

Kelly's Tax Service

Tax Worksheets

For Tax Year 2011

As always, we have been staying current on the latest tax law changes so we can keep you informed on how these changes will affect your individual circumstances. And it is our desire to help you identify where these changes will benefit you; to do this we need you to carefully complete all of the questions in the attached questionnaire, worksheets, and bring all documentation with you to your appointment. Thank you in advance, for taking the time to fill out the questionnaire and worksheets.

Name:

Taxpayer: _____ SS No: _____ Birthdate/Age: _____

Spouse: _____ SS No: _____ Birthdate/Age: _____

Address: _____ Telephone (Home): (____) _____

_____ Telephone (Work): (____) _____

Tax Payer's Cell Phone: (____) _____ Spouse's Cell Phone: (____) _____

Email Address: _____

Occupation: Taxpayer: _____ Spouse: _____

Filing Status: (Check One)	<input type="checkbox"/> Single	<input type="checkbox"/> Married Filing Joint	<input type="checkbox"/> Surviving Widow/Widower
	<input type="checkbox"/> Married Filing separately (enter spouse's name/SS No. Above)	<input type="checkbox"/> Unmarried Head of Household	

Please Check (only if applies): **Taxpayer:** 65 or over Blind/Disabled **Spouse:** 65 or over Blind/Disabled

Dependents Name	Birthdate/ Age	Social Security Number*	Relationship	No. of Months lived in your home in 2011										
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* A personal exemption is disallowed for any dependent unless the Social Security number is provided on the tax return.

Members of your family attending college may make you eligible for a Hope Scholarship Credit, Lifetime Learning Credit, or Tuition and Fees Deduction.	
# Students _____	

Estimated Tax Payments

	1 st Quarter		2 nd Quarter		3 rd Quarter		4 th Quarter		TOTAL
	Date Paid	Amount	Date Paid	Amount	Date Paid	Amount	Date Paid	Amount	
Federal									

Rental Income (Attach 1099 Forms)

Property Description:			
Address: (Required on Return)			
Gross Income			
Expenses:			
Advertising			
Auto & Travel			
Cleaning & Maintenance			
Commissions			
Insurance			
Professional Fees			
Mortgage Interest			
Other Interest			
Repairs			
Supplies			
Taxes			
Utilities			
% Occupancy by Taxpayer			

Depreciable Asset Additions

For Schedule C, E, F, 2106	Description	Date Purchased	Cost	Trade-In (if any)

Improvements to Personal Residence Note: If you refinanced your home this year, please bring a copy of your closing statement.

Description	Date Purchased	Cost

Personal Itemized Deductions	
Medical	Amount
Prescription Drugs.....	
Medical Insurance Premiums.....	
Long Term Care Ins. Premiums.....	
Medicare Premiums.....	
Doctors/Dentists.....	
Clinic/Lab Tests.....	
Hospitals.....	
Eyeglasses/Hearing Aids.....	
Orthopedic Shoes/Braces.....	
Medical Long Distance Phone.....	
Other.....	
Miles.....	
Fares: Taxi, Bus, etc.....	

Interest	
Deductible Home Mortgage Interest Paid to Financial Institutions.....	
Home Equity Interest.....	
Deductible Home Mortgage Interest Paid to Individuals:* Name Address:*	
Social Security No.:*	
*Failure to provide is subject to a \$50 penalty.	
Deductible Points (Include Amortization Points from Prior Years).....	
Investment Interest (list).....	

Household Employee Information	
Household Employer EIN: _____	
Did you pay any one household employee \$1,700 or more in 2011?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did you withhold Federal income tax during 2011 at the request of any household employee?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did you pay total cash wages of \$1,000 in any calendar quarter of 2011 to household employees?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Was the employee under age 18?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Was the employee a student?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a Form W-4 and I-9 on file for your household employee?	<input type="checkbox"/> <input type="checkbox"/>

Household Employee Name: _____		Social Security Number: _____				
Address: _____						
Gross Wages	FITW	SS Withheld	Employer Share FICA	Advance EIC	FUTA	State Unemployment

Taxes	
Real Estate.....	
Personal Property.....	
State & Local Income Tax.....	
State & Local General Sales Tax.....	

Charitable Contributions	
Cash Contributions*	
Other Than Cash Contributions*	
Miles for Charity	
* All contributions must have written substantiation from the organization to be deductible.	

Miscellaneous Deductions Subject to 2% AGI	
Unreimbursed Employee Business Exp.	
Union & Professional Dues.....	
Safe Deposit Box Rental.....	
Tax Return Preparation Fee.....	
Business Publications.....	
Business Telephone Calls.....	
Tools, Supplies, Equipment.....	
Employment-Related Education.....	
Investment Expenses.....	
Other.....	

Miscellaneous Deductions Not Subject to 2% AGI	
Gambling Losses (limited to winnings)..	
Other.....	

Moving Expenses	
Moving Expenses	
Enter No. of miles from your old home to your <i>new</i> workplace	_____
Enter .. of miles from your old home to your <i>old</i> workplace	_____
Date of Move	_____
Arrival at New Location	_____
Cost to Ship and Pack Household Goods...	_____
Cost to Travel to New Home.....	_____
Cost of Lodging During Move.....	_____
Reimbursements (on W-2)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, \$	_____
Other:	_____

Employee Business Expense

Travel Expense	Amount
Air Fares.....	
Auto Rentals.....	
Entertainment.....	
Garage.....	
Hotel/Motel.....	
Meals.....	
Parking.....	
Postage.....	
Road Tolls.....	
Taxi, Subway.....	
Telephone,	
Tips.....	
Other.....	
.....	
.....	
.....	

Sale of Personal Residence

(Attach copy of closing /settlement statement)

Date Old Residence Acquired	
Cost or Basis of Old Residence	
Cost of Improvements (landscaping, driveway, roof, etc.)	
Fixing Up Expenses to Prepare for Sale (painting, repairs, etc.)	
Date Old Residence Sold	
Selling Price	
Expenses of Sale (commissions, legal fees, points, deed stamps, etc.)	
Was any part of residence rented or used for business?	
Was it your principal place of residence for 2 of the last 5 years, ending on date of sale?	
Date New Residence Acquired (or construction began)	
Date you occupied new residence	
Cost of New Residence	
If married do you and/or your spouse meet the ownership and residence requirements?	

Automobile Expense

Total Miles Driven	Car 1	Car 2
Total Mileage		
Business Mileage		
Business Use %		
Average Daily Commuting		
Written Records Available	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is another vehicle available for personal use?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is an employer-provided vehicle available for personal use?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Actual Automobile Expenses	Car 1	Car 2
Gas & Oil		
Insurance		
Licenses		
Lubrication		
Repairs		
Tires, Tire Repair		
Wash		
Other:		

Child Care Deductions

Number of Dependents Qualifying: _____

Provider's Name & Address (Include Individual's Name and/or Org. Name)	SS No. or Federal ID	Amount

Did you receive employer-provided dependent care assistance benefits? Yes No

If yes, amount: \$

Do you wish to designate your tax preparer to contact the IRS in case any questions arise regarding your tax return?

Yes No

To the best of my knowledge the enclosed information is correct and includes all income deductions and other information necessary for the preparation of this year's income tax returns for which I have adequate contemporaneous records.

Signature _____

Date _____