GENERAL INFORMATION SHEET

Trenda B. Hackett, CPA
2011 Tax Preparation Checklist
Call us toll-free at: 800-218-3011

1. Complete a taxpayer general information sheet and sign. If an items does not apply to you please indicate N/A.
2. If you are a new client, we will need a copy of 2010 tax return or a copy of the last tax return you filed.
3. Provide all of your tax statements that you receive in the mail. If you have not received your tax statements by January 31, 2012, contact the payor/payees to determine if they have been mailed.
4. Make available the items listed in the checklist below that are applicable to you. If an item on the check list is not applicable to you or if you have a question about an item please email or call our office.
5. Fax, email or mail information to our office (Fax: 866-683-5126; Email: info@trendahackettcpa.com.

Personal Data

- Photocopy of Social Security cards for self and others (including spouse and/or other dependents). Repeat customers only provide copy if dependents have changed from the previous year.
- Photocopy of birth certificate for all dependents (Repeat customers only provide copy if dependents have changed)
- Photocopy of drivers license
- Childcare providers: Name, address and Tax ID or Social Security number

Employment and Income

- W2 forms for the filing year
- Unemployment compensation: Form 1099-G
- Miscellaneous income including rent received: Form 1099-MISC
- Partnership, S Corporation and Trust income: Schedule K-1
- Pensions and Annuities: Form 1099-R
- Social Security Benefits: Form SSA-1099
- Railroad Retirement Benefits: Form RRB-1099
- Alimony received
- Jury duty pay
- Gambling and lottery winnings: Form W-2G
- Prizes and awards
- State and local income tax refunds: Form 1099-G
- Interest income statements: Form 1099-INT and 1099-OID
- Dividend income statements: Form 1099-DIV
- Proceeds from stock transactions: Form 1099-B
- Income from Cancellation of Debt: Form 1099-C
- Retirement plan distribution: Form 1099-R

Homeowner/Renter

- Residential address(es)
- Closing statement for purchase of home during 2009 or 2010
- Mortgage interest paid: Form 1098
- Sale of home or other real estate: Form 1099-S plus all records related to improvements or other expenses that may be taxable or reportable
- Second Mortgage interest paid
- Home Equity Line/Loan interest paid
- Real Estate taxes paid
- Moving expenses if related to work
- Receipts for repairs to your home or appliances purchased to make your home more energy efficient

2011 Tax Preparation Checklist (cont.)

Self-employed (SE) information

- Business income: Form 1099-MISC and/or own records (Please indicate amount of income received from business on the "Business Information Sheet"))
- Partnership SE income: Schedule K-1 (You should receive this from the Partnership)
- Business related expenses: (Please indicate amount of expenses on 'Business Information Sheet")
- Farm related expenses: (Please indicate amount of expenses on "Business Information Sheet")
- Employment taxes and other business taxes paid: Payment records
- Retirement contributions
- Expenses for the business use of your home

Expenses

- Gifts to charity (as of 2006 a qualified written statement from the charity is required for any single donations over $250)
- Unreimbursed expenses related to your job (e.g. uniforms, union dues, travel expenses, miles traveled and subscriptions)
- Unreimbursed expenses related to volunteer work
- Job seeking expenses
- Continuing education (job related)
- Investment expenses
- Medical savings accounts
- Adoption and/or childcare expenses
- Alimony paid: Social Security number
- Tax return preparation fees and expenses
- IRA/Keogh/401k and other retirement plan contributions
- Medical expenses: (List these expenses on information sheet)
- Casualty or theft loss: (List these expenses on information sheet)
- Student loan interest paid
- Auto loans and leases if the car is used for business (you will need to prove usage)
- Early withdrawal penalties on CDs and other time deposits
- Log books for miles and other expenses

Other

- Any correspondence or letters you have received from IRS.
- Any other items that you are not sure about that you would like your CPA to review
- Other Information attached:
- ______________________________
- ______________________________
- ______________________________
- ______________________________
- ______________________________
- ______________________________
- ______________________________
- ______________________________
- ______________________________
- ______________________________

GENERAL INFORMATION SHEET

Items you will need to have tax return prepared:

1. **2 forms of I.D. – One must be a picture I.D.**
2. **Copies of W-2(s) and 1099 forms received and any other records of income, deductions and credits**
3. **Social Security cards for all dependents claimed on the return**

TAXPAYER'S FIRST NAME	M.I.	LAST NAME	SOCIAL SECURITY NO.	DATE OF BIRTH	
SPOUSE'S FIRST NAME	M.I.	LAST NAME	SOCIAL SECURITY NO.R	DATE OF BIRTH	
PRESENT MAILING ADDRESS		CITY		STATE	ZIP CODE

FILING STATUS: CHECK ONE

☐ SINGLE ☐ MARRIED FILING SEPARATE ☐ HEAD OF HOUSEHOLD

☐ MARRIED FILING JOINT ☐ WIDOW(ER) WITH DEPENDENT CHILD: Date of spouse's death: ______________

DEPENDENTS: (AVOID DELAYS –Enter information exactly as shown on social security card. Be sure give correct date of birth)

FIRST NAME	LAST NAME	Date of Birth	Social Security Number	Relationship	Mos. In Home	Dependent Disabled (Yes or No)	Dependent Gross Income Amount	Dependent? (Yes or No)

EMAIL ADDRESS: ____(Receive tax status via email or text)

TAXPAYER'S OCCUPATION___________________ Phone Number: (H) _____________ (W) ___________ (C) ___________

SPOUSE'S OCCUPATION _____________________ Phone Number: (H) _____________ (W) ___________ (C) ___________

ARE YOU LEGALLY BLIND? ☐ YES ☐ NO ARE YOU PERMANENTLY AND TOTALLY DISABLED? ☐ YES ☐ NO

IS YOUR SPOUSE LEGALLY BLIND? ☐ YES ☐ NO IS YOUR SPOUSE PERMANENTLY AND TOTALLY DISABLED? ☐ YES ☐ NO

IS THIS TAX RETURN BEING FILED FOR A DECEASED TAXPAYER? ☐ YES ☐ NO If yes, enter the date of death ____________

DO YOU WANT US TO FILE YOUR STATE TAX RETURN? ☐ YES ☐ NO If yes, indicate state ________________________

DO YOU WANT DIRECT DEPOSIT? _____IF SO, YOU MUST PROVIDE A VOIDED CHECK OR A SAVINGS ACCOUNT NO. AND A 9 DIGIT ROUTING TRANSIT NO.

DO YOU WANT A REFUND ANTICIPATION LOAN (RAPID REFUND)? ☐ YES ☐ NO

I declare that I have provided the information on the front and back of this sheet, and to the best of my knowledge; it is true, correct, and complete. I have submitted my Federal Income Tax return to be electronically transmitted to the IRS Service Center. I understand that my return will be filed under the regular "paper" procedures if it is not accepted for transmission by the IRS.

Your Signature _______________________ Date __________ Spouse Signature _______________________ Date __________

GENERAL INFORMATION SHEET

Check Yes or No to all questions below

☐ YES ☐ NO 1. Can someone else claim you (or your spouse) as a dependent on their tax return?
☐ YES ☐ NO 2. Have you ever been denied Earned Income Credit by IRS in past years?

During 2011 did you (or your spouse if filing a joint return):

☐ YES ☐ NO 3. Buy a brand new vehicle? If yes, date of purchase __________ (Provide a copy of the Bill of Sale)
☐ YES ☐ NO 4. Buy a new home? If yes, enter the closing date _____________ (Provide a copy of the Closing Statement)
☐ YES ☐ NO 5. Have a foreclosure or did the bank cancel any part of your loan?
☐ YES ☐ NO 6. Entered a settlement with credit card your company to pay off debt at a lesser amount than owed?
☐ YES ☐ NO 7. Purchase and install energy efficient home items? (such as windows, furnace, insulation, energy appliances etc.)
☐ YES ☐ NO 8. Pay college tuition for yourself, your spouse or your dependents? If yes, attach Form 1098-T.
☐ YES ☐ NO 9. Have any student loans or paid interest on any student loans?
☐ YES ☐ NO 10. Qualify for Earned Income Credit. If yes, please complete the EIC Eligibility Checklist and sign and attach.

Income - In 2011 did you (or your spouse if filing a joint return) receive:

☐ YES ☐ NO 11. Wages or Salary (Attach Form W-2)
☐ YES ☐ NO 12. Tip Income
☐ YES ☐ NO 13. Scholarships
☐ YES ☐ NO 14. Interest/Dividends from checking or savings accounts, bonds, CDs, brokerage, etc. (Attach 1099-INT/1099-DIV)
☐ YES ☐ NO 15. State Tax Refund: If yes, did you itemize your deductions on your 2008 tax return? State Refund Amt _______
☐ YES ☐ NO 16. Self-Employment Income (contract labor, small business, hobby etc.)? Form 1099-MISC & your own records
☐ YES ☐ NO 17. Alimony Income, Enter amount: ________________
☐ YES ☐ NO 18. Proceeds from the Sale of Stocks/ Bonds (Form 1099-B and Sale of Real Estate (Form 1099S) (including your home)
☐ YES ☐ NO 19. Proceeds from Sale of Business Assets and Property
☐ YES ☐ NO 20. Disability Income
☐ YES ☐ NO 21. Pensions, Annuities, and/or IRA Distributions (Form 1099-R)
☐ YES ☐ NO 22. Social Security or Railroad Retirement Benefits (Form SSA-1099)
☐ YES ☐ NO 23. Income from Rental Property (from your records)
☐ YES ☐ NO 24. Income from Farming (from your records)
☐ YES ☐ NO 25. Income from Partnership/ S-Corporation/ Estates/Trusts (Attach Schedule K-1 from Partnership/ S-Corporation/ Estates/Trusts)
☐ YES ☐ NO 26. Unemployment Benefits (Form 1099-G)
☐ YES ☐ NO 27. Gambling Winnings (Form W-2G)
☐ YES ☐ NO 28. Other Income: (lottery, prizes, awards, jury duty, settlements, etc. Specify: ______________________________

Expenses - In 2011 did you (or your spouse if filing a joint return) pay:

☐ YES ☐ NO 29. Alimony: If yes, do you have the recipients SSN? Enter the recipients SSN: ____________________________
☐ YES ☐ NO 30. Contributions to IRA, 401K, or other retirement account, including employer retirement account
☐ YES ☐ NO 31. Educational expenses such as a computer, books, internet service etc.
☐ YES ☐ NO 32. Classroom supplies, if you are a teacher
☐ YES ☐ NO 33. Expenses for your non-farm business, if self-employed (Complete Business Information Sheet and attach)
☐ YES ☐ NO 34. Expenses related to your rental property (Complete Rental Property Information Sheet and attach)
☐ YES ☐ NO 35. Expenses related to your farm business (Complete Farm Information Sheet and attach)
☐ YES ☐ NO 36. Expenses related to the business use of your home (Complete Business Use of Home Info Sheet and attach)
☐ YES ☐ NO 37. Unreimbursed expenses related to your job from which you received a W-2(Complete Itemized Deduction sheet)
☐ YES ☐ NO 38. Medical expenses (Complete Itemized Deduction Info Sheet)
☐ YES ☐ NO 39. Home Mortgage Interest (Complete Itemized Deduction Info Sheet and Attach Form 1098)
☐ YES ☐ NO 40. Real estate taxes on your home (Complete Itemized Deduction Info Sheet and Attach Form 1098)
☐ YES ☐ NO 41. Charitable Contributions (Complete Itemized Deduction Sheet)
☐ YES ☐ NO 42. Child and dependent care expenses (Attach statement from Day Care or Dependent Care Provider)
☐ YES ☐ NO 43. Other Expenses that you are not sure about (Ask your CPA)
☐ YES ☐ NO 44. Job-related moving expenses

I declare that I have provided the information on the front and back of this sheet, and to the best of my knowledge; it is true, correct, and complete. I have submitted my Federal Income Tax return to be electronically transmitted to the IRS Service Center. I understand that my return will be filed under the regular "paper" procedures if it is not accepted for transmission by the IRS.

Your Signature _______________________ Date __________ Spouse Signature_______________________ Date ________

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Earned Income Credit Eligibility Checklist

(Complete to determine if you qualify for Earned Income Credit)

You may claim the EIC if you answer "Yes" to all the following questions.*	Yes	No
1. Is your AGI less than: • $43,998($49,078 married filing joint) with 3 or more qualifying children, (Max EIC: $5,751 for 3 or more) • $40,964($46,044 married filing joint) with 2 qualifying children, (Max amount of EIC: $5,112 for 2) • $36,052($41,132 married filing joint) with 1 qualifying child, or (Max amount of EIC: $3,094 for 1) • $13,660($18,740 married filing joint) with no qualifying child? (Max amount of EIC: $ 464 for 0)		
2. Do you, your spouse, and your qualifying child each have a valid SSN?		
3. Is your filing status married filing jointly, head of household, qualifying widow(er), or Single?		
4. Answer "Yes" if you are not filing Form 2555 or Form 2555-EZ. Otherwise, answer "No." Caution: If you or your spouse is a nonresident alien, answer "Yes" only if your filing status is married filing jointly.		
5. Is your investment income $3,150 or less? (includes Interest, Dividend income and etc)		
6. Is your total earned income at least $1 but less than: • $43,998 ($49,078 married filing joint) if you have three or more qualifying children, • $40,964 ($46,044 married filing joint) if you have two qualifying children, • $36,052 ($41,132 married filing joint) if you have one qualifying child, or • $13,660 ($18,740 married filing joint) if you do not a qualifying child?		
7. Answer "Yes" if you (and your spouse if filing a joint return) are not a qualifying child of another person. Otherwise, answer "No."		
STOP: If you have a qualifying child, answer questions 8 and 9 and skip 10 – 12. If you do not have a qualifying child, skip questions 8 and 9 and answer 10 – 12.*		
8. Does your child meet the age, residency, and relationship tests for a qualifying child?		
9. Is your child a qualifying child only for you? Answer "Yes" if your qualifying child also meets the tests to be a qualifying child of another person, but the other person is not claiming any child-related tax benefits using that child. Answer "No" if you do not know whether the other person is claiming any child-related tax benefits using that child.		
10. Were you (or your spouse if filing a joint return) at least age 25 but under age 65 at the end of 2011?		
11. Answer "Yes" if you (and your spouse if filing a joint return) cannot be claimed as a dependent on anyone else's return. Answer "No" if you (or your spouse if filing a joint return) can be claimed as a dependent on someone else's return.		
12. Was your main home (and your spouse's if filing a joint return) in the United States for more than half the year?		

***PERSONS WITH A QUALIFYING CHILD**:

- If you answered "Yes" to questions 1 through 9, you can claim the EIC. Remember to fill out Schedule EIC and attach it to your Form 1040 or Form 1040A. You cannot use Form 1040EZ.

- If you answered "Yes" to questions 1 through 8 and "No" to question 9, see Rule 9 to help you determine whether you can claim the EIC.

If you answered "Yes" to questions 1 through 7 and "No" to question 8, answer questions 10 through 12 to see if you can claim the EIC without a qualifying child.

PERSONS WITHOUT A QUALIFYING CHILD: If you answered "Yes" to questions 1 through 7, and 10 through 12, you can claim the EIC.

If you answered "No" to any question that applies to you: You **cannot** claim the EIC.

I declare that I have provided the information on this sheet, and to the best of my knowledge, it is true, correct, and complete. I have submitted my Federal Income Tax return to be electronically transmitted to the IRS Service Center. I understand that my return will be filed under the regular "paper" procedures if it is not accepted for transmission by the IRS.

Signature ______________________________ Date ___________ Spouse Signature ______________________ Date__________

2011 Itemized Deductions Information Sheet (Schedule A)

Medical Expenses

Enter the amounts below for the **out of pocket** expenses paid for you, spouse and dependent during 2011. **Do not include** amounts covered by insurance.

Type of Medical Expense	2011 Amount	Type of Medical Expense	2011 Amount
Bandages		Birth Control pills prescribed by your doctor	
Body scan (MRI		Equipment and home improvements for medical	
Diagnostic Service		Expense for an organ donor	
Eye surgery		Fertility enhancement, certain procedures	
Guide dogs or other animals		Hospital fees (lab work, therapy, nursing etc)	
Lead-based paint removal		Physical examination	
Legal abortion		Pregnancy test kit	
Legal operation to prevent having children (male or female)		Medical services (doctors, dentists, and other medical practitioners)	
Meals and lodging provided by hospital during medical treatment		Special items (artificial teeth, eye-glasses, contact lenses, hearing aid, crutches, wheelchair etc.)	
Prescription medicines		Stop-smoking programs	
Medicare Part D premiums		Treatment at a drug or alcohol center	
Health ins. premiums withheld on job		Wages paid for certain nursing services	
Health ins. premiums withheld from ret.		Weight-loss, required by doctor	
Health insurance premiums		Transportation for needed medical care	
Oxygen equipment and oxygen		**Total miles driven for medical care during 2009**	miles
		Other Medical Expenses (Enter total)	

Taxes Paid

State and local income taxes paid with State Tax return in 2011	
Real estate taxes on personal residence	
Personal property taxes (vehicle registration and mobile home)	
Sales Taxes Paid on vehicle purchased during 2011	

Interest Paid

Home mortgage interest paid to financial institutions (Attach Forms 1098)	
Home mortgage interest paid to individuals	
Name of Individual:	(Do not enter amt.)
Address of Individual:	(Do not enter amt.)

Contributions

Cash contributions to Church	
Cash contributions to other non-profit, tax-exempt organizations	
Non-Cash contributions (Salvation army, donations of property, vehicle, stocks, bonds (provide details):	
Enter the total number of miles driven for charity related purposes during 2011	miles

Casualty and Theft Losses ……………………………..………………Attach documentation

Miscellaneous and Other Itemized Deductions (Unreimbursed Job Expenses and Other)

Type of Expense	2011 Amount	Type of Expense	2011 Amount
Uniforms & Cleaning		Job Hunting expenses (resumes, travel, etc)	
Tax Preparation Fees		Union Dues, Business Publications and Journals	
Professional Dues and Fees		Small Tools use in our trade or business	
Business telephone and internet		Legal fees	
Education expenses		IRA Custodial fees & Fees charged by 401(k)	
Business Entertainment		**Other Deductions (Attach List with amounts)**	

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Business Use of Home Information

Do you use any part of your home regularly and exclusively for business? ☐ YES ☐ NO

Describe work/business activities done in home	
Describe work/business activities done outside home	
Enter the total square footage of your home	
Enter the square footage of area used for business	

Expenses for Business Use of Home:

	Direct Costs (benefit only business portion of home)	**Indirect Costs** (benefit entire home including business area)
Home Insurance		
Repairs and Maintenance		
Utilities		
Rent		
Security		
Other:		
Enter the total cost of your home:		
Enter the date you started using your home for business		

Additional Information

Please elaborate on any information listed above and provide any other information that we should be aware of to properly and accurately prepare your tax return. Also include any additional questions you may have.
