

Prepared By:

Noa Rawlinson, CPA
Keizerstraat 3
3512 EA Utrecht

Prepared For:

""

'2011 Client Organizer

**Noa Rawlinson, CPA
Expatax BV
Keizerstraat 3
3512 EA Utrecht**

Client name: _____

Dear Client:

This letter is to confirm and specify the terms of our engagement with you and to clarify the nature and extent of the services we will provide. In order to ensure an understanding of our mutual responsibilities, we ask all clients for whom returns are prepared to confirm the following arrangements.

We will prepare your 2011 federal and state income tax returns from information which you will furnish to us. We will not audit or otherwise verify the data you submit, although it may be necessary to ask you for clarification of some of the information. We will furnish you with questionnaires and worksheets to guide you in gathering the necessary information. Your use of such forms will assist in keeping the fee to a minimum.

It is your responsibility to provide all the information required for the preparation of complete and accurate returns. You should retain all the documents, cancelled checks and other data that form the basis of income and deductions. These may be necessary to prove the accuracy and completeness of the returns to a taxing authority. You have the final responsibility for the income tax returns and, therefore, you should review them carefully before you sign them.

Our work in connection with the preparation of your income tax returns does not include any procedures designed to discover defalcations and/or irregularities, should any exist. We will render such accounting and bookkeeping assistance as determined to be necessary for preparation of the income tax returns.

The law provides various penalties that may be imposed when taxpayers understate their tax liability. If you would like information on the amount or the circumstances of these penalties, please contact us.

Your returns may be selected for review by the taxing authorities. Any proposed adjustments by the examining agent are subject to certain rights of appeal. In the event of such government tax examination, we will be available upon request to represent you and will render additional invoices for the time and expenses incurred.

Our fee for these services can be found on our website and will be billed to you unless you have come to a different arrangement with us. All invoices are due and payable upon presentation and although your tax return will be queued for e-filing, final submission to tax authorities will not be initialized until the payment in full has been received.

If the foregoing fairly sets forth your understanding, please sign the enclosed copy of this letter in the space indicated and return it to our office. However, if there are other tax returns you expect us to prepare, please inform us by noting so at the end of the return copy of this letter.

We want to express our appreciation for this opportunity to work with you.

Very truly yours,
Noa Rawlinson, CPA

Accepted by: _____

Signature: _____

Date: _____

Document Checklist

Please mark one of the following:

I am including this in my package: This is not applicable to my situation:

- | | | |
|--|--------------------------|--------------------------|
| ▪ A copy of your US income tax return from last year (2010 Form 1040).
If you didn't file a 2010 return, then please provide the most recent one. | <input type="checkbox"/> | <input type="checkbox"/> |
| ▪ A copy of your 2011 Dutch income tax return, if not prepared by this office | <input type="checkbox"/> | <input type="checkbox"/> |
| ▪ If you have the 30% ruling, please provide a copy of the statement. | <input type="checkbox"/> | <input type="checkbox"/> |
| ▪ Jaaropgaaf: year-end statement for wages and salaries. | <input type="checkbox"/> | <input type="checkbox"/> |
| ▪ Forms W-2 for wages, salaries. | <input type="checkbox"/> | <input type="checkbox"/> |
| ▪ Financieel Jaaroverzicht: forms showing interest, dividends or capital gains income from Dutch financial institutions. | <input type="checkbox"/> | <input type="checkbox"/> |
| ▪ All Forms 1099 for interest, dividends, retirement, miscellaneous income, Social Security, state or local refunds, gambling winnings, etc. | <input type="checkbox"/> | <input type="checkbox"/> |
| ▪ For Sole Proprietorships: Income statement and/or Balance Sheet | <input type="checkbox"/> | <input type="checkbox"/> |
| ▪ Brokerage statements showing investment transactions for stocks, bonds, etc. | <input type="checkbox"/> | <input type="checkbox"/> |
| ▪ For Rental Property: statements from management company and Form 1098 Mortgage Interest. | <input type="checkbox"/> | <input type="checkbox"/> |
| ▪ Schedule K-1 from partnerships, S corporations, estates and trusts. | <input type="checkbox"/> | <input type="checkbox"/> |
| ▪ Copies of closing statements regarding the sale or purchase of real property. | <input type="checkbox"/> | <input type="checkbox"/> |
| ▪ Legal papers for adoption, divorce, or separation involving custody of your dependent children. | <input type="checkbox"/> | <input type="checkbox"/> |
| ▪ Any tax notices sent to you by the IRS or other taxing authority. | <input type="checkbox"/> | <input type="checkbox"/> |
| ▪ If you have kids who have earned or unearned income for 2011, please supply any applicable documentation for them as well. | <input type="checkbox"/> | <input type="checkbox"/> |

Questions

Please check the appropriate box and include all necessary details and documentation.

	Yes	No
Personal Information		
Did your marital status change during the year?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, explain: _____		
Did your address change from last year?	<input type="checkbox"/>	<input type="checkbox"/>
Can you be claimed as a dependent by another taxpayer?	<input type="checkbox"/>	<input type="checkbox"/>
Did you change any bank accounts that have been used to direct deposit (or direct debit) funds from (or to) the IRS or other taxing authority during the tax year?	<input type="checkbox"/>	<input type="checkbox"/>
Dependent Information		
Were there any changes in dependents from the prior year?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, explain: _____		
Do you have any children under age 19 or a full-time student under age 24 with unearned income in excess of \$1,900?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have dependents who must file a tax return?	<input type="checkbox"/>	<input type="checkbox"/>
Did you provide over half the support for any other person(s) during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay for child care while you worked or looked for work?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay any expenses related to the adoption of a child during the year?	<input type="checkbox"/>	<input type="checkbox"/>
If you are divorced or separated with child(ren), do you have a divorce decree or other form of separation agreement which establishes custodial responsibilities?	<input type="checkbox"/>	<input type="checkbox"/>
Purchases, Sales and Debt Information		
Did you start a new business or purchase rental property during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you acquire a new or additional interest in a partnership or S corporation?	<input type="checkbox"/>	<input type="checkbox"/>
Did you sell, exchange, or purchase any real estate during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you purchase or sell a principal residence during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you foreclose or abandon a principal residence or real property during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you acquire or dispose of any stock during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you take out a home equity loan this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you refinance a principal residence or second home this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you sell an existing business, rental, or other property this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you incur any non-business bad debts this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you have any debts canceled or forgiven this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you purchase a new hybrid, alternative motor, or electric motor energy efficient vehicle this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay any student loan interest this year?	<input type="checkbox"/>	<input type="checkbox"/>
Income Information		
Did you have any foreign income or pay any foreign taxes during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any income from property sold prior to this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any lump-sum payments from a pension, profit sharing or 401(k) plan?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any withdrawals from or contributions to an IRA, Roth, Keogh, SIMPLE, SEP, 401k, or other qualified retirement plan?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any withdrawals from an education savings or 529 Plan account?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any distributions from a Health savings account (HSA), Archer MSA, or Medicare Advantage MSA this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any Social Security benefits during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any unemployment benefits during the year?	<input type="checkbox"/>	<input type="checkbox"/>

- Did you receive any disability income during the year?
- Did you receive tip income not reported to your employer this year?
- Did any of your life insurance policies mature, or did you surrender any policies?
- Did you cash any Series EE or I U.S. Savings bonds issued after 1989?

Itemized Deduction Information

- Did you incur a casualty or theft loss during the year?
- Did you pay out-of-pocket medical expenses (Co-pays, prescription drugs, etc.)?
- Do you have evidence to substantiate charitable contributions?
- Did you make any noncash charitable contributions (clothes, furniture, etc.)?
- Did you donate a vehicle or boat during the year? If yes, attach Form 1098-C.
- Did you have an expense account or allowance during the year?
- Did you use your car on the job, for other than commuting?
- Did you work out of town for part of the year?
- Did you have any expenses related to seeking a new job during the year?
- Did you make any major purchases during the year (cars, boats, etc.)?
- Did you make any out-of-state purchases (by telephone, internet, mail, in person) that the seller did not collect state sales or use tax?

Miscellaneous Information

- Did you make gifts of more than \$13,000 to any individual?
- Did you have any educational expenses during the year?
- Did you make any contributions to an education savings or 529 Plan account?
- Did you make any contributions to a Health savings account (HSA) or Archer MSA?
- Did you pay long-term health care premiums for yourself or your family?
- Did you pay any COBRA health care coverage continuation premiums?
- If you are a business owner, did you pay health insurance premiums for your employees this year?
- Did you utilize an area of your home for business purposes?
- Did you engage in any bartering transactions?
- Are you an active participant in a pension or retirement plan?
- Did you retire or change jobs this year?
- Did you incur moving costs because of a job change?
- Did you, your spouse, or your dependents attend a post-secondary school during the year, or plan to attend one in the coming year?
- Did you pay any individual as a household employee during the year?
- Did you make energy efficient improvements to your main home this year?
- Were you a grantor or transferor for a foreign trust, or do you have an interest in or a signature or other authority over a bank account, securities account, or other financial account in a foreign country?
- Did you receive correspondence from the State or the Internal Revenue Service?
- If yes, explain: _____
- Do you want to designate \$3 to the Presidential Election Campaign Fund?
- If you check yes, it will not change your tax or reduce your refund.

General: 1040 **Personal Information**

Filing (Marital) status code (1 = Single, 2 = Married filing joint, 3 = Married filing separate, 4 = Head of household, 5 = Qualifying widow(er)) _____

Mark if you were married but living apart all year _____ Mark if your nonresident alien spouse does not have an ITIN _____

Taxpayer **Spouse**

Social security number _____

First name _____

Last name _____

Occupation _____

Designate \$3.00 to the presidential election campaign fund? (1 = Yes, 2 = No, 3=Blank) _____

Mark if legally blind _____

Mark if dependent of another taxpayer _____

Taxpayer between 19 and 23, full-time student, with income less than 1/2 support? (Y, N) _____

Date of birth _____

Date of death _____

Work/daytime telephone number/ext number _____

Do you authorize us to discuss your return with the IRS (Y, N) _____

General: 1040, Contact **Present Mailing Address**

Address _____

Apartment number _____

City/State postal code/Zip code _____

Foreign country name _____

Home/evening telephone number _____

Taxpayer email address _____

Spouse email address _____

General: 1040 **Dependent Information**

First Name	Last Name	Date of Birth	Social Security No.	Relationship	Months in home	Care expenses paid for dependent
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Credits: 2441 **Child and Dependent Care Expenses**

	Provider #1	Provider #2
Provider information:		
Name	_____	_____
Street address	_____	_____
City, state, and zip code	_____	_____
Social security number OR Employer identification number	_____	_____
Tax Exempt or Living Abroad Foreign Care Provider (1 = TE, 2 = LAFCP)	_____	_____
Amount paid to care provider in 2011	_____	_____
	Taxpayer	Spouse
Employer-provided dependent care benefits that were forfeited	_____	_____

General: Info **Direct Deposit/Electronic Funds Withdrawal Information**

If you would like to have a refund deposited directly or a balance due debited directly into/from your bank account, please enter the following information:

Financial institution: Routing transit number _____ Name _____

Your account number _____ Type of account (1 = Savings, 2 = Checking, 3 = IRA*) _____

If you would like to use a refund to purchase U.S. Series I Savings bonds (in increments of \$50), enter a maximum amount up to \$5,000.** _____

*Refunds may only be direct deposited to established traditional, Roth or SEP-IRA accounts. Make sure direct deposits will be accepted by the bank or financial institution.

**To purchase U.S. Series I Savings bonds in someone else's name, please contact our office.

Income: W2 **Salary and Wages**

Please provide all copies of Form W-2 that you receive.
 Below is a list of the Form(s) W-2 as reported in last year's tax return. If a particular W-2 no longer applies, mark the not applicable box.

T/S	Description	Prior Year Information	Mark if no longer applicable
___	_____	_____	___
___	_____	_____	___
___	_____	_____	___
___	_____	_____	___
___	_____	_____	___

Income: 1099R **Pension, IRA, and Annuity Distributions**

Please provide all copies of Form 1099-R that you receive.
 Below is a list of the Form(s) 1099-R as reported in last year's tax return. If a particular 1099-R no longer applies, mark the not applicable box.

T/S	Description	Prior Year Information	Mark if no longer applicable
___	_____	_____	___
___	_____	_____	___
___	_____	_____	___
___	_____	_____	___
___	_____	_____	___
___	_____	_____	___

Income: K1, K1T **Schedules K-1**

Please provide all copies of Schedule K-1 that you receive.
 Below is a list of the Schedule(s) K-1 as reported in last year's tax return. If a particular K-1 no longer applies, mark the not applicable box.

T/S/J	Description	Form	Mark if no longer applicable
___	_____	_____	___
___	_____	_____	___
___	_____	_____	___
___	_____	_____	___
___	_____	_____	___
___	_____	_____	___
___	_____	_____	___
___	_____	_____	___
___	_____	_____	___

Income: W2G **Gambling Income**

Please provide all copies of Form W-2G that you receive.
 Below is a list of the Form(s) W-2G as reported in last year's tax return. If a particular W-2G no longer applies, mark the not applicable box.

T/S	Description	Prior Year Information	Mark if no longer applicable
___	_____	_____	___
___	_____	_____	___
___	_____	_____	___

Educate: 1099Q **Qualified Education Plan Distributions**

Please provide all copies of Form 1099-Q that you receive.
 Below is a list of the Form(s) 1099-Q as reported in last year's tax return. If a particular 1099-Q no longer applies, mark the not applicable box.

T/S	Description	Prior Year Information	Mark if no longer applicable
___	_____	_____	___
___	_____	_____	___

Income: B1 **Interest Income**

Please provide all copies of Form 1099-INT.

T/S/J	Payer Name	Interest Income	Prior Year Information
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Income: B3 **Seller Financed Mortgage Interest**

T, S, J Payer's name _____ Payer's social security number _____
 Payer's address _____ Amount received in 2011 _____
 Amount received in 2010 _____

Income: B2 **Dividend Income**

Please provide copies of all Form 1099-DIV or other statements reporting dividend income.

T/S/J	Payer Name	Ordinary Dividends	Qualified Dividends	Prior Year Information
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Income: D **Sales of Stocks, Securities, and Other Investment Property**

Please provide copies of all Forms 1099-B and 1099-S.

T/S/J	Description of Property	Date Acquired	Date Sold	Gross Sales Price (Less expenses of sale)	Cost or Other Basis
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Income: Income **Other Income**

Please provide copies of all supporting documentation.

	2011 Information		Prior Year Information
	Taxpayer	Spouse	Prior Year Information
State and local income tax refunds	_____	_____	_____
Alimony received	_____	_____	_____
Unemployment compensation	_____	_____	_____
Unemployment compensation repaid	_____	_____	_____
Social security benefits	_____	_____	_____
Medicare premiums to be reported on Schedule A	_____	_____	_____
Railroad retirement benefits	_____	_____	_____

T/S/J	2011 Information	Prior Year Information
Other Income:	_____	_____
_____	_____	_____
_____	_____	_____

1040 Adj: IRA **Adjustments to Income - IRA Contributions**

Please provide year end statements for each account and any Form 8606 not prepared by this office.

	Taxpayer	Spouse
Traditional IRA Contributions for 2011 -		
If you want to contribute the maximum allowable traditional IRA contribution amount, enter the applicable code: (1 = Deductible only, 2 = Both deductible and nondeductible)		
Enter the total traditional IRA contributions made for use in 2011	_____	_____
Roth IRA Contributions for 2011 -		
Mark if you want to contribute the maximum Roth IRA contribution		
Enter the total Roth IRA contributions made for use in 2011	_____	_____

Educate: Educate **Higher Education Deductions and/or Credits**

Complete this section if you paid interest on a qualified student loan in 2011 for qualified higher education expenses for you, your spouse, or a person who was your dependent when you took out the loan.

T/S	Qualified student loan interest paid	2011 Information	Prior Year Information
_____	_____	_____	_____
_____	_____	_____	_____

Complete this section if you paid qualified education expenses for higher education costs in 2011.
Qualified education expenses include tuition and fees required for enrollment or attendance at an eligible educational institution.
Please provide all copies of Form 1098-T.

T/S	Ed Exp Code*	Student's SSN	Student's First Name	Student's Last Name	Qualified Expenses	Prior Year Information
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

*Education Expense Code: 1 = American opportunity credit; 2 = Lifetime learning credit; 3 = Tuition and fees deduction
The student qualifies for the American opportunity credit when enrolled at least half-time in a program leading to a degree, certificate, or recognized credential; has not completed the first 4 years of post-secondary education; has no felony drug convictions on student's record

1040 Adj: 3903 **Job Related Moving Expenses**

Complete this section if you moved to a new home because of a new principal work place.

Description of move _____

Taxpayer/Spouse/Joint (T, S, J) _____

Mark if the move was due to service in the armed forces _____

Number of miles from old home to new workplace _____

Number of miles from old home to old workplace _____

Mark if move is outside United States or its possessions _____

Transportation and storage expenses _____

Travel and lodging (not including meals) _____

Total amount reimbursed for moving expenses _____

1040 Adj: OtherAdj **Other Adjustments to Income**

Alimony Paid:

T/S	Recipient name	Recipient SSN	2011 Information	Prior Year Information
_____	_____	_____	_____	_____
Address _____		City _____	State _____	Zip code _____
	Taxpayer		Spouse	Prior Year Information

Educator expenses:

_____	_____	_____	_____
_____	_____	_____	_____

Other adjustments:

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Itemized: A1 **Medical and Dental Expenses**

T/S/J		2011 Information	Prior Year Information
___	Medical and dental expenses	_____	_____
___	Medical insurance premiums you paid	_____	_____
___	Long-term care premiums you paid	_____	_____
___	Prescription medicines and drugs	_____	_____
___	Miles driven for medical items 1/1/11 through 6/30/11 _____ 7/1/11 through 12/31/11 _____	_____	_____

Itemized: A1 **Tax Expenses**

T/S/J		2011 Information	Prior Year Information
___	State/local income taxes paid	_____	_____
___	2010 state and local income taxes paid in 2011	_____	_____
___	Sales tax paid on actual expenses	_____	_____
___	Real estate taxes paid	_____	_____
___	Personal property taxes	_____	_____
___	Other taxes	_____	_____

Itemized: A2 **Interest Expenses**

T/S/J		2011 Information	Prior Year Information
___	Home mortgage interest: From Form 1098	_____	_____

Other, such as: Home mortgage interest paid to individuals

T/S/J	Name	SSN	2011 Information	Prior Year Information
___	_____	_____	_____	_____
	Address _____			

T/S/J		2011 Information	Prior Year Information
___	Investment interest expense, other than on K-1s:	_____	_____

Refinancing Information:

T/S/J	Refinance #1	Refinance #2
___	_____	_____
___	Description _____	_____
___	Total points paid _____	_____
___	Date of refinance _____	_____
___	Total number of payments _____	_____
___	Reported on Form 1098 in 2011 _____	_____

Itemized: A3 **Charitable Contributions**

T/S/J		2011 Information	Prior Year Information
___	Contributions made by cash or check	_____	_____
___	Volunteer miles driven	_____	_____
___	Noncash items, such as: Goodwill, Salvation Army	_____	_____

Itemized: A3 **Miscellaneous Deductions**

T/S/J		2011 Information	Prior Year Information
___	Unreimbursed expenses	_____	_____
___	Union dues	_____	_____
___	Tax preparation fees	_____	_____
___	Other expenses, subject to 2% AGI limitation:	_____	_____
___	_____	_____	_____
___	Safe deposit box rental	_____	_____
___	Investment expenses, other than on K1s:	_____	_____
___	Other expenses, not subject to the 2% AGI limitation:	_____	_____
___	_____	_____	_____
___	Gambling losses: (Enter only if you have gambling income)	_____	_____

Preparer use only

	2011 Information	Prior Year Information
Taxpayer/Spouse/Joint (T, S, J) _____	[2]	
Employer identification number _____	[3]	
Business name _____	[5]	
Principal business/profession _____	[6]	
Business code _____	[11]	
Business address, if different from home address on Organizer Form ID:1040		
Address _____	[14]	
City/State/Zip _____ [15] _____ [16] _____	[17]	
Accounting method (1 = Cash, 2 = Accrual, 3 = Other) _____	[18]	
If other: _____	[20]	
Inventory method (1 = Cost, 2 = LCM, 3 = Other) _____	[21]	
If other enter explanation: _____	[23]	

Enter an explanation if there was a change in determining your inventory: _____	[24]	

Did you "materially participate" in this business? (Y, N) _____	[25]	
If not, number of hours you did significantly participate _____	[27]	
Mark if you began or acquired this business in 2011 _____	[29]	
Did you make any payments in 2011 that require you to file Form(s) 1099? (Y, N) _____	[30]	
If "Yes", did you or will you file all required Forms 1099? (Y, N) _____	[31]	
Mark if this business is considered related to qualified services as a minister or religious worker _____	[32]	
Did you receive wages as a statutory employee or as a minister? (1 = Statutory employee, 2 = Minister) _____	[34]	
Medical insurance premiums paid by this activity + _____	[37]	
Long-term care premiums paid by this activity + _____	[39]	
Amount of wages received as a statutory employee + _____	[42]	

Business Income

	2011 Information	Prior Year Information
Merchant card and third party network receipts and sales (from Form 1099-K)		
_____ + _____	[47]	
_____ + _____		
_____ + _____		
Gross receipts and sales not from merchant cards and third party networks + _____	[49]	
Returns and allowances + _____	[52]	
Other income:		
_____ + _____	[54]	
_____ + _____		
_____ + _____		
_____ + _____		

Cost of Goods Sold

	2011 Information	Prior Year Information
Beginning inventory + _____	[56]	
Purchases + _____	[58]	
Labor:		
_____ + _____	[60]	
_____ + _____		
Materials + _____	[62]	
Other costs:		
_____ + _____	[64]	
_____ + _____		
_____ + _____		
_____ + _____		
Ending inventory + _____	[66]	

Form ID: Rent 25
Rent and Royalty Property - General Information

Preparer use only	2011 Information	Prior Year Information
Taxpayer/Spouse/Joint (T, S, J)	_____ [3]	
Description	_____ [2]	
Address	_____ [8]	
State postal code	_____ [4]	
Type (1 = Single-family, 2 = Multi-family, 3 = Vacation/short-term, 4 = Commercial, 5 = Land, 6 = Royalties, 7 = Self-rental, 8 = Other)	_____ [9]	
Description of other type (Type code #8)	_____ [10]	
Fair rental days (If not full year) (For types 1, 2, 4, 5, 7 and 8 only) (Use Rent-2 for type 3)	_____ [11]	
Percentage of ownership if not 100%	_____ [13]	
Business use percentage, if not 100% (Not vacation home percentage)	_____ [15]	

Rent and Royalty Income

	2011 Information	Prior Year Information
Merchant card and third party payments (from Form 1099-K)	+ _____ [23]	
Rents and royalties NOT from merchant cards/third party payments	+ _____ [25]	

Rent and Royalty Expenses

	2011 Information	Percent if not 100%	Prior Year Information
Advertising	+ _____ [28]	_____ [29]	
Auto	+ _____ [31]	_____ [32]	
Travel	+ _____ [34]	_____ [35]	
Cleaning and maintenance	+ _____ [37]	_____ [38]	
Commissions:			
_____	+ _____ [40]	_____ [42]	
_____	+ _____	_____	
Insurance:			
_____	+ _____ [43]	_____ [45]	
_____	+ _____	_____	
Legal and professional fees	+ _____ [46]	_____ [47]	
Management fees:			
_____	+ _____ [49]	_____ [51]	
_____	+ _____	_____	
Mortgage interest paid to banks, etc (Form 1098)	+ _____ [52]	_____ [53]	
Other mortgage interest	+ _____ [55]	_____ [57]	
Qualified mortgage insurance premiums	+ _____ [58]	_____ [59]	
Other interest:			
_____	+ _____ [61]	_____ [63]	
_____	+ _____	_____	
Repairs	+ _____ [64]	_____ [65]	
Supplies	+ _____ [67]	_____ [68]	
Taxes:			
_____	+ _____ [70]	_____ [72]	
_____	+ _____	_____	
_____	+ _____	_____	
Utilities	+ _____ [73]	_____ [74]	
Depreciation	+ _____ [76]	_____ [77]	
Depletion	+ _____ [79]	_____ [80]	
Other expenses:			
_____	+ _____ [82]	_____	
_____	+ _____	_____	
_____	+ _____	_____	
_____	+ _____	_____	
_____	+ _____	_____	
Refinancing points paid this year:			
Description	_____ [86]		
Total points paid/Current amort (Prep use only)	_____ + _____		
Date of Refinance	_____	Reported on 1098 in 2011	

Form ID: Rent-2 **Rent and Royalty Properties - Vacation Home, Passive and Other Information** 26

Preparer use only
Description _____

Vacation Home Information

	2011 Information	Prior Year Information				
Number of days home was used personally	_____ [6]	<table border="1" style="width: 100%; height: 100%;"> <tr><td style="text-align: right;">_____</td></tr> <tr><td style="text-align: right;">_____</td></tr> <tr><td style="text-align: right;">_____</td></tr> <tr><td style="text-align: right;">_____</td></tr> </table>	_____	_____	_____	_____

Number of days home was rented	_____ [8]					
Number of day home owned, if not 365	_____ [10]					
Carryover of disallowed operating expenses into 2011	+ _____ [20]					
Carryover of disallowed depreciation expenses into 2011	+ _____ [21]					

Passive and Other Information

Preparer use only Carryovers	Regular	AMT
Operating	+ _____ [27]	+ _____ [28]
Schedule D - Short-term	+ _____ [29]	+ _____ [30]
Schedule D - Long-term	+ _____ [31]	+ _____ [32]
Schedule D - 28% rate	+ _____ [33]	+ _____ [34]
Form 4797 - Part I	+ _____ [35]	+ _____ [36]
Form 4797 - Part II	+ _____ [37]	+ _____ [38]
Comm revitalization	+ _____ [39]	+ _____ [40]
Section 179	+ _____ [41]	

NOTES/QUESTIONS:

Form ID: Home

Sale of Principal Residence**34**

Description _____ [1]
 Taxpayer/Spouse/Joint (T, S, J) _____ [5]
 State postal code _____ [6]
 Mark if electing to pay tax on entire gain (No exclusion will be calculated and entire gain will be reported on Schedule D) _____ [7]
 Date former residence was acquired _____ [9]
 Date former residence was sold _____ [10]
 Selling price of former residence + _____ [11]
 Expenses related to the sale of your old home + _____ [12]
 Original cost of home sold including capital improvements + _____ [13]

Exclusion Information

Mark if meet use and ownership test without exceptions (2 years use within 5-year period preceding sale date) _____ [20]

	Taxpayer	Spouse
Reduced exclusion days: (Enter only days within 5-year period ending on sale date)		
Number of days each person used property as main home	_____ [21]	_____ [22]
Number of days each person owned property used as main home	_____ [23]	_____ [24]
Number of days between date of sale of the other home and date of sale of this home	_____ [25]	_____ [26]

Form 6252 - Current Year Installment Sale

Mortgage and other debts the buyer assumed + _____ [28]
 Total current year payments received + _____ [29]

Form 6252 - Related Party Installment Sale Information

Related party name _____ [30]
 Address _____ [31]
 City, State and Zip _____ [32] _____ [33] _____ [34]
 Identifying number of related party _____ [35]
 Was the property sold as a marketable security? (Y, N) _____ [36]
 Enter date of second sale if more than 2 years after the first sale _____ [37]
 Indicate special conditions if applicable (1 = Sale/exchange, 2 = Involuntary conv, 3 = Death of seller, 4 = No tax avoidance) _____ [38]
 Selling price of property sold by a related party + _____ [39]

NOTES/QUESTIONS:**Control Totals+****Personal Sale****Form ID: Home**

Employer's name _____
 Taxpayer/Spouse (T, S) _____
 State postal code _____

Foreign Earned Income

***Please use the Foreign Earned Income Allocation Codes located below**

	Allocation Code*	Amount
Noncash income:		
Home (lodging) _____	[10] ___[11] +	_____ [12]
Meals _____	[13] ___[14] +	_____ [15]
Car _____	[16] ___[17] +	_____ [18]
Other properties or facilities (Please enter code here and description and amount below):	___[19]	
_____	+	_____ [20]
_____	+	_____
_____	+	_____
_____	+	_____
_____	+	_____
Allowances, reimbursements or expenses paid on behalf:		
Cost of living and overseas differential _____	___[21] +	_____ [22]
Family _____	___[23] +	_____ [24]
Education _____	___[25] +	_____ [26]
Home leave _____	___[27] +	_____ [28]
Quarters _____	___[29] +	_____ [30]
Other purposes (Please enter code here and description and amount below):	___[31]	
_____	+	_____ [32]
_____	+	_____
_____	+	_____
_____	+	_____
_____	+	_____
Other foreign earned income (Please enter code here and description and amount below):	___[33]	
_____	+	_____ [34]
_____	+	_____
_____	+	_____
_____	+	_____
_____	+	_____
Excludable meals and lodging under section 119 _____	+	_____ [35]

*Foreign Earned Income Allocation Codes
1 = 100% foreign during assignment
2 = 100% U.S. during assignment
3 = U.S. and foreign days worked during assignment
4 = U.S. and foreign days before/after assignment
5 = Days worked before, during, and after assignment

Deductions Allocable to Foreign Earned Income

	Allocation Code*	Amount
Other allocable deductions _____	___[36] +	_____ [37]

Housing Exclusion/Deduction

Qualified housing expense _____ + _____ [46]

NOTES/QUESTIONS:

Preparer use only

Occurrence description _____ [3]
 Taxpayer/Spouse/Joint (T, S, J) _____ [4]
 State postal code _____ [5]
 Date of casualty or theft _____ [8]

Casualty and Theft - Personal Use Properties

Description of casualty or theft - Property A _____ [17]
 Description of casualty or theft - Property B _____ [28]
 Description of casualty or theft - Property C _____ [39]
 Description of casualty or theft - Property D _____ [50]

	A	B	C	D
Date acquired	_____ [23]	_____ [34]	_____ [45]	_____ [56]
Cost or other basis of property	+ _____ [24]	+ _____ [35]	+ _____ [46]	+ _____ [57]
Insurance or other reimbursement	+ _____ [25]	+ _____ [36]	+ _____ [47]	+ _____ [58]
Fair market value before casualty	+ _____ [26]	+ _____ [37]	+ _____ [48]	+ _____ [59]
Fair market value after casualty	+ _____ [27]	+ _____ [38]	+ _____ [49]	+ _____ [60]

Personal Use Replacement Information

Description of replacement property A _____ [61]
 Description of replacement property B _____ [65]
 Description of replacement property C _____ [69]
 Description of replacement property D _____ [73]

	A	B	C	D
Mark if property was acquired from a related party	_____ [62]	_____ [66]	_____ [70]	_____ [74]
Date acquired	_____ [63]	_____ [67]	_____ [71]	_____ [75]
Cost of replacement property	+ _____ [64]	+ _____ [68]	+ _____ [72]	+ _____ [76]

NOTES/QUESTIONS:

Children's Interest Income

Please provide copies of all Form 1099-INT or other statements reporting child's interest income.
 *Whole numbers will be treated as \$ amounts. Enter percentages in the XXX.XX format. For example, enter 100% as 100.00 or 75.5% as 75.50.

Complete a separate Organizer Form ID: 8814 for each child.

Child's social security number _____ [1]
 Child's date of birth _____ [2]
 Child's name _____ [4]
 Taxpayer/Spouse/Joint (T, S, J) _____ [5]

Type Code (**See codes below)	Payer		Interest ^[6] Income	Tax Exempt Income	U.S. Obligations* Tax Exempt* \$ or %	Tax Exempt* \$ or %	Prior Year Information
—	_____	+	_____	_____	_____	_____	_____
—	_____	+	_____	_____	_____	_____	
—	_____	+	_____	_____	_____	_____	
—	_____	+	_____	_____	_____	_____	
—	_____	+	_____	_____	_____	_____	
—	_____	+	_____	_____	_____	_____	

**Interest Codes
Blank = Regular Interest 3 = Nominee Distribution 4 = Accrued Interest 5 = OID Adjustment 6 = ABP Adjustment

Children's Dividend Income

Please provide copies of all Form 1099-DIV or other statements reporting child's dividend income.

Type Code (** See codes below)	Payer	Ordinary ^[8] Dividends	Qualified Dividends	Total Capital Gain Distributions	Section 1250	Section 1202	28% Capital Gain	Tax Exempt Dividends	U.S. Obligations* Tax Exempt* \$ or %	Tax Exempt* \$ or %	Prior Year Information
1	Payer										
	Amounts +										
2	Payer										
	Amounts +										
3	Payer										
	Amounts +										
4	Payer										
	Amounts +										
5	Payer										
	Amounts +										
6	Payer										
	Amounts +										

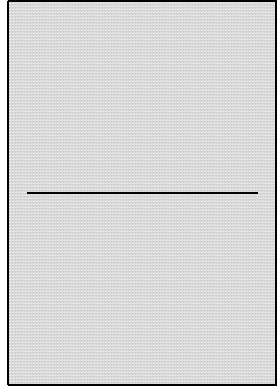
**Dividend Codes
Blank = Other 3 = Nominee

Alaska Permanent Fund dividends:		2011 Information ^[10]	Prior Year Information
_____	+	_____	
_____	+	_____	

2011 Information

Prior Year Information

Taxpayer/Spouse/Joint (T, S, J) _____ [1]
 Number of foreign accounts filer has a financial interest in, if 25 or more _____ [2]
 Information is reported for a financial account which is:
 (2 = Owned separately, 3 = Owned jointly, 4 = Authority over but no financial interest) _____ [10]
 Type of Account: Bank ___ [11] Securities ___ [12] Other _____ [13]
 Maximum value of account _____ [14]
 Account number or other designation _____ [16]
 Financial institution _____ [17]
 Address of financial institution _____ [18]
 City, state, zip code _____ [19] _____ [20] _____ [21]
 Country _____ [23]
 Number of joint owners (Not including taxpayer) _____ [36]



Parts III and IV -

Joint owner is spouse _____ [24]
 Taxpayer identification number of account holder/joint owner _____ [25]
 Last name or organization name of account holder/joint owner _____ [26]
 First name and middle initial of account holder/joint owner _____ [27] _____ [28]
 Address and apartment _____ [29] _____ [30]
 City, state, zip code _____ [31] _____ [32] _____ [33]
 Country _____ [35]

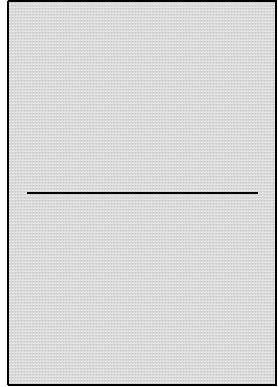
Part IV -

Filer's title with this owner _____ [37]

2011 Information

Prior Year Information

Taxpayer/Spouse/Joint (T, S, J) _____ [1]
 Number of foreign accounts filer has a financial interest in, if 25 or more _____ [2]
 Information is reported for a financial account which is:
 (2 = Owned separately, 3 = Owned jointly, 4 = Authority over but no financial interest) _____ [10]
 Type of Account: Bank ___ Securities ___ Other _____ [13]
 Maximum value of account _____ [14]
 Account number or other designation _____ [16]
 Financial institution _____ [17]
 Address of financial institution _____ [18]
 City, state, zip code _____ [19] _____ [20] _____ [21]
 Country _____ [23]
 Number of joint owners (Not including taxpayer) _____ [36]



Parts III and IV -

Joint owner is spouse _____ [24]
 Taxpayer identification number of account holder/joint owner _____ [25]
 Last name or organization name of account holder/joint owner _____ [26]
 First name and middle initial of account holder/joint owner _____ [27] _____ [28]
 Address and apartment _____ [29] _____ [30]
 City, state, zip code _____ [31] _____ [32] _____ [33]
 Country _____ [35]

Part IV -

Filer's title with this owner _____ [37]

NOTES/QUESTIONS: