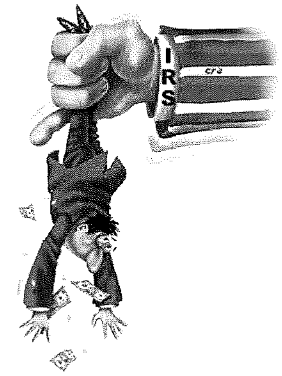

2011 INCOME TAX DATA ORGANIZER

PLEASE ATTACH A VOIDED CHECK TO RECEIVE YOUR REFUND

GENERAL INFORMATION

(Returning clients, please complete this section only if a change has occurred)

Name: ______________________ S.S. #: ______________ Date of Birth: ________

Spouse's Name: __________________ S.S. #: ______________ Date of Birth: ________

Address: ________________________ City: ____________ State: _____ Zip: ________

Home Phone: ______________ Work Phone: ______________ Cell #: ______________

Spouse's Work Phone: __________________ Spouse's Cell #: ______________________

Your Occupation: ____________________ Spouse's Occupation: ____________________

Email Address(es): ____________________ Spouse's ____________________

Your Driving License #____________ST______ Spouse's ____________________ST______

Dependents: (IRS requires a Social Security Number for your children.)

Name	Date of Birth	Relationship	SS Number
1.______________	__________	__________	______________
2.______________	__________	__________	______________
3.______________	__________	__________	______________
4.______________	__________	__________	______________

If any dependent which you claimed had income, please include their Tax Documents

Were there any changes in your Dependents? If yes, explain. ______________________________

____

Are you or your spouse disabled or blind? If yes, explain. ______________________________

Did a spouse or dependent die last year? If yes, please list the date of death. ____________________

Did you and your spouse divorce last year? If yes, please explain on a separate sheet of paper the agreements for custody of the children, home, alimony and anything else that you may think could be tax related.

INCOME

Wages: Please attach all W-2 Forms

Dividends and Interest Income: Please attach all 1099 Forms received from any source.

Did you receive a federal and/or state tax refund? Yes _____ No _____ If Yes: $ ______________
Did you receive alimony in 2011? Yes _____ No _____ If Yes: $ ______________

Payor's Name and address:____

Did you pay alimony in 2011? Yes _____ No _____ If Yes: $_______________

Recipient's Name and Social Security Number: ____

Did you have distributions from IRA's, pensions, annuities, and rollovers? Yes ____ No ____ If Yes: $__________

Capital Gains and Capital Losses:

Gains and /or losses from stock transactions, housing, or other transactions.

PLEASE ATTACH BROKER'S STATEMENTS or MUTUAL FUND STATEMENTS.

Self -Employed Income

Please go to our web site (www.lsnfnoline.com), click the "**Client Forms**" tab, and download the **Business Income and Expenses (Self-Employed)** worksheet.

Advise us of your business venture as we may know of deductions which you are not aware.

If you used your personal auto for your business, please list the **type of auto, and the mileage for the following;**

Business Miles Driven 1/01/2011 – 12/31/2011 ________ Personal Miles Driven 1/01/2011 – 12/31/2011 ________

Commuting Miles Driven 1/01/2011 – 12/31/2011 ________

If you use your home as a home office, go to our web site (www.lsfnonline.com), go to the **"Client Form"** tab, and download the **"Business Use of Your Home"** worksheet.

Rental and Royalty Income:

Rent received $ ___________________________ Location of property:

Royalties received $____________________________ Location of property:

Please provide itemized expenses incurred during the year for each property.

Please go to our web site (www.lsnfnoline.com), go to the **"Client Forms"** tab, and download the **Rental Property** worksheet.

Did you manage the property yourself? Yes _____ No _____ If yes, please provide details.

Did you sell any rental property? Yes _____ No _____ If yes, please provide the closing statement from the sale and purchase of the property, depreciation for the years you owned the property, and any other documentation.

Did you have farm income? Yes _____ No _____ If yes, attach a schedule of income and expenses.

Did you have unemployment compensation? Yes _____ No _____ If Yes: $ _______________

Did you receive Social Security benefits? Yes _____ No _____ If Yes: $ _______________ *(Attach SSA 1099)*

ADJUSTMENTS TO INCOME

Did you assume any business expenses that you were required to pay but your employer **did not reimburse** you for those business expenses? Please go to our web site (www.lsfnonline.com), go to the **"Client Form"** tab, and download the **Employee Business Expenses** worksheet.

Are your reimbursed expenses **included** in your W-2 wages? Yes _____ No _____ If Yes: $ _______________

Teachers ONLY. List any expenses you paid for the classroom. Yes ____ No _____ If Yes: $_______________

Did you contribute or convert to a Roth IRA? Yes _____ No______ If Yes: $_______________

Did you contribute to an IRA in 2011? Yes _____ No _____ If Yes: $ _______________

Do you wish to make an IRA or Roth IRA contribution for 2011? Yes _____ No _____

Do you have self-employed health insurance? Yes _____ No _____ If Yes: $ _______________

Do you have a self-employed retirement plan? Yes _____ No _____ If Yes: $ _______________

Do you have a Health Savings Account? Yes _____ No _____ If Yes: $ _______________

Do you have a penalty for early withdrawal of savings? Yes _____ No _____ If Yes: $ _______________

Do you have child or dependent care expenses? Yes _____ No _____ If Yes: $ _______________

Did you receive employer paid child or dependent care expenses? Yes _____ No _____ If Yes: $ _______________

Number of children which are in child care ________

List the name and address of day care provider and their Social Security number or their Tax ID Number.

Provider's Name: ________________________________ Address: ____

Tax ID Number: ______________________________ ___ Amount Paid: ______________________________________

Did you pay interest on school loans? Yes _____ No_____ If Yes: $________________

Did you pay any higher education expenses? Yes _____ No_____ If Yes: $________________
(Please provide documentation and a list of the expenses paid)

Moving Expenses:

Did you incur work-related moving expenses? (Over 50 miles) Yes ____ No ____ If Yes: $ _________

If yes, what was the distance from your **old job** to **former home**? _________ Miles

What is the distance from your **current job** to **former home**? _________ Miles

List any other expenses incurred during move such as temporary living expense, travel, and lodging while searching for a residence.

Did your employer pay moving expenses for you? Yes ____ No _____ If Yes: $ ________

If yes, is moving included within your W-2? Yes ____ No_____ Don't Know ______

DEDUCTIONS

The following are allowable deductions, although not all inclusive. You must be able to prove your deductions either by canceled check or receipts or both if audited. Please use a separate piece of paper if needed.

Medical and Dental Expenses:

Did you pay health insurance premiums? **(After tax premiums only)** Yes _____ No _____ If Yes: $ _____________

Did you pay Long Term Care Insurance Premiums? Yes _____ No _____ If Yes: $ _____________

- List non-reimbursed expenses for prescriptions, medicines and drugs:
- List non-reimbursed expenses for doctors, dentists, chiropractors, hospital, therapy, nursing services, lab tests, etc.
- List non-reimbursed medical aid items and equipment such as: artificial limbs, hearing aids and batteries, eyeglasses, contact lenses, crutches, etc.
- List non-reimbursed expenses for structural improvement to a residence to allow accessibility for wheelchair or special bathroom equipment for an impaired dependent.
- List non-reimbursed expenses for transportation to and from medical facilities.
- List non-reimbursed expenses for non-hospital lodging while receiving medical treatment.

State and local income taxes paid the past tax year **(if not listed in W-2s)** Yes ___ No ____ If Yes: $ ________

Real estate taxes paid the past tax year: Yes ___ No ____ If Yes: $ ________

Other taxes (e.g., Ad Valorem, car tag tax) Yes ___ No ____ If Yes: $ ________

Interest Paid: ***(Please bring the closing papers if you refinanced)***

Home Mortgage interest paid to financial institutions: Yes ____ No ___ If Yes: $ ________
Please attach a copy of form 1098.

Did you have any real property transactions during the past tax year? Yes ____ No ____
If yes, attach a copy of your closing statement.

Home Mortgage interest paid to individuals: Yes ____ No _____ If Yes: $ ________
List individual's name, address and social security number

Points paid: Yes____ No _____ If Yes: $ _________

Did you have investment interest expenses? Yes____ No _____ If Yes: $ _________
If yes, please attach details of investments.

Contributions:

Total **cash** contributions: (a receipt is required from the organizations) $ ______________________________

If over $3,000 list organization(s)

Total non-cash contributions: (*i.e. clothes, household items, etc.*) $______________________________

List donated property and its fair market value. If over $500, list organization and address

If you donated an auto, please call our office for further instructions.

Did you work for a volunteer organization and incur expenses? Yes ____ No ____ If Yes: $ _________

PLEASE PROVIDE THE NAME AND ADDRESSES FOR YOUR NON-CASH CONTRIBUTIONS

Miscellaneous Deductions:

Employee Business Expenses	Yes ____	No ____	If Yes, please list.
Safety deposit box	Yes ____	No ____	If Yes: $ ________
Tax return fee	Yes____	No ____	If Yes: $ ________
Union dues	Yes ____	No ____	If Yes: $ ________
Financial Planning / Investment Advice fees	Yes ____	No ___	If Yes: $ ________
IRA Custodial Fees	Yes ____	No ___	If Yes: $ ________

Credits:
Did you buy a hybrid vehicle? Yes ____ No ___ If Yes: $ ________ Make ____________Model _______ Yr ______

Did you have any home qualified energy efficiency improvements? Yes ____ No ___ Please, list each improvement(s) and the cost.

Estimated Income Tax Deposits for

Federal		State	
Date Paid	**Amount**	**Date Paid**	**Amount**
________________	$___________________	________________	$___________________
________________	$___________________	________________	$___________________
________________	$___________________	________________	$___________________
________________	$___________________	________________	$___________________
________________	$___________________	________________	$___________________

For the Alabama tax returns only:

Consumer Use Tax:
List the price you paid for items that were purchased from businesses located outside of Alabama over internet, telephone, mail order, etc that no Alabama State sales tax were collected. If any, list the sales taxes that you paid to other states on the above purchases.

Donation of Refunds

Alabama Senior Services Trust Fund	$1	$5	$10	Other $_________
Alabama Arts Development Fund	$1	$5	$10	Other $_________
Alabama Non-Game Wildlife Fund	$1	$5	$10	Other $_________
Alabama Veteran's Program	$1	$5	$10	Other $_________
Alabama Indian Children's Scholarship Fund	$1	$5	$10	Other $_________
Alabama Brest and Cervical Cancer Research Program	$1	$5	$10	Other $_________
Child Abuse Trust Fund	$1	$5	$10	Other $_________
Foster Care Trust Fund	$1	$5	$10	Other $_________
Mental Health	$1	$5	$10	Other $_________

If you received any tornado damage in 2011, please call our office.

Your tax return will be prepared to e-file unless otherwise noted. The information supplied herein is for the preparation of my Federal and State income tax returns and to the best of my knowledge is true, correct, and complete. PLEASE ATTACH A VOIDED CHECK

Signature of Taxpayer   Date

Please, list other income and/or expenses that were not mentioned above or any questions that you may have.