

Prepared By:

D.I. Johnson & Co., Ltd.
3105 East Beltline, Suite 301
Hibbing, MN 55746

Prepared For:

Client
,

2011 Client Organizer

From:

Client
,

To:

D.I. Johnson & Co., Ltd.
3105 East Beltline, Suite 301
Hibbing, MN 55746
|||||

2011 Client Organizer

This information is complete and correct to the best of my (our) knowledge.

Taxpayer signature _____ Date _____

Spouse signature _____ Date _____

D.I. Johnson & Co., Ltd.
Making Numbers Count
3105 East Beltline, Suite 301
Hibbing, MN 55746
218-263-8420
www.dijohnsonco.com
djohnson@dijohnsonco.com

Client

,

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.

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 filing deadline for the tax return is April 17th, 2012. In order to meet this filing deadline, we should receive the information needed to complete the return no later than March 21st, 2012, unless other mutual arrangements are made.

If an extension of the time is required, any tax that may be due with this return must be paid with that extension. Any amounts not paid by the filing deadline are subject to interest and late payment penalties when those amounts are actually paid. It is your responsibility to notify us if you would like an extension prepared.

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 will be based upon the amount of time required at standard billing rates plus out-of-pocket expenses. All invoices are due and payable upon presentation. If it should be necessary to turn your account over to a collection agency, you agree to pay all attorneys fees and other costs of such collection.

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,

D.I. Johnson & Co., Ltd.

Accepted By: _____

Date: _____

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Hibbing, MN 55746
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Client

,

Dear Client:

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.

In your Client Organizer, all social security numbers and bank account numbers have been replaced with asterisks (**_**_****) and (****1234) to protect your privacy and personal information. If you need to change or update a social security number or bank account information, please contact this office. Do not indicate the social security number or bank account change on your Client Organizer. When you receive your completed tax return(s), please review all social security numbers and bank account information for accuracy. Report any discrepancies to this office immediately.

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.

By law all charitable contributions claimed as a deduction on your tax return must be substantiated by keeping a written record of the contribution. Acceptable written records used to substantiate each contribution include a cancelled check or bank record that supports the donation, or a written receipt or similar statement that includes (1) the name of the donee organization and (2) the date and amount of the contribution and (3) if any goods or services were received in exchange for the contribution. Contributions of \$250 or more require a statement from the charitable organization. If the resulting returns are examined by the IRS, requests may be made for the written record of the contribution. It is recommended that for any charitable contributions claimed, you retain the written records for at least seven years.

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.

In order to meet the filing deadline for your 2011 income tax return, your completed tax organizer needs to be received by our office no later than March 21, 2012. Any information received after that date may require an extension of time be filed for your return. It is your responsibility to notify us if you want us to prepare an extension.

If you would like to discuss the information in your completed organizer or the preparation of your 2011 tax return, please email us or call our office for an appointment.

Thank you for the opportunity to serve you.

Sincerely,

D.I. Johnson & Co., Ltd.

Questions

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

****Please explain all "Yes" Answers****

	Yes	No
Personal Information		
Did your marital status change during the year?	p	p
If yes, explain: _____		
Did your address change from last year? (If so please provide)	p	p
Can you be claimed as a dependent by another taxpayer?	p	p
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?	p	p
Dependent Information		
Were there any changes in dependents from the prior year?	p	p
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 \$1900?	p	p
Do you have dependents who must file a tax return?	p	p
Did you provide over half the support for any other person(s) during the year?	p	p
Did you pay for child care while you worked or looked for work?	p	p
Did you pay any expenses related to the adoption of a child during the year?	p	p
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?	p	p
Purchases, Sales and Debt Information		
Did you start a new business or purchase rental property during the year?	p	p
Did you acquire a new or additional interest in a partnership or S corporation?	p	p
Did you sell, exchange, or purchase any real estate during the year?	p	p
Did you purchase or sell a principal residence during the year?	p	p
Did you foreclose or abandon a principal residence or real property during the year?	p	p
Did you acquire or dispose of any stock during the year?	p	p
Did you take out a home equity loan this year?	p	p
Did you refinance a principal residence or second home this year?	p	p
Did you sell an existing business, rental, or other property this year?	p	p
Did you incur any non-business bad debts this year?	p	p
Did you have any debts canceled or forgiven this year?	p	p
Did you purchase a new hybrid, alternative motor, or electric motor energy efficient vehicle this year?	p	p
Did you pay any student loan interest this year?	p	p
Income Information		
Did you have any foreign income or pay any foreign taxes during the year?	p	p
Did you receive any income from property sold prior to this year?	p	p
Did you receive any lump-sum payments from a pension, profit sharing or 401(k) plan?	p	p
Did you make any withdrawals from or contributions to an IRA, Roth, Keogh, SIMPLE, SEP, 401k, or other qualified retirement plan?	p	p
Did you make any withdrawals from an education savings or 529 Plan account?	p	p
Did you receive any distributions from a Health savings account (HSA), Archer MSA, or Medicare Advantage MSA this year?	p	p
Did you receive any Social Security benefits during the year?	p	p
Did you receive any unemployment benefits during the year?	p	p
Did you receive any disability income during the year?	p	p
Did you receive tip income not reported to your employer this year?	p	p
Did any of your life insurance policies mature, or did you surrender any policies?	p	p

Did you cash any Series EE or I U.S. Savings bonds issued after 1989?	p	p
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Itemized Deduction Information

Did you incur a casualty or theft loss during the year?	p	p
Did you pay out-of-pocket medical expenses (Co-pays, prescription drugs, etc.)?	p	p
Do you have evidence to substantiate charitable contributions?	p	p
Did you make any noncash charitable contributions (clothes, furniture, etc.)?	p	p
Did you donate a vehicle or boat during the year? If yes, attach Form 1098-C.	p	p
Did you have an expense account or allowance during the year?	p	p
Did you use your car on the job, for other than commuting?	p	p
Did you work out of town for part of the year?	p	p
Did you have any expenses related to seeking a new job during the year?	p	p
Did you make any major purchases during the year (cars, boats, etc.)?	p	p
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?	p	p

Miscellaneous Information

Did you make gifts of more than \$13,000 to any individual?	p	p
Did you have any educational expenses during the year?	p	p
Did you make any contributions to an education savings or 529 Plan account?	p	p
Did you make any contributions to a Health savings account (HSA) or Archer MSA?	p	p
Did you pay long-term health care premiums for yourself or your family?	p	p
Did you pay any COBRA health care coverage continuation premiums?	p	p
Are you a business owner and have paid health insurance premiums for your employees this year?	p	p
Did you utilize an area of your home for business purposes?	p	p
Did you engage in any bartering transactions?	p	p
Are you an active participant in a pension or retirement plan?	p	p
Have you complied with the information reporting requirements i.e. issue 1099's (Trade or Business taxpayers only)	p	p
Did you retire or change jobs this year?	p	p
Did you incur moving costs because of a job change?	p	p
Did you, your spouse, or your dependents attend a post-secondary school during the year, or plan to attend one in the coming year?	p	p
Did you pay any individual as a household employee during the year?	p	p
Did you make energy efficient improvements to your main home this year?	p	p
Were you a grantor or transferor for a foreign trust, have an interest in or a signature or other authority over a bank account, securities account, or other financial account in a foreign country?	p	p
Did you receive correspondence from the State or the Internal Revenue Service?	p	p
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.	p	p
Did you pay state and local real estate property taxes this year? If yes, please attach a supporting statement.	p	p

*******Please explain any "Yes" answers and provide supporting documentation*******

Minnesota Questions

Please check the appropriate box and include all necessary details.

	Taxpayer		Spouse	
	Yes	No	Yes	No
Personal Information				
Did you live in a state other than Minnesota during any part of 2011? If yes, indicate state & dates _____	p	p	p	p
Were you on active military duty during 2011? If so, indicate dates _____	p	p	p	p
Did you or a dependent donate all or part of a human organ?	p	p	p	p
Did you reside in a nursing home during 2011?	p	p	p	p
Did you pay any premiums for qualified long-term care insurance? If yes, indicate amount for each taxpayer and provide the company name and policy numbers _____	p	p	p	p

Dependent Information

Did you pay for required tuition, nonreligious materials, band instruments, or education for a dependent child in grades K - 12? If yes, provide the amount paid for each child and indicate what grade each child is in. You must have receipts. The maximum amount you may subtract for purchases of personal computer hardware and software is \$200 per family.	p	p	p	p

Income Information

Did you receive any income from sources outside Minnesota during 2011? If yes, attach listing of sources and amounts.	p	p	p	p
Did you receive any state or municipal bond interest from states other than Minnesota? If yes, enter amount here _____	p	p	p	p

Donations

Non-itemizers. Did you contribute more than \$500 to charity? If so, indicate amount here _____	p	p	p	p
Do you wish to designate \$5.00 to the State Elections campaign fund? If yes, indicate the party name or the General Campaign Fund here _____ <i>This will NOT reduce your refund or increase your tax.</i>	p	p	p	p
Do you wish to donate \$1.00 or more to the Minnesota Nongame Wildlife Fund? If yes, enter the amount here _____ <i>This WILL reduce your refund or increase your tax.</i>	p	p	p	p

Unless instructed otherwise, we will indicate your authorization to the Internal Revenue Service and the Minnesota Department of Revenue allowing us to discuss your return with them.

County of Residence _____ **Please attach your 2011 and 2012 property tax statements.**

MINNESOTA PROPERTY TAX REFUND

We will need your 2011 and 2012 property tax statements and/or Form CRP to determine if you qualify for a property tax refund. There are three different types of refunds available:

- You may qualify for the regular property tax refund if your household income is less than:

\$ 54,620 for renters, or
\$ 100,780 for homeowners.
- To qualify for the special refund, homeowners' taxes must have gone up more than 12 percent and increased by at least \$100 over last year. There is no income limit for the special property tax refund.

Refund checks must be cashed within two years from the date issued.

Please notify us when you receive your 2012 property tax forms, if you believe that you are entitled to a refund. The property tax refund form is due August 15, 2012.

Sincerely,

D.I. JOHNSON & CO., LTD.
Certified Public Accountants and Consultants
Making Numbers Count

Form ID: 1040

Personal Information**1**

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

Client

[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)

Y [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)

[46]					Months***	Dep	Care
First Name	Last Name	Date of Birth	Social Security No.	Relationship	in home	Codes * **	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***Basic**

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

*****Months**

77 = Reported on odd year return

88 = Reported on even year return

99 = Not reported on return

****Other**

1 = Student (Age 19 - 23)

2 = Disabled dependent

3 = Dependent who is both a student and disabled

General

Form ID: 1040

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]	[19]
Fax telephone number	[12]	[20]
Mobile telephone number	[13]	[21]
Pager number	[14]	[22]
Other:	[15]	[23]
Telephone number	[16]	[24]
Extension	[17]	[25]
Preferred method of contact		
Email, Work phone, Home phone, Fax, Mobile phone, Car phone	[18]	[26]

NOTES/QUESTIONS:

Form ID: Bank

Direct Deposit/Electronic Funds Withdrawal Information**3**

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]

General

Form ID: Bank

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:**Control Totals +****Payments****Form ID: Est**

Form ID: St Pmt

2011 State Estimated Tax Payments**6**

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	Calculated Amount
1st quarter payment	_____[9]	+ _____[10]	_____
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 _____

Control Totals +**Payments****Form ID: St Pmt**

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 (**See codes below)	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

Control Totals +

Income

Form ID: B-1

Form ID: B-2

Dividend Income

11

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

Control Totals +

Income

Form ID: B-2

Social Security, Tier 1 Railroad Benefits

Please provide a copy of Form(s) SSA-1099 or RRB-1099

Taxpayer/Spouse (T, S) [1]
State postal code [2]

Social Security Benefits

	2011 Information	Prior Year Information
If you received a Form SSA - 1099, please complete the following information:		
Net Benefits for 2011 (Box 3 minus Box 4) (Box 5)	+ [8]	
Voluntary Federal Income Tax Withheld (Box 6)	+ [10]	
From the DESCRIPTION OF AMOUNT IN BOX 3 area of Form SSA-1099:		
Medicare premiums	+ [12]	
Prescription drug (Part D) premiums	+ [14]	

Tier 1 Railroad Benefits

	2011 Information	Prior Year Information
If you received a Form RRB - 1099, please complete the following information:		
Net Social Security Equivalent Benefit:		
Portion of Tier 1 Paid in 2011 (Box 5)	+ [22]	
Federal Income Tax Withheld (Box 10)	+ [25]	
Medicare Premium Total (Box 11)	+ [27]	

Additional Information About Benefits Received

Additional information about the benefits received not reported above. For example did you repay any benefits in 2011 or receive any prior year benefits in 2011. This information will be reported in the SSA-1099 DESCRIPTION OF AMOUNT IN BOX 3 area or in the RRB-1099 Boxes 7 through 9.

	[38]
	[39]
	[40]
	[41]
	[42]

NOTES/QUESTIONS:

2011 Information

State and local income tax refunds

$$+ \frac{\quad}{\quad} [1]$$

Taxpayer

Spouse

Alimony received	+ _____[3]	+ _____[4]
Unemployment compensation	+ _____[8]	+ _____[9]
Unemployment compensation federal withholding	+ _____[8]	+ _____[9]
Unemployment compensation state withholding	+ _____[8]	+ _____[9]
Unemployment compensation repaid	+ _____[11]	+ _____[12]
Alaska Permanent Fund dividends	+ _____[19]	+ _____[20]

Prior Year Information

Self-Employment Income ?

T/S/J

(Y, N)

2011 Information

Prior Year Information

Other income, such as: Commissions, Jury pay, Director fees, Taxable scholarships

[illegible][illegible]

NOTES/QUESTIONS:

Form ID: IRA

Traditional IRA**40****Taxpayer****Spouse**

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

___[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:**Control Totals +****1040 Adjustments****Form ID: IRA**

T/S/J	Recipient name	Recipient SSN	2011 Information	Prior Year Information
			+	
Address			[1]	
			+	
Address				
			+	
Address				

[illegible]

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]
------	--	------	----------------------	------

*Not entered elsewhere

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]
—		+	
—		+	

Form ID: A-2

Interest Expenses

50

T/S/J	2011 Information	Percentage Type* (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		+	
	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

Investment interest expense, other than on Schedule(s) K-1:

[14]	+	[15]
	+	
	+	
	+	
	+	
	+	
	+	
	+	

Control Totals +**Itemized Deductions****Form ID: A-2**

Prior Year Information

Contributions made by cash or check (including out-of-pocket expenses)

[illegible]

+ _____ [3]
+ _____
+ _____
+ _____
+ _____
+ _____
+ _____
+ _____
+ _____
+ _____

 [5] Volunteer miles driven

Noncash items, such as: Goodwill/Salvation Army/Other clothing or household goods

— [8] _____
 — _____
 — _____
 — _____
 — _____
 — _____

+ _____ [9]
 + _____
 + _____
 + _____
 + _____
 + _____

Miscellaneous Deductions

Prior Year Information

Unreimbursed expenses, such as: Uniforms, Professional dues, Business publications, Job seeking expenses, Educational expenses

— [11] _____
 — _____
 — _____
 — _____

+ _____^[12]
 + _____
 + _____
 + _____
 + _____

Union dues:

[14]

$$+ \frac{1}{\sqrt{\pi}} \int_{-\infty}^{\infty} e^{-t^2} dt = 1$$

[17] Tax preparation fees

$$+ \quad [18]$$

Other expenses, subject to 2% AGI limitation, such as: Legal/accounting fees, custodial fees

— [20] _____
 — _____
 — _____

+ _____ [21]
 + _____
 + _____
 + _____

___ [23] Safe deposit box rental

$$+ \quad \quad \quad [24]$$

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]
+

Form ID: A-3

Form ID: MN

Minnesota General Information

Mark if you or your spouse are disabled [1]
Welfare amounts received [2]

Contributions

Amount of political and charitable contributions you wish to make to:
Political Contributions

State campaign fund (Enter the appropriate code for the \$5 political party contribution on Form M1 or Form M1PR from the list below) Taxpayer [3] Spouse [4]

Political Parties		
11 = Democratic Farm Labor	13 = Republican	15 = Grassroots
12 = Independence	14 = Green	16 = General Campaign Fund

Charitable Contribution

Nongame Wildlife Fund [5]

Credits and Subtractions

Long Term Care Insurance Credit

Name of insurance company (Taxpayer) [6]
Name of insurance company (Spouse) [7]
Policy Number (Taxpayer) [8]
Policy Number (Spouse) [9]

K-12 Education Expenses

Child's Name	Grade	Class Fees	Indiv Fees	Textbook Material	Transport Costs	Hardware Software	Qualified Tuition
[10]	[11]	[12]	[13]	[14]	[15]	[16]	[17]
[18]	[19]	[20]	[21]	[22]	[23]	[24]	[25]
[26]	[27]	[28]	[29]	[30]	[31]	[32]	[33]

Child One		Child Two		Child Three	
Class name	[34]	[35]	[36]	[37]	[38]
Class type	[39]	[40]	[41]	[42]	[43]
Ind. instr name	[44]	[45]	[46]	[47]	[48]
Ind. instr type	[49]	[50]	[51]	[52]	[53]
Music ins type	[54]	[55]	[56]	[57]	[58]
Musical ins cost	[59]	[60]	[61]	[62]	[63]
Type of school attended	[64]	[65]	[66]	[67]	[68]
Transp provider	[69]	[70]	[71]	[72]	[73]

M1PR Property Tax Credit

Note: Please attach copies of your tax year CRP's and/or current year Property Tax Statements

Part-year Resident and Nonresident Information

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

Part-year residency dates: Taxpayer Spouse
From [58] [60]
To [59] [61]
Other state of residence (State/Foreign country required for other nonresidents) [62] [63]

NOTES/QUESTIONS: