

2011	1040	US	Tax Organizer
-------------	-------------	-----------	----------------------

Roger E. Coyner, CPA PLLC
 8500 N. Mopac Expy Ste 604
 Austin, TX 78759
 Telephone number: (512) 340-0500
 Fax number: (512) 340-0251
 E-mail address: coynercpa@sbcglobal.net

Tax Return Appointment

Date:
 Time:
 Location:

This tax organizer will assist you in gathering information necessary for the preparation of your 2011 tax return. Please enter all pertinent 2011 information.

CLIENT INFORMATION

Taxpayer

Spouse

First name and initial		
Last name		
Title/suffix		
Social security number		
Occupation		
Date of birth (m/d/y)		
Date of death (m/d/y)		
1=blind		
Home phone		
Work phone		
Work extension		
Cell phone		
E-mail address		

Address	In care of	
	Street address	
	Apartment number	
	City	
	State	
	ZIP code	

DEPENDENTS

Dependent No.

Dependent No.

First name		
Last name		
Title/suffix		
Date of birth (m/d/y)		
Social security number		
Relationship		
Months lived at home		

Dependent No.

Dependent No.

First name		
Last name		
Title/suffix		
Date of birth (m/d/y)		
Social security number		
Relationship		
Months lived at home		

2011

1040

US

Tax Organizer

Please enter all pertinent 2011 information. If you have attached a government form for an item, check the box and do not enter a 2011 amount.

WAGES, SALARIES AND TIPS

Employer name:

<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____

2011 Amount	2010 Amount
Attach Forms W-2	_____

INTEREST INCOME

Payer name:

<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____

Attach Forms 1099-INT	_____

DIVIDEND INCOME

Payer name:

<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____

Attach Forms 1099-DIV	_____

PENSIONS, IRA AND GAMBLING INCOME

Payer name:

<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____

Attach Forms 1099-R & W-2G	_____

Winnings not reported on W-2G.....	_____
Total gambling losses.....	_____

OTHER GOVERNMENT FORMS - INCOME

- Form 1099-B - Sales of stock (also include transaction history).....
- Form 1099-MISC - Miscellaneous income.....
- Form 1099-K - Merchant card and third party network payments.....
- Form 1099-S - Sales of real estate (also include closing statements)

Attach Forms 1099	
--------------------------	--

- Form 1099-G - State tax refunds.....

Attach Forms 1099	
--------------------------	--

Taxpayer:

- Form SSA-1099 - Social security benefits.....
- Form 1099-G - Unemployment compensation.....

Attach Forms 1099	
--------------------------	--

Spouse:

- Form SSA-1099 - Social security benefits.....
- Form 1099-G - Unemployment compensation.....

Attach Forms 1099	
--------------------------	--

MISCELLANEOUS INCOME

- Taxpayer: Alimony received.....
- Spouse: Alimony received.....
- Other: _____

_____	_____
_____	_____
_____	_____

2011 1040 US Tax Organizer

RETIREMENT PLAN CONTRIBUTIONS

Taxpayer: Traditional IRA contributions (1=maximum)
 Roth IRA contributions (1=maximum)
 Self-employed, SEP, SIMPLE, & qualified plan contributions (1=maximum).....
 Spouse: Traditional IRA contributions (1=maximum)
 Roth IRA contributions (1=maximum)
 Self-employed, SEP, SIMPLE, & qualified plan contributions (1=maximum).....

2011 Amount	2010 Amount

OTHER GOVERNMENT FORMS - DEDUCTIONS

Form 1098-E - Student loan interest
 Form 1098-T - Tuition and related expenses.....

Attach Forms 1098	
--------------------------	--

ADJUSTMENTS TO INCOME

Taxpayer:
 Self-employed health insurance premiums
 Educator expenses
 Expenses from rental of personal property
 Other adjustments to income:

 Alimony paid - Recipient name & SSN

Spouse:
 Self-employed health insurance premiums
 Educator expenses
 Expenses from rental of personal property
 Other adjustments to income:

 Alimony paid - Recipient name & SSN

MEDICAL AND DENTAL EXPENSES

Prescription medicines and drugs
 Doctors, dentists and nurses
 Hospitals and nursing homes.....
 Insurance premiums.....
 Long-term care premiums - taxpayer.....
 Long-term care premiums - spouse.....
 Insurance reimbursement.....
 Out-of-pocket lodging and transportation expenses
 Number of medical miles.....
 Other: _____

TAXES PAID

State income taxes - 1/11 payment on 2010 state estimate
 State income taxes - paid with 2010 state extension.....
 State income taxes - paid with 2010 state return.....
 State income taxes - paid for prior years and/or to other states.....

2011

1040

US

Miscellaneous Questions

If any of the following items pertain to you or your spouse for 2011, please check the appropriate box and provide additional information if necessary.

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	PERSONAL INFORMATION
<input type="checkbox"/>	<input type="checkbox"/>	Did your marital status change during the year?
<input type="checkbox"/>	<input type="checkbox"/>	Did your address change during the year?
<input type="checkbox"/>	<input type="checkbox"/>	Could you be claimed as a dependent on another person's tax return for 2011?
		DEPENDENTS
<input type="checkbox"/>	<input type="checkbox"/>	Were there any changes in dependents?
<input type="checkbox"/>	<input type="checkbox"/>	Were any of your unmarried children who might be claimed as dependents 19 years of age or older at the end of 2011?
<input type="checkbox"/>	<input type="checkbox"/>	Did you have any children under age 19 or full-time students under age 24 at the end of 2011, with interest and dividend income in excess of \$950, or total investment income in excess of \$1,900?
		INCOME
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive unreported tip income of \$20 or more in any month?
<input type="checkbox"/>	<input type="checkbox"/>	Did you cash any Series EE U.S. savings bonds issued after 1989 and pay qualified higher education expenses for yourself, your spouse, or your dependents?
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive any disability income?
<input type="checkbox"/>	<input type="checkbox"/>	Did you have any foreign income or pay any foreign taxes?
		PURCHASES, SALES AND DEBT
<input type="checkbox"/>	<input type="checkbox"/>	Did you start a business or farm, purchase rental or royalty property, or acquire an interest in a partnership, S corporation, trust, or REMIC?
<input type="checkbox"/>	<input type="checkbox"/>	Did you purchase or dispose of any business assets (furniture, equipment, vehicles, real estate, etc.), or convert any personal assets to business use?
<input type="checkbox"/>	<input type="checkbox"/>	Did you buy or sell any stocks, bonds or other investment property in 2011?
<input type="checkbox"/>	<input type="checkbox"/>	Did you sell or do you plan to sell any dividend generating stocks or mutual funds during the first 60 days of 2012?
<input type="checkbox"/>	<input type="checkbox"/>	Did you purchase, sell, or refinance your principal home or second home, or did you take a home equity loan?
<input type="checkbox"/>	<input type="checkbox"/>	Did you purchase a home in 2011 and you were overseas on official extended duty?
<input type="checkbox"/>	<input type="checkbox"/>	Did you make any residential energy-efficient improvements or purchases involving solar, wind, geothermal or fuel cell energy sources?
<input type="checkbox"/>	<input type="checkbox"/>	Did you have any debts cancelled or forgiven?
<input type="checkbox"/>	<input type="checkbox"/>	Does anyone owe you money which has become uncollectible?

2011

1040

US

Miscellaneous Questions (continued)

If any of the following items pertain to you or your spouse for 2011, please check the appropriate box and provide additional information if necessary.

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	RETIREMENT PLANS
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive a distribution from a retirement plan (401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.)?
<input type="checkbox"/>	<input type="checkbox"/>	Did you make a contribution to a retirement plan (401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.)?
<input type="checkbox"/>	<input type="checkbox"/>	Did you transfer or rollover any amount from one retirement plan to another retirement plan?
<input type="checkbox"/>	<input type="checkbox"/>	Did you convert part or all of your traditional, SEP, or SIMPLE IRA to a Roth IRA in 2011?
<input type="checkbox"/>	<input type="checkbox"/>	Did you convert a traditional, SEP, or SIMPLE IRA (or other qualified retirement plan) to a Roth IRA in 2010, and defer the taxable amount of the conversion to tax year 2011 and 2012?
<input type="checkbox"/>	<input type="checkbox"/>	EDUCATION
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive a distribution from an Education Savings Account or a Qualified Tuition Program?
<input type="checkbox"/>	<input type="checkbox"/>	Did you, your spouse, or a dependent incur any tuition expenses that are required to attend a college, university, or vocational school?
<input type="checkbox"/>	<input type="checkbox"/>	ITEMIZED DEDUCTIONS
<input type="checkbox"/>	<input type="checkbox"/>	Did you incur a loss because of damaged or stolen property?
<input type="checkbox"/>	<input type="checkbox"/>	Did you work out of town for part of the year?
<input type="checkbox"/>	<input type="checkbox"/>	Did you use your car on the job (other than to and from work)?
<input type="checkbox"/>	<input type="checkbox"/>	ESTIMATED TAXES
<input type="checkbox"/>	<input type="checkbox"/>	Did you apply an overpayment of 2010 taxes to your 2011 estimated tax (instead of being refunded)?
<input type="checkbox"/>	<input type="checkbox"/>	If you have an overpayment of 2011 taxes, do you want the excess applied to your 2012 estimated tax (instead of being refunded)?
<input type="checkbox"/>	<input type="checkbox"/>	Do you expect your 2012 taxable income and withholdings to be different from 2011?
<input type="checkbox"/>	<input type="checkbox"/>	MISCELLANEOUS
<input type="checkbox"/>	<input type="checkbox"/>	Do you want to electronically file your tax return?
<input type="checkbox"/>	<input type="checkbox"/>	Do you want to allocate \$3 to the Presidential Election Campaign Fund?
<input type="checkbox"/>	<input type="checkbox"/>	Does your spouse want to allocate \$3 to the Presidential Election Campaign Fund?
<input type="checkbox"/>	<input type="checkbox"/>	May the IRS discuss your tax return with your preparer?
<input type="checkbox"/>	<input type="checkbox"/>	Did you have an interest in or signature or other authority over a financial account in a foreign country, such as a bank account, securities account, or other financial account?

2011

1040

US

Miscellaneous Questions (continued)

If any of the following items pertain to you or your spouse for 2011, please check the appropriate box and provide additional information if necessary.

YES	NO	MISCELLANEOUS (continued)
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust?
<input type="checkbox"/>	<input type="checkbox"/>	Was your home rented out or used for business?
<input type="checkbox"/>	<input type="checkbox"/>	Did you have a medical savings account (MSA), a Medicare Advantage MSA, or acquire an interest in an MSA or a Medicare Advantage MSA because of the death of the account holder? Or, were you a policyholder who received payments under a long-term care (LTC) insurance contract or received any accelerated death benefits from a life insurance policy?
<input type="checkbox"/>	<input type="checkbox"/>	Did you incur moving expenses due to a change of employment?
<input type="checkbox"/>	<input type="checkbox"/>	Did you engage the services of any household employees?
<input type="checkbox"/>	<input type="checkbox"/>	Were you notified or audited by either the Internal Revenue Service or the State taxing agency?
<input type="checkbox"/>	<input type="checkbox"/>	Did you or your spouse make any gifts to an individual that total more than \$13,000, or any gifts to a trust?
<input type="checkbox"/>	<input type="checkbox"/>	Were you (or your spouse) the beneficiary of COBRA premium assistance for any month during 2011?

Please enter all pertinent 2011 amounts. Last year's amounts are provided for your reference.

GENERAL INFORMATION

Principal business/profession.....	800	
Principal business code.....	801	
Business name, if different from Form 1040.....	802	
Business address, if different from Form 1040....	803	
City, if different from Form 1040.....	804	
State, if different from Form 1040.....	828	
ZIP code, if different from Form 1040.....	829	
Employer identification number.....	805	
Other accounting method.....	806	

Accounting method: 1=cash, 2=accrual.....	7		
Inventory method: 1=cost, 2=lower cost/market, 3=other.....	6		
1=change of inventory method.....	8		
1=spouse, 2=joint.....	10		
1=first Schedule C filed for this business.....	44		
If required to file Form(s) 1099, did you or will you file all required Form(s) 1099: 1=yes, 2=no.....	112		
1=not subject to self-employment tax.....	39		
1=did not "materially participate".....	22		
1=personal services is not a material income producing factor.....	220		
1=investment.....	37		
1=minister's Schedule C.....	302		
1=single member limited liability company.....	418		

INCOME

	2011 Amount	2010 Amount
Merchant card and third party payments (Form 1099-K, Box 1) *.....	51	
Gross receipts or sales (Form 1099-MISC, box 7).....	51	
Returns and allowances.....	52	
Other income:		
_____	54	
_____	54	
_____	54	
_____	54	
_____	54	
_____	54	
_____	54	
_____	54	

COST OF GOODS SOLD

Inventory at beginning of the year.....	14		
Purchases.....	15		
Cost of items for personal use.....	16		
Cost of labor.....	17		
Materials and supplies.....	18		
Other costs:			
_____	19		
_____	19		
_____	19		
_____	19		
_____	19		
Inventory at end of the year.....	20		

Please enter all pertinent 2011 amounts. Last year's amounts are provided for your reference.

EXPENSES

	2011 Amount	2010 Amount
Accounting.....	201	
Advertising.....	56	
Answering service.....	202	
Bad debts from sales or service.....	57	
Bank charges.....	203	
Car and truck expenses (not entered elsewhere).....	59	
Commissions.....	60	
Contract labor.....	87	
Delivery and freight.....	204	
Dues and subscriptions.....	205	
Employee benefit programs.....	64	
Insurance (other than health).....	66	
Mortgage interest (paid to banks, etc.).....	12	
Other interest (not entered elsewhere).....	67	
Janitorial.....	206	
Laundry and cleaning.....	207	
Legal and professional.....	69	
Miscellaneous.....	208	
Office expense.....	70	
Outside services.....	209	
Parking and tolls.....	210	
Pension and profit sharing plans - contributions.....	71	
Pension and profit sharing plans - admin. and education costs.....	53	
Postage.....	211	
Printing.....	212	
Rent - vehicles, machinery, & equipment (not entered elsewhere).....	58	
Rent - other.....	72	
Repairs.....	73	
Security.....	213	
Supplies.....	74	
Taxes - real estate.....	45	
Taxes - payroll.....	41	
Taxes - sales tax included in gross receipts.....	43	
Taxes - other (not entered elsewhere).....	75	
Telephone.....	214	
Tools.....	215	
Travel.....	76	
Total meals and entertainment in full (50%).....	81	
Department of Transportation meals in full (80%).....	86	
Uniforms.....	216	
Utilities.....	77	
Wages.....	78	

Other expenses:

_____	90	
_____	90	
_____	90	
_____	90	
_____	90	
_____	90	

NOTE: If you purchased or disposed of any business assets, please complete Sheet 22.

Please enter all pertinent 2011 amounts. Last year's amounts are provided for your reference.

GENERAL INFORMATION

Description of property.....	800	
Street address	801	
City.....	820	
State.....	821	
ZIP code.....	822	
Type of property (see table)....	802	
Other type of property.....	803	

Percentage of ownership if not 100% (.xxxx)	500	<p style="text-align:center;">Type of Property</p> <p>1 = Single Family Residence 2 = Multi-Family Residence 3 = Vacation/Short-Term Rental 4 = Commercial 5 = Land 6 = Royalties 7 = Self-Rental</p>
Percentage of tenant occupancy if not 100% (.xxxx)	503	
1=spouse, 2=joint	33	
1=qualified joint venture	108	
If required to file Form(s) 1099, did you or will you file all required Form(s) 1099: 1=yes, 2=no ..	112	
1=nonpassive activity, 2=passive royalty	39	
1=did not actively participate.....	38	
1=real estate professional.....	32	
1=rental other than real estate	71	
1=investment	48	
1=single member limited liability company.....	418	

INCOME

	2011 Amount	2010 Amount
Merchant card and third party payments (Form 1099-K, Box 1) *.....	110	
Payments not reported above.....	110	
Adjustments to amounts from Form(s) 1099-K *.....	110	

DIRECT EXPENSES

NOTE: Direct expenses are related only to the rental activity. These include rental agency fees, advertising, and office supplies.

Advertising.....	4	
Association dues.....	16	
Auto and travel (not entered elsewhere).....	5	
Cleaning and maintenance.....	6	
Commissions.....	7	
Gardening.....	18	
Insurance.....	8	
Legal and professional fees.....	10	
Licenses and permits.....	23	
Management fees.....	19	
Miscellaneous.....	24	
Mortgage interest (paid to banks, etc.).....	9	
Qualified mortgage insurance premiums.....	62	
Excess mortgage interest.....	67	
Other interest (not entered elsewhere).....	29	
Painting and decorating.....	20	

NOTE: If you purchased or disposed of any business assets, please complete Sheet 22.

* NOTE: Based on late revisions to the 2011 Schedules E, Merchant card and third party payments from Form 1099-K, Box 1 will not be reported separately (for 2011 only).

Please enter all pertinent 2011 amounts. Last year's amounts are provided for your reference. The indirect expense column should only be used for vacation homes or less than 100% tenant occupied rentals.

DIRECT EXPENSES (continued)

Direct expenses are related only to the rental activity. These include rental agency fees, advertising, and office supplies.

	2011 Amount	2010 Amount
Pest control.....	21	
Plumbing and electrical.....	17	
Repairs.....	11	
Supplies.....	12	
Taxes - real estate.....	13	
Taxes - other (not entered elsewhere).....	25	
Telephone.....	22	
Utilities.....	14	
Wages and salaries.....	15	
Other:		
_____	27	
_____	27	
_____	27	
_____	27	

OIL AND GAS

Production type (preparer use only).....	42	
Cost depletion.....	43	
Percentage depletion rate or amount.....	502	
State cost depletion, if different (-1 if none).....	76	
State % depletion rate or amount, if different (-1 if none).....	506	

VACATION HOME

Number of days rented at fair market value.....	34	
Number of days personal use.....	35	
Number of days owned (if optional method elected).....	53	

INDIRECT EXPENSES

NOTE: Indirect expenses are related to operating or maintaining the dwelling unit. These include repairs, insurance, and utilities.

Advertising.....	204	
Association dues.....	216	
Auto and travel (not entered elsewhere).....	205	
Cleaning and maintenance.....	206	
Commissions.....	207	
Gardening.....	218	
Insurance.....	208	
Legal and professional fees.....	210	
Licenses and permits.....	223	
Management fees.....	219	
Miscellaneous.....	224	
Mortgage interest (paid to banks, etc.).....	209	
Qualified mortgage insurance premiums.....	262	
Excess mortgage interest.....	267	
Other interest (not entered elsewhere).....	229	
Painting and decorating.....	220	

Please enter all pertinent 2011 amounts. Last year's amounts are provided for your reference. The indirect expense column should only be used for vacation homes or less than 100% tenant occupied rentals.

INDIRECT EXPENSES (continued)

NOTE: Indirect expenses are related to operating or maintaining the dwelling unit. These include repairs, insurance, and utilities.

	2011 Amount	2010 Amount
Pest control	221	
Plumbing and electrical	217	
Repairs	211	
Supplies	212	
Taxes - real estate	213	
Taxes - other (not entered elsewhere)	225	
Telephone	222	
Utilities	214	
Wages and salaries	215	
Other:		
_____	227	
_____	227	
_____	227	
_____	227	
_____	227	
_____	227	
_____	227	
_____	227	
_____	227	
_____	227	

Please enter all pertinent 2011 amounts. Last year's amounts are provided for your reference.

GENERAL INFORMATION

	2011 Amount	2010 Amount
Description of vehicle.....	800	
1=no evidence to support your deduction.....	30	
1=no written evidence to support your deduction.....	31	
1=vehicle is available for off-duty personal use.....	39	
1=no other vehicle is available for personal use.....	40	
1=vehicle used primarily by more than 5% owner.....	41	
Number of months your job required a vehicle (if not 12 months).....	333	

AUTOMOBILE MILEAGE

Total mileage (for the tax year).....	36	
Business mileage (from 1/1/11 to 6/30/11).....	37	
Business mileage (from 7/1/11 to 12/31/11).....	403	
Commuting mileage (for the tax year).....	38	
Average daily round-trip commute.....	334	

ACTUAL EXPENSES

Parking fees and tolls (business portion only).....	335	
Gasoline, lube, oil.....	338	
Repairs.....	339	
Tires.....	340	
Insurance.....	341	
Miscellaneous.....	342	
Auto license (other than personal property taxes).....	343	
Personal property taxes (based on car's value).....	344	
Interest (car loan) (for Schedule C, E & F).....	345	
Vehicle rent or lease payments.....	350	
Inclusion amount (enter as positive).....	351	
Value of employer-provided vehicle on Form W-2 (2106).....	346	

