2011 PERSONAL INCOME TAX RETURN DATA

The information required on this form is pertinent to the preparation of your INCOME TAX RETURN and relates to you and your family personally, and not to your business operations. All of your records used in the preparation of your tax return must be retained for three years. The prompt completion of this form will insure that your return is prepared without delay. If we may be of assistance to you in preparing this form, kindly contact us.

PLEASE SIGN AND RETURN THIS FORM AS SOON AS POSSIBLE, **BUT NO LATER THAN MARCH 2, 2012** - TO GUARANTEE TIMELY FILING

	Social Security #	Date of Birth
NAMES: Self ______	______	______
Spouse ______	______	______

OCCUPATION: Self ______ Spouse ______

Marital Status: Single ☐ Married ☐ Married, but wish to file seperate ☐ Head of Household ☐

ADDRESS: List your current mailing address (If you moved during the year, date of move ______)

Street		City	State / Zip
Country	Municipality	Township School District	Home Phone
Office Phone		Cell Phone	Email Address
Spouse Office Phone		Spouse Cell Phone	Spouse Email Address

Will you be claimed as a dependent on someone else's return? Self Yes ☐ No ☐ Spouse Yes ☐ No ☐

Do you wish to designate $3 of your taxes to the Presidential Campaign Fund? (This will not affect the amount of taxes.) Self Yes ☐ No ☐ Spouse Yes ☐ No ☐

Are you legally blind? Self Yes ☐ No ☐ Spouse Yes ☐ No ☐

Were you audited for the past three years? Self Yes ☐ No ☐ Spouse Yes ☐ No ☐

If so, supply information

DEPENDENT Name (First, initial and last name)	Date of Birth	Social Security Number	Relationship	No. of Months Lived in Your Home This Year	Full Time Student

If your child did not live with you, but is claimed as your dependent under a pre 1985 agreement check here ☐

ESTIMATED TAX PAYMENTS YOU HAVE MADE TOWARD 2011 TAX (Important-Needed for Verification)

	APRIL 15, 2011 1st QUARTER Date	Amount	JUNE 15, 2011 2nd QUARTER Date	Amount	SEPT 15, 2011 3rd QUARTER Date	Amount	JAN 15, 2012 4th QUARTER Date	Amount	TOTAL
FEDERAL									
STATE									
LOCAL									

IF YOU HAVE AN OVERPAYMENT, REFUND WITH DIRECT DEPOSIT ☐ (ATTACH VOIDED CHECK) APPLY TO NEXT YEAR ☐

SALARIES (List all employers and indicate husband or wife - Attach ALL W-2 Forms.)

H/W	Employer's Name	H/W	Employer's Name

CHECK HERE IF YOU ARE AN ACTIVE PARTICIPANT IN A PROFIT SHARING PLAN ❑ SELF ❑ SPOUSE

Interest You Earned Attach Your 1099 Forms

HWJ	FROM WHOM RECEIVED	AMOUNT
		$
		$
		$
		$
		$
		$
		$

Dividends You Earned Attach Your 1099 Forms

HWJ	FROM WHOM RECEIVED	AMOUNT	# of Shares Held on 12/31/09
		$	
		$	
		$	
		$	
		$	
		$	
		$	

Do you maintain any foreign bank accounts ❑Yes ❑No

ATTACH ADDITIONAL SHEETS IF NECESSARY (If children under 19)(under 24 if full time student) had income greater than $900, provide details.)

CAPITAL GAINS AND LOSSES
Sales of Real Estate, Personal Property, Stocks Bonds, etc.

ITEM SOLD	DATE SOLD	DATE ACQ'D	SELLING PRICE	COST	GAIN (LOSS)

FOR REAL ESTATE AND PERSONAL PROPERTY PURCHASES AND SALES, ENCLOSE CLOSING PAPERS FOR SECURITIES, ATTACH BROKER STATEMENT

RENTAL HOME	Property #1	Property #2	Property #3
Description and Address of Property			
GROSS RENT	$	$	$
EXPENSES Advertising			
Cleaning & Maintenance			
Commissions			
Insurance			
Mortgage Interest			
Repairs			
Supplies			
Taxes			
Utilities			
Other*			
Furniture*			
Improvements*			

What percent of the property did you occupy during 2011? ________% ________% ________

Check here if you actively participated in the operation ☐ ☐ ☐

If vacation home or condominium, how many days occupied by you during 2011 ? ________Days ________Days ________Days

If property acquired in current year attach closing statement

*ATTACH SCHEDULE

OTHER INCOME

Pensions (Attach W-2P or 1099R)	$
IRA Distributions (Attach 1099R)*	$
Partnerships (Attach K-1)	$
Do you actively participate in this activity	❑Yes ❑No
S. Corp (Attach K-1)	$
Do you actively participate in this activity	❑Yes ❑No
Estates or Trusts (Attach K-1)	$
Proceeds of Installment Sales	$
Alimony Received	$
Social Security (Attach SSA 1099)	$
State Income Tax Refund	$
Tips (not included on W-2)	$
Lottery or Other Winnings (Attach W-2G)	$
Unemployment Compensation (Attach 1099)	$
Farm Income (Attach detail)	$
Other ________	$

If self-employed attach schedule of income and expenses.

* IRA distributions may be subject to penalties

MEDICAL EXPENSES

Medical Insurance Premiums $______ Hearing Aids - - - - - - - - - - - - $______

Long Term Care Premiums ______ Eye Glasses - - - - - - - - - - - - ______

Prescription Medicine & Drugs & Insulin ______ Lab Fees - - - - - - - - - - - - - ______

Miles Driven for Medical Care ______ Ambulance - - - - - - - - - - - - ______

Other Medical Transportation & Lodging ______ Hospitals (list) ______ ______

TO WHOM PAID Hospitals (list) ______ ______

Dr. ______ ______ Other (list other medical expenses - Specify)

Dr. ______ ______ ______ ______

Dr. ______ ______ ______ ______

Dr. ______ ______ Long term care reimbursement (attach 1099 LTC) ______

Insurance Reimbursement on above exp- (______)

NOTE: Medical Expenses are deductible to the extent they exceed 7.5% of your adjusted gross income.

TAXES PAID

State and Local Taxes (Paid in 2011 for 2010) - $______
(Do not include withholding reported on W-2)

Real Estate Tax Paid in 2011 - $______

Personal Property Tax ______ Occupation Taxes ______

Sales tax paid on large ticket items (provide details) - $______

INTEREST PAID

Home Mortgage Paid To Financial Institutions: $______
(Attach 1098)

Home Mortgage Paid to Individuals: $______
(Attach name, address and Social Security Number of Mortgage Holder)

Closing Points on New Home ______

Closing Points on Refinancing ______ Number of years financed
(If you purchased a home or refinanced a mortgage attach settlement statement)

Investment Interest $______
(Do not include rental property and student loan interest reported separately)

Personal Interest Is No Longer Deductible

CONTRIBUTIONS

PAID TO AMOUNT

Church/Temple - - - - - - - - - - - - - - $______

Other (please list) - - - - - - - - - - - - - ______

______ ______

______ ______

Miles Driven for Charitable Purposes - - - - - - ______ Mi.

Do you have any non-cash contributions? ❑ Yes ❑ No
If so, attach receipts and indicate value and how value determined.

For non-cash donations in excess of $500, attach receipt.

MISCELLANEOUS (Paid Personally)

Tax Preparation - - - - - - - - - - - - - $______

Uniforms - - - - - - - - - - - - - - - - ______

Tools - - - - - - - - - - - - - - - - - ______

Investment Expenses - - - - - - - - - - - ______

Safety Deposit Box - - - - - - - - - - - - - $______

Union and Professional Dues - - - - - - - - ______

Telephone Used for Business - - - - - - - - - ______

Professional Books & Magazines - - - - - - - - ______

NOTE: These expenses are deductible only to the extent they exceed 2% of adjusted gross income.

ADJUSTMENTS TO INCOME

IRA Payments for Self $________ Spouse $________ Roth IRA for Self $________ Spouse $________
(Do not include withholding reported on W-2).
NOTE: If you or spouse are an active participant in a pension or profit sharing plan, your deduction for payment to an IRA may be limited.

Payments to a SEP Retirement Plan$ ________

Penalty for Early Withdrawal of Savings $ ________

Alimony: Paid to ________ Social Security # ________ Amount $ ________

Job-Related Educational Expenses: Books: $ ________ Tuition: $ ________ Miles driven (work to school) ________

Business Use of Personal Auto: Date Purchased ________ Total Miles Driven ________

Business Miles Driven ________ Personal Miles Driven ________ Commuter Miles Driven ________

Expenses Paid Personally: Gas $ ________ Repairs $ ________ Insurances $ ________ Other $ ________

Do you have another vehicle available for personal use? ☐ Yes ☐ No

If your employer provided you with a vehicle, is personal use during off-duty hours permitted? ☐ Yes ☐ No ☐ Not Applicable

Do you have evidence to support your deduction? ☐ Yes ☐ No If yes, is evidence written? ☐ Yes ☐ No

Reimbursement Received $ ________

Other Non-reimbursed Business Expenses: Travel Expenses (not including meals and entertainment) $ ________

Meals and Entertainment $ ________ Other $ ________ Proper substantiation is necessary for these deductions)

Student Loan Interest (Attach Form 1098E) $ ________

Did you move more than 50 miles? If so, furnish details of expenses.

HYBRID MOTOR VEHICLES- Did you purchases a hybrid motor vehicle in 2011? If so provide details.

CASUALTY LOSSES: Through fire, storm, theft or casualty no reimbursed. Attach sheet with detailed explanation for each separate loss.
Note: Hurricane losses may not be subject to the deductible - provide details

TAX ENERGY CREDIT - Itemize improvements for credit (you should have received certification seal).

HOPE AND LIFETIME LEARNING CREDIT:

Tuition and fees paid $________ Students Name ________ College ________
(Do not include books, room & board and other expenses)

CHILD AND DEPENDENT CARE EXPENSES (children must be under 15 years old)
Provider:

Name: ________ Address: ________

SS#/I.D. # ________ Amount Paid: ________

If you had more than one, attach schedule.
Note: If you paid cash wages of $1000 or more in the year to an individual for services performed in your home, you must file an employer tax return.
Ask your accountant for information.
New Jersey, Massachusetts and California residents: Supply necessary information for renters credit.

Direct Deposit Information: Bank account information same as last year? ☐ Yes ☐ No If no, attach information on a voided check

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Did you give or receive gifts in excess of $13,000 from any one individual? If so, please provide name, address, & social security number of recipient.

NOTES: ________

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DECLARATION: I HAVE REVIEWED THE INFORMATION GIVEN TO YOU ON THIS FORM AND TO THE BEST OF MY KNOWLEDGE IT IS TRUE, CORRECT, COMPLETE AND READY FOR YOUR PREPARATION OF MY INCOMING TAX RETURN. I ACKNOWLEGE THAT I HAVE MAINTAINED ADEQUATE DOCUMENTATION TO SUBSTANTIATE ALL DEDUCTIONS THAT I HAVE CLAIMED.

Signature ________ Date ________
(must be signed)