



2011 TAX PREPARATION ENGAGEMENT LETTER

We will prepare your individual federal and state income tax returns for the year ended December 31, 2011. As taxpayers, it is your responsibility to provide us with all of the information required to complete the tax returns. In that regard, to the best of your knowledge and belief:

You have provided us true, correct and complete information regarding your income as listed on the attached Form W-2, Form 1099 and/or attached written summaries. You will retain for at least four (4) years, and preferably six (6) years, all the documents, receipts, cancelled checks and other records required to substantiate the items of income and expense claimed on your return.

You have provided us true, correct and complete information regarding the amounts you claimed as tax deductions, and have maintained written documentation supporting all amounts, including logbooks and receipts. You understand that taxing authorities may examine the returns, that documentation should be retained to support the information provided to us, especially business travel and entertainment deductions, business use percentage of autos and other assets, barter activities and the required documents to support all charitable contributions, and that penalties may be imposed on returns that are late, underpaid or incorrect.

We will not audit or otherwise verify any information. We may require clarification or additional information. We are not responsible for disallowed deductions, or the inclusion of additional unreported income or any resulting taxes, penalties or interest.

We will use our judgment to resolve questions in your favor where a tax law is unclear or if there is a reasonable justification for doing so. Whenever we are aware that a possibly applicable tax law is unclear or that there are conflicting interpretations of the law by authorities (e.g., tax agencies and courts), we will explain the possible positions that may be taken on your return. We will follow whatever position you request, so long as it is consistent with the codes, regulations and interpretations that have been promulgated. If the IRS should later contest the position taken, there may be an assessment of additional tax plus interest and penalties. We assume no liability for any such additional penalties or assessments. You understand that if a question arises regarding the interpretation of tax law, and a conflict exists between tax authorities' interpretation of the law and other supportable positions, that we will use our professional judgment in resolving the issues.

You understand that you will be charged an additional fee if we are asked to assist or represent you in a tax examination or inquiry. You understand that, in the event of preparer error, you are responsible for additional tax that may be due, but that the extent of our responsibility is to pay for any penalty that the IRS or state revenue department may assess.

You will contact us immediately if you discover additional information that will lead to a change in your return, or if you receive any correspondence from the IRS or state taxing authorities. Our policy is to put all tax advice in writing, and that you will not rely upon any unwritten advice because it may be tentative, incomplete, or not fully reviewed.

Our bill will be due and payable upon completion of these returns, and additional services will not be performed until the bill for these services is paid in full. You understand that your bill will be based upon our fee schedule and the complexity of the returns.

We will not file any federal, state, or local tax extensions without your specific written request to do so.

If there are other services or tax returns that you expect us to prepare, such as estate, gift, sales, fiduciary, property, or other states or cities, you will note them at the bottom of this letter.

RECORD RETENTION: In accordance with our firm's current document retention policy, we will retain your work papers and a copy of your tax returns for seven (7) years. We will provide you with a copy of the depreciation schedules and tax return(s) and other pertinent work papers that should be a part of your books and records. If you should need replacements, we will provide additional copies at our standard copying fees. All of your original records will be returned to you. After seven years, our work papers and files will no longer be available. Physical deterioration or catastrophic events may shorten the time during which your records will be available. The working papers and files of our firm are not a substitute for your original records. It is agreed and understood that in connection with the performance of this engagement by Preferred CPA's that the work papers prepared by us shall remain the property of Preferred CPA's.

The terms described in this letter are acceptable, are agreed to and shall remain in effect until terminated by either party in writing.

_____/ /2012
Taxpayer's Signature Date Spouse's Signature (if filing jointly) / /2012
Date

This Tax Organizer is designed to help you collect and report the information needed to prepare your 2011 income tax return. The attached worksheets cover income, deductions, and credits, and will help in the preparation of your tax return by focusing attention on your special needs.

Please enter your 2011 information in the designated areas on the worksheets. If you need to include additional information, you may use the back of a worksheet or an additional page.

When possible, 2010 information is included for your reference. You do not need to make any 2010 entries.

Note: The General Questions and Business/Investment Questions worksheets include a variety of questions designed to assist in completing your tax return. If you answer **yes** to any of the questions, be sure to provide the applicable details.

Please provide the following information:

- A copy of your 2010 tax return (if not in our possession).
- Original Form(s) W-2.
- Schedule(s) K-1 showing income or loss from partnerships, S corporations or estates or trusts.
- Copies of other compensation or pension documentation, such as Form 1099-MISC or Form 1099-R.
- Form(s) 1099 or statements reporting dividend and interest income.
- Brokerage statements showing transactions for stocks, bonds, etc.
- Form(s) 1098 reporting interest paid, copies of real estate tax bills and other information relating to real property holdings.
- Copies of closing statements regarding the sale or purchase of real property.
- All other information notices you received, or any items you have questions about.

Thank you for taking the time to complete this Tax Organizer.

Preferred CPA's
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Charlotte, MI 48813
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E-mail: preferred@PreferredCPAs.com

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ORG2

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General Questions

ORG3

PERSONAL INFORMATION

1 Did your marital status change during 2011? Yes No
If yes, explain
2 Do you want to allow your tax preparer to discuss this year's return with the IRS? Yes No
If no, enter another person (if desired) to be allowed to discuss this return with the IRS.
Caution: Review any transferred information for accuracy.
Designee's Name
Phone Number Personal Identification Number (5 digit PIN)
3 Do you or your spouse plan to retire in 2012? Yes No
4 Were you or your spouse permanently and totally disabled in 2011? Yes No
5 Enter date of death for taxpayer or spouse (if during 2011 or 2012): Taxpayer: Spouse:
6 Were you or your spouse a member of the U.S. Armed Forces during 2011? Yes No

DEPENDENT INFORMATION

7 a Do you have dependents who must file? Yes No
b If yes, do you want us to prepare the return(s)? Yes No
8 a Do you have children who are under age 19 or a full time student under age 24 with investment income greater than \$1,900? Yes No
b If yes, do you want to include your child's income on your return? Yes No
9 Are any of your dependents not U.S. citizens or residents? Yes No
10 Did you provide over half the support for any other person during 2011? Yes No
11 Did you incur adoption expenses during 2011? Yes No

IRA, PENSION AND EDUCATION SAVINGS PLANS

12 Did you receive payments from a pension or profit-sharing plan? Yes No
13 Did you receive a total distribution from an IRA or other qualified plan that was partially or totally rolled over into another IRA or qualified plan within 60 days of the distribution? Yes No
14 a Did you convert all or part of a regular IRA into a Roth IRA? Yes No
b Did you roll over all or part of a qualified plan into a Roth IRA? Yes No
15 Did you contribute to a Coverdell Education Savings Account? Yes No

ITEMS RELATED TO INCOME/LOSSES

16 Did you receive any disability payments in 2011? Yes No
17 Did you receive tip income not reported to your employer? Yes No
18 a Did you buy, sell, refinance, or abandon a principal residence or other real property in 2011? (Attach copies of any escrow statements or Forms 1099.) Yes No
b If you sold or abandoned a home, did you claim the First-Time Homebuyer Credit when you purchased the home? Yes No
c Are you planning to purchase a home soon? Yes No
19 Did you incur any casualty or theft losses during 2011? Yes No
20 Did you incur any non-business bad debts? Yes No

PRIOR YEAR TAX RETURNS

21 Were you notified by the Internal Revenue Service or state taxing authority of changes to a prior year's return? Yes No
If yes, enclose agent's report or notice of change.
22 Were there changes to a prior year's income, deductions, credits, etc which would require filing an amended return? Yes No

General Questions (continued)

ORG3

FOREIGN BANK ACCOUNTS, FOREIGN ASSETS AND FOREIGN TAXES

	Yes	No
23 Did you have foreign income or pay any foreign taxes in 2011?	<input type="checkbox"/>	<input type="checkbox"/>
24 a At any time during 2011, did you have an interest in or a signature or other authority over a bank account, or other financial account in a foreign country?	<input type="checkbox"/>	<input type="checkbox"/>
b Did the aggregate value of all your foreign accounts exceed \$10,000 at any time during 2011? Report all interest income on Org 11	<input type="checkbox"/>	<input type="checkbox"/>
25 Were you the grantor of or transferor to a foreign trust which existed during the tax year, whether or not you have any beneficial interest in the trust?	<input type="checkbox"/>	<input type="checkbox"/>
26 Did you at any time during 2011, have an interest in or any authority over any foreign accounts or assets (i.e. stocks, bonds, mutual funds, partnership interests, etc.) held in foreign financial institutions that exceeded \$50,000 in value at any time during the year?	<input type="checkbox"/>	<input type="checkbox"/>

HEALTH AND LIFE INSURANCE

	Yes	No
27 Did you or your spouse have self-employed health insurance?	<input type="checkbox"/>	<input type="checkbox"/>
28 If you or your spouse are self-employed, are either of you eligible to participate in an employer's health plan at another job?	<input type="checkbox"/>	<input type="checkbox"/>
29 Did your employer pay premiums on life insurance in excess of \$50,000 where the proceeds are payable to beneficiaries named by you?	<input type="checkbox"/>	<input type="checkbox"/>
30 Did you contribute to or receive distributions from a Health Savings Account (HSA)?	<input type="checkbox"/>	<input type="checkbox"/>
31 Did you or your spouse elect continuation of COBRA coverage after your employment was involuntarily terminated?	<input type="checkbox"/>	<input type="checkbox"/>

MISCELLANEOUS

	Yes	No
32 Did you make energy efficient improvements to your home or purchase any energy-saving property during 2011? If yes , please attach details	<input type="checkbox"/>	<input type="checkbox"/>
33 Did you start paying mortgage insurance premiums in 2011? If yes , please attach details	<input type="checkbox"/>	<input type="checkbox"/>
34 Did you purchase a motor vehicle or boat during 2011? If yes , attach documentation showing sales tax paid.	<input type="checkbox"/>	<input type="checkbox"/>
35 Did you purchase a hybrid or electric vehicle in 2011? If yes , enter year, make, model, and date purchased: _____	<input type="checkbox"/>	<input type="checkbox"/>
36 Did you donate a vehicle in 2011? If yes, attach Form 1098C	<input type="checkbox"/>	<input type="checkbox"/>
37 What was the sales tax rate in your locality in 2011? _____ % State ID . . . _____		
38 Did you or your spouse make gifts of over \$13,000 to an individual or contribute to a prepaid tuition plan?	<input type="checkbox"/>	<input type="checkbox"/>
39 Did you make gifts to a trust?	<input type="checkbox"/>	<input type="checkbox"/>
40 If there were dues paid to an association, was any portion required to be non-deductible due to political lobbying by the association? If yes , please attach details.	<input type="checkbox"/>	<input type="checkbox"/>
41 Did you or your spouse participate in a medical savings account in 2011? If yes , please attach Form 1099-SA (Distributions from an HSA, Archer MSA or Medicare+Choice MSA.)	<input type="checkbox"/>	<input type="checkbox"/>
42 Did you make a loan at an interest rate below market rate?	<input type="checkbox"/>	<input type="checkbox"/>
43 Did you pay any individual for domestic services in 2011?	<input type="checkbox"/>	<input type="checkbox"/>
44 Did you pay interest on a student loan for yourself, your spouse, or your dependents?	<input type="checkbox"/>	<input type="checkbox"/>
45 Did you, your spouse, or your dependents attend post-secondary school in 2011?	<input type="checkbox"/>	<input type="checkbox"/>
46 Did a lender cancel any of your debt in 2011? (Attach any Forms 1099-A or 1099-C)	<input type="checkbox"/>	<input type="checkbox"/>
47 Did you receive any income not included in this Tax Organizer? If yes , please attach information.	<input type="checkbox"/>	<input type="checkbox"/>

ELECTRONIC FILING AND DIRECT DEPOSIT OF REFUND

	Yes	No
48 If your tax return is eligible for Electronic Filing, would you like to file electronically?	<input type="checkbox"/>	<input type="checkbox"/>
49 The Internal Revenue Service is able to deposit many refunds directly into taxpayers' accounts. If you receive a refund, would you like direct deposit?	<input type="checkbox"/>	<input type="checkbox"/>

Caution: Review transferred information for accuracy.

50 If **yes**, please provide the following information:

a Name of your financial institution _____

b Routing Transit Number (must begin with 01 through 12 or 21 through 32) _____

c Account number _____

d What type of account is this? Checking Savings

Please attach a **voided** check (not a deposit slip) if your bank account information has changed.

Business/Investment Questions

ORG4

Yes No

1 Did you receive stock from a stock bonus plan with your employer?
(Do not include stock sales included on your W-2.)

2 Did you buy or sell any stocks or bonds in 2011?
If **yes**, attach broker's information (such as Form 1099-Bs and broker annual statements) related to the transactions.

3 Did you surrender any U.S. savings bonds during 2011?

4 Did you use the proceeds from Series EE or I U.S. savings bonds purchased after 1989 to pay for higher education expenses?

5 Did you realize a gain or loss on property which was taken from you by destruction, theft, seizure, or condemnation?

6 Did you start a business, purchase a rental property or farm, or acquire interests in partnerships or S corporations?

7 Do you have any investments for which you were **not** personally 'at risk' (other than sole proprietorship or farm)?

8 Did you own an interest in a Real Estate Mortgage Investment Conduit (REMIC) during 2011?

9 Did you sell property or equipment on installment in 2011?

10 Did you have any business related educational expenses?

11 Did you do a 'like-kind' exchange of property in 2011?

12 Do you have records, as described below, to support expenses?

Tax law and IRS regulations allow deductions for travel and entertainment if adequate records can be presented. Information must include: **1** Amount; **2** Time and place; **3** Date; **4** Business purpose; **5** Description of gift(s); and **6** Business relationship of recipient.

13 Did you purchase special fuels for non-highway use?
If **yes**, please list the type of use and the number of gallons for each fuel.

14 Was Form 8903 (Domestic Production Activities Deduction) included in your 2010 federal income tax return?

Basic Taxpayer Information

ORG6

PERSONAL INFORMATION

	TAXPAYER	SPOUSE
Last name	_____	_____
First name	_____	_____
Middle initial and suffix	MI _____ Suffix _____	MI _____ Suffix _____
Social security number	_____	_____
Occupation	_____	_____
Work phone/extension	_____	_____
Cell phone	_____	_____
E-mail address	_____	_____
Birthdate or age as of 1-1-2012	MM/DD/YYYY _____	MM/DD/YYYY _____
Blind	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Contribute to Presidential Election Campaign Fund	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Eligible to be claimed as a dependent on another return	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Street address	_____	Apartment number _____
City	_____ State _____	ZIP code _____
Home phone	_____ Foreign country _____	_____
Fax	_____ Foreign phone _____	_____

FILING STATUS

1 Single
 2 Married filing jointly
 3 Married filing separately
 Check this box if you **did not** live with spouse at any time during the year
 Check this box if you are eligible to claim spouse's exemption
 Check this box if your spouse itemizes deductions

4 Head of household
 If the qualifying person is a child but not your dependent, enter
 Child's name _____ Child's social security number _____

5 Qualifying widow(er)
 Check the box for the year the spouse died. 2009 2010

DEPENDENT INFORMATION

Full Name (first name, middle initial, last name, suffix)	Social Security Number	**Code	Date of Birth	2011 Child Care Expense	
				+Months in U.S.	*Not Citizen
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	

****** For the Dependent Code, enter the following: L = dependent child who lived with you
 N = dependent child who didn't live with you due to divorce or separation
 O = other dependent
 Q = not a dependent (but is a person who qualifies your client for the earned income credit and/or the credit for child and dependent care expenses)

+ Enter the number of months dependent lived with you, and/or your spouse if married filing jointly, in the U.S.
***** Check this box if dependent child is not a U.S. citizen or resident alien

Interest and Dividend Income

ORG11

T = Taxpayer, S = Spouse, J = Joint

INTEREST INCOME

Attach all copies of your Form 1099-INTs here.

****Type of Interest**
 blank = Regular taxable interest
 ME1 = ME bond interest in federal income
 MD1 = MD nontaxable interest — taxable federal

MA1 = MA bank interest
 NH1 = NH nontaxable interest — taxable federal
 NJ1 = NJ nontaxable interest — taxable federal

OK1 = OK bank interest
 TN1 = TN nontaxable interest — taxable federal
 WV1 = WV bond interest in federal income

TSJ	X*	Payer Name	2011 Box 1 Interest	Type of Interest**	2011 Box 3 US/Treasury Interest	2011 Box 8 Tax Exempt	State	2010 Box 1 + 3

X* Check if you did not receive income from this account in 2011.

DIVIDEND INCOME

Attach all copies of your Form 1099-DIVs here.

TSJ	X*	Payer Name	2011 Box 1a Ordinary Dividends	2011 Box 1b Qualified Dividends	2011 Box 2a Capital Gains	State	2010 Box 1a + 2a

X* Check if you did not receive income from this account in 2011.

Medical and Tax Expenses

ORG13

MEDICAL AND DENTAL EXPENSES	2011	2010
1 Prescription medications		
2 Health insurance premiums (enter Medicare B on ORG10)		
3 Qualified long-term care premiums		
a Taxpayer's gross long-term care premiums		
b Spouse's gross long-term care premiums		
c Dependent's gross long-term care premiums		
4 Enter self-employed health insurance premiums on ORG19, ORG27, ORG45A, or ORG46A for the appropriate activity		
5 a Insurance reimbursement		
b Medical (MSA) or health (HSA) savings account distributions		
6 Doctors, dentists, etc		
7 Hospitals, clinics, etc		
8 Lab and X-ray fees		
9 Expenses for qualified long-term care		
10 Eyeglasses and contact lenses		
11 Medical equipment and supplies		
12 a Miles driven for medical purposes 01/01/11 thru 06/30/11		
b Miles driven for medical purposes 07/01/11 thru 12/31/11		
13 Ambulance fees and other medical transportation costs		
14 Lodging		
15 Other medical and dental expenses:		
a _____		
b _____		
c _____		
d _____		
e _____		
f _____		
g _____		
h _____		
i _____		
j _____		
TAXES	2011	2010
Enter state and local income taxes on ORG7, ORG8, ORG10, and ORG40.		
16 Real estate taxes paid on principal residence		
17 Real estate taxes paid on additional homes or land		
18 Auto registration fees based on the value of the vehicle		
19 Other personal property taxes		
20 Other taxes:		
_____		
_____		

Interest Paid and Cash Contributions

ORG14

HOME MORTGAGE INTEREST PAID			
Lender's Name	Check if NOT on Form 1098	2011	2010
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		

POINTS PAID ON LOAN TO BUY, BUILD, OR IMPROVE MAIN HOME		
Lender's Name	Check if NOT on Form 1098	2011
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	

SELLER FINANCED MORTGAGE		
Individual's Name	Identifying Number	Address

OTHER POINTS					
Enter below any points paid on a home equity loan (other than to improve your main home), a loan for a second home, or a refinanced mortgage.					
Lender's Name	Loan Over	Points Paid	Date of Loan	Loan Length (years)	2010 Points Deducted
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				

INVESTMENT INTEREST		
	2011	2010
Investment interest (for example: margin interest, interest paid on loans used for property held for investment, etc)		

Interest Paid and Cash Contributions (continued)

ORG14

CASH CONTRIBUTIONS			
Name of Donee Organization	Check if Statement Exists for Gifts \$250 or More	2011	2010
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
Charitable miles driven			
Miles driven to deliver noncash contributions			
Parking fees, tolls, and local transportation			

Noncash Contributions

ORG14A

Copy 1

Name of Donee Organization	Check if Statement Exists for Gifts of \$250 or More	Fair Market Value	Prior Year Fair Market Value
A _____			
B _____			
C _____			
D _____			
E _____			
F _____			
G _____			
H _____			
I _____			

Note: Complete sections below **only** if the **total** noncash contributions are **more than \$500**.

Description of Donated Property	Type**	Address of Donee Organization
A _____		
B _____		
C _____		
D _____		
E _____		
F _____		
G _____		
H _____		
I _____		

* Method for Fair Market Value	Date of Contribution	Complete these columns only for each contribution over \$500		
		Date Acquired (month, year)	How Acquired***	Your Cost
A _____				
B _____				
C _____				
D _____				
E _____				
F _____				
G _____				
H _____				
I _____				

*** Methods of determining FMV:**

- | | | |
|---------------|--------------------------|-------------------|
| Appraisal | Capitalization of income | Present value |
| Average share | Comparative sales | Replacement cost |
| Catalog | Consignment shop | Reproduction cost |
| | | Thrift shop |

**** Type of Donated Property**

- | | | |
|---------------------------------|-----------------------------------|--|
| Household/clothing items | Business equipment | Intellectual property |
| Motor vehicle, boat or airplane | Business inventory | Real property, conservation property |
| Art, other than self-created | Stock, publicly traded | Real property, other than conservation |
| Art, self-created | Stock, other than publicly traded | Other personal property |
| Collectibles | Securities, other than stock | Other intangible property |

***How Property was Acquired: Purchase, Gift, Inheritance, Exchange

Miscellaneous Itemized Deductions

ORG15

MISCELLANEOUS DEDUCTIONS (2% LIMITATION)	2011	2010
Employee Business Expenses		
Note: If you have any travel, transportation, meals or entertainment expenses or your employer reimbursed you for any of your job-related expenses, complete ORG17 for all your employee expenses.		
1 Union and professional dues		
2 Professional subscriptions		
3 Uniforms and protective clothing		
4 Job search costs		
5 Other unreimbursed employee expenses:		
a _____		
b _____		
c _____		
d _____		
e _____		
Other Expenses Subject to the 2% Limitation		
Treat all MACRS assets for this activity as qualified Indian reservation property? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Treat all assets acquired after August 27, 2005 as qualified GO Zone property? <input type="checkbox"/> Regular <input type="checkbox"/> Extension <input type="checkbox"/> No		
Treat all assets acquired after May 4, 2007 as qualified Kansas Disaster Zone property? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Was this property located in a Qualified Disaster Area? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Check to code assets as Investment Expense <input type="checkbox"/>		
Use ORG50 to record dispositions.		
Use ORG51A to enter additional assets.		
Use ORG11a for investment expenses related to interest income.		
Use ORG11b for investment interest related to dividend income.		
6 Tax return preparation fees		
7 Investment counsel and advisory fees		
8 Certain attorney and accounting fees		
9 Safe deposit box rental		
10 IRA custodial fees		
11 Other expenses (list):		
a _____		
b _____		
c _____		
d _____		
e _____		
OTHER MISCELLANEOUS DEDUCTIONS	2011	2010
12 Amortizable bond premiums (acquired before 10/23/86)		
13 Gambling losses (to the extent of gambling income)		
14 Unrecovered investment in annuity		
15 Other miscellaneous deductions:		
_____		

State Information Worksheet

ORG60

GENERAL INFORMATION

	Taxpayer	Spouse
1 Enter your state of residence		
2 Check the appropriate box if:	Taxpayer	Spouse
a Full year resident	<input type="checkbox"/>	<input type="checkbox"/>
b Part year resident	<input type="checkbox"/>	<input type="checkbox"/>
c Nonresident	<input type="checkbox"/>	<input type="checkbox"/>
	Date of entry: _____	Date of exit: _____
3 Resident locality: _____		
4 County: _____ School district: _____ School district number: _____		
	Taxpayer	Spouse
5 Check if disabled	<input type="checkbox"/>	<input type="checkbox"/>

STATE CREDITS

6 Description/type of credit (for example, solar energy, carpool)	Code	Amount
a _____		
b _____		
c _____		
d _____		
e _____		

VOLUNTARY STATE CONTRIBUTIONS

7 Description/type of contribution (for example, wildlife, cancer)	Code	Amount
a _____		
b _____		
c _____		
d _____		
e _____		

MISCELLANEOUS QUESTIONS

		Yes	No
8 Did you file a state return for 2010?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9 Do you want state forms and instructions sent to you next year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 Do you want any applicable penalty and interest calculated and added to the return?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11 How do you want your state refund (if any) applied?			
a Refunded <input type="checkbox"/>	b Apply to 2012 estimates <input type="checkbox"/>	c Apply to 2012 taxes <input type="checkbox"/>	
12 Additional state information: _____			

