Compliments of:

17785 State Ave., Tonganoxie, KS 66086
Phone: 913-845-3272 913-724-2686
Fax: 913-724-3156
Website: www.plusaccounting.com

*Offering Tax Efficient Financial Planning[SM]**

INCOME TAX DATA ORGANIZER

NAME: Taxpayer ________________________ SS No.______________ Birthdate______________

Spouse ________________________ SS No.______________ Birthdate______________

ADDRESS:________________________ Telephone (Daytime)______________________

Email address**:**________________________ Telephone (Evening s & Weekends)______________

MARITAL STATUS: What was your marital status as of December 31, 2011? If changed in 2011, date changed.

☐ Single ☐ Married ☐ Divorced ☐ Legally Separated

If claimed on last year's return, we only need dependent's name and number of months during 2011 they lived with you. If new dependent, please bring copy of social security card with you to appointment.

DEPENDENTS	BIRTHDATE	SOCIAL SECURITY #	RELATIONSHIP	LIVED WITH YOU ALL YEAR?

YES NO

☐ ☐ Do names listed for taxpayer, spouse & dependents match Social Security records?

☐ ☐ Did you withdraw money from your IRA or take an early distribution from a retirement plan this year? Were the funds used for a first-time home purchase or other reason not subject to the 10% penalty? ☐ Yes ☐ No

☐ ☐ Did you convert a Traditional IRA to a ROTH IRA this year? If so, amount converted______________________

☐ ☐ Did you contribute to an IRA this year? If so, amount contributed to ROTH IRA_____________(Taxpayer/Spouse) Amount contributed to a Traditional IRA_____________(Taxpayer/Spouse) ***Do not include 401k contributions or any retirement contributions made through your employer.***

☐ ☐ If you are self-employed, did you pay health insurance premiums for yourself and your family? Amount: ________

☐ ☐ Do you contribute to a Health Savings Account? If yes, amount contributed for 2011________________________

☐ ☐ Did you pay long-term care insurance in 2011? If yes, amount paid for Taxpayer__________Spouse_____________

☐ ☐ Did you pay alimony? If Yes, paid to ____________________ SS No._______________Amount__________

☐ ☐ Did you pay student loan interest in 2011?

Amount of interest paid in 2011 ____________________ (Bring 1099 form received)

**Cathy Bowen, Registered Representative*
Securities offered through H. D. Vest Investment Services[SM] Member: SIPC. Advisory services offered through H. D. Vest Advisory Services[SM] Plus Accounting, Inc. is not a registered broker/dealer or independent advisory firm.

YES NO

☐ ☐ Was anyone listed on your return a college student in 2011? Please bring invoices from the college showing amount paid for tuition as well as the 1099-T issued by the college. For 2011, **undergraduate students** can also claim the expense of books and course materials required. ***Please bring separate totals for tuition and books/supplies so we can determine which education credit is most beneficial. Room and board is not deductible***.

☐ ☐ Were any of the above expenses paid from a 529 education plan or a Coverdell IRA? If so, amount______________

☐ ☐ Did the student receive grants or scholarships that do not need to be repaid? Do not include student loans in this total. If so, amount of scholarships and/or grants_____________________________________

☐ ☐ At the beginning of 2011, had the student completed less than four years of post-secondary education?

☐ ☐ Did you contribute money to a 529 Plan for future educational needs of yourself, your children or grandchildren? If yes, amount contributed during 2011 and name of beneficiary____

☐ ☐ Did you make any energy efficient improvements to your home in 2011? Please bring manufacturer's certification letter stating the items qualify for the credit as well as the amount spent. For windows, doors and insulation improvements, installation costs are not deductible, just the cost of the product. Most of the energy credits have been reduced to a $500 LIFETIME credit. A good source of information is www.energystar.gov.

☐ ☐ If you are an educator, did you purchase classroom supplies, etc. for which you were not reimbursed? If yes, amount spent____

☐ ☐ Did you take out a mortgage or refinance an existing home mortgage during 2011? If yes, please bring your closing statement (usually 2 pages legal-sized paper). (HUD Statement)

☐ ☐ Did you sell a home in 2011? If yes, please bring closing statement so we can gather additional deductions.

☐ ☐ Did you purchase a home in 2011? If yes, bring closing statement, also called HUD Statement.

☐ ☐ Did you transfer a home to or from a parent or other related party?

☐ ☐ Do you have any financial interest in a foreign account or own any assets in a foreign country?

☐ ☐ Have you made estimated tax payments for 2011? If yes, please fill in below. Remember that the last payment for 2011 was due January 15, 2012. Do not include any payments made in January 2011 as they were for the 2010 return.

	Date Paid Due 4/15/11	Amount Paid	Date Paid Due 6/15/11	Amount Paid	Date Paid Due 9/15/11	Amount Paid	Date Paid Due **1/15/12**	Amount Paid
Federal								
Kansas								

INCOME: **Not all items are matched, but most are separately reported to IRS for matching purposes.**

The following list includes the most common types of income. Please check all items of income that apply to you and bring the supporting documents to your tax appointment.

☐ Wages
☐ Interest
☐ Installment Sales
☐ Partnership
☐ Retirement Benefits
☐ Dividends
☐ Self Employment
☐ S Corporation
☐ Social Security
☐ State Tax Refunds
☐ Farm Income
☐ Sale of Stocks
☐ Unemployment
☐ Alimony Received
☐ Rental Income
☐ Gambling Income

Taxpayer Name____

Interest & Dividend Income – PLEASE BRING 1099 FORMS RECEIVED

Payer	Amount

Child Care Deductions **Number of Dependents Qualifying (under age 13)**______________________

Provider's Name	Provider's Address	Social Security #	Amount

Do you participate in a dependent care benefit deduction plan through your employer? ☐ _____Yes ☐ _____No

ITEMIZED DEDUCTIONS:

Medical (Must Exceed 7 ½% of AGI) **Amount**

Prescription Drugs. . . . . _____________
Medical Insurance Premiums. . . . . _____________
(Do not include Social Security Medicare Premiums here)
Long Term Care Premiums . . . . _____________
Doctors/Dentists/Chiropractors. . . . . . _____________
Clinic/Lab Tests/Eyeglasses. . . . . _____________
Hospitals . . . . _____________
Hearing Aids. . . . . _____________
Miles Driven for Medical Care. . . . . . _____________

Interest **Amount**

Please bring 1098 statements received

Home Mortgage . . . . ______________
Home Equity Loan . . . . ______________
Home Equity Loan. . . . . ______________
Home Equity Loan. . . . . ______________
Paid to Individual. . . . . _______________
Individual's Name, Social Security Number & Address

Taxes **Amount**

Please bring statements from lender or taxing authority

Real Estate . . . . ____________
Real Estate . . . . ____________
Personal Property . . . . ____________
____
Sales Tax Paid on Vehicles and Recreational Vehicles, including used vehicles_________________________

Contributions: **Amount**

Cash, Check or Payroll Deductions . . . _____________
____
Property Donated. . . . . _____________

If property donations total $500 or more, an itemized statement must be attached to the return showing the items, date given and name of organization.

Mileage Driven as Volunteer for charity _____________
(Boy/Girl Scout leader, etc)

Miscellaneous Deductions (Exceed 2% of AGI) **Amount**

Union and Professional Dues . . . . _____________
Tax Return Preparation . . . . _____________
Tools, Equipment, Supplies . . . . _____________
Employment Related Education. . . . . _____________
Unreimbursed Business Expenses . . . . . . _____________
Uniforms . . . . _____________
Safety Deposit Box Rental . . . . _____________
Investment Expenses . . . . _____________
Unreimbursed Business Mileage. . . . . . . _____________
(You MUST have mileage logs to document mileage)

Miscellaneous Deductions (Not Subject to 2% AGI)

Gambling Losses (to extent of winnings) _____________
Casualty Losses (theft, fire)______________________
(Casualty losses must exceed 10% of income)