

TP NAME _____ DOB _____ EMAIL _____ PH _____
 SP NAME _____ DOB _____ EMAIL _____ PH _____
 REFERRED BY: _____

- 1. VERIFY ADDRESS _____
- 2. VERIFY DEPENDENTS (NAMES/AGES) _____
- 3. TP OCCUPATION _____
 SPOUSE OCCUPATION _____
- 4. FILING STATUS MFJ _____ SGL _____ MFS _____ HOH _____

5. ITEMIZE DEDUCTIONS? Y N	(If no, skip to #9)	Only Report What has been PAID in 2011	
OWN A HOME? Y N	REFINANCE? Y N	PURCHASE? Y N	CLOSING STMT? Y N
HOME MORTGAGE INTEREST	\$ _____	PROP TAXES \$ _____	
6. CHARITABLE CONTRIBUTIONS	CASH \$ _____	NONCASH \$ _____	
7. MEDICAL EXPENSES Y N	\$ _____	MED MILES _____	
8. SALES TAX ON LARGE PURCH?	Y N	\$ _____	

- 9. TAX PREP FEES PAID IN 2011 \$ _____
- 10. CHILD CARE EXPENSES Y N \$ _____
- 11. EDUCATION - TUIT/BKS/FEES 1098 T? Y N BILLED AMTS PAID? Y N
 ADD'L AMTS PD \$ _____
- 12. ENERGY EFFICIENT IMP? (LMTD TO \$500 FOR 2011) DESCRIP _____ PAID \$ _____
- 13. 2011 ES PMTS? Y N TOTAL PD \$ _____ PREPARE 2012 ES PMTS? Y N
- 14. K-1'S? Y N ALL REC'D? Y N
- 15. SCHE? Y N RENT OR ROYALTY 15% DEP \$ _____
- 16. Sch C? Y N INC & EXP COMPLETE? SE HEALTH INS \$ _____
- 17. Sch F? Y N DISCUSSION REGARDING RELATED LOSS? Y N
- 18. IRA CONT? TRAD \$ _____ ROTH \$ _____ SEP \$ _____
- 19. H S A CONT? \$ _____ H S A DISBURSEMENTS? \$ _____
- 20. DIRECT DEPOSIT INFO: BK NAME _____
 RT# _____ AC# _____
- 21. MISC INFO: _____

CARRYOVER/CARRYBACK INFO:			
NOL _____	C/B OR C/O	YR OF AMEND _____	(IF APPLICABLE)
CAP LOSS C/O PRIOR	\$ _____	CAP LOSS C/F TO 2012	\$ _____