

Brendle, Shaffner & Associates, P.A.
4622 Country Club Rd Ste 220
Winston Salem, NC 27104

2011 Client Organizer

*Please indicate your preferred contact phone number:

Home Phone: _____

FAX Number: _____

Taxpayer's Business Phone: _____

Spouse's Business Phone: _____

Home Email Address: _____

Taxpayer's Business Email Address: _____

Spouse's Business Email Address: _____

Brendle, Shaffner & Associates, P.A.
4622 Country Club Rd Ste 220
Winston Salem, NC 27104
336-725-7227

Dear :

This Client Organizer is designed to help you gather tax information needed to prepare your 2011 personal income tax return. We have preprinted certain information from your 2010 personal income tax return to help you complete the organizer with minimal time and effort.

Enter 2011 information on the Client Organizer sheets provided. If any information does not apply to you or is incorrect, please draw a line through it or make the necessary corrections.

The Client Questionnaire asks about pertinent tax items necessary for preparing the most accurate tax return possible. Please answer all applicable questions and attach a statement when necessary for additional information not provided in the Client Organizer.

We will also need the following information:

- Forms W-2 for wages, salaries and tips.
- All Forms 1099 for interest, dividends, retirement, miscellaneous income, Social Security, state or local refunds, gambling winnings, etc.
- Brokerage statements showing investment transactions for stocks, bonds, etc.
- Schedule K-1 from partnerships, S corporations, estates and trusts.
- Statements supporting deductions for mortgage interest, taxes, and charitable contributions (including any Form 1098-C).
- Copies of closing statements regarding the sale or purchase of real property.
- Legal papers for adoption, divorce, or separation involving custody of your dependent children.
- Any tax notices sent to you by the IRS or other taxing authority.
- A copy of your income tax return from last year, if not prepared by this office.

IRS regulations require paid tax preparers who expect to prepare 11 or more federal individual or trust tax returns to file them electronically. To comply with this requirement your return will be electronically filed this year. The benefits of e-filing include a secure way to file tax returns and it provides proof of acceptance, usually within 48 hours, that the IRS has accepted your return for processing. Contact this office if you prefer your return be filed on paper.

Thank you for the opportunity to serve you.

Sincerely,

Brendle, Shaffner & Associates, P.A.

Brendle, Shaffner & Associates, P.A.
4622 Country Club Rd Ste 220
Winston Salem, NC 27104
336-725-7227
Fax: 336-725-6084

Dear :

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 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 a questionnaire and worksheets to guide you in gathering the necessary information. Our work will be performed in accordance with the Statements on Standards for Tax Services as promulgated by the American Institute of Certified Public Accountants.

A personal meeting is often helpful to review your tax situation and discuss any questions you may have. If there is a postcard included in this package, we have scheduled an appointment for you. Please sign and return the card to confirm your appointment, indicate if the appointment should be rescheduled, or indicate that you wish to drop off your tax information. Someone from our office will call you if an appointment should be rescheduled.

If you wish to drop off your tax information, we request that you have all of your tax information to us no later than Thursday, March 1, 2012, in order that we may have time to provide a thorough analysis to achieve maximum tax savings. If all your tax data is not received by March 1, 2012, we may have to prepare an automatic extension request. You authorize us to file your federal and state extensions, if necessary, by mail or electronic transmission. Any estimated balance due on your return for 2011 should be paid and your 1st quarter estimate for 2012 is required to be paid by Monday, April 16, 2012.

It is your responsibility to provide all the information required for the preparation of complete and accurate returns. You should retain all documents, cancelled checks and other data that form the basis of income and deductions. You confirm that you have the required documentation for travel, entertainment, gift and listed property expenses that may be included in your returns. In general, this includes receipts, date of expense and business purpose. You confirm that you have the required documentation for any charitable contributions included in your returns. In general, you must have a receipt, letter, or other written communication from the charity. The receipt must include the name of the charity, the date and the amount of the contribution. There may be other requirements, based on your situation. If you need additional information, please contact us. 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. All of your original records that you provide to us to prepare your tax return will be returned to you after our use. Our working papers, including any copies of your records that we choose to make and the tax organizer that you complete, are our property and will be retained by us in accordance with our established records retention policy, generally 7 years. We may utilize the services of various third parties and make available to them confidential information as necessary, to assist us with the preparation and storage of our workpapers, tax returns or other documents related to this engagement and for purposes of communication with you. In addition to offsite physical storage, we will utilize electronic methods, such as emails and web portals, and web-based software services.

Our engagement does not include any procedures designed to discover fraud, theft or other irregularities, should any exist. We will render such accounting and bookkeeping assistance as determined to be necessary for preparation of the income tax returns.

We may use members of our staff to assist with the completion of your tax returns. Our staff personnel may contact you with questions or to obtain additional information.

The Bank Secrecy Act requires the annual reporting of financial interests in or signature authority over foreign bank accounts (including authority comparable to signature authority). Failure to file the Report of Foreign Bank and Financial Accounts (FBAR) can result in the imposition of both civil and criminal penalties, which can be significant. The FBAR is not a tax return, and preparation of same is not within the scope of this engagement. If you have questions regarding this filing obligation or wish to engage us to prepare such reports, please contact us to discuss these matters.

The Internal Revenue Code and regulations impose preparation and disclosure standards with non-compliance penalties on both the preparer of a tax return and on the taxpayer. To avoid exposure to these penalties, it may be necessary in some cases to make certain disclosures to you and/or in the tax return concerning positions taken on the return that don't meet these standards. Accordingly, we will discuss tax positions that may increase the risk of exposure to penalties and any recommended disclosures with you before completing the preparation of the return. If we conclude that we are obligated to disclose a position and you refuse to permit the disclosure, we reserve the right to withdraw from the engagement and you agree to compensate us for our services to the date of withdrawal. Our engagement with you will terminate upon our withdrawal.

Certain communications involving tax advice are privileged and not subject to disclosure to the IRS. By disclosing the contents of those communications to anyone, or by turning over information about those communications to the government, you may be waiving this privilege. To protect this right to privileged communication, please consult with us or your attorney prior to disclosing any information about our tax advice. Should you decide that it is appropriate for us to disclose any potentially privileged communication, you agree to provide us with written, advance authority to make disclosure.

Should we receive any request for the disclosure of privileged information from any third party, including a subpoena or IRS summons, we will notify you. In the event you direct us not to make the disclosure, you agree to hold us harmless from any expenses incurred in defending the privilege, including, by way of illustration only, our attorney's fees, court costs, outside adviser's costs, or penalties or fines imposed as a result of your asserting the privilege or your direction to us to assert the privilege.

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.

We determine our fee for professional services on several factors, including the following: the complexity and difficulty of the assignment, how much risk and responsibility the work entails, the time limitations imposed on us by others, the adequacy of your records and assistance, the experience and professional expertise of the personnel assigned, the priority and importance of the work to the client, telephone consultations and email correspondence, plus out of pocket costs, administrative costs for report production, typing, postage, etc. and computer charges. Our fee will not be less than the prior year's amount. You may find additional charges every year due to the complexity of the tax law changes and disclosure requirements.

Invoices are payable upon receipt. Unpaid fee balances will bear interest at the rate of 1.5% per month or 18% per annum for invoices outstanding over 30 days.

We will be available to consult with you during the year as an additional service.

For tax returns that are extended beyond April 16th, we require payment for all work completed through April 16th.

We may suspend work on the account due to nonpayment; you may miss tax or other filing deadlines that may cause you to incur penalties and interest that will be your responsibility.

We are pleased to have this opportunity to be of service to you and believe this letter accurately summarizes the significant terms of our engagement. We expect to provide you with the highest level of services. If you have any questions, please let us know.

Sincerely,

Brendle, Shaffner & Associates, P.A.

PLEASE SIGN BELOW BEFORE WE PREPARE YOUR RETURNS:

I(We) accept and agree to the above agreement. In addition I(we) have submitted this information for the sole purpose of preparing my(our) tax returns. Each item can be substantiated by receipts, canceled checks, or other documents. This information is true, correct, and complete to the best of my(our) knowledge. I also allow Brendle, Shaffner & Associates, P.A. to use my email address and home and business mailing addresses for any marketing purposes, mailings, etc.:

Taxpayer's Signature:

Date:

Spouse's Signature:

Date:

Questions

Please check the appropriate box.

****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?	<input type="checkbox"/>	<input type="checkbox"/>

- 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.

Personal Information

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

Mark if you were married but living apart all year _____ [2]

Mark if your nonresident alien spouse does not have an Individual Taxpayer Identification Number (ITIN) _____ [3]

	Taxpayer	Spouse
Social security number _____	[4]	[5]
First name _____	[6]	[7]
Last name _____	[8]	[9]
Occupation _____	[10]	[11]
Designate \$3.00 to the presidential election campaign fund? (1 = Yes, 2 = No, 3 = Blank) _____	[12]	[14]
Mark if dependent of another taxpayer _____	[15]	[16]
Taxpayer with income less than 1/2 support age 18 or 19 - 23 full-time student? (Y, N) _____	[17]	
Mark if legally blind _____	[20]	[21]
Date of birth _____	[22]	[23]
Date of death _____	[24]	[25]
Work/daytime telephone number/ext number _____ [26] _____ [27]		[28] _____ [29]
Home/evening telephone number _____ [30]		_____ [31]
Do you authorize us to discuss your return with the IRS? (Y, N) _____ [32]		

Present Mailing Address

Address _____ [36]

Apartment number _____ [37]

City, state postal code, zip code _____ [38] _____ [39] _____ [40]

Foreign country name _____ [42]

In care of addressee _____ [45]

Dependent Information

(*Please refer to Dependent Codes located at the bottom)

First Name ^[46]	Last Name	Date of Birth	Social Security No.	Relationship	Months*** in home	Dep Codes * **	Care expenses paid for dependent

Name of child who lived with you but is not your dependent _____ [47]

Social security number of qualifying person _____ [48]

Dependent Codes

- | | |
|--|---|
| <p>*Basic</p> <ul style="list-style-type: none"> 1 = Child who lived with you 2 = Child who did not live with you 3 = Other dependent 4 = Claimed under pre-1985 agreement 5 = Qualifying child for Earned Income Credit only 6 = Children who lived with you, but do not qualify for Earned Income Credit 7 = Children who lived with you, but do not qualify for Child Tax Credit 8 = Children who lived with you, but do not qualify for Child Tax Credit or Earned Income Credit <p>***Months</p> <ul style="list-style-type: none"> 77 = Reported on odd year return 88 = Reported on even year return 99 = Not reported on return | <p>**Other</p> <ul style="list-style-type: none"> 1 = Student (Age 19 - 23) 2 = Disabled dependent 3 = Dependent who is both a student and disabled |
|--|---|

Client Contact Information**Preparer - Enter on Screen Contact**

Tax matters person (Indicate which spouse handles tax return related questions) (Blank = Both, T = Taxpayer, S = Spouse) _____ [8]

Taxpayer email address _____ [9]

Spouse email address _____ [10]

Taxpayer**Spouse**

Car telephone number _____ [11]

Fax telephone number _____ [12]

Mobile telephone number _____ [13]

Pager number _____ [14]

Other: _____ [15]

Telephone number _____ [16]

Extension _____ [17]

Preferred method of contact _____ [18]

Email, Work phone, Home phone, Fax, Mobile phone, Car phone _____ [18]

NOTES/QUESTIONS:

Direct Deposit/Electronic Funds Withdrawal Information

If you would like to have a refund direct deposited into or a balance due debited from your bank account(s), please enter information in the fields below. Note that electronic funds will be withdrawn only from the primary account listed below.

Primary account:

Financial institution routing transit number _____ [1]
 Name of financial institution _____ [2]
 Your account number _____ [3]
 Type of account (1 = Savings, 2 = Checking, 3 = IRA*) _____ [4]
 Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) _____ [5]
 Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) _____ [6]
 Enter the maximum dollar amount, or percentage of total refund Dollar _____ [7] or Percent (xxx.xx) _____ [8]

Secondary account #1:

Financial institution routing transit number _____ [23]
 Name of financial institution _____ [24]
 Your account number _____ [25]
 Type of account (1 = Savings, 2 = Checking, 3 = IRA*) _____ [26]
 Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) _____ [27]
 Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) _____ [28]
 Enter the maximum dollar amount, or percentage of total refund Dollar _____ [9] or Percent (xxx.xx) _____ [10]

Secondary account #2:

Financial institution routing transit number _____ [29]
 Name of financial institution _____ [30]
 Your account number _____ [31]
 Type of account (1 = Savings, 2 = Checking, 3 = IRA*) _____ [32]
 Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) _____ [33]
 Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) _____ [34]
 Enter the maximum dollar amount, or percentage of total refund Dollar _____ [13] or Percent (xxx.xx) _____ [14]

*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.

Refund - U.S. Series I Savings Bond Purchases

A tax refund may be used to buy up to \$5,000 of U.S. Series I Savings bonds and registered for up to three different persons. If you would like to purchase U.S. Series I Savings bonds (in increments of \$50) with your refund, if applicable, please complete the following information. Please note you may enter only one name per registration (with exception of married filing joint returns) and must enter the party's given name, do not use nicknames.

Indicate either a maximum dollar amount (up to \$5,000), or percentage of refund you would like used to purchase bonds

The bonds will be registered to the name(s) on the return. For married filing joint returns this means the bonds will be registered in both names listed on the return.

To register the bonds separately, leave these fields blank and use the fields provided below.

Enter either a dollar amount or percent, but not both Dollar _____ [11] or Percent (xxx.xx) _____ [12]

Bond information for someone other than taxpayer and spouse, if married filing jointly

Maximum dollar amount (up to \$5,000), or percentage of refund used to purchase bonds Dollar _____ [15] or Percent (xxx.xx) _____ [16]
 Owner's name (First Last) _____ [36] _____ [37]
 Co-owner or beneficiary (First Last) _____ [38] _____ [39]
 Mark if the name listed above is a beneficiary _____ [40]

Bond information for someone other than taxpayer and spouse, if married filing jointly

Maximum dollar amount (up to \$5,000), or percentage of refund used to purchase bonds Dollar _____ [19] or Percent (xxx.xx) _____ [20]
 Owner's name (First Last) _____ [41] _____ [42]
 Co-owner or beneficiary (First Last) _____ [43] _____ [44]
 Mark if the name listed above is a beneficiary _____ [45]

Electronic Filing

IRS regulations require paid tax preparers who expect to prepare a certain amount of federal individual tax returns to file them electronically. To comply with this requirement your return will be electronically filed this year if it qualifies for electronic filing under IRS rules. Taxpayers may choose to file a paper return instead of filing electronically.

Mark if you want to file a paper return even if you qualify for electronic filing _____[1]

Do you want to receive email notification when your electronically filed return is accepted by the taxing agency? (Y, N) _____[2]

Mark if you are filing a balance due return electronically and you want to pay the amount due by debiting your financial institution account _____[6]

The IRS requires a Personal Identification Number (PIN) be used in signing returns that are electronically filed.

Each taxpayer and spouse, if applicable, must provide a 5 digit self-selected PIN of your choice other than all zeroes.

Taxpayer self-selected Personal Identification Number (PIN) _____[4]

Spouse self-selected Personal Identification Number (PIN) _____[5]

NOTES/QUESTIONS:

Form ID: Est **Estimated Taxes** 5

If you have an overpayment of 2011 taxes, do you want the excess:

Refunded _____ [43]

Applied to 2012 estimated tax liability _____ [44]

Do you expect a considerable change in your 2012 income? (Y, N) _____ [45]

If yes, please explain any differences:

_____[46]
 _____[47]
 _____[48]
 _____[49]

Do you expect a considerable change in your deductions for 2012? (Y, N) _____ [50]

If yes, please explain any differences:

_____[51]
 _____[52]
 _____[53]
 _____[54]

Do you expect a considerable change in the amount of your 2012 withholding? (Y, N) _____ [55]

If yes, please explain any differences:

_____[56]
 _____[57]
 _____[58]
 _____[59]

Do you expect a change in the number of dependents claimed for 2012? (Y, N) _____ [60]

If yes, please explain any differences:

_____[61]
 _____[62]
 _____[63]
 _____[64]

2011 Federal Estimated Tax Payments

2010 overpayment applied to 2011 estimates + _____ [1]

Mark if you paid the calculated amounts on the dates due indicated below. Skip the remaining fields. _____ [4]

If your estimated payments were not made on the date due or were for an amount other than the calculated amount below, please enter the actual date and amount paid.

	Date Due	Date Paid if After Date Due	Amount Paid	Calculated Amount
1st quarter payment	4/18/11	_____ [5]	+ _____ [6]	_____
2nd quarter payment	6/15/11	_____ [7]	+ _____ [8]	_____
3rd quarter payment	9/15/11	_____ [9]	+ _____ [10]	_____
4th quarter payment	1/17/12	_____ [11]	+ _____ [12]	_____
Additional payment		_____ [13]	+ _____ [14]	_____

NOTES/QUESTIONS:

2011 State Estimated Tax Payments

Taxpayer/Spouse/Joint (T, S, J) _____ [1]

State postal code _____ [2]

Amount paid with 2010 return + _____ [3]

2010 overpayment applied to '11 estimates + _____ [4]

Treat calculated amounts as paid _____ [8]

	Date Paid		Amount Paid											
1st quarter payment	_____ [9]	+	_____ [10]	<table border="0" style="width: 100%;"> <tr><td style="text-align: right;">Calculated Amount</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> </table>	Calculated Amount	_____	_____	_____	_____	_____	_____	_____	_____	_____
Calculated Amount	_____													
_____	_____													
_____	_____													
_____	_____													
_____	_____													
2nd quarter payment	_____ [11]	+	_____ [12]											
3rd quarter payment	_____ [13]	+	_____ [14]											
4th quarter payment	_____ [15]	+	_____ [16]											
Additional payment	_____ [17]	+	_____ [18]											

2011 City Estimated Tax Payments

City #1		City #2	
City name	_____ [28]	City name	_____ [50]
Amount paid with 2010 return	+ _____ [31]	Amount paid with 2010 return	+ _____ [53]
2010 overpayment applied to '11 estimates	+ _____ [32]	2010 overpayment applied to '11 estimates	+ _____ [54]
Treat calculated amounts as paid	_____ [36]	Treat calculated amounts as paid	_____ [58]

	Date Paid		Amount Paid		Date Paid		Amount Paid	
1st quarter payment	_____ [37]	+	_____ [38]		1st quarter payment	_____ [59]	+	_____ [60]
2nd quarter payment	_____ [39]	+	_____ [40]		2nd quarter payment	_____ [61]	+	_____ [62]
3rd quarter payment	_____ [41]	+	_____ [42]		3rd quarter payment	_____ [63]	+	_____ [64]
4th quarter payment	_____ [43]	+	_____ [44]		4th quarter payment	_____ [65]	+	_____ [66]

Calculated Amount

1st quarter payment	_____
2nd quarter payment	_____
3rd quarter payment	_____
4th quarter payment	_____

Calculated Amount

1st quarter payment	_____
2nd quarter payment	_____
3rd quarter payment	_____
4th quarter payment	_____

City #3		City #4	
City name	_____ [72]	City name	_____ [94]
Amount paid with 2010 return	+ _____ [75]	Amount paid with 2010 return	+ _____ [97]
2010 overpayment applied to '11 estimates	+ _____ [76]	2010 overpayment applied to '11 estimates	+ _____ [98]
Treat calculated amounts as paid	_____ [80]	Treat calculated amounts as paid	_____ [102]

	Date Paid		Amount Paid		Date Paid		Amount Paid	
1st quarter payment	_____ [81]	+	_____ [82]		1st quarter payment	_____ [103]	+	_____ [104]
2nd quarter payment	_____ [83]	+	_____ [84]		2nd quarter payment	_____ [105]	+	_____ [106]
3rd quarter payment	_____ [85]	+	_____ [86]		3rd quarter payment	_____ [107]	+	_____ [108]
4th quarter payment	_____ [87]	+	_____ [88]		4th quarter payment	_____ [109]	+	_____ [110]

Calculated Amount

1st quarter payment	_____
2nd quarter payment	_____
3rd quarter payment	_____
4th quarter payment	_____

Calculated Amount

1st quarter payment	_____
2nd quarter payment	_____
3rd quarter payment	_____
4th quarter payment	_____

Interest Income

Please provide copies of all Form 1099-INT or other statements reporting 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.

T/S/J	Type Code <small>(**See codes below)</small>	Interest Income ⁽¹⁾	Tax Exempt Income	Penalty on Early Withdrawal	U.S. Obligations* \$ or %	Tax Exempt* \$ or %	Foreign Taxes Paid	Prior Year Information
	1	Payer						
		Amounts	+					
	2	Payer						
		Amounts	+					
	3	Payer						
		Amounts	+					
	4	Payer						
		Amounts	+					
	5	Payer						
		Amounts	+					
	6	Payer						
		Amounts	+					
	7	Payer						
		Amounts	+					
	8	Payer						
		Amounts	+					
	9	Payer						
		Amounts	+					
	10	Payer						
		Amounts	+					

**Interest Codes		
Blank = Regular Interest	4 = Accrued Interest	6 = ABP Adjustment
3 = Nominee Distribution	5 = OID Adjustment	7 = Series EE & I Bond

Dividend Income

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

T S Type J Code (**See codes below)	Ordinary (1) Dividends	Qualified Dividends	Total Cap Gain Distributions	Section 1250	Sec. 1202	28% Capital Gain	Tax Exempt Dividends	U.S. Obligations* \$ or %	Tax Exempt* \$ or %	Foreign Taxes Paid	Prior Year Information
1	Payer										
	Amounts	+									
2	Payer										
	Amounts	+									
3	Payer										
	Amounts	+									
4	Payer										
	Amounts	+									
5	Payer										
	Amounts	+									
6	Payer										
	Amounts	+									
7	Payer										
	Amounts	+									
8	Payer										
	Amounts	+									
9	Payer										
	Amounts	+									
10	Payer										
	Amounts	+									

****Dividend Codes**
 Blank = Other 3 = Nominee

Pension, Annuity, and IRA Distributions #1

Please provide all Forms 1099-R.

2011 Information

Prior Year Information

Taxpayer/Spouse (T, S)				__ [1]
Name of payer	_____			[3]
State postal code	_____			[5]
Gross distributions received (Box 1)		+	_____	[7]
Taxable amount received (Box 2a)		+	_____	[9]
Federal withholding (Box 4)		+	_____	[11]
Distribution code (Box 7)				[13]
Mark if distribution is from an IRA, SEP, SIMPLE retirement plan				[14]
State withholding (Box 12)		+	_____	[15]
Local withholding (Box 15)		+	_____	[17]
Amount of rollover		+	_____	[19]
Mark if distribution was due to a pre-retirement age disability				[21]
Mark if distribution was from an inherited IRA				[22]

	Control Totals +	
--	-------------------------	--

Pension, Annuity, and IRA Distributions #2

Please provide all Forms 1099-R.

2011 Information

Prior Year Information

Taxpayer/Spouse (T, S)				__ [1]
Name of payer	_____			[3]
State postal code	_____			[5]
Gross distributions received (Box 1)		+	_____	[7]
Taxable amount received (Box 2a)		+	_____	[9]
Federal withholding (Box 4)		+	_____	[11]
Distribution code (Box 7)				[13]
Mark if distribution is from an IRA, SEP, SIMPLE retirement plan				[14]
State withholding (Box 12)		+	_____	[15]
Local withholding (Box 15)		+	_____	[17]
Amount of rollover		+	_____	[19]
Mark if distribution was due to a pre-retirement age disability				[21]
Mark if distribution was from an inherited IRA				[22]

	Control Totals +	
--	-------------------------	--

Pension, Annuity, and IRA Distributions #3

Please provide all Forms 1099-R.

2011 Information

Prior Year Information

Taxpayer/Spouse (T, S)				__ [1]
Name of payer	_____			[3]
State postal code	_____			[5]
Gross distributions received (Box 1)		+	_____	[7]
Taxable amount received (Box 2a)		+	_____	[9]
Federal withholding (Box 4)		+	_____	[11]
Distribution code (Box 7)				[13]
Mark if distribution is from an IRA, SEP, SIMPLE retirement plan				[14]
State withholding (Box 12)		+	_____	[15]
Local withholding (Box 15)		+	_____	[17]
Amount of rollover		+	_____	[19]
Mark if distribution was due to a pre-retirement age disability				[21]
Mark if distribution was from an inherited IRA				[22]

	Control Totals +	
--	-------------------------	--

Traditional IRA

Are you or your spouse (if MFJ or MFS) covered by an employer's retirement plan? (Y, N)

Taxpayer

Spouse

__ [1]

__ [2]

Do you want to contribute the maximum allowable traditional IRA contribution amount? If yes, enter the applicable code: (1 = Deductible only, 2 = Both deductible and nondeductible)

__ [3]

__ [4]

Enter the total traditional IRA contributions made for use in 2011

+ _____ [5]

+ _____ [6]

Taxpayer

Spouse

Enter the nondeductible contribution amount made for use in 2011

+ _____ [11]

+ _____ [12]

Enter the nondeductible contribution amount made in 2012 for use in 2011

+ _____ [13]

+ _____ [14]

Traditional IRA basis

+ _____ [15]

+ _____ [16]

Value of all your traditional IRA's on December 31, 2011:

+ _____ [17]

+ _____ [18]

+ _____

+ _____

+ _____

+ _____

+ _____

+ _____

+ _____

+ _____

Roth IRA

Please provide copies of any 1998 through 2010 Form 8606 not prepared by this office

Taxpayer

Spouse

Mark if you want to contribute the maximum Roth IRA contribution

__ [27]

__ [28]

Enter the total Roth IRA contributions made for use in 2011

+ _____ [29]

+ _____ [30]

Enter the total amount of Roth IRA conversion recharacterizations for 2011

+ _____ [37]

+ _____ [38]

Enter the total contribution Roth IRA basis on December 31, 2010

+ _____ [45]

+ _____ [46]

Enter the total Roth IRA contribution recharacterizations for 2011

+ _____ [47]

+ _____ [48]

Enter the Roth conversion IRA basis on December 31, 2010

+ _____ [49]

+ _____ [50]

Value of all your Roth IRA's on December 31, 2011:

+ _____ [51]

+ _____ [52]

+ _____

+ _____

+ _____

+ _____

+ _____

+ _____

+ _____

+ _____

NOTES/QUESTIONS:

Medical and Health Savings Account Contributions

Please provide all Forms 5498-SA.

	2011 Information	Prior Year Information
Taxpayer/Spouse (T, S)	_____ [1]	<div style="border: 1px solid black; height: 100%; width: 100%;"></div>
Name of Trustee _____	_____ [4]	
State postal code _____	_____ [2]	
Archer MSA contributions made in 2011 and 2012 for 2011 (Box 1)	+ _____ [6]	
Total contributions made in 2011 (Box 2)	+ _____ [8]	
Total HSA or Archer MSA contributions made in 2012 for 2011 (Box 3)	+ _____ [10]	
Rollover contribution (Box 4)	+ _____ [13]	
Fair market value of HSA, Archer MSA, or MA MSA (Box 5)	+ _____ [15]	
Box 6 -		
HSA	_____ [17]	
Archer MSA	_____ [18]	
MA (Medicare Advantage) MSA	_____ [19]	

Additional Information

	2011 Information	Prior Year Information
Indicate type of coverage under qualifying high deductible health plan (1 = Self-Only, 2 = Family)	_____ [20]	<div style="border: 1px solid black; height: 100%; width: 100%;"></div>
Number of months in qualified high deductible health plan in 2011	_____ [21]	
Mark if you want to contribute the maximum allowable health or medical savings account contribution amount	_____ [22]	
Total HSA/MSA contribution to be made for 2011	+ _____ [23]	
Excess contributions for 2010 taken as constructive contributions for 2011	+ _____ [25]	

Complete this section if your account is an Archer MSA or MA MSA

Amount of annual deductible	+ _____ [32]	<div style="border: 1px solid black; height: 100%; width: 100%;"></div>
Enter compensation from employer maintaining high deductible health plan	+ _____ [35]	
If self-employed, enter earned income from business under which plan was established	+ _____ [39]	

Complete this section if your account is an HSA

Was the high deductible health plan in effect for December 2011? (Y, N)	_____ [41]	<div style="border: 1px solid black; height: 100%; width: 100%;"></div>
Enter any qualified HSA distribution from health flexible spending arrangement (FSA)	+ _____ [43]	
Enter any qualified HSA distribution from health reimbursement arrangement (HRA)	+ _____ [45]	

NOTES/QUESTIONS:

Health, Medical Savings Account Distributions

Please provide all Forms 1099-SA.

	2011 Information	Prior Year Information
Taxpayer/Spouse (T, S)	____ [1]	<div style="border: 1px solid black; height: 100%; width: 100%;"></div>
Name of Trustee	____ [4]	
State postal code	____ [2]	
Gross distributions received (Box 1)	+ _____ [7]	
Earnings on excess contributions (Box 2)	+ _____ [9]	
Distribution code (Box 3)	____ [11]	
Fair Market Value on date of death (Box 4)	+ _____ [12]	
Box 5 -		
HSA	____ [13]	
Archer MSA	____ [14]	
MA MSA	____ [15]	
Unreimbursed qualified medical expenses for 2011	+ _____ [17]	
Withdrawal of excess contributions by the due date of the return	+ _____ [19]	
Amount of distribution rolled over for 2011	+ _____ [21]	
If the distribution is due to the death of the account holder, enter the qualified decedent medical expenses paid by the taxpayer	+ _____ [24]	
If MA (Medicare Advantage) MSA, enter value of account on 12/31/10	+ _____ [25]	
For HSA accounts:		
Was the high deductible health plan coverage started in 2010 and in effect for the month of December 2010? (Y, N)	____ [31]	
Was the high deductible health plan coverage ended before 12/31/11? (Y, N)	____ [32]	

Long Term Care (LTC) Service and Contracts

Please provide all Forms 1099-LTC.

	2011 Information	Prior Year Information
Name of the insured chronically ill individual	____ [42]	<div style="border: 1px solid black; height: 100%; width: 100%;"></div>
Social security number of insured	____ [43]	
Gross long-term care (LTC) benefits paid (Box 1)	+ _____ [45]	
Accelerated death benefits paid (Box 2)	+ _____ [47]	
Check one (Box 3)		
Per diem	____ [49]	
Reimbursed amount	____ [50]	
Qualified contract (Box 4)	____ [51]	
Check, if applicable (Box 5)		
Chronically ill	____ [52]	
Terminally ill	____ [53]	
Are there other individuals who received LTC payments during 2011? (Y, N)	____ [55]	
If the insured is terminally ill, were payments received on account of terminal illness? (Y, N)	____ [56]	
Number of days during the long-term care period	____ [57]	
Cost incurred for qualified long-term care services during the long-term care period	+ _____ [58]	

NOTES/QUESTIONS:

Schedule A - Medical and Dental Expenses

T/S/J		2011 Information	Prior Year Information
	Medical and dental expenses, such as: Doctors, Dentists, Nurses, Hospital and nursing homes, Lab fees and x-rays, Medical and surgical supplies, Hearing aids, Guide dogs, Eyeglasses and contact lenses, and Insurance reimbursements received		
__ [1]	_____	+ _____ [2]	
—	_____	+	
—	_____	+	
—	_____	+	
—	_____	+	
—	_____	+	
	Medical insurance premiums you paid*:		
__ [4]	_____	+ _____ [5]	
—	_____	+	
—	_____	+	
—	_____	+	
	Long-term care premiums you paid*:		
__ [7]	_____	+ _____ [8]	
—	_____	+	
	Prescription medicines and drugs:		
__ [10]	_____	+ _____ [11]	
—	_____	+	
—	_____	+	
__ [13]	Miles driven for medical items (1/1/11 to 6/30/11) _____ [14] (7/1/11 to 12/31/11) _____ [17]		
	<small>*Not entered elsewhere</small>		

Schedule A - Tax Expenses

T/S/J		2011 Information	Prior Year Information
	State/local income taxes paid:		
__ [18]	_____	+ _____ [19]	
—	_____	+	
—	_____	+	
—	_____	+	
—	_____	+	
	2010 state and local income taxes paid in 2011:		
__ [21]	_____	+ _____ [22]	
—	_____	+	
—	_____	+	
	Real estate taxes paid:		
__ [24]	_____	+ _____ [25]	
—	_____	+	
—	_____	+	
	Personal property taxes:		
__ [27]	_____	+ _____ [28]	
—	_____	+	
	Other taxes, such as: foreign taxes and State disability taxes		
__ [30]	_____	+ _____ [31]	
—	_____	+	
—	_____	+	
	Sales tax paid on major purchases:		
__ [36]	_____	+ _____ [37]	
—	_____	+	
	Sales tax paid on actual expenses:		
__ [39]	_____	+ _____ [40]	
—	_____	+	
—	_____	+	

Interest Expenses

T/S/J	2011 Information	Type*	Percentage (XXX.XX)	Mortgage Ins. Premiums Paid	Prior Year Information
	Home mortgage interest: From Form 1098				
[1]	+	[2]		+	
	+			+	
	+			+	
	+			+	
	+			+	
	+			+	
	+			+	
	+			+	
	+			+	
	+			+	

*Mortgage Types

- Blank = Used to buy, build or improve main/qualified second home
- 1 = Not used to buy, build, improve home or investment
- 2 = Used to pay off previous mortgage
- 3 = Used to pay off previous mortgage, excess proceeds invested
- 4 = Taken out before 7/1/82 and secured by home used by taxpayer

T/S/J	Name	SSN	2011 Information	Prior Year Information
	Other, such as: Home mortgage interest paid to individuals			
[4]			+	[5]
	Address		+	
	Address		+	
	Address		+	
	Address		+	

T/S/J Name and address of other person who received Form 1098 for jointly liable mortgage interest you paid -

— Payer's/Borrower's name _____ [7]

— Street Address _____

— City/State/Zip code _____

Refinancing Points paid in 2011 -

Taxpayer/Spouse/Joint (T, S, J) _____ [11]

Description _____

Total points paid _____

Percentage of principal exceeding original mortgage (For AMT adjustment) _____

Points paid in 2011 (Preparer use only) + _____ [12]

Date of refinance _____

Total number of payments _____

Reported on Form 1098 in 2011 _____

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

Description _____

Total points paid _____

Percentage of principal exceeding original mortgage (For AMT adjustment) _____

Points paid in 2011 (Preparer use only) + _____

Date of refinance _____

Total number of payments _____

Reported on Form 1098 in 2011 _____

T/S/J	2011 Information	Prior Year Information
	Investment interest expense, other than on Schedule(s) K-1:	
[14]	+	[15]
	+	
	+	
	+	
	+	
	+	
	+	
	+	
	+	

Control Totals +

T/S/J	2011 Information	Prior Year Information
Contributions made by cash or check (including out-of-pocket expenses)		
[2] _____	+ _____ [3]	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
[5] Volunteer miles driven _____	_____ [6]	
Noncash items, such as: Goodwill/Salvation Army/Other clothing or household goods		
[8] _____	+ _____ [9]	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	

Miscellaneous Deductions

T/S/J	2011 Information	Prior Year Information
Unreimbursed expenses, such as: Uniforms, Professional dues, Business publications, Job seeking expenses, Educational expenses		
[11] _____	+ _____ [12]	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
Union dues:		
[14] _____	+ _____ [15]	
_____	+ _____	
[17] Tax preparation fees _____	+ _____ [18]	
Other expenses, subject to 2% AGI limitation, such as: Legal/accounting fees, custodial fees		
[20] _____	+ _____ [21]	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
[23] Safe deposit box rental _____	+ _____ [24]	
Investment expenses, other than on Schedule(s) K-1:		
[26] _____	+ _____ [27]	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
Other expenses, not subject to the 2% AGI limitation:		
[30] _____	+ _____ [31]	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
Gambling losses: (Enter only if you have gambling income)		
[33] _____	+ _____ [34]	
_____	+ _____	

Employee Business Expenses

Preparer use only

Taxpayer/Spouse (T, S) _____

Occupation in which expenses were incurred _____

State postal code _____

Vehicle Questions

If you used your automobile for work purposes, please answer the following questions:

- | | | |
|--|---------|--|
| Was the vehicle available for off-duty personal use? (Y, N, Blank = Not applicable) | ___[7] | |
| Was another vehicle available for personal use? (Y, N) | ___[9] | |
| Do you have evidence to support your deduction? (1 = Yes - written, 2 = Yes - not written, 3 = No) | ___[11] | |

2011 Information **Prior Year Information**

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Vehicles #1 and #2 Actual Expenses

Vehicle 1 description _____ [15]
 Comments _____
 Vehicle 2 description _____ [44]
 Comments _____

	Vehicle 1	Prior Year Information	Vehicle 2	Prior Year Information
Date vehicle placed in service	_____ [18]		_____ [47]	
Total mileage	_____ [20]		_____ [49]	
Business mileage from 1/1/11 to 6/30/11	_____ [22]		_____ [51]	
Business mileage from 7/1/11 to 12/31/11	_____ [24]		_____ [53]	
Average daily round trip commuting mileage	_____ [25]		_____ [54]	
Total commuting mileage	_____ [27]		_____ [56]	
Gasoline, oil, repairs, insurance, etc.	+ _____ [29]		+ _____ [58]	
Vehicle rentals	+ _____ [31]		+ _____ [60]	
Inclusion amount (Preparer use only)	+ _____ [33]		+ _____ [62]	
Value of employer-provided vehicle	+ _____ [39]		+ _____ [68]	
Depreciation	+ _____ [41]	+ _____ [70]		

Vehicles #3 and #4 Actual Expenses

Vehicle 3 description _____ [75]
 Comments _____
 Vehicle 4 description _____ [103]
 Comments _____

	Vehicle 3	Prior Year Information	Vehicle 4	Prior Year Information
Date vehicle placed in service	_____ [78]		_____ [106]	
Total mileage	_____ [80]		_____ [108]	
Business mileage from 1/1/11 to 6/30/11	_____ [82]		_____ [110]	
Business mileage from 7/1/11 to 12/31/11	_____ [84]		_____ [112]	
Average daily round trip commuting mileage	_____ [85]		_____ [113]	
Total commuting mileage	_____ [87]		_____ [116]	
Gasoline, oil, repairs, insurance, etc.	+ _____ [89]		+ _____ [117]	
Vehicle rentals	+ _____ [91]		+ _____ [119]	
Inclusion amount (Preparer use only)	+ _____ [93]		+ _____ [121]	
Value of employer-provided vehicle	+ _____ [99]		+ _____ [127]	
Depreciation	+ _____ [101]	+ _____ [129]		

NOTES/QUESTIONS:

North Carolina General Information

County of residence _____ [1]

Mark if:

Taxpayer qualifies as disabled (Y, N) _____ [2]

Spouse or dependent qualifies as disabled (Y, N) _____ [3]

Taxpayer **Spouse**

Unpaid volunteer firefighter or rescue squad worker _____ [4] _____ [5]

Designations and Contributions

Amount of political designations and charitable contributions you wish to make to:

Political Designations

	Taxpayer	Spouse
Designate \$3.00 to political financing fund? (1=Democratic, 2=Republican, 3=Unspecified, 4=Libertarian) (Enter code of applicable party)	_____ [6]	_____ [7]
N.C. Public Campaign Fund		
Mark "Yes" if you want to designate \$3 of taxes to this special Fund for voter education materials and for candidates who accept spending limits.		-
Marking "Yes" does not change your tax or refund. (Y, N)	_____ [8]	_____ [9]
N.C. Public Campaign Fund		

You may designate \$3.00 of the taxes you pay to the N.C. Public Campaign Fund. (Married couples filing a joint return may each make a spousal designation if their income tax liability is \$6.00 or more.) The N.C. Public Campaign Fund provides an alternative source of campaign money to qualified candidates who accept strict campaign spending and fund-raising limits. The Fund also helps finance a Voter Guide with educational materials about voter registration, the role of the appellate courts, and the candidates seeking election as appellate judges in North Carolina. Three dollars from the taxes you pay will go to the Fund if you mark an agreement. Regardless of what choice you make, your tax will not increase, nor will any refund be reduced.

Charitable Contributions

Endangered Wildlife Fund _____ [10]

Part-year Resident Information

If you were a part-year resident during the tax year, enter the dates you lived in North Carolina

	Taxpayer	Spouse
Part-year residency dates:		
From	_____ [11]	_____ [13]
To	_____ [12]	_____ [14]

NOTES/QUESTIONS: