TAXES, DEDUCTIONS & CREDITS

Estimated tax payments:

	Federal	State	Date
1st qtr-due 4/17/11	$_______	$_______	_____
2nd qtr-due 6/15/11	$_______	$_______	_____
3rd qtr-due 9/15/11	$_______	$_______	_____
4th qtr-due 1/16/12	$_______	$_______	_____

Alimony paid
$____________ Recipient's SSN__________

HSA contributions paid by Self $__________
Spouse $__________

IRA ACCOUNTS - limit for 2011 is $5,000, if you are 50 or older the limit increases to $6,000

2011 traditional IRA contributions (must be made by 4/16/12): Self__________ Spouse__________
2011 Roth IRA contributions (must be made by 4/16/12): Self__________ Spouse__________
Are you covered by an employer sponsored retirement plan: Self (yes, no) Spouse (yes, no)

Did you or your spouse rollover an amount to an IRA? (yes, no) $__________ (self, spouse) - attach 1099R
Did you or your spouse convert an amount to a Roth IRA? (yes, no) $__________ (self, spouse) - attach 1099R
Note: Beginning in 2010 the income limitation previously imposed on ROTH conversions has been removed

Mortgage interest: $__________ Payee __________
$__________ __________
$__________ __________
Refinance points paid.... ________ Loan years_____
Student loan interest...... $__________
Primary Residence Property Taxes Paid $__________
Other Property taxes paid.... $__________
Sales tax-major purchases..$__________
-description of major purchase....__________
Sales tax on Vehicle purchases $__________

Charitable contributions-cash
Payee__________$__________
Payee__________$__________
Payee__________$__________
Contributions over $250 require a receipt

Miscellaneous deductions
Unions dues paid..................$__________
Safety deposit box...............$__________
Job related safety equipment...$__________
Income tax return preparation..$__________
Work uniforms..................$__________
Cost of tools used on job........$__________
Professional association dues...$__________

Medical expenses
Doctors & dentists.........$__________
Drugs.........................$__________
Glasses, Hearing Aids Etc.$__________
Medical Insurance............$__________
Miles driven for medical treatment..__________
If you paid Cobra insurance, were your payments reduced by the 65% continuation subsidy? ________

Noncash charitable contributions $__________
-description, fair market value, organization and organization address must be provided for donations over $500
Miles driven for charity.....................__________

Employment agency fees.............$__________
Education expenses for employment$__________
Computer expenses.....................$__________
Travel-airfare & lodging..............$__________
Business miles driven..................__________
Meals & entertainment................$__________
Promotion..............................$__________

MISCELLANEOUS CREDITS –
Child care credit – paid for care of child under 13 which enables you to work. Amount $__________
Provider's name__________ Complete address__________ SSN or FEIN________

College Tuition paid for self or spouse Amount $__________ Year in School ________
-if tuition is paid for a dependent, fill in the amount and year in school on the front page dependent section

Did you make any **energy efficient home improvements**, such as doors, windows, insulation, advanced air circulating fan, HVAC or other? (yes, no). If yes, please provide cost and type.

Other miscellaneous information
Did you **sell your house** in 2011? (yes, no). If yes, provide closing papers from sale, purchase date and cost of prior residence.
Did you **move due to a job change**? (yes, no). If yes, provide moving expenses, addresses and dates of employment.

Other Information____________________

TAX ORGANIZER

KOLODZIEJ, EISEN & FEY, LLC
Certified Public Accountants
10061 W. Lincoln Highway * Frankfort, IL 60423
Phone (815) 469-1361 * Fax (815) 469-1375
Website: www.keandf.com

2011

PERSONAL INFORMATION

Name: ____________ Spouse's Name: ____________
Social Security Number ____________ Social Security Number ____________
Occupation: ____________ Occupation: ____________
Address: ____________
Tel. No. ____________ Cell No. ____________ Work No. ____________
Date of Birth: Self ____________ Spouse ____________ E-Mail ____________

DEPENDENTS

Name	Birth Date	Relationship	SS#	Grade	Tuition/Books	School Name/City	Filing return
							(yes, no)
							(yes, no)
							(yes, no)
							(yes, no)

DIRECT DEPOSIT my refund (yes or no). Attach a **voided check** for direct deposit, unless:
☐ My refund was direct deposited in 2010 and I want my refund to be deposited in the same account.

SOURCES OF INCOME - Please provide copies of all W-2's and 1099's

INTEREST INCOME:

From Whom?	Amount
	$
	$
	$
	$
	$

DIVIDEND INCOME:

From Whom?	Amount
	$
	$
	$
	$
	$

Do you have a foreign bank or investment account? Y N
- if yes please provide statement and include income above

PENSION & IRA DISTRIBUTIONS:

From Whom?	Amount
	$
	$
	$

SOCIAL SECURITY RECEIVED:
Self.. $______
Spouse.................................... $______

UNEMPLOYMENT RECEIVED:
Self.. $______
Spouse.................................... $______

ALIMONY RECEIVED $______

SALES OF STOCK & MUTUAL FUND REDEMPTIONS – attach copies of 1099-B's

Security Name	# of Shares	Purchase Date	Sale Date	Proceeds	Cost

RENTAL PROPERTIES - (if any properties were purchased or sold-attach closing statement)

Location			
Rental income	$		
Expenses:			
Advertising........................	$		
Auto & travel........................	$		
Cleaning & maintenance.......	$		
Commissions.............	$		
Insurance..........................	$		
Interest............................	$		
Legal & professional fees......	$		
Repairs............................	$		
Supplies...........................	$		
Real Estate Tax..................	$		
Utilities............................	$		
Other...............................	$		
Major repairs & purchases.....	$		

-please provide details on major repairs and purchases