

PLEASE FOLLOW THESE SIMPLE STEPS . . .

1 **Read** the "Important Information" on pages I & II

2 **Accumulate** your tax documents

Generally,

Income: W-2s, 1099-B, 1099-R, 1099-INT, 1099-DIV, rental, etc.

Deductions: 1098 for mortgage, contributions, medical, etc.

Other: Sale of home, purchase of home, etc.

3 **Complete** the General Questions on pages III – VII and update the enclosed Tax Organizer

Organize and attach your tax documents behind the corresponding pages of your tax organizer. For example, paperclip (**do not staple**) your W-2s behind the page in your tax organizer that lists all your W-2s. **If you are not sure where to attach a document, paperclip it behind the "1099-B Broker Statements. Miscellaneous Documents" page.** **ALSO**, put all **1099-B** broker statements behind this page.

Corrections and Changes:

Make any corrections in the organizer such as address and phone changes, misspellings, marital status, changes in dependents, etc.

4 **Sign** the organizer on page III

5 **Sign** the enclosed e-file forms and complete the accompanying Refund & Payment options form

Sign the e-file forms. **Do not date** the e-file forms or enter any other information.

Complete the Refund & Payment options form which will tell us how you wish to receive your refunds or pay your balance due.

Include the signed e-file forms and Refund & Payment options form with your tax organizer.

6 **Return** the Organizer and Signed e-file forms to us

Include the signed (undated) e-file forms and Refund & Payment Options form (see 5 above) with your tax documents.

Please KEEP COPIES (or send us copies) of your original tax documents. To help control costs, we will not return any documents you send **unless you request we do so**. We will destroy these documents after 3 years.

IMPORTANT DATES TO REMEMBER:

March 1, 2012: Last date we must receive all pertinent tax information to complete your personal tax returns by April 16, 2012.

Hope Scholarship / FASFA: Please provide us with all pertinent tax information preferably 2 weeks prior to the date you need your completed tax return for Hope Scholarship or FASFA, but no less than 7 days.


NEW CLIENTS


General Information


	TAXPAYER	SPOUSE
FIRST NAME & Middle Initial	_____	_____
LAST NAME	_____	_____
SOCIAL SEC #	_____	_____
DATE of BIRTH	_____	_____
ADDRESS	Street 1 _____	_____
	Street 2 / PO Box _____	_____
	City / State / Zip _____	_____
TELEPHONE DAYTIME	_____	_____
EVENING	_____	_____
CELL	_____	_____
E-MAIL	_____	_____


	DEPENDENT 1	DEPENDENT 2	DEPENDENT 3	DEPENDENT 4	DEPENDENT 5
FIRST NAME	_____	_____	_____	_____	_____
LAST NAME (if different)	_____	_____	_____	_____	_____
SOCIAL SEC. #	_____	_____	_____	_____	_____
DATE of BIRTH	_____	_____	_____	_____	_____


IMPORTANT INFORMATION. PLEASE READ AND SIGN YOUR TAX ORGANIZER FOLLOWING THIS SECTION.


-  **NEW CLIENTS.** Please ***BE SURE TO COMPLETE*** the General Information section of your organizer. Also, be sure to read carefully the following points. You can help us process your work more efficiently by understanding our procedures.


-  **CURRENT CLIENTS.** Please ***BE SURE TO REVIEW AND UPDATE*** the General Information section, making any necessary changes, such as change of address, phone number, email, etc.


-  **RESPONSIBILITY.** First and foremost, ***remember that YOU are responsible*** for keeping necessary records of your income and deductions, and YOU have the final responsibility for the content of your tax returns. Our responsibility, as for all CPAs, lies in our skill to use your information to your best benefit.


-  **APPOINTMENTS. WE CANNOT MEET WITHOUT SCHEDULING APPOINTMENTS.** We will make every effort to arrange a convenient time for you.
HOURS: Monday through Friday, 9:00 AM to 12:15 PM and 1:45 PM to 6:00 PM (lunch 12:15 pm to 1:45 pm).


-  **MAIL OR DELIVER YOUR ORGANIZER TO OUR OFFICES.** Many times, appointments are unnecessary if you complete and mail, email, or deliver your organizer to us. We will contact you with any questions. If you SCAN and email your organizer and documents, please scan only one document per page.


-  **WE WILL NOT RETURN DOCUMENTS UNLESS YOU REQUEST US TO.** In an effort to hold down costs, we will not return the documents you provide unless you request us to. Please retain copies of all documents you send us.


-  **ITEMIZED DEDUCTIONS.**
HEALTH INSURANCE PREMIUMS: "Pre-tax" amounts are not deductible.
If you have included payments for health insurance premiums, DO NOT list any "pre-tax" amounts.
AD VALOREM TAXES: DO NOT include the cost of tags.
PERSONAL PROPERTY TAXES: Remember to INCLUDE tax paid on a boat or plane.


-  **RECEIPT TOTALS.** Please provide us with income and expense "**TOTALS.**"
Please DO NOT BRING US ENVELOPES OF LOOSE, UNTOTALED RECEIPTS.

-  **RECEIPTS.** Save all receipts for tax purposes such as audits.
Examples: Sales tax on car; Medical payments; Home remodeling. Email us if you are unsure.

-  **REQUESTS FOR ADDITIONAL INFORMATION.** We may request copies of information to document justification of positions in your favor. We will not audit nor otherwise verify data that you submit, but we may ask that you clarify some items to enable us to fully understand your tax position and to properly prepare your returns.

-  **ERRORS.** In the rare instance in which our work contains an error, we reserve the right to amend or correct your return at no charge for our time. Please inform us immediately of any such errors.

-  **AUDITS.** All tax returns are subject to review by the taxing authorities. Should your return be selected for audit, please advise us immediately so that we may discuss with you the best method under which to proceed.

-  **CONTACTING US.** At times during tax season we are not available to answer your call. However, you may contact us in a variety of ways. If possible, we prefer you **E-MAIL** us at ***IRSGOAWAY@AOL.COM***. If not possible, FAX your message to 770-461-8535, or leave a message or question on our voice mail so we can be prepared when we return your call.

IMPORTANT INFORMATION. PLEASE READ AND SIGN YOUR TAX ORGANIZER FOLLOWING THIS SECTION.

- ↪ **TURNAROUND.** Your tax return is customized for you. We take the time necessary to ensure that we have kept your income taxes to the absolute minimum. If you require quick turnaround, please advise us when you schedule your appointment or when you send us your completed tax checklist. "Final" information received from you after March 1 will most likely ensure completion will be after April 16. We will prepare an extension.
- ↪ **EXTENSIONS.** We will make every effort to have your tax return prepared before **April 16**. However, if we have not received all necessary information from you **BY MARCH 1**, we will prepare, and possibly file an extension for you. *An extension neither increases nor decreases your chance of an audit.* We will estimate how much tax payment, if any, is to be sent with your extension.
- ↪ **AFTER MARCH 1.** As a precaution we will prepare extensions for all tax returns, regardless of whether or not they will be used. Please make every effort to send us your work more than five weeks prior to the end of the season.
- ↪ **MORTGAGE FINANCING & REFINANCING / FASFA / HOPE SCHOLARSHIP.** If your mortgage company will need financial information or tax returns prepared by us, or if you need tax returns for FASFA or the Hope Scholarship, *Please provide at least seven days notice, and preferably longer, before the date the requested information is needed.*
- ↪ **SERVICES WE OFFER IN ADDITION TO TAX PREPARATION.** Throughout the year we are available for consultation regarding your questions on specific tax matters or assistance in tax and business planning. However, we will not offer recommendations as to investment quality of any specific stock, bond, limited partnership or similar investment.
- ↪ **FEE.** Fees for tax preparation and for all other related services are based on time spent at our hourly standard rates. Tax preparation: generally, \$95 per hour. Other: \$65 - \$125 per hour. Review of "client-prepared" tax return: minimum \$150. Estimated MINIMUM charge for the completion of both an individual's federal and state returns: \$190.00. Estimated AVERAGE charge for the completion of both an individual's federal and state returns: \$295.00. *Actual charges often vary from from these estimates, depending on the complexity of the returns.* Charge for additional copies of tax returns and support in divorce situations, for replacements, etc., is \$45 minimum. Either or both spouses or taxpayers may request.
- ↪ **ONLINE PAYMENT.** We accept MasterCard, Visa, American Express, and Discover Credit Cards for your convenience. At this time, WE DO NOT ACCEPT DEBIT CARDS.
- ↪ **TO KEEP YOUR COST OF TAX PREPARATION TO A MINIMUM:** PLEASE INCLUDE ALL PERTINENT TAX DATA WITH YOUR CHECKLIST or note that information will follow. We will charge to redo completed returns for data received late.
- ↪ **ALSO, WE WILL DELIVER YOUR TAX RETURN IN PDF FORMAT VIA EMAIL.** If you require a paper copy, please contact us.
- ↪ **INVOICING & PAYMENT.** We prefer to invoice clients via e-mail. We would appreciate your participation. Please make sure you check the appropriate response on the following page regarding invoice via e-mail.
- ↪ **BILLING OF COMPLETED WORK.** In general, a service charge of 1.5% per month will be added to all accounts not paid currently unless you contact us to make arrangements for payment.
- ↪ **PRIVACY POLICY.** All non-public information about our clients is restricted to those members of our staff who need to know such information in order to provide the services you requested. We will not sell your name to any other firm. From time to time we may provide your name to firms we work with to inform you of financial information that could benefit you.

PLEASE SIGN YOUR TAX ORGANIZER BELOW

To the best of my (our) knowledge and belief, the information provided to Oddo Brothers CPAs in this tax organizer and accompanying supplement and / or notes, is true and correct.
 Also, I (we) have read and understand the preceding information regarding operating procedures of Oddo Brothers CPAs and agree to abide by them while having Oddo Brothers CPAs prepare our tax returns or other work.

 **TAXPAYER**

 **SPOUSE**

DATE _____

DATE _____

2011 TAX QUESTIONS

GENERAL QUESTIONS

YES	NO	N/A

Are your names, including your dependents' names, as printed in this Tax Organizer in the GENERAL INFORMATION section, spelled as they appear on your Social Security Card(s)? If not, please make the necessary corrections.

Is your address, as printed in this Tax Organizer in the GENERAL INFORMATION section, correct? If not, please make the necessary corrections next to your address.

SPECIAL NOTE REGARDING DECEASED SPOUSES: If a joint tax return was prepared last year under the names of the surviving and deceased spouses, this tax return will be filed under the name of the surviving spouse only. There is no need to correct your name.

Have COPIES of **ALL** pertinent **2011** tax information been enclosed with this Tax Organizer? If additional information follows, **amendments or changes made to your tax returns for incomplete data will be charged for.**

YES	NO	N/A

Are your phone number(s), e-mail address(es), and/or fax numbers, as printed in this Tax Organizer, correct? If not, please make corrections.

E-mail: We have found e-mail to be one of the best ways to contact our clients. It allows us to be more accessible, as well as more efficient in the use of our clients' time. We have installed security to guard your confidential information during transmissions. Our goal is to provide the best service possible, and e-mail is a great tool to help us achieve that end.

Invoicing: We will invoice you via email.

Telephone: If we need to call you, what are the best times to contact you via telephone? We do not want to call you too early or too late.

Telephone No: _____

Best times to call: _____

2011 TAX QUESTIONS

GENERAL QUESTIONS

YES	NO	N/A

IN LIEU OF A PRINTED TAX RETURN, we will deliver your copy via e-mail in PDF printable format unless you request otherwise. Please mark your appropriate preferences.

PDF format via E-mail.

Traditional paper format (paper requires more time to process to completion).

YES	NO	N/A

IRA CONTRIBUTION: Will you make a **TRADITIONAL** IRA Contribution by April 16, 2012?

IRA CONTRIBUTION: Will you make a **ROTH** IRA Contribution by April 16, 2012?

Taxpayer \$ _____ Taxpayer's Spouse \$ _____

TAX ESTIMATES: Do you wish us to calculate 2012 income tax estimates? (usually unnecessary if your withholding is adequate and consistently overpaid)

YES	NO	N/A

Did you make any contributions to a qualified higher education program / qualified higher education college savings account (**Section 529 Plan**)? Such payments may be deductible on your state income tax return.

YES	NO	N/A

TAXPAYER: Do you wish to contribute \$3 to the presidential campaign fund?

SPOUSE: Do you wish to contribute \$3 to the presidential campaign fund?

YES	NO	N/A

Did your employer reimburse any employee business expenses, including overnight travel? If yes, please see section EMPLOYEE BUSINESS EXPENSES found later in this organizer.

YES	NO	N/A

NON-CASH CONTRIBUTIONS of \$250 or more. **SPECIAL NOTE:** The IRS requires taxpayers to maintain written documentation indicating the name of the donee(s), the date(s) of the contribution(s), and the amount(s) of the contribution(s) for all cash **AND** non-cash charitable contributions. Without this support, the IRS may deny the deduction(s).

DATE	DONEE	DESCRIPTION	VALUE
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

2011 TAX QUESTIONS

AT ANY TIME DURING 2011:

YES	NO	N/A

Were any changes made to your prior year's tax return by you, the IRS, or the State? If yes, please provide details (e.g. change in refund received). If not, we will use the information shown on your prior year's tax return:

YES	NO	N/A

Did you prepare and file your own extension(s)? If yes, how much was paid with extension(s)?

Federal \$ _____ State \$ _____

Did you receive retirement plan distributions (e.g. IRA, 401-k, etc.)? If yes, please provide copies of your 1099Rs.

If yes, were they rolled over within 60 days?

If yes, were any funds used to pay for post secondary schooling or as a down payment on the purchase of a first home?

Did you pay SALES TAX on any major purchase(s)? (e.g. new car) \$ _____

DEPENDENT INFORMATION

NAME of Dependent
(do not include yourself or your spouse)

Last Name, if different

	YES		NO		YES		NO		YES		NO		YES		NO	
Dependent is married?																
... is a U.S. citizen?																
... is a full-time student 5 or more months?																
... if in college, in what year?																
... received more than 1/2 support from Taxpayer?																
Wages of Dependent	\$		\$		\$		\$		\$		\$		\$		\$	
Investment income of Dependent	\$		\$		\$		\$		\$		\$		\$		\$	

IN ADDITION TO THE DEPENDENT INFORMATION PROVIDED ABOVE, PLEASE VERIFY, AND CORRECT IF NECESSARY, THE DEPENDENT INFORMATION IN THE FOLLOWING SECTION ENTITLED "GENERAL INFORMATION."

W-2 INCOME

2011
(W-2)

Listed below are your employers shown on your last year's income tax return.

Name of employer _____
Street address _____
City, State, Zip Code _____
Employer Identification Number _____

TAXPAYER SPOUSE

Name of employer _____
Street address _____
City, State, Zip Code _____
Employer Identification Number _____

TAXPAYER SPOUSE

Name of employer _____
Street address _____
City, State, Zip Code _____
Employer Identification Number _____

TAXPAYER SPOUSE

Name of employer _____
Street address _____
City, State, Zip Code _____
Employer Identification Number _____

TAXPAYER SPOUSE

Name of employer _____
Street address _____
City, State, Zip Code _____
Employer Identification Number _____

TAXPAYER SPOUSE

Name of employer _____
Street address _____
City, State, Zip Code _____
Employer Identification Number _____

TAXPAYER SPOUSE

Name of employer _____
Street address _____
City, State, Zip Code _____
Employer Identification Number _____

TAXPAYER SPOUSE

Name of employer _____
Street address _____
City, State, Zip Code _____
Employer Identification Number _____

TAXPAYER SPOUSE

*** Please include a W-2 from each of your 2011 employers.**

W-2G INCOME

**2011
(W-2G)**

Listed below are payers shown on your last year's income tax return.

***Please include any W-2G from each of your 2011 payers.**

Name of payer _____
 Street address _____
 City, State, Zip Code _____
 Federal Identification Number _____
 TAXPAYER SPOUSE

Name of payer _____
 Street address _____
 City, State, Zip Code _____
 Federal Identification Number _____
 TAXPAYER SPOUSE

Name of payer _____
 Street address _____
 City, State, Zip Code _____
 Federal Identification Number _____
 TAXPAYER SPOUSE

ESTIMATED TAX PAID FOR THE 2011 TAX YEAR

(FED/ST TAX)

*** Please enter only the payments to be applied to the current year tax, including any payments made in January of 2011.**

Federal payments

State of _____ payments

Date paid	Amount paid	Date paid	Amount paid
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

State/local income tax balance due for previous years paid in 2011: _____

State/local estimate payment for 2010, due January 15, 2011, paid on or after January 1, 2011: _____

PENSION AND RETIREMENT INCOME

2011
(1099R)

PENSIONS AND IRAS

Listed below are your pension, IRA distributions, and Social Security received last year (if any).

Name of payer _____
Street address _____
City, State, Zip Code _____
Employer Identification Number _____

TAXPAYER SPOUSE IRA

Name of payer _____
Street address _____
City, State, Zip Code _____
Employer Identification Number _____

TAXPAYER SPOUSE IRA

Name of payer _____
Street address _____
City, State, Zip Code _____
Employer Identification Number _____

TAXPAYER SPOUSE IRA

Name of payer _____
Street address _____
City, State, Zip Code _____
Employer Identification Number _____

TAXPAYER SPOUSE IRA

Name of payer _____
Street address _____
City, State, Zip Code _____
Employer Identification Number _____

TAXPAYER SPOUSE IRA

Name of payer _____
Street address _____
City, State, Zip Code _____
Employer Identification Number _____

TAXPAYER SPOUSE IRA

* Please include any 1099's and other 2011 information.

If you ever made non-deductible contributions to your IRA, please provide year-end balances of all your IRA accounts.

SOCIAL SECURITY BENEFITS

(1040 WKT)

2011 AMOUNTS

Taxpayer Amount \$ _____

Spouse Amount \$ _____

2010 TOTAL AMOUNT

PARTNERSHIP AND S-CORPORATION INCOME

2011
(K-1 P/S)

Your 2010 K-1 information is shown below.

K-1 INFORMATION

Name of Partnership or S-Corporation _____
Federal ID Number _____
Enter "P" for partnership or "S" for S-Corp _____

K-1 INFORMATION

Name of Partnership or S-Corporation _____
Federal ID Number _____
Enter "P" for partnership or "S" for S-Corp _____

K-1 INFORMATION

Name of Partnership or S-Corporation _____
Federal ID Number _____
Enter "P" for partnership or "S" for S-Corp _____

K-1 INFORMATION

Name of Partnership or S-Corporation _____
Federal ID Number _____
Enter "P" for partnership or "S" for S-Corp _____

K-1 INFORMATION

Name of Partnership or S-Corporation _____
Federal ID Number _____
Enter "P" for partnership or "S" for S-Corp _____

K-1 INFORMATION

Name of Partnership or S-Corporation _____
Federal ID Number _____
Enter "P" for partnership or "S" for S-Corp _____

K-1 INFORMATION

Name of Partnership or S-Corporation _____
Federal ID Number _____
Enter "P" for partnership or "S" for S-Corp _____

K-1 INFORMATION

Name of Partnership or S-Corporation _____
Federal ID Number _____
Enter "P" for partnership or "S" for S-Corp _____

K-1 INFORMATION

Name of Partnership or S-Corporation _____
Federal ID Number _____
Enter "P" for partnership or "S" for S-Corp _____

* Please attach all K-1 schedules received for 2011.

ESTATE AND TRUST INCOME

2011
(K-1 E/T)

Your 2010 K-1 information is shown below.

K-1 INFORMATION

Name of Estate, Trust _____
Federal ID Number _____
If any rental real estate, are you an active participant? _____

K-1 INFORMATION

Name of Estate, Trust _____
Federal ID Number _____
If any rental real estate, are you an active participant? _____

K-1 INFORMATION

Name of Estate, Trust _____
Federal ID Number _____
If any rental real estate, are you an active participant? _____

K-1 INFORMATION

Name of Estate, Trust _____
Federal ID Number _____
If any rental real estate, are you an active participant? _____

K-1 INFORMATION

Name of Estate, Trust _____
Federal ID Number _____
If any rental real estate, are you an active participant? _____

K-1 INFORMATION

Name of Estate, Trust _____
Federal ID Number _____
If any rental real estate, are you an active participant? _____

K-1 INFORMATION

Name of Estate, Trust _____
Federal ID Number _____
If any rental real estate, are you an active participant? _____

K-1 INFORMATION

Name of Estate, Trust _____
Federal ID Number _____
If any rental real estate, are you an active participant? _____

K-1 INFORMATION

Name of Estate, Trust _____
Federal ID Number _____
If any rental real estate, are you an active participant? _____

* Please attach all K-1 schedules received for 2011.

INTEREST AND DIVIDEND INCOME

INTEREST INCOME			2011	2010
T,S,J*	NAME OF PAYER			
_____	_____	_____		
_____	_____	_____		
_____	_____	_____		
_____	_____	_____		
_____	_____	_____		
_____	_____	_____		
_____	_____	_____		
If you received any interest income from a seller financed mortgage, please enter the payer's name, address, and their SSN or EIN.				
Name			SSN/EIN	
_____	_____			
City, State, Zip			Amount	
_____	_____			
_____	Amount of nominee interest			
_____	Amount of accrued interest			
_____	Amount of tax-exempt interest			
_____	Amount of OID adjustment			
_____	Amount of ABP adjustment			

DIVIDEND INCOME			2011	2010
T,S,J*	NAME OF PAYER		ORDINARY	ORDINARY
_____	_____	_____		
_____	_____	_____		
_____	_____	_____		
_____	_____	_____		
_____	_____	_____		
_____	_____	_____		
_____	_____	_____		
_____	_____	_____		
_____	_____	_____		
_____	_____	_____		
_____	_____	_____		
_____	_____	_____		
_____	_____	_____		
_____	_____	_____		
_____	_____	_____		
_____	_____	_____		

*Taxpayer, Spouse or Joint Nominee Distribution Dividends
 *Please attach any 1099-INT, 1099-OID, and 1099-DIV forms

OTHER INCOME AND ADJUSTMENTS

2011

OTHER INCOME

2011

2010

Seller Financed Mortgages

Payer	Principal	Interest	Interest
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

State and Local Income Tax Refunds Received in 2011

State or Local jurisdiction _____	Amount received _____
State or Local jurisdiction _____	Amount received _____
State or Local jurisdiction _____	Amount received _____

Unemployment (Please attach 1099G(s)).

2011

2010

Amount received: _____	_____
Amount repaid: _____	_____

Alimony amount received

Other Income

Type: _____	Amount: _____
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ADJUSTMENTS

Taxpayer
2011

Taxpayer
2010

Spouse
2011

Spouse
2010

Educator expense	_____	_____	_____	_____
Self-employed retirement plans	_____	_____	_____	_____
Self-employed health insurance paid	_____	_____	_____	_____
IRA'S				
Traditional	_____	_____	_____	_____
Roth	_____	_____	_____	_____
Student loan interest	_____	_____	_____	_____
Alimony Paid				
To whom paid: _____		Amount: _____		
SSN: _____				
Tuition and Fees		Amount: _____		
Other Adjustments		Amount: _____		
Type: _____				

ITEMIZED DEDUCTIONS			2011 (SCH A)
	*T,S,J	2011	2010
MEDICAL AND DENTAL EXPENSES - Include prescription medicine & drugs, nonprescription medical supplies such as crutches, doctors, dentists, nurses, hospitals, medical insurance premiums, medical miles or actual expense.*			
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Number of medical miles	_____	_____	_____
* Do not list amounts paid with pre-tax dollars or that were reimbursed.			
* Taxpayer, Spouse, or Joint			
TAXES PAID			
Real estate taxes	_____	_____	_____
Other _____	_____	_____	_____
INTEREST PAID			
Home mortgage interest	_____	_____	_____
Points paid in purchasing new home	_____	_____	_____
Qualified Mortgage Insurance Premium	_____	_____	_____
Investment interest expense	_____	_____	_____
CONTRIBUTIONS - Receipts required for all contributions			
Cash			
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Non-cash			
Number of charity miles	_____	_____	_____
_____	_____	_____	_____
MISCELLANEOUS DEDUCTIONS			
Include union and professional dues, business publications, etc.			
_____	_____	_____	_____
_____	_____	_____	_____
Tax preparation fee			
Include below items, such as safe deposit box, investment expense.			
_____	_____	_____	_____
_____	_____	_____	_____
Gambling losses			
_____	_____	_____	_____

EMPLOYEE BUSINESS EXPENSES

2011
(2106/2106 EZ)

GENERAL INFORMATION

2011

2010

Are these your spouse's business expenses? _____

Occupation in which expense incurred? _____

Were you a qualified performing artist? _____

Were you a fee basis state or local government official? _____

Were you a National Guard reserve member who traveled more than 100 miles from home to perform services as a National Guard or reserve member? _____

EXPENSES

Parking fees, tolls, and local transportation _____

Travel expenses while away from home overnight _____

Meals and entertainment expenses _____

Are you subject to the hours of service limitation of the Department of Transportation? _____

Other business expenses _____

Type		Amount	
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

REIMBURSEMENTS

Meals and entertainment _____

Other _____

AUTOMOBILE INFORMATION

VEHICLE A

Date vehicle was placed in service _____

Total mileage vehicle was used during the year _____

Miles that vehicle was used for business _____

Miles that vehicle was used for commuting _____

ACTUAL EXPENSES

Gas, repairs, insurance, etc. _____

Vehicle rental _____

Cost or other basis of vehicle _____

VEHICLE B

Date vehicle was placed in service _____

Total mileage vehicle was used during the year _____

Miles that vehicle was used for business _____

Miles that vehicle was used for commuting _____

ACTUAL EXPENSES

Gas, repairs, insurance, etc. _____

Vehicle rental _____

Cost or other basis of vehicle _____

Do you (or your spouse) have another vehicle available for personal use? _____

Was your vehicle available for personal use during off-duty hours? _____

Do you have evidence to support the deduction? _____

If "Yes," is the evidence written? _____

EMPLOYEE BUSINESS EXPENSES

**2011
(2106/2106 EZ)**

GENERAL INFORMATION	2011	2010																
Are these your spouse's business expenses? _____ Occupation in which expense incurred? _____ Were you a qualified performing artist? _____ Were you a fee basis state or local government official? _____ Were you a National Guard reserve member who traveled more than 100 miles from home to perform services as a National Guard or reserve member? _____																		
EXPENSES																		
Parking fees, tolls, and local transportation _____ Travel expenses while away from home overnight _____ Meals and entertainment expenses _____ Are you subject to the hours of service limitation of the Department of Transportation? _____ Other business expenses _____ <table style="width: 100%; border: none;"> <tr> <td style="width: 15%; padding-left: 20px;">Type</td> <td style="width: 35%; border-bottom: 1px solid black;">_____</td> <td style="width: 15%; padding-left: 20px;">Amount</td> <td style="width: 35%; border-bottom: 1px solid black;">_____</td> </tr> <tr> <td></td> <td style="border-bottom: 1px solid black;">_____</td> <td></td> <td style="border-bottom: 1px solid black;">_____</td> </tr> <tr> <td></td> <td style="border-bottom: 1px solid black;">_____</td> <td></td> <td style="border-bottom: 1px solid black;">_____</td> </tr> <tr> <td></td> <td style="border-bottom: 1px solid black;">_____</td> <td></td> <td style="border-bottom: 1px solid black;">_____</td> </tr> </table>	Type	_____	Amount	_____		_____		_____		_____		_____		_____		_____		
Type	_____	Amount	_____															
	_____		_____															
	_____		_____															
	_____		_____															
REIMBURSEMENTS																		
Meals and entertainment _____ Other _____																		
AUTOMOBILE INFORMATION																		
VEHICLE A																		
Date vehicle was placed in service _____ Total mileage vehicle was used during the year _____ Miles that vehicle was used for business _____ Miles that vehicle was used for commuting _____ ACTUAL EXPENSES Gas, repairs, insurance, etc. _____ Vehicle rental _____ Cost or other basis of vehicle _____																		
VEHICLE B																		
Date vehicle was placed in service _____ Total mileage vehicle was used during the year _____ Miles that vehicle was used for business _____ Miles that vehicle was used for commuting _____ ACTUAL EXPENSES Gas, repairs, insurance, etc. _____ Vehicle rental _____ Cost or other basis of vehicle _____ Do you (or your spouse) have another vehicle available for personal use? _____ Was your vehicle available for personal use during off-duty hours? _____ Do you have evidence to support the deduction? _____ If "Yes," is the evidence written? _____																		

CHILD AND DEPENDENT CARE EXPENSES

2011
(2441)

Please list all care providers and the amounts paid to them in 2011. Any information from the prior year is shown below.

Name of provider	_____		
Street address	_____		
City, State, Zip Code	_____		
Social Security Number or EIN	_____		
Amount paid	\$ _____	2010 AMOUNT	\$ _____

Name of provider	_____		
Street address	_____		
City, State, Zip Code	_____		
Social Security Number or EIN	_____		
Amount paid	\$ _____	2010 AMOUNT	\$ _____

Name of provider	_____		
Street address	_____		
City, State, Zip Code	_____		
Social Security Number or EIN	_____		
Amount paid	\$ _____	2010 AMOUNT	\$ _____

Name of provider	_____		
Street address	_____		
City, State, Zip Code	_____		
Social Security Number or EIN	_____		
Amount paid	\$ _____	2010 AMOUNT	\$ _____

Name of provider	_____		
Street address	_____		
City, State, Zip Code	_____		
Social Security Number or EIN	_____		
Amount paid	\$ _____	2010 AMOUNT	\$ _____

List name of each child and total amount spent for care of that child.

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

*You may change or delete any information that does not apply to the current year.

BUSINESS INCOME AND EXPENSES

2011
(SCH C)

Your principal business or profession _____

Is this your spouse's Schedule C? _____

Business name _____

2010 Business code _____

Business address _____

Employer ID _____

(Not SSN)

Accounting method: _____

Enter date if you disposed of or sold this business during the year _____

BUSINESS VEHICLE

2011

2010

Date placed in service _____

Miles used for: Business _____

Commuting _____

Other _____

PART I INCOME

Gross receipts or sales _____

Returns and allowances _____

Other income _____

PART II EXPENSES

Advertising _____

Car/Truck expenses _____

Commissions _____

Contract labor _____

Depletion _____

Employee benefit programs _____

Insurance _____

Interest - mortgage _____

Interest - other _____

Legal and professional services _____

Office expense _____

Pension and profit sharing _____

Rent or lease - vehicles, machinery _____

Rent - Other business property _____

Repairs and maintenance _____

Supplies _____

Taxes and licenses _____

Travel _____

Meals and entertainment _____

Utilities _____

Wages _____

Enter prior year unallowed loss (if any) _____

OTHER EXPENSES

(SCH C PG 2)

Inventory method: Cost Lower of Cost or Market Other

Inventory at beginning of year _____

Purchases less cost of personal items _____

Inventory at end of the year _____

OFFICE IN THE HOME DEDUCTION

2011
(8829)

2010

Square footage of area used for business _____

Total square footage in your home _____

Is this your spouse's Schedule C? _____

Day care facilities:

Number of days used for day care _____

Number of hours per day used for day care _____

Enter date if you disposed of or sold this business during the year _____

EXPENSES DIRECTLY RELATING TO YOUR BUSINESS

2011

2010

Casualty losses _____

Deductible mortgage interest _____

Real estate taxes _____

Insurance _____

Rent _____

Repairs and maintenance _____

Utilities _____

Other expenses _____

EXPENSES RELATING TO ENTIRE HOUSEHOLD

Casualty losses _____

Deductible mortgage interest _____

Real estate taxes _____

Insurance _____

Rent _____

Repairs and maintenance _____

Utilities _____

Other expenses _____

Carryover of operating expenses from 2010 Form 8829 line 42 _____

Carryover of excess casualty losses and depreciation from 2010 Form 8829 line 43 _____

Enter the fair market value of your home _____

Enter the cost of your home _____

Enter the value of the land on which your home is placed _____

BUSINESS ASSET LIST

2011

Asset acquisition list (Please list all assets you have purchased or placed in service in 2011.)

Description	Date Acquired	Cost	To Schedule
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Asset disposition list (Please list all assets you sold, traded, junked, or took out of service for any reason in 2011.)

Description	Date Acquired	Date Sold	Sales Price	Sales Expenses	Cost	Prior Depreciation	From Sch.
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

2011 TAX QUESTIONS

RENTAL REAL ESTATE (List your income and expenses on the next page.)

TYPE OF PROPERTY	PROPERTY A	PROPERTY B	PROPERTY C
Single Family Residence			
Multi-Family Residence			
Vacation/Short-Term Rental			
Commercial			
Land			
Royalties			
Self-Rental			
Other (describe)			
No. of Days Rented			
No. of Personal Use Days			
Was property part of a Joint Venture?			

PHYSICAL ADDRESS

Property A

Property B

Property C

RENTAL REAL ESTATE AND ROYALTIES						2011 (SCH E)
KIND OF PROPERTY LOCATION OF PROPERTY	Property A		Property B		Property C	
	2011	2010	2011	2010	2011	2010
INCOME						
Rents received						
Royalties received						
EXPENSES						
Advertising						
Auto and travel						
Cleaning and maintenance						
Commissions						
Insurance						
Legal, professional fees						
Management fees						
Mortgage interest						
Other interest						
Repairs						
Supplies						
Taxes						
Utilities						
Miscellaneous Expenses						
Type of misc expense 1						
Amount item 1						
Type of misc expense 2						
Amount item 2						
Type of misc expense 3						
Amount item 3						
Type of misc expense 4						
Amount item 4						
Type of misc expense 5						
Amount item 5						
Enter loss carryover to 2011						
Did you actively participate in this venture?						
Did you use this property for personal use?						

2011 TAX QUESTIONS

RENTAL REAL ESTATE

For additional properties

(List your income and expenses on the next page.)

TYPE OF PROPERTY	PROPERTY A	PROPERTY B	PROPERTY C
Single Family Residence			
Multi-Family Residence			
Vacation/Short-Term Rental			
Commercial			
Land			
Royalties			
Self-Rental			
Other (describe)			
No. of Days Rented			
No. of Personal Use Days			
Was property part of a Joint Venture?			

PHYSICAL ADDRESS

Property A

Property B

Property C

MULTIPLE RENTAL REAL ESTATE AND ROYALTIES						2011 (SCH E-DUP)	
KIND OF PROPERTY LOCATION OF PROPERTY	Property A		Property B		Property C		
	2011	2010	2011	2010	2011	2010	
INCOME							
Rents received							
Royalties received							
EXPENSES							
Advertising							
Auto and travel							
Cleaning and maintenance							
Commissions							
Insurance							
Legal, professional fees							
Management fees							
Mortgage interest							
Other interest							
Repairs							
Supplies							
Taxes							
Utilities							
Miscellaneous Expenses							
Type of misc expense 1							
Amount item 1							
Type of misc expense 2							
Amount item 2							
Type of misc expense 3							
Amount item 3							
Type of misc expense 4							
Amount item 4							
Type of misc expense 5							
Amount item 5							
Enter loss carryover to 2011							
Did you actively participate in this venture?							
Did you use this property for personal use?							

FARM INCOME AND EXPENSES

2011
(SCH F)

Your principal product _____

Is this your spouse's Schedule F? _____

Enter date if you disposed of or sold this business during the year _____

2010 Activity Code _____

Employer ID _____
(Not SSN)

PART I INCOME

2011

2010

Sales of livestock and other items you bought for resale _____

Cost or other basis of livestock and other resale items reported above _____

Sales of livestock, produce, grains and other raised products _____

Total cooperative distributions _____

Agricultural program payments _____

Commodity Credit Corporation loans _____

Crop insurance/disaster payments _____

Custom hire _____

Other income _____

PART II EXPENSES

Car and Truck expenses _____

Chemicals _____

Conservation expenses _____

Custom hire _____

Employee benefit programs _____

Feed purchases _____

Fertilizer and lime _____

Freight and trucking _____

Gasoline, fuel and oil _____

Insurance _____

Interest - mortgage _____

Interest - other _____

Labor hired _____

Pension and profit sharing plans _____

Rent or lease - vehicles, machinery and equipment _____

Rent or lease other business property _____

Repairs and maintenance _____

Seeds and plants purchased _____

Storage and warehousing _____

Supplies _____

Taxes _____

Utilities _____

Veterinary, breeding and medicine _____

Enter prior year unallowed loss (if any) _____

FARM RENTAL INCOME AND EXPENSES

2011
(4835)

Enter date if you disposed of or sold this business during the year _____

Employer ID _____
(Not SSN)

PART I INCOME	2011	2010
Income from livestock, produce, grains, and other crops	_____	
Total cooperative distributions	_____	
Agricultural program payments	_____	
Commodity Credit Corporation loans	_____	
Crop insurance proceeds and disaster payments	_____	
Other income	_____	
PART II EXPENSES		
Car and Truck expenses	_____	
Chemicals	_____	
Conservation expenses	_____	
Custom hire	_____	
Employee benefit programs	_____	
Feed purchases	_____	
Fertilizer and lime	_____	
Freight and trucking	_____	
Gasoline, fuel and oil	_____	
Insurance	_____	
Interest - mortgage	_____	
Interest - other	_____	
Labor hired	_____	
Pension and profit sharing plans	_____	
Rent or lease - vehicles, machinery and equipment	_____	
Rent or lease other business property	_____	
Repairs and maintenance	_____	
Seeds and plants purchased	_____	
Storage and warehousing	_____	
Supplies	_____	
Taxes	_____	
Utilities	_____	
Veterinary, breeding and medicine	_____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	
Enter prior year unallowed loss (if any)	_____	




e-File!


ELECTRONIC FILING

Faster!
Safer!
Smarter!

ODDO Brothers CPAs will e-file **ALL 2011** tax returns unless a client specifically requests us not to. Currently the IRS prefers, and will soon require, e-filing. We highly recommend e-filing for accuracy and efficiency. Let us serve you better! The appropriate forms are attached. Please sign where we've indicated and return them with your checklist.

For Your Information

 Refunds or payments can be made electronically, with automatic deposits to, or withdrawals from, your bank account, *HOWEVER . . .*

 You are ***not required*** to provide a bank account number to the IRS or State if you prefer not to. You may e-file your tax returns and receive refunds or make payments by mail.

Refund and Payment Options

SIGN both Forms 8879 and GA 8453 where we have highlighted in yellow.

Do NOT date them.

SELECT one Refund and one Payment option box below.

Refund e-File my (our) tax returns and have my (our) refund(s) mailed.

Refund e-File my (our) tax returns and have my (our) refund(s) automatically deposited to my (our) bank account. Check either Checking or Savings.

If Checking, **attach to this page** a voided copy of a check for the appropriate account.

If Savings, enter the Routing Number and Bank Account Number below.

Payment e-File my (our) tax returns and send the payment(s) separately.

Payment e-File my (our) tax returns and give my (our) permission for automatic withdrawal of tax due from my (our) bank account. Check either Checking or Savings.

If Checking, **attach to this page** a voided copy of a check for the appropriate account.

If Savings, enter the Routing Number and Bank Account Number below.

 **NOTE** *Your tax returns cannot be e-Filed until we contact you and you approve the results. TO FACILITATE PROCESSING YOUR TAX RETURNS, PLEASE COMPLETE THE FOLLOWING WITH YOUR MOST ACCESSIBLE CONTACT INFORMATION.*

Best E-mail address _____

Best Telephone _____

Savings Account Routing # _____ Account # _____

Department of the Treasury
Internal Revenue Service

▶ **Do not send to the IRS. This is not a tax return.**
▶ **Keep this form for your records. See instructions.**

2011

Declaration Control Number (DCN) ▶

Taxpayer's name	Social security number
Spouse's name	Spouse's social security number

Part I Tax Return Information—Tax Year Ending December 31, 2011 (Whole Dollars Only)

1 Adjusted gross income (Form 1040, line 38; Form 1040A, line 22; Form 1040EZ, line 4)	1	
2 Total tax (Form 1040, line 61; Form 1040A, line 35; Form 1040EZ, line 10)	2	
3 Federal income tax withheld (Form 1040, line 62; Form 1040A, line 36; Form 1040EZ, line 7)	3	
4 Refund (Form 1040, line 74a; Form 1040A, line 43a; Form 1040EZ, line 11; Form 1040-SS, Part I, line 12a)	4	
5 Amount you owe (Form 1040, line 76; Form 1040A, line 45; Form 1040EZ, line 12)	5	

Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of perjury, I declare that I have examined a copy of my electronic individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2011, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from my electronic income tax return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my Federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. I further understand that this authorization may apply to future Federal tax payments that I direct to be debited through the Electronic Federal Tax Payment System (EFTPS). I authorize EFTPS to issue me a personal identification number (PIN) to access EFTPS. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To request that my PIN be mailed to me, or to revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

- I authorize _____ to enter or generate my PIN _____ as my signature on my tax year 2011 electronically filed income tax return.
ERO firm name
- I will enter my PIN as my signature on my tax year 2011 electronically filed income tax return. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Five digit PIN input box

Enter five numbers, but do not enter all zeros

Your signature ▶ _____ Date ▶ _____

Spouse's PIN: check one box only

- I authorize _____ to enter or generate my PIN _____ as my signature on my tax year 2011 electronically filed income tax return.
ERO firm name
- I will enter my PIN as my signature on my tax year 2011 electronically filed income tax return. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Five digit PIN input box

Enter five numbers, but do not enter all zeros

Spouse's signature ▶ _____ Date ▶ _____

Practitioner PIN Method Returns Only—continue below

Part III Certification and Authentication—Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.

Six digit EFIN and five digit PIN input box

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the tax year 2011 electronically filed income tax return for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and **Publication 1345**, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ▶ _____ Date ▶ _____

ERO Must Retain This Form — See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

