs, or valuations between opening and closing inventory?  Yes  No

		Current Year Amount	Prior Year Amount
20	Inventory at the beginning of year . . . . .		
21	Purchases less cost of items withdrawn for personal use . . . . .		
22	Cost of labor . . . . .		
23	Materials and supplies . . . . .		
24	Other Costs . . . . .		
25	Inventory at end of year . . . . .		

#### Assets Placed in Service This Year

Description:

		Date Placed In Service	Purchase Amount
A	_____		
B	_____		
C	_____		
D	_____		
E	_____		
F	_____		
G	_____		

Name \_\_\_\_\_

SSN \_\_\_\_\_

Business \_\_\_\_\_

### Self-Employed Business Expenses Cont. (Schedule C)

Expenses		Current Year Amount	Prior Year Amount
41 Advertising . . . . .	41		
42 Contract labor . . . . .	42		
43 Commissions and fees . . . . .	43		
44 Depletion . . . . .	44		
45 Employee benefit programs (other than on line 51) . . . . .	45		
46 Insurance (other than health) . . . . .	46		

**Interest:**

47 Mortgage (paid to banks, etc.) . . . . .	47		
48 Other . . . . .	48		

49 Legal and professional services . . . . .	49		
50 Office expense . . . . .	50		
51 Pension and profit-sharing plans . . . . .	51		

**Rent or Lease:**

52 Machinery rental or lease . . . . .	52		
53 Equipment rental or lease . . . . .	53		
54 . . . . .	54		
55 . . . . .	55		
56 . . . . .	56		
Other business property rental or lease			
57 . . . . .	57		
58 . . . . .	58		
59 . . . . .	59		

60 Repairs and maintenance . . . . .	60		
61 Supplies (not included in inventory cost of goods sold) . . . . .	61		
62 Taxes and licenses . . . . .	62		

**Travel, Meals, and Entertainment:**

Travel

63 . . . . .	63		
64 . . . . .	64		
65 . . . . .	65		
66 . . . . .	66		

Meals and entertainment

67 Enter "X" in the box if subject to DOT hours of service limits . . . . .	67	<input type="checkbox"/>	<input type="checkbox"/>
68 . . . . .	68		
69 . . . . .	69		
70 . . . . .	70		
71 . . . . .	71		

72 Utilities . . . . .	72		
73 Wages . . . . .	73		

**Other Expenses**

74 . . . . .	74		
75 . . . . .	75		
76 . . . . .	76		
77 . . . . .	77		
78 . . . . .	78		
79 . . . . .	79		
80 . . . . .	80		
81 . . . . .	81		
82 . . . . .	82		

Name \_\_\_\_\_

SSN \_\_\_\_\_

Business \_\_\_\_\_

**Vehicle Information (Schedule C)**

**Vehicle 1 -** **Vehicle 2 -**

	<b>Current Year Amount</b>	<b>Prior Year Amount</b>	<b>Current Year Amount</b>	<b>Prior Year Amount</b>
1 Date vehicle was placed in service . . . 1				
2 Cost of vehicle . . . . . 2				
3 Total miles driven for the year . . . . . 3				
4 Business miles driven during the year . . . 4				
January 1 to June 30 . . . . .				
July 1 to December 31 . . . . .				
5 Commuting miles included on line 3 . . . . 5				
6 Parking fees and tolls . . . . . 6				
7 Vehicle Interest . . . . . 7				
8 Vehicle Personal Property tax . . . . . 8				

**Actual Expenses**

9 Gasoline, oil and repairs . . . . . 9				
10 Vehicle Insurance . . . . . 10				
11 Vehicle registration fees . . . . . 11				
12 Vehicle lease or rental . . . . . 12				
13 ----- 13				

**Vehicle 3 -** **Vehicle 4 -**

	<b>Current Year Amount</b>	<b>Prior Year Amount</b>	<b>Current Year Amount</b>	<b>Prior Year Amount</b>
1 Date vehicle was placed in service . . . 1				
2 Cost of vehicle . . . . . 2				
3 Total miles driven for the year . . . . . 3				
4 Business miles driven during the year . . . 4				
January 1 to June 30 . . . . .				
July 1 to December 31 . . . . .				
5 Commuting miles included on line 3 . . . . 5				
6 Parking fees and tolls . . . . . 6				
7 Vehicle Interest . . . . . 7				
8 Vehicle Personal Property tax . . . . . 8				

**Actual Expenses**

9 Gasoline, oil and repairs . . . . . 9				
10 Vehicle Insurance . . . . . 10				
11 Vehicle registration fees . . . . . 11				
12 Vehicle lease or rental . . . . . 12				
13 ----- 13				



Name \_\_\_\_\_

SSN \_\_\_\_\_

### Sale of Stocks, Bonds, Real Estate, and Other Non-Business Assets

\* F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint.

*F/S/J	Description	Date Acquired	Date Sold	Gross Sales Price (Less expenses of sale)	Cost or Other Basis
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
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19					
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22					
23					
24					
25					
26					
27					
28					
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34					
35					
36					
37					
38					
39					
40					
41					
42					
43					
44					
45					

Name \_\_\_\_\_

SSN \_\_\_\_\_

### Installment Sale Income

#### New Sale (Only)

**Note:** If the property was sold this year complete the New Sale section.

Description	Selling price including mortgages DO NOT include interest	Mortgages the buyer assumed	Cost or other basis of property	Commissions and other expenses of sale
1	.....	.....	.....	.....
2	.....	.....	.....	.....
3	.....	.....	.....	.....
4	.....	.....	.....	.....
5	.....	.....	.....	.....
6	.....	.....	.....	.....

Description	Date Acquired	Date Sold	Interest	Principal
1	.....	.....	.....	.....
2	.....	.....	.....	.....
3	.....	.....	.....	.....
4	.....	.....	.....	.....
5	.....	.....	.....	.....
6	.....	.....	.....	.....

#### Prior Year Sale (Only)

**Note:** If the property was sold in a previous year complete the Prior Year Sale section below.

Description	Date Acquired	Date Sold	Payments Received in 2011	
			Interest	Principal
1	.....	.....	.....	.....
2	.....	.....	.....	.....
3	.....	.....	.....	.....
4	.....	.....	.....	.....
5	.....	.....	.....	.....
6	.....	.....	.....	.....

Description	Gross profit percentage	Payments received in prior years (DO NOT include interest)
1	.....	.....
2	.....	.....
3	.....	.....
4	.....	.....
5	.....	.....
6	.....	.....

Name \_\_\_\_\_

SSN \_\_\_\_\_

### Real Estate Rentals and Royalties

Kind of Property .....

Address .....

City ..... State ..... Zip .....

	Current Year Info	Prior Year Info
<b>1</b> Owner of property (Enter Filer, Spouse, or Joint) . . . . . <b>1</b>		
<b>2</b> Enter "X" if you actively participated? . . . . . <b>2</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>3</b> Enter "X" if property was used for personal use by you or your family for more than 14 days or 10% of the total days rented? . . . . . <b>3</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>3a</b> If entered ("X"), enter the number of days of personal use? . . . . . <b>3a</b>	<input type="text"/>	<input type="text"/>
<b>3b</b> If entered ("X"), enter the number of days rented? . . . . . <b>3b</b>	<input type="text"/>	<input type="text"/>

### Income

	Current Year Amounts	Prior Year Amounts
<b>4</b> Royalty received . . . . . <b>4</b>		
<b>5</b> Rent received . . . . . <b>5</b>		
<b>5a</b> If rental real estate, enter the percent of ownership if less than 100% . . . . . <b>5a</b>		
<b>5b</b> Rental use percentage for property used partially for personal use only . . . . . <b>5b</b>		

### Property Expense

	Current Year Amounts	Prior Year Amounts
<b>6</b> Advertising . . . . . <b>6</b>		
<b>7</b> Cleaning and maintenance . . . . . <b>7</b>		
<b>8</b> Commissions . . . . . <b>8</b>		
<b>9</b> Insurance . . . . . <b>9</b>		
<b>10</b> Legal and other professional fees . . . . . <b>10</b>		
<b>11</b> Management fees . . . . . <b>11</b>		
<b>12 a</b> Qualified mortgage interest paid to banks, etc. . . . . <b>12a</b>		
<b>b</b> Other mortgage interest paid to banks, etc. . . . . <b>12b</b>		
<b>13</b> Other interest . . . . . <b>13</b>		
<b>14</b> Repairs . . . . . <b>14</b>		
<b>15</b> Supplies . . . . . <b>15</b>		
<b>16 a</b> Real estate taxes . . . . . <b>16a</b>		
<b>b</b> Other Taxes . . . . . <b>16b</b>		
<b>17</b> Utilities . . . . . <b>17</b>		

### Assets Placed in Service This Year

Description:	Date Placed In Service	Purchase Amount
<b>A</b> .....	<b>A</b>	
<b>B</b> .....	<b>B</b>	
<b>C</b> .....	<b>C</b>	
<b>D</b> .....	<b>D</b>	
<b>E</b> .....	<b>E</b>	
<b>F</b> .....	<b>F</b>	
<b>G</b> .....	<b>G</b>	

Name \_\_\_\_\_

SSN \_\_\_\_\_

Property \_\_\_\_\_

### Other Expenses (Schedule E)

#### Other Expense

18 .....

19 .....

20 .....

21 .....

22 .....

23 .....

24 .....

25 .....

	Current Year	Prior Year
18		
19		
20		
21		
22		
23		
24		
25		

#### Travel Expenses

26 .....

27 .....

28 .....

29 .....

30 .....

31 .....

32 .....

33 .....

	Current Year	Prior Year
26		
27		
28		
29		
30		
31		
32		
33		

#### Meals and Entertainment Expense

34 .....

35 .....

36 .....

37 .....

38 .....

39 .....

40 .....

41 .....

	Current Year	Prior Year
34		
35		
36		
37		
38		
39		
40		
41		

Name \_\_\_\_\_

SSN \_\_\_\_\_

Property \_\_\_\_\_

**Vehicle Information (Schedule E)**

**Vehicle 1 -**

**Vehicle 2 -**

	<b>Current Year Amount</b>	<b>Prior Year Amount</b>	<b>Current Year Amount</b>	<b>Prior Year Amount</b>
1 Date vehicle was placed in service . . . 1				
2 Cost of vehicle . . . . . 2				
3 Total miles driven for the year . . . . . 3				
4 Business miles driven during the year . . . 4				
January 1 to June 30 . . . . .				
July 1 to December 31 . . . . .				
5 Commuting miles included on line 3 . . . 5				
6 Parking fees and tolls . . . . . 6				
7 Vehicle Interest . . . . . 7				
8 Vehicle Personal Property tax . . . . . 8				

**Actual Expenses**

9 Gasoline, oil and repairs . . . . . 9				
10 Vehicle Insurance . . . . . 10				
11 Vehicle registration fees . . . . . 11				
12 Vehicle lease or rental . . . . . 12				
13 ----- 13				

**Vehicle 3 -**

**Vehicle 4 -**

	<b>Current Year Amount</b>	<b>Prior Year Amount</b>	<b>Current Year Amount</b>	<b>Prior Year Amount</b>
1 Date vehicle was placed in service . . . 1				
2 Cost of vehicle . . . . . 2				
3 Total miles driven for the year . . . . . 3				
4 Business miles driven during the year . . . 4				
January 1 to June 30 . . . . .				
July 1 to December 31 . . . . .				
5 Commuting miles included on line 3 . . . 5				
6 Parking fees and tolls . . . . . 6				
7 Vehicle Interest . . . . . 7				
8 Vehicle Personal Property tax . . . . . 8				

**Actual Expenses**

9 Gasoline, oil and repairs . . . . . 9				
10 Vehicle Insurance . . . . . 10				
11 Vehicle registration fees . . . . . 11				
12 Vehicle lease or rental . . . . . 12				
13 ----- 13				



Name \_\_\_\_\_

SSN \_\_\_\_\_

### Farm Rental Income and Expenses

Enter "X" in one box:  Filer  Spouse  Joint

#### General Information

- 1 Federal Employer Identification Number (do not enter Social Security Number) . . . . .
- 2 Description of the principal crop or activity . . . . .
- 3 Did you actively participate in the operation of this farm? . . . . . Enter "X" in the appropriate box  Yes  No

#### Farm Rental Income

		Current Year Amount	Prior Year Amount
4	Income from production of livestock, produce, grains, and other crops . . . . .		
5	Total cooperative distributions . . . . .		
6	CCC loans reported under election . . . . .		
7	Total CCC loans forfeited . . . . .		
8	Crop insurance proceeds and certain disaster payments . . . . .		
9	If election to defer, "X" the box. . . . .	<input type="checkbox"/>	<input type="checkbox"/>
10	Amount deferred . . . . .		

#### Other income (including Federal and state gasoline or fuel tax credit or refund)

11	-----		
12	-----		
13	-----		
14	-----		
15	-----		

#### Assets Placed in Service This Year

(Description):

		Date Placed In Service	Purchase Amount
A	-----		
B	-----		
C	-----		
D	-----		
E	-----		
F	-----		
G	-----		
H	-----		

Name \_\_\_\_\_

SSN \_\_\_\_\_

Activity \_\_\_\_\_

**Farm Rental Expenses Cont.**

		Current Year Amount	Prior Year Amount
<b>Expenses</b>			
26	Chemicals . . . . .	26	
27	Conservation expenses . . . . .	27	
28	Custom hire (machine work) . . . . .	28	
29	Employee benefit programs (other than on line 38) . . . . .	29	
30	Feed purchased . . . . .	30	
31	Fertilizers and lime . . . . .	31	
32	Freight and trucking . . . . .	32	
33	Gasoline, fuel, and oil . . . . .	33	
34	Insurance (other than health) . . . . .	34	

**Interest:**

35	Mortgage (paid to banks, etc.) . . . . .	35	
36	Other . . . . .	36	

37	Labor hired (less employment credits) . . . . .	37	
38	Pension and profit-sharing plans . . . . .	38	

**Rent or lease:**

39	Machinery rental or lease . . . . .	39	
40	Equipment rental or lease . . . . .	40	
41	.....	41	
42	.....	42	
43	.....	43	
44	.....	44	
45	.....	45	
46	.....	46	

Other (land, animals, etc.)

47	.....	47	
48	.....	48	
49	.....	49	
50	.....	50	
51	.....	51	
52	.....	52	
53	.....	53	
54	.....	54	
55	.....	55	

56	Repairs and maintenance . . . . .	56	
57	Seeds and plants purchased . . . . .	57	
58	Storage and warehousing . . . . .	58	
59	Supplies purchased . . . . .	59	
60	Taxes . . . . .	60	
61	Utilities . . . . .	61	
62	Veterinary, breeding, and medicine . . . . .	62	

**Other expenses (specify):**

63	.....	63	
64	.....	64	
65	.....	65	
66	.....	66	
67	.....	67	
68	.....	68	
69	.....	69	

Name \_\_\_\_\_

SSN \_\_\_\_\_

Activity \_\_\_\_\_

**Vehicle Information - Farm Rental**

**Vehicle 1 -**

**Vehicle 2 -**

		<b>Current Year Amount</b>	<b>Prior Year Amount</b>	<b>Current Year Amount</b>	<b>Prior Year Amount</b>
1	Date vehicle was placed in service . . .	1			
2	Cost of vehicle . . . . .	2			
3	Total miles driven for the year . . . . .	3			
4	Business miles driven during the year . . . . .	4			
	January 1 to June 30 . . . . .				
	July 1 to December 31 . . . . .				
5	Commuting miles included on line 3 . . . . .	5			
6	Parking fees and tolls . . . . .	6			
7	Vehicle Interest . . . . .	7			
8	Vehicle Personal Property tax . . . . .	8			

**Actual Expenses**

9	Gasoline, oil and repairs . . . . .	9			
10	Vehicle Insurance . . . . .	10			
11	Vehicle registration fees . . . . .	11			
12	Vehicle lease or rental . . . . .	12			
13	-----	13			

**Vehicle 3 -**

**Vehicle 4 -**

		<b>Current Year Amount</b>	<b>Prior Year Amount</b>	<b>Current Year Amount</b>	<b>Prior Year Amount</b>
1	Date vehicle was placed in service . . .	1			
2	Cost of vehicle . . . . .	2			
3	Total miles driven for the year . . . . .	3			
4	Business miles driven during the year . . . . .	4			
	January 1 to June 30 . . . . .				
	July 1 to December 31 . . . . .				
5	Commuting miles included on line 3 . . . . .	5			
6	Parking fees and tolls . . . . .	6			
7	Vehicle Interest . . . . .	7			
8	Vehicle Personal Property tax . . . . .	8			

**Actual Expenses**

9	Gasoline, oil and repairs . . . . .	9			
10	Vehicle Insurance . . . . .	10			
11	Vehicle registration fees . . . . .	11			
12	Vehicle lease or rental . . . . .	12			
13	-----	13			

Name \_\_\_\_\_

SSN \_\_\_\_\_

### Farm Income and Expenses

Enter "X" in one box:  Filer  Spouse

#### General Information

- 1 Federal Employer Identification Number (do not enter Social Security Number) . . . . .
- 2 Principal product . . . . .
- 3 Accounting Method . . . . . Enter "X" in the appropriate box  Cash  Accrual
- 4 Did you "materially participate" in this business? . . . . . Enter "X" in the appropriate box  Yes  No
- 5 Did you receive a subsidy in 2011? . . . . .  Yes  No

#### Farm Income - Cash Method (Use only if cash method of accounting)

		Current Year Amount	Prior Year Amount
6	Sales of livestock and other items purchased for resale . . . . .		
7	Cost or other basis of livestock and other items reported on line 1 . . . . .		
8	Sales of livestock, produce, grains, and other products you raised . . . . .		
9	Total cooperative distributions . . . . .		
10	Agricultural program payments . . . . .		
11	Commodity Credit Corporation loans reported under election . . . . .		
12	Total Commodity Credit Corporation loans forfeited . . . . .		
13	Crop insurance proceeds and certain disaster payments received in 2011 . . . . .		
14	If election to defer, "X" the box . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
15	Amount deferred from 2010 . . . . .		
16	Custom hire (machine work) . . . . .		
17	Other income, including Federal and state gasoline or fuel tax credit or refund . . . . .		

#### Farm Income - Accrual Method (Use only if accrual method of accounting)

		Current Year Amount	Prior Year Amount
18	Sales of livestock and other items purchased for resale . . . . .		
19	Total cooperative distributions . . . . .		
20	CCC loans reported under election . . . . .		
21	Total CCC loans forfeited . . . . .		
22	Other income, including Federal and state gasoline or fuel tax credit or refund . . . . .		
23	Inventory of livestock, produce, grains, and other products at beginning of the year . . . . .		
24	Cost of livestock, produce, grains, and other products purchased during the year . . . . .		
25	Inventory of livestock, produce, grains, and other products at end of year . . . . .		

#### Assets Placed in Service This Year

(Description):

		Date Placed In Service	Purchase Amount
A	.....		
B	.....		
C	.....		
D	.....		
E	.....		
F	.....		
G	.....		
H	.....		



Name \_\_\_\_\_

SSN \_\_\_\_\_

Product \_\_\_\_\_

**Vehicle Information - Farm**

**Vehicle 1 -**

**Vehicle 2 -**

	<b>Current Year Amount</b>	<b>Prior Year Amount</b>	<b>Current Year Amount</b>	<b>Prior Year Amount</b>
1 Date vehicle was placed in service . . . 1				
2 Cost of vehicle . . . . . 2				
3 Total miles driven for the year . . . . 3				
4 Business miles driven during the year . 4				
January 1 to June 30 . . . . .				
July 1 to December 31 . . . . .				
5 Commuting miles included on line 3 . . . 5				
6 Parking fees and tolls . . . . . 6				
7 Vehicle Interest . . . . . 7				
8 Vehicle Personal Property tax . . . . . 8				

**Actual Expenses**

9 Gasoline, oil and repairs . . . . . 9				
10 Vehicle Insurance . . . . . 10				
11 Vehicle registration fees . . . . . 11				
12 Vehicle lease or rental . . . . . 12				
13 ----- 13				

**Vehicle 3 -**

**Vehicle 4 -**

	<b>Current Year Amount</b>	<b>Prior Year Amount</b>	<b>Current Year Amount</b>	<b>Prior Year Amount</b>
1 Date vehicle was placed in service . . . 1				
2 Cost of vehicle . . . . . 2				
3 Total miles driven for the year . . . . 3				
4 Business miles driven during the year . 4				
January 1 to June 30 . . . . .				
July 1 to December 31 . . . . .				
5 Commuting miles included on line 3 . . . 5				
6 Parking fees and tolls . . . . . 6				
7 Vehicle Interest . . . . . 7				
8 Vehicle Personal Property tax . . . . . 8				

**Actual Expenses**

9 Gasoline, oil and repairs . . . . . 9				
10 Vehicle Insurance . . . . . 10				
11 Vehicle registration fees . . . . . 11				
12 Vehicle lease or rental . . . . . 12				
13 ----- 13				

Name \_\_\_\_\_

SSN \_\_\_\_\_

### Social Security and Railroad Retirement

#### Filer

- 1 Enter the total amount from box 5 of all your Forms SSA-1099 . . . . . 1
- 2 Enter the total taxes withheld from box 6 of all your Forms SSA-1099 . . . . . 2
- 3 Enter the total amount from box 5 of all your Forms RRB-1099 . . . . . 3
- 4 Enter the total taxes withheld from box 10 of all your Forms RRB-1099 . . . . . 4
- 5 Enter the total amount of Medicare B Premiums withheld. . . . . 5
- 6 Enter the total amount of Medicare D Premiums withheld. . . . . 6

Current Year Amount	Prior Year Amount

#### Spouse

- 7 Enter the total amount from box 5 of all your Forms SSA-1099 . . . . . 7
- 8 Enter the total taxes withheld from box 6 of all your Forms SSA-1099 . . . . . 8
- 9 Enter the total amount from box 5 of all your Forms RRB-1099 . . . . . 9
- 10 Enter the total taxes withheld from box 10 of all your Forms RRB-1099 . . . . . 10
- 11 Enter the total amount of Medicare B Premiums withheld. . . . . 11
- 12 Enter the total amount of Medicare D Premiums withheld. . . . . 12


Name \_\_\_\_\_

SSN \_\_\_\_\_

**Miscellaneous Income**

	Filer			Spouse	
	Current Year Amount	Prior Year Amount		Current Year Amount	Prior Year Amount
1 Refund from state . . . . .			1		
2 Unemployment compensation . . . . .			2		
3 Prizes and awards . . . . .			3		
4 Scholarships and fellowships . . . . .			4		
5 Bartering income . . . . .			5		
6 Fees received for jury duty . . . . .			6		
7 Income from rental of personal property, if not in the business of renting such property . . . . .			7		
8 Precinct election board duty . . . . .			8		
9 Alaska Permanent Fund Dividends . . . . .			9		
10 -----			10		
11 -----			11		
12 -----			12		
13 Other income not provided for in this Organizer			13		

**Adjustments to Income**

\* F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint.

*F/S/J				Current Year Amount	Prior Year Amount
<input type="checkbox"/>	1	Educator expenses . . . . .	1		
<input type="checkbox"/>	2	Student loan interest . . . . .	2		
<input type="checkbox"/>	3	Health Savings account deduction . . . . .	3		
<input type="checkbox"/>	4	Moving expenses . . . . .	4		
<input type="checkbox"/>	5	Self-employed SEP, SIMPLE, or other qualified plans . . . . .	5		
<input type="checkbox"/>	6	Penalty on early withdrawal of savings . . . . .	6		
<input type="checkbox"/>	7	Tuition and fees . . . . .	7		

**Miscellaneous Deductions**

\* F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint.

*F/S/J				Current Year Amount	Prior Year Amount
<input type="checkbox"/>	1	Performing-arts-related expenses . . . . .	1		
<input type="checkbox"/>	2	Foreign housing deduction . . . . .	2		
<input type="checkbox"/>	3	Jury duty pay given to your employer . . . . .	3		
<input type="checkbox"/>	4	Reforestation amortization . . . . .	4		
<input type="checkbox"/>	5	Repayment of sub-pay under the Trade Act of 1974 . . . . .	5		
<input type="checkbox"/>	6	Contributions to Section 501(c)(18) pension plans . . . . .	6		
<input type="checkbox"/>	7	Attorney fees and court costs paid for actions settled or decided after October 22, 2004 involving unlawful discrimination claims, but only to the extent of gross income from such actions. . . . .	7		
<input type="checkbox"/>	8	Employee business expenses of fee-basis state or local government officials . . . . .	8		
<input type="checkbox"/>	9	Expenses from the rental of personal property but were not in the business of renting such property . . . . .	9		
<input type="checkbox"/>	10	Contributions by chaplains to section 403(b) plans . . . . .	10		
<input type="checkbox"/>	11	Archer MSA deduction . . . . .	11		
<input type="checkbox"/>	12	-----	12		
<input type="checkbox"/>	13	-----	13		



Name \_\_\_\_\_

SSN \_\_\_\_\_

### IRA Contribution Information

#### Traditional IRA Contributions

**Filer**

- 1 Enter total traditional IRA contributions made for 2011 . . . . . 1
- 2 Enter contributions, on line 1, made after 12/31/2011 and before 04/15/2012 . . . . . 2
- 3 Enter value of all traditional IRAs as of 12/31/2011 . . . . . 3

Current Year Amount	Prior Year Amount

**Spouse**

- 4 Enter total traditional IRA contributions made for 2011 . . . . . 4
- 5 Enter contributions, on line 4, made after 12/31/2011 and before 04/15/2012 . . . . . 5
- 6 Enter value of all traditional IRAs on 12/31/2011 . . . . . 6


#### Roth Contributions

**Filer**

- 1 Enter 2011 Roth IRA contributions . . . . . 1
- 2 Enter value of all Roth IRAs on 12/31/2011 . . . . . 2

Current Year Amount	Prior Year Amount

**Spouse**

- 3 Enter 2011 Roth IRA contributions . . . . . 3
- 4 Enter value of all Roth IRAs on 12/31/2011 . . . . . 4


#### SIMPLE IRA

**Filer**

- 1 Enter value of all SIMPLE IRAs on 12/31/2011 . . . . . 1

Current Year Amount	Prior Year Amount

**Spouse**

- 2 Enter value of all SIMPLE IRAs on 12/31/2011 . . . . . 2

--	--

#### Education IRA (Coverdell ESA)

**Filer**

- 1 Enter 2011 Coverdell ESA contributions . . . . . 1
- 2 Enter value of the Coverdell ESA on 12/31/2011 . . . . . 2

Current Year Amount	Prior Year Amount

**Spouse**

- 3 Enter 2011 Coverdell ESA contributions . . . . . 3
- 4 Enter value of the Coverdell ESA on 12/31/2011 . . . . . 4




Name \_\_\_\_\_

SSN \_\_\_\_\_

**Taxes - Itemized Deductions**

Current Year Amount	Prior Year Amount

**Real Estate Taxes**

23 Principal residence . . . . . 23

**Real Estate Not Held For Investment**

24 ..... 24

25 ..... 25

26 ..... 26

27 ..... 27

28 ..... 28

**Real Estate Held For Investment**

29 ..... 29

30 ..... 30

31 ..... 31

32 ..... 32

33 ..... 33



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34 Personal property taxes . . . . . 34

**Other Taxes**

35 ..... 35

36 ..... 36

37 ..... 37

--	--


Name \_\_\_\_\_

SSN \_\_\_\_\_

**Interest - Itemized Deductions**

**Home Mortgage Interest and Points Reported on Form 1098**

Current Year Amount	Prior Year Amount

- 38 Lender ..... 38
- 39 Lender ..... 39
- 40 Lender ..... 40
- 41 Lender ..... 41

**Home Mortgage Interest Not Reported on Form 1098**

- 42 Name: ..... 42
- Address: .....
- SSN: .....

- 43 Mortgage insurance paid on 2011 acquisition indebtedness for principal residence . . . . . 43

**Refinancing Points**

44 Description . . . . . 44		
Points paid . . . . .		
Date of loan . . . . .		
Total number of scheduled loan payments . . . . .		
Number of payments made in 2011 . . . . .		
45 Description . . . . . 45		
Points paid . . . . .		
Date of loan . . . . .		
Total number of scheduled loan payments . . . . .		
Number of payments made in 2011 . . . . .		
46 Description . . . . . 46		
Points paid . . . . .		
Date of loan . . . . .		
Total number of scheduled loan payments . . . . .		
Number of payments made in 2011 . . . . .		

- 47 Investment interest paid . . . . . 47

Name \_\_\_\_\_

SSN \_\_\_\_\_

**Unreimbursed Employee Expenses - Itemized Deductions**

Current Year Amount	Prior Year Amount
---------------------	-------------------

List car, truck, transportation, meals and entertainment expenses on Employee Expenses tab

48	Union dues . . . . .	48		
49	Professional journals and subscriptions . . . . .	49		
50	Uniform and protective clothing costs and cleaning . . . . .	50		
51	Job search costs (resumes, travel, postage, etc.) . . . . .	51		
52	.....	52		
53	.....	53		
54	.....	54		
55	.....	55		
56	.....	56		
57	.....	57		
58	.....	58		

**Other Miscellaneous Expenses - Itemized Deductions**

		If investment related enter "X"	Current Year Amount	Prior Year Amount
59	Certain attorney and accounting fees . . . . .			
60	Safe deposit box rental . . . . .			
61	IRA Custodial fees . . . . .			
62	Investment counsel and advisory fees . . . . .			
63	.....			
64	.....			
65	.....			
66	.....			
67	.....			
68	.....			
69	.....			
70	.....			
71	.....			
72	.....			
73	.....			
74	.....			

**Other Miscellaneous Deductions**

75	Tax preparation fees . . . . .	75		
76	Gambling losses (if gambling income) . . . . .	76		
77	Amortizable bond premiums on bonds acquired before 10/23/86 . . . . .	77		
78	From K1 Input Worksheet (1065 & 1120S) - Portfolio deduction . . . . .	78		
79	.....	79		
80	.....	80		
81	.....	81		
82	.....	82		
83	.....	83		
84	.....	84		
85	.....	85		







Name \_\_\_\_\_

SSN \_\_\_\_\_

### Employee Business Expenses

Enter "X" in one box: Occupation in which you incurred the expenses

Filer

Spouse

#### Meals and Entertainment

- 1 Meals and entertainment expenses . . . . . 1
- 2 Enter "X" in the box if subject to DOT hours of service limits . . . . . 2

Current Year Amount	Prior Year Amount
<input type="checkbox"/>	<input type="checkbox"/>

#### Travel Expenses

- 3 Parking fees, tolls, and transportation, including train, bus, etc., that DID NOT involve overnight travel or commuting to and from work. . . . . 3
- 4 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. DO NOT include meals and entertainment. . . . . 4


#### Other Employment Related Expenses

- 5 Business gifts . . . . . 5
- 6 Employment related education expenses . . . . . 6
- 7 Trade publications . . . . . 7
- 8 . . . . . 8
- 9 . . . . . 9
- 10 . . . . . 10
- 11 . . . . . 11
- 12 . . . . . 12


#### Vehicle Information

##### Vehicle 1 -

##### Vehicle 2 -

- 13 Date vehicle was placed in service . . . 13
- 14 Cost of vehicle . . . . . 14
- 15 Total miles driven for the year . . . . . 15
- 16 Business miles driven during the year 16
  - January 1 to June 30 . . . . .
  - July 1 to December 31 . . . . .
- 17 Commuting miles (included in total miles driven for the year) . . . . . 17
- 18 Average daily roundtrip commuting miles . . . . . 18
- 19 Vehicle Interest . . . . . 19
- 20 Vehicle Personal Property tax . . . . . 20

Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount

#### If claiming actual expenses continue:

- 21 Gasoline, oil, repairs and vehicle insurance . . . . . 21
- 22 Vehicle lease or rental . . . . . 22
- 23 Value of employer-provided vehicle (if 100% is included in W-2) . . . . . 23


Name \_\_\_\_\_

SSN \_\_\_\_\_

### Child and Dependent Care Expenses

- 1 Amount of dependent care benefits forfeited . . . . . **1** \_\_\_\_\_
- 2 Amount of dependent care expenses incurred in 2010 and paid in 2011 . . . . . **2** \_\_\_\_\_

**Note:** Enter qualified expenses for dependents on the Organizer dependent sheet.

### Non-Dependent Information and Qualifying Expenses

	First Name	Last Name	Birthdate	SSN	Amount incurred and paid in 2011
<b>3</b>	_____	_____	_____	_____	_____
<b>4</b>	_____	_____	_____	_____	_____
<b>5</b>	_____	_____	_____	_____	_____

### Persons or Organizations Who Provided the Care

	Name	Address	SSN/EIN	Amount incurred and paid in 2011
<b>6</b>	First: _____	_____	SSN: _____ EIN: _____	
	Last: _____	City: _____		
	Business: _____	State: _____ Zip: _____		
<b>7</b>	First: _____	_____	SSN: _____ EIN: _____	
	Last: _____	City: _____		
	Business: _____	State: _____ Zip: _____		
<b>8</b>	First: _____	_____	SSN: _____ EIN: _____	
	Last: _____	City: _____		
	Business: _____	State: _____ Zip: _____		
<b>9</b>	First: _____	_____	SSN: _____ EIN: _____	
	Last: _____	City: _____		
	Business: _____	State: _____ Zip: _____		
<b>10</b>	First: _____	_____	SSN: _____ EIN: _____	
	Last: _____	City: _____		
	Business: _____	State: _____ Zip: _____		

Name \_\_\_\_\_

SSN \_\_\_\_\_

### Adoption Expenses

**1 Provide the Following Information on Each Eligible Child**

	First Name      Last Name		Child's Year of Birth	Enter "X" if Child Was:			Child's Identifying Number (SSN or ATIN)
				Born BEFORE 1994 and Disabled	A Child With Special Needs	A Foreign Child	
<b>1st Child</b>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>2nd Child</b>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>3rd Child</b>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>4th Child</b>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

	1st Child	2nd Child	3rd Child	4th Child
2 Expenses you paid in 2010. . . . .				
3 Expenses you paid in 2011, if the adoption was final in 2011. . . . .				
4 Expenses you paid in 2011, if the adoption was final before 2011.				

Enter "X" in the appropriate box

5 Did you receive Employer-Provided-Adoption-Benefits in a prior year? . . . . .  Yes       No



Name \_\_\_\_\_

SSN \_\_\_\_\_

### Household Employment Taxes

Enter "X" in one box:

Filer

Employer Identification Number \_\_\_\_\_

Spouse

A household employee, generally, does not include spouse, children, parents or a person under age 18.

### Social Security, Medicare, and Income Taxes

Enter "X" in the appropriate boxes

- 1 Did you pay ANY ONE household employee cash wages of \$1,700 or more in 2011? . . . . . 1  Yes  No  
If yes, skip to line 4.
- 2 Did you withhold Federal income tax during 2011 for any household employees? . . . . . 2  Yes  No  
If yes, skip to line 5.
- 3 Did you pay TOTAL cash wages of \$1,000 or more in ANY calendar QUARTER  
of 2010 or 2011 to household employees? . . . . . 3  Yes  No

		Current Year Amount	Prior Year Amount
4	Enter the total amount of wages paid to all employees, who were each paid in excess of \$1,700 during the year. . . . .		
5	Total Federal income tax withheld . . . . .		
6	Advanced earned income credit payments . . . . .		

### Unemployment Tax - If wages above were in excess of \$1,000 in any one quarter, include the following information:

Enter "X" in the appropriate boxes

- 7 Did you pay unemployment contributions to only one state? . . . . . 7  Yes  No  
(If 'Yes' complete Section A, otherwise fill out Section B)
- 8 Did you pay all state unemployment contributions by April 15, 2012? . . . . . 8  Yes  No
- 9 Were all wages that are taxable for federal unemployment also taxable  
for your state unemployment tax? . . . . . 9  Yes  No

### Section A

10	Name of State where you paid unemployment contributions . . . . .	10	
11	State reporting number as shown on State unemployment return . . . . .	11	
12	Amount of contributions paid to the State unemployment fund . . . . .	12	
13	Total cash wages subject to FUTA . . . . .	13	

### Section B

			State Unemployment	State Unemployment
14	Name of State where you paid unemployment contributions . . . . .	14		
15	State reporting number as shown on State unemployment return . . . . .	15		
16	Wages, subject to state unemployment tax, reported to State . . . . .	16		
17	State experience rate . . . . .	17		
18	State experience rate period a. From . . . . .	18a		
	b. To . . . . .		18b	
19	Amount of contributions paid to the State unemployment fund . . . . .	19		

My tax return preparer, TaxRite, Inc., has informed me that they may be required to electronically file my 2011 individual income tax return Form 1040, 1040A, 1040EZ, 1041 or Form 990-T if they file it with the IRS on my behalf. I do not want to file my return electronically and choose to file my return on paper forms. My preparer will not file my paper return with the IRS. I will file my paper return with the IRS myself. I was not influenced by Tax Rite, Inc. or any member of their firm to sign this statement.

Taxpayer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Spouse's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Privacy Notice

At *Tax Hotline*, we place the highest importance on respecting and protecting the privacy of our customers. Our relationship with you is our most important asset. We want you to feel comfortable and confident when using our services. As tax advisors and tax preparers, we have always protected your right to privacy. Like all providers of personal financial services, we are now required by law to inform our clients of our policies regarding privacy of client information.

## **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 business except as required or permitted by law. Permitted disclosures include, for instance, providing information to our employees. We restrict access to nonpublic personal information about you to those employees who need to know that information to provide 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.

## **Tax Preparation Services Agreement**

This Tax Preparation Services Agreement (hereinafter "Agreement") is made between Tax Hotline as tax preparer and Client as named below:

WHEREAS, Tax Hotline is a qualified, experienced tax preparer that is knowledgeable about federal income taxes and is ready, willing, and able to provide tax preparation services to client according to the terms and conditions of this agreement;

WHEREAS, Client is in need of tax preparation services and wants Tax Hotline to perform such services for Client according to the terms and conditions of this Agreement:

NOW THEREFORE, the parties agree as follows:

1. Tax Hotline agrees to prepare Client's individual federal, and if applicable, state and local tax returns for calendar year 2011 based on the information provided by client. Tax Hotline shall not provide any services under this Agreement for any other year other than 2011, or for any other person other than Client unless specifically agreed to in writing.
2. Client will provide Tax Hotline with all necessary documents to evidence Client's income, expenses, deductions, credits, and purchase and sale of assets information as requested by Tax Hotline. It is Client's responsibility to maintain appropriate records to substantiate all documents and information provided to Tax Hotline and to respond to Tax Hotline inquiries in a timely manner so that Tax Hotline can prepare Client's returns by the appropriate due date. Failure of Client to maintain adequate records to support a claimed deduction, expense, or credit may result in such deduction, expense, or credit being disallowed and further subject Client to the imposition of penalties and interest. Tax Hotline will not be responsible for any penalties and interest resulting from Client's failure to maintain adequate records.
3. It is Client's responsibility to review the tax returns before they are filed to determine that all income has been correctly reported and that you have substantiation for your deductions. Client is responsible for filing the returns by the due dates.
4. If Client's tax returns, as prepared by Tax Hotline, are later selected for review or audit by taxing authorities, Tax Hotline will assist Client in the Client's preparation for such review or audit. Tax Hotline or its employees will not, however, attend the review or audit.

### **Additional Terms and Conditions**

## **5. Acceptance**

By enrolling and/or using the Tax Hotline Services, you are agreeing, without limitation or qualification, to be bound by, and to comply with, these Terms and Conditions and any other posted guidelines or rules applicable to any Tax Hotline Service. All such guidelines and rules are hereby incorporated by reference into the Terms and Conditions.

## **6. Conditions and Restrictions on Use**

Use of Tax Hotline Services is subject to compliance with these Terms and Conditions. You acknowledge and agree that Tax Hotline may terminate your access to the Tax Hotline or to any of its Services should you fail to comply with the Terms and Conditions or any other guidelines and rules published by Tax Hotline. Any such termination shall be in Tax Hotline's sole discretion and may occur without prior notice, or any notice. Tax Hotline further reserves the right to terminate any user's access to the Tax Hotline or to any its Services for any conduct that Tax Hotline, in its sole discretion, believes is or may be directly or indirectly harmful to other users, to Tax Hotline or its subsidiaries, affiliates, or business contractors, or to other third parties, or for any conduct that violates any local, state, federal, or foreign laws or regulations.

## **7. No Resale, Assignment of Sublicensing**

You agree not to resell, assign, sublicense, otherwise transfer, or delegate your rights or obligations in the Tax Hotline program without prior express written authorization of Tax Hotline.

## **8. Authorized Users**

Tax Hotline benefits are available to the individual enrolled and his/her dependents as defined by the most current IRS code.

## **9. Disclaimer**

### *Tax Advice*

Tax Hotline is pleased to answer your tax questions based on the information you provide. Inadequate or incorrect information provided by the member to Tax Hotline may lead to an incorrect answer for which Tax Hotline cannot be held responsible. You, the member, are responsible for providing accurate information and/or documentation to Tax Hotline.

Tax Hotline makes every effort to keep abreast of changes in tax law but is not responsible for inconsistent interpretations of the tax code by the IRS and/or tax courts regarding specific tax matters. Advice limited to personal federal taxation.

### *Tax Return Preparation*

Tax Hotline guarantees to provide professional, accurate, error-free tax returns, taking advantage of every allowable deduction and tax credit. If Tax Hotline makes an error in the preparation of your tax return, Tax Hotline will pay penalties and interest caused by such error under the following terms and conditions:

A) Tax Hotline will reimburse you, after you pay the IRS, for the amount of the penalty and interest paid by you that you would otherwise not have been required to pay, due to

either of the following three situations in connection with your membership and use of the Tax Hotline program, but only if you meet all of the conditions described in below:

1. The penalties and/or interest are assessed against you by the IRS for a tax return and are due solely to an arithmetic error made by Tax Hotline, and not to an incorrect entry of data or any other reason; or
2. The penalties and/or interest assessed against you by the IRS are due solely to incorrect written advice provided to you by Tax Hotline and your reliance on that written advice results in your payment of a penalty and/or interest to the IRS. (This excludes any verbal communication with you by telephone or otherwise in connection with these services.)
3. The penalties and/or interest are assessed against you by the IRS for a tax year return due solely to an error made by Tax Hotline in the preparation of your tax return that results in your payment of a penalty and/or interest to the IRS when Tax Hotline prepared and signed your tax return.

(B) Tax Hotline will only pay the penalties and interest described above in Section (A) above, if all of the following conditions are met:

1. The penalty or interest must *not* be due to an incorrect entry of data by you or any third party (including through any automated tax data import feature). The penalty or interest must not be due to your failure to follow instructions given to you by Tax Hotline, your failure to correct and resolve errors identified by Tax Hotline, a claim by you for an improper or unsupported deduction, a failure to report income, your failure to provide all necessary information to Tax Hotline, or any other reason outside the control of Tax Hotline.
2. You notified Tax Hotline at Attn: 2340 South Arlington Heights Rd., Suite 310, Arlington Heights, Illinois, 60005, within 30 days after you learned of the mistake or received a notice from any tax authority regarding your tax return. In addition, you sent Tax Hotline complete documentation of the penalty and interest including all correspondence to and from each tax authority, a copy of your tax returns as filed with each tax authority, proof that you paid the penalty and/or interest, and any other relevant information Tax Hotline reasonably requests.
3. You took any action reasonably requested by Tax Hotline, including filing an amended tax return if necessary, to limit any further penalties and interest from accruing.
4. The penalty and interest was for a return filed before its due date, or if the filing date is properly extended, before its extended due date. If you filed your return late, Tax Hotline will not pay interest from the due date of the return to the date you actually filed your return.
5. You have complied with all terms and conditions of this Agreement, and you have not intentionally provided any incorrect or false information in connection with your tax return.
6. You were a member in good standing with Tax Hotline or one of its affiliated programs at the time the return was prepared, and you have paid the applicable

fee, if any, to Tax Hotline for preparation of your tax return(s) at the time of the initial filing or printing of your tax return.

7. The penalty or interest must not be based upon incorrect advice you receive from Tax Hotline that you knew was incorrect at the time you filed your return.

In no event will Tax Hotline reimburse you for more than an aggregate of the interest and penalties owed to the IRS based upon all tax returns you filed for the tax year. THIS STATES TAX HOTLINE'S ENTIRE OBLIGATION AND LIABILITY, AND YOUR SOLE AND EXCLUSIVE REMEDY FOR ANY ERRORS IN YOUR RETURN CAUSED BY TAX HOTLINE.

#### **10. Arbitration, Governing Law and Forum Disputes**

Unless expressly stated to the contrary elsewhere, all legal issues arising from or related to the use of the Services shall be construed in accordance with, and all questions with respect thereto shall be determined by, the laws of the State of Illinois applicable to contracts entered into and wholly to be performed within said state. Any controversy or claim arising out of or relating to these Terms and Conditions or any user's use of the Services shall be settled by binding arbitration in accordance with the commercial arbitration rules of the American Arbitration Association. Any such controversy or claim shall be arbitrated on an individual basis, and shall not be consolidated in any arbitration with any claim or controversy of any other party. The arbitration shall be conducted in Chicago, Illinois and judgment on the arbitration award may be entered into in any state or federal court in Illinois having jurisdiction thereof. Any party seeking temporary or preliminary injunctive relief may do so in any state or federal court in Illinois having jurisdiction thereof. Except as set forth above, the state and federal courts of Illinois shall be the exclusive forum and venue to resolve disputes arising out of or relating to these Terms and Conditions or any user's use of the Services. By using the Services and thereby agreeing to these Terms and Conditions, users consent to personal jurisdiction and venue in the state and federal courts in Illinois with respect to all such disputes.

#### **11. Changes in Terms and Conditions and Changes in Products and Services**

Tax Hotline reserves the right to modify its Services from time to time, for any reason, and without notice, including the right to terminate the Services. Tax Hotline reserves the right to modify these Terms and Conditions from time to time, without notice. Please review the Terms and Conditions on our website [www.taxhotline.net](http://www.taxhotline.net) from time to time so you will be apprised of any changes.

#### **12. Merger**

These Terms and Conditions constitute the entire agreement between the parties with respect to the subject matter contained herein and supersedes any other agreement, proposals and communications, written or oral, between Tax Hotline's representations and you with respect to the subject matter hereof; except that any other terms and conditions located on any individual Tax Hotline web site or in connection with its Services are incorporated herein by reference to the extent they do not conflict with these Terms and Conditions.

**13. Non-waiver and Separability**

Tax Hotline' failure to exercise any right or provision of these Terms and Conditions shall not constitute a waiver of such right or provision. If a court of competent jurisdiction holds any provision of these Terms and Conditions to be invalid, the parties nevertheless agree that the court should endeavor to give effect to the parties' intentions as reflected in the provision, and agree that the other provisions of these Terms and Conditions remain in full force and effect.

**14. Relationship of Parties**

You acknowledge and agree that you and Tax Hotline are independent contractors under these Terms and Conditions, and nothing herein shall be construed to create a partnership, joint venture, agency, or employment relationship. Neither party pursuant to these Terms and Conditions has authority to enter into agreements of any kind on behalf of the other and neither party shall be considered the agent of the other. You agree not to market the services of Tax Hotline or represent the services offered in any Tax Hotline program without the express written authorization of Tax Hotline.

**15. Successors and Assigns Bound**

Without in any way limiting the prohibition on your resale, assignment, sublicensing, or other transfer of rights or obligations, these Terms and Conditions shall be binding upon and inure to the benefit of the parties hereto and their respective heirs, successors, and assigns.

**16. Termination; Survival**

These Terms and Conditions shall continue in effect for as long as you use the Services, unless specifically terminated earlier by Tax Hotline. All provisions of these Terms and Conditions which impose obligations continuing in their nature shall survive termination of these Terms and Conditions.

**17. Violations of Terms and Conditions**

Should you violate these Terms and Conditions or any other rights of Tax Hotline, Tax Hotline reserves the right to pursue any and all legal and equitable remedies against you, including, without limitation, terminating your enrollment in the Program.

Accepted this \_\_\_\_\_ day of \_\_\_\_\_ 2012.

**Tax Hotline**

**By:** \_\_\_\_\_

2340 S. Arlington Heights. Rd.  
Suite 310  
Arlington Heights, IL 60005  
Tel: 847/690-9890 Fax: 847/718-9584

\_\_\_\_\_  
**Client Signature**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

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

\_\_\_\_\_  
Telephone/Fax/Email

Program & ID No.: \_\_\_\_\_



*Tax Preparation*

**Billing Information:**

\_\_\_\_\_

First and Last Name

\_\_\_\_\_

Company Name

\_\_\_\_\_

Address

\_\_\_\_\_

City State Zip

\_\_\_\_\_

Phone Fax

\_\_\_\_\_

Email

**Shipping Information:**

\_\_\_\_\_

First and Last Name

\_\_\_\_\_

Company Name

\_\_\_\_\_

Address

\_\_\_\_\_

City State Zip

\_\_\_\_\_

Phone Fax

\_\_\_\_\_

Email

Mark if Billing Information is the same as Shipping Information:

Tax Preparer: \_\_\_\_\_

Total amount due: \_\_\_\_\_

How to pay:  Visa  MasterCard  Discover Card  
 Check enclosed (please make payable to TaxHotline, Inc.)

Credit Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_  
CVV Code \_\_\_\_\_

Name on card \_\_\_\_\_

Authorizing Signature \_\_\_\_\_