

# 2011 Tax Organizer

This tax organizer was designed to assist you in collecting the information we need to prepare your tax return for 2011. The following pages contain many general questions that will assist us in accurately preparing your return.

Please take your time and respond honestly. If you are unsure of an answer, please mark the question so we can discuss it during your interview.

If you would like another copy of a specific form, please do not hesitate to contact us at 205-451-1945.

Items to bring with you:

- If you are a new client, please bring a copy of your prior year's tax return
- Original Form(s) W-2 and 1099's
- Any other 1099's for interest and dividend income
- Copies of any other compensation, reimbursements, or pension documentation
- Closing documents or 1099B's regarding the sale or purchase of an asset (i.e. House, Boat, Car, etc.)
- Schedule K-1's showing your share of income and deductions from a partnership, S corporation, estate, or trust
- Form(s) 1098, copies of real estate bills, property tax bills, mortgage statements, etc.
- Form 1098-T or other documentation supporting education payments or student loan interest
- Copies of insurance payouts and documentation of any casualty or theft items
- 5498's, 1099-R's or any other documentation regarding an IRA, Roth IRA, Contributions, or Rollovers
- Copies of your most recent investment statements
- Any other information or statements that you received or may have questions

In addition, the State of Alabama is requiring verification of citizenship in order to file. We will need documents to establish your identity and citizenship (i.e. Driver's Licence, Passport, Social Security Card, Birth Certificate, etc).



## 2011 Questionnaire

- Did your filing status change during 2011? \_\_\_\_\_ Yes \_\_\_\_\_ No
- Will the address on your 2011 Federal return be different from the one shown on your 2010 return? \_\_\_\_\_ Yes \_\_\_\_\_ No
- If yes, enter the New Address? \_\_\_\_\_ Yes \_\_\_\_\_ No
- Street \_\_\_\_\_
- City \_\_\_\_\_
- State \_\_\_\_\_ Zip Code \_\_\_\_\_
- Were you notified by the IRS or any other taxing or revenue authority of changes to a prior year's tax return? \_\_\_\_\_ Yes \_\_\_\_\_ No
- Are you aware of any changes to your income, deductions, and credits reported on a prior year's return? \_\_\_\_\_ Yes \_\_\_\_\_ No
- Did you receive tip income not reported to or by your employer? \_\_\_\_\_ Yes \_\_\_\_\_ No
- Did you receive and disability payments? \_\_\_\_\_ Yes \_\_\_\_\_ No
- Did you receive or make any alimony payments? \_\_\_\_\_ Yes \_\_\_\_\_ No
- Did you receive any unemployment compensation? \_\_\_\_\_ Yes \_\_\_\_\_ No
- Did you have any business related educational expenses? \_\_\_\_\_ Yes \_\_\_\_\_ No
- Did you purchase or sell you main home in 2011? \_\_\_\_\_ Yes \_\_\_\_\_ No
- Did you receive any insurance or other reimbursement from a prior year medical, casualty, or theft loss deduction? \_\_\_\_\_ Yes \_\_\_\_\_ No
- Did you suffer an uninsured casualty or theft loss on non-business property? \_\_\_\_\_ Yes \_\_\_\_\_ No
- Did you receive any tax exempt interest? \_\_\_\_\_ Yes \_\_\_\_\_ No
- Do you have any dependent children under 18 who received unearned income (interest, dividend, ect.) over \$950 in 2011? \_\_\_\_\_ Yes \_\_\_\_\_ No
- Did you have any foreign income or pay any foreign tax in 2011? \_\_\_\_\_ Yes \_\_\_\_\_ No
- Did you obtain a loan and use the proceeds for an investment? \_\_\_\_\_ Yes \_\_\_\_\_ No

## 2011 Questionnaire

Did you receive a total distribution from an IRA or other qualified plan that was partially or totally rolled over into another IRA or qualified plan within 60 days of the distribution?

\_\_\_\_\_ Yes \_\_\_\_\_ No

Did you rollover any amount from a traditional IRA to a Roth IRA during 2009, 2010, or 2011?

\_\_\_\_\_ Yes \_\_\_\_\_ No

Did you make a gift of more than \$13,000 to any individual?

\_\_\_\_\_ Yes \_\_\_\_\_ No

Did you make a gift to a trust?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If employed, are you covered under a pension, profit-sharing, stock bonus or other retirement plan?

\_\_\_\_\_ Yes \_\_\_\_\_ No

Did you or your spouse receive stock from an employer's stock bonus plan aside from amounts reported on your W-2?

\_\_\_\_\_ Yes \_\_\_\_\_ No

Did your employer pay premiums on life insurance in excess of \$50,000 where the proceeds are paid to beneficiaries named by you?

\_\_\_\_\_ Yes \_\_\_\_\_ No

Did you buy or sell any bonds during the year?  
If yes, please provide a copy of the broker's report.

\_\_\_\_\_ Yes \_\_\_\_\_ No

Did you surrender any US savings bonds during the year?

\_\_\_\_\_ Yes \_\_\_\_\_ No

Did you use the proceeds from Series EE US savings bonds purchased after 1989 to pay for higher education expenses?

\_\_\_\_\_ Yes \_\_\_\_\_ No

Did you receive payments from a profit sharing plan?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If you or your spouse is self-employed, are either of you covered under an employer's health plan at another job?

\_\_\_\_\_ Yes \_\_\_\_\_ No

Did you start a new business during the year?

\_\_\_\_\_ Yes \_\_\_\_\_ No

Did you sell business or personal property on an installment method? Or did you receive payments from an installment sale? If yes to either, please provide a payment schedule and description of the property or asset sold.

\_\_\_\_\_ Yes \_\_\_\_\_ No

If you received other income not listed above, please describe it below:

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# Dependents

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

## Child & Dependent Care

<b>Name:</b>				<b>SSN:</b>			
Child Care Provider's Social Security Number or Employer ID Number							
Child Care Provider's Name							
Child Care Provider's Address							
Child Care Provider's City State Zip						Child Care Provider's Phone	
Amount Paid in 2011				Amount Paid in 2010			
Child Care Provider's Social Security Number or Employer ID Number							
Child Care Provider's Name							
Child Care Provider's Address							
Child Care Provider's City State Zip						Child Care Provider's Phone	
Amount Paid in 2011				Amount Paid in 2010			
Child Care Provider's Social Security Number or Employer ID Number							
Child Care Provider's Name							
Child Care Provider's Address							
Child Care Provider's City State Zip						Child Care Provider's Phone	
Amount Paid in 2011				Amount Paid in 2010			
Child Care Provider's Social Security Number or Employer ID Number							
Child Care Provider's Name							
Child Care Provider's Address							
Child Care Provider's City State Zip						Child Care Provider's Phone	
Amount Paid in 2011				Amount Paid in 2010			
Child Care Provider's Social Security Number or Employer ID Number							
Child Care Provider's Name							
Child Care Provider's Address							
Child Care Provider's City State Zip						Child Care Provider's Phone	
Amount Paid in 2011				Amount Paid in 2010			
Child Care Provider's Social Security Number or Employer ID Number							
Child Care Provider's Name							
Child Care Provider's Address							
Child Care Provider's City State Zip						Child Care Provider's Phone	
Amount Paid in 2011				Amount Paid in 2010			

## Itemized Deductions

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

# Mortgage Interest

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





## Pension, Annuities, Retirement, Etc. Distributions

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

<b>Name:</b>						<b>SSN:</b>							
TS		Payer's name:						Payer's Federal ID Number:					
Address:													
City, State, Zip						<b>2011</b>			<b>2010</b>				
		<b>2011</b>		<b>2010</b>		State		State I.D.					
Disability indicator		<input type="checkbox"/>		<input type="checkbox"/>		State income tax withheld							
Report as wages on 1040		<input type="checkbox"/>		<input type="checkbox"/>		State distribution							
Gross distribution						Name of locality							
Taxable amount						Local income tax withheld							
Total distribution		<input type="checkbox"/>		<input type="checkbox"/>		Local distribution							
Capital gain						State		State I.D.					
Federal income tax withheld						State income tax withheld							
Employee contributions or insurance premiums						State distribution							
Distribution code(s)						Name of locality							
IRA/SEP/SIMPLE Roth: Y/N <input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		Local income tax withheld							
Your percentage of total distribution						Local distribution							

TS		Payer's name:						Payer's Federal ID Number:					
Address:													
City, State, Zip						<b>2011</b>			<b>2010</b>				
		<b>2011</b>		<b>2010</b>		State		State I.D.					
Disability indicator		<input type="checkbox"/>		<input type="checkbox"/>		State income tax withheld							
Report as wages on 1040		<input type="checkbox"/>		<input type="checkbox"/>		State distribution							
Gross distribution						Name of locality							
Taxable amount						Local income tax withheld							
Total distribution		<input type="checkbox"/>		<input type="checkbox"/>		Local distribution							
Capital gain						State		State I.D.					
Federal income tax withheld						State income tax withheld							
Employee contributions or insurance premiums						State distribution							
Distribution code(s)						Name of locality							
IRA/SEP/SIMPLE Roth: Y/N <input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		Local income tax withheld							
Your percentage of total distribution						Local distribution							

## Social Security Benefit Statement

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

## Other Income and Adjustments

Name:

SSN:

### Income

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

### Adjustments

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

## Supplemental Income and Loss

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

Name:

SSN:

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

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

Property Address

City	State	ZIP
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Single Family Residence       Multi-Family Residence       Vacation / Short Term Rental

Commercial       Land       Royalties

Self-Rental       Other

Fair Rental Days		Personal use days	
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If multi-dwelling unit and the taxpayer occupies part, enter the percentage occupied by the taxpayer

This is your main home

Some investment is NOT at risk       Property was 100% disposed of in 2011       Property is a Single Member LLC

Income:	2011	2010
Enter merchant card and third party payments from Form 1099-K		
Enter "cashback" amounts, processing fees, other non-income items		
Payments not reported to you from Form 1099-K		

Expenses:	Direct expense		Indirect expense	
	2011	2010	2011	2010
Advertising				
Auto and travel				
Cleaning and maintenance				
Commissions				
Insurance <input type="checkbox"/> Includes Private Mortgage Insurance				
Legal and professional fees				
Management fees				
Interest - mortgage				
Interest - other				
Repairs				
Supplies				
Taxes				
Utilities				
Other: (list)				

**Other Information:** Ownership Percentage

## Profit or Loss From Business Schedule C

**Name:** \_\_\_\_\_ **SSN:** \_\_\_\_\_

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

Accounting method, if not cash  Accrual  Other

Activity type \_\_\_\_\_ You disposed of this property during 2011

You started or acquired this business during 2011

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

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

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

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

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

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

## Profit or Loss From Business

### Schedule C General Information

Name:

SSN:

TS		Principal business or profession	Business code	
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Employer I.D. number	
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Business name	
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Business address	
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Accounting method, if not cash	<input type="checkbox"/> Accrual	<input type="checkbox"/> Other
--------------------------------	----------------------------------	--------------------------------

Inventory method, if not cost	<input type="checkbox"/> Lower of Cost or Market	<input type="checkbox"/> Other	Change of inventory method	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Activity type	You disposed of this property during 2011	<input type="checkbox"/>
---------------	---	--------------------------

You started or acquired this business during 2011	<input type="checkbox"/>
---	--------------------------

Did you make any payments in 2011 that would require you to file Form(s) 1099?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
--	------------------------------	-----------------------------

If "Yes," did you or will you file all required Forms 1099?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Other Information	2011	2010
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Family Health Coverage		
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Income	2011	2010
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Merchant Card and third party payments from Form 1099-K		
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Gross receipts or sales		
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Statutory Employee Earnings that were not reported on Form W-2		
--	--	--

Returns and allowances		
------------------------	--	--

Other income (list on detail worksheet)		
---	--	--

Cost of Goods Sold	2011	2010
--------------------	------	------

Inventory at beginning of the year		
------------------------------------	--	--

Purchases (less cost of items withdrawn for personal use)		
---	--	--

Cost of labor		
---------------	--	--

Materials and supplies		
------------------------	--	--

Other costs (list on detail worksheet)		
--	--	--

Inventory at end of year		
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# Auto Expense Worksheet

Name:

SSN:

For

Business name & Profession/Product

Description

Date placed in service

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

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

Do you have evidence to support your deduction?  Yes  No

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

Enter the number of miles your vehicle was used for:

2011

2010

**a** Business miles before 7/1

**b** Business miles before 6/30

**c** Commuting

**d** Other

**Expenses:**

2011

2010

Garage rent

Gas

Insurance

Licenses

Oil

Parking fees

Lease payments

Interest

Property tax

Repairs

Tires

Tolls

Other expenses (list):

Apply Business %



**DON'T STRESS!**

**GET TAX ADVICE YOU CAN TRUST.**

Trustway Tax Services  
1845 Montgomery Highway  
Birmingham, AL 35244  
(205) 451-1945

## SEND A FRIEND!

Name _____	Date _____
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One of the nicest compliments our clients can give us is a referral. For each new paying client you refer to us, we will pay you \$20. Thank you for your business.

Your Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_

HAVE YOUR FRIEND BRING THIS COUPON IN WITH THEIR TAX INFORMATION.

(subject to terms and conditions)



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Address \_\_\_\_\_  
\_\_\_\_\_

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