hardy, wrestler and associates

Certified Public Accountants, PC

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Client Tax Organizer | Tax Year 2011

Personal and Dependent Information

	Taxpayer	Spouse
Full Name		
Address		
City, St, Zip		
Social Security No.		
Date of Birth		
Occupation		
Home Phone		
Work Phone		
Cell Phone		
e-mail Address		

Dependents full name	Relationship to you	Date of birth	Soc Sec No	Months lived w/you this year	Full time student?	Dependent's gross income

IF YOU ARE NOT THE CUSTODIAL PARENT, PLEASE PROVIDE A SIGNED FORM 8332.

Are any of the above mentioned persons blind or disabled? If yes, please explain.

____

____

What county is your residence in? _________________________ School District?_________________________

What is your marital status? ____ Married ____Single ____Widow(er) Spouse's Date of Death? _____________

If married, would you like to file jointly? _____ Yes _____ No

Would you like your copy of your tax return on paper or on a cd? ______________________

If you are receiving a refund and would like it directly deposited, you must attach a copy of a voided check. We require a new copy every year, as sometimes routing numbers can change. If you do not attach a check, we will have a paper check issued for your refund.

NEW CLIENTS - Please provide us with copies of your last 2 years tax returns.

Income Information

1. Wage/Salary Income - Please attach all W-2's.

Number of W-2's attached? __________

2. Interest Income - Please attach all 1099's.

Number of 1099-INT attached? __________

If you do not have a 1099, please use the area below

to list the income. (attach sheet if you need more room)

Payer	Amount

3. Dividend Income - Please attach all 1099's.

Number of 1099-DIV attached? __________

Payer	Ordinary	Capital gains	Non-taxable

4. Property Sold- Please attach all 1099's.

Number of 1099-S & Closing Statements? _________

Property	Date Acquired	Cost & Improvements
Personal Residence*		
Vacation Home		
Land		
Other		

* Provide information on improvements, prior sales of home and cost of a new residence.

5. Pension, Annuity Income - Please attach all 1099's.

Number of 1099-R attached? ___________

6. Investments Sold

Stocks, bonds, mutual funds, gold, silver, partnership interest - Attach 1099B.

Number of 1099B attached? __________

Investments that you have no 1099B for.	Date Acquired	Date Sold	Cost	Sale Price

7. IRA (Individual Retirement Account)

Contributions to your IRA

	Amount	Date	Roth	Traditional
Taxpayer				
Spouse				

8. Partnership, S-Corp, Trust, Estate Income

Payer of partnership, limited partnership, S-Corporations, trust, or estate income - Attach K-1.

Number of K-1's attached? __________

9. Did you receive any of the following?

(Yes or No?)	Taxpayer	Spouse
Social Seurity Benefits		
Railroad Retirement		
Veteran's Benefits		

(Attach SSA 1099, RRB 1099)

10. Other Income

Alimony Received ____________

Child Support ____________

Scholarship (Grant) ____________

Unemployment Compensation (repaid) ____________

(attach 1099-g)

Prizes, Bonuses, Awards ____________

Gambling, Lottery (attach W-2G) ____________

Unreported Tips ____________

Director/Executor Fees ____________

Commissions ____________

Jury Duty ____________

Worker's Compensation ____________

Disability Income ____________

Debt Forgiveness or cancellation ____________

Payments from Prior Installment Sale ____________

State Income Tax Refund ____________

Expenses and Deductions

1. Medical/Dental Expenses

Medical Insurance (other than pre-tax withholding and other than medicare premiums) ______

Prescription Drugs and Insulin ______

Glasses, Contacts ______

Hearing Aids, Batteries ______

Braces ______

Medical Equipment, Supplies ______

Nursing Care ______

Medical Therapy ______

Hospital ______

Doctor/Dental/Orthodontist ______

Long-Term Care Premiums ______

Medical Mileage (no. of mile) _____ ______

2. Taxes Paid - attach receipts

Real Estate Property Tax ______

Personal Property Tax ______

Sales Tax on Vehicles/Boats ______

Other ________________ ______

3. Interest Expenses

Mortgage interest paid (attach 1098) ______

Interest paid to individual for your home (include amortization)

Paid to:

Name ______

Address ______

Social Security No. ______

Investment Interest ______

4. Job-Related Moving Expenses

Date of Move ______

Moving of Household Goods ______

Travel to New Home (no. of miles) ______

Lodging During Move ______

5. Casualty/Theft Loss

For property damaged by storm, water, fire, accident or theft.

Description of property ______

Date of Casualty and Kind of Casualty ______

Fair Market Value Before ______

Fair Market Value After ______

Amount of Damage ______

Insurance Reimbursement ______

Repair Costs ______

Federal Grants Received ______

6. Charitable Contributions - *New IRS regulation require support to be in the form of bank documents &/or receipts from the organization.

Church ______

United Way ______

Scouts ______

Telethons ______

University, Public TV/Radio ______

Heart, Lung, Cancer, etc. ______

Wildlife Fund ______

Salvation Army, Goodwill ______

Other:______________ ______

Non-Cash: __________ ______

Volunteer (no. of miles) ______

Disaster Volunteer (no. of miles) ______

7. Office in Home (used "exclusively and consistently")

Square-footage of Home ______

Square-footage of Office ______

Square-footage of Business Storage ______

Rent ______

Insurance ______

Utilities ______

Repairs & Maintenance ______

Expenses and Deductions (cont)

8. Investment-Related Expenses

Tax Preparation Fee ____________
Safety Deposit Box Rental ____________
Mutual Fund Fee ____________
Investment Counselor ____________
Other ____________

9. Education Expenses and Student Loan Interest Paid

Attach 1098T from school or 1098E

Student's Name	Type of Expense	Amount

10. Estimated Taxes Paid

Due Date	Date Paid	Federal	State
4/18/2011			
6/15/2011			
9/15/2011			
1/16/2012			

11. Employment Related Expenses That You Paid

Teacher/Classroom Supplies ____________
Dues-Union, Professional ____________
Books, Subscriptions, Supplies ____________
Licenses ____________
Tools, Equipment, Safety Equipment ____________
Uniforms (include cleaning) ____________
Sales Expense, Gifts ____________
Tuition, Books (work related) ____________
Entertainment ____________

12. Business Mileage

Do you have written records? ____Yes ____No
Make/Year of Vehicle ____________
Date Purchased ____________
Total Miles (personal and business) ____________
Business Miles (not to and from work) ____________
from first to second job ____________
education (one way, work to school) ____________
job seeking ____________
other business ____________
Round trip commuting distance ____________
Gas, Oil, Lubrication ____________
Batteries, Tires, Etc. ____________
Repairs ____________
Washes ____________
Insurance ____________
Interest ____________
Lease Payments ____________
Personal Property Tax ____________
Did you sell or trade in a car used for business? ____Yes ____No
If yes, attach details.
Did you receive mileage reimbursement? ____Yes ____No
How much? ____________

13. Business Travel

If you are not reimbursed for exact amount, give total expenses.
Airfare, Train, etc. ____________
Lodging ____________
Meal (no. of days) ____________
Taxi, Car Rental ____________
Other ____________
Reimbursement Received ____________

14. Other Deductions

Alimony Paid to ____________
Social Security No. ____________
Gambling Losses ____________

15. Child & Other Dependent Care Expenses-(Also complete this section if you receive dependent care benefits from your employer.)

Provider	Address	SSN or FIN	Amount Paid

Additional Questions

For all yes answers, attach details.

	Circle One	
1. Are you self-employed or do you receive hobby income?	Yes	No
2. Did you receive income from raising animals or crops?	Yes	No
3. Did you receive rent from real estate or other property?	Yes	No
4. Did you receive income from gravel, timber, minerals, oil, gas, copyrights, patents?	Yes	No
5. Do you have a foreign bank account, trust, or business?	Yes	No
6. Do you provide a home for or help support anyone not listed on Page 1?	Yes	No
7. Did you receive any correspondence from the IRS or State Department of Taxation?	Yes	No
8. Were there any births, deaths, marriages, divorces or adoptions in your immediate family?	Yes	No
9. Did you give a gift of more than $13,000 to one or more people?	Yes	No
10. Do you project any major increases/decreases of income in 2012 vs. 2011?	Yes	No
11. Did you go through bankruptcy proceedings or have debt forgiveness? (attach form 1099C)	Yes	No
12. Did you pay interest on a student loan for yourself, your spouse, or your dependent during the year?	Yes	No
13. Did you pay expenses for yourself, your spouse, or you dependent to attend classes beyond high school?	Yes	No
14. Did you install energy-efficient windows and/or doors, insulation, roof, or heating and cooling in your home	Yes	No
15. Did a state or local government give you a mortgage credit certificate?	Yes	No
16. Various states tax credits and adjustments to federal adjusted gross income.		
Did you receive a tax credit form or have any adjustments?	Yes	No
If yes - attach tax credit form.		

This is the completion of our standard tax organizer. If you have a business, rentals, or a farm, you can get additional forms from our website at www.hwacpa.com under "forms". We appreciate all that you do to help organize your data. By you summarizing your information, you are keeping your cost at a minimum. Please remember that we are not required by law to keep copies of your data or tax returns.

Client Statement

To the best of my knowledge, the enclosed information is correct and includes all income, deductions, and other information necessary for the preparation of this year's income tax returns for which I have adequate records.

Signed ______________________ Dated ______________

Signed ______________________ Dated ______________