

Andaloro, Smith & Krueger, LLP
N19 W24400 Riverwood Dr., Ste. 200
Waukesha, WI 53188

2011 Client Organizer

In order to assure accurate preparation of your tax return, at a minimum we require that you complete the questions that are listed on the first three pages of the Organizer.

I (We) have submitted this information for the sole purpose of preparing my (our) tax return(s). Each item can be substantiated by receipts, cancelled checks or other documents. This information is true, correct, and complete to the best of my (our) knowledge.

Taxpayer signature _____ Date _____

Spouse signature _____ Date _____

Andaloro, Smith & Krueger, LLP
N19 W24400 Riverwood Dr., Ste. 200
Waukesha, WI 53188

Dear Client:

This Client Organizer is designed to help you gather tax information needed to prepare your 2011 personal income tax return.

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

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

We will also need the following information:

- Forms W-2 for wages, salaries and tips.
- All Forms 1099 for interest, dividends, retirement, miscellaneous income, Social Security, state or local refunds, gambling winnings, etc.
- Brokerage statements showing investment transactions for stocks, bonds, etc.
- Schedule K-1 showing income 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.

Thank you for the opportunity to serve you.

Sincerely,

ANDALORO, SMITH & KRUEGER, LLP

2011 1040 Organizer Questions

Please check the appropriate box.
Any **YES** answers require you to attach details and/or documentation!

Personal Information

- | | YES | NO |
|--|--------------------------|--------------------------|
| Did your marital status change during the year? | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, explain: _____ | | |
| Did your address change from last year? | <input type="checkbox"/> | <input type="checkbox"/> |
| Can you be claimed as a dependent by another taxpayer? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you change any bank accounts that have been used to direct deposit (or direct debit) funds from (or to) the IRS or other taxing authority during the tax year? | <input type="checkbox"/> | <input type="checkbox"/> |

Dependent Information

- | | | |
|--|--------------------------|--------------------------|
| Were there any changes in dependents from the prior year? | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, explain: _____ | | |
| Do you have any children under age 19 or a full-time student under age 24 with unearned income in excess of \$1900? | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you have dependents who must file a tax return? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you provide over half the support for any other person(s) during the year? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you pay for child care while you worked or looked for work? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you pay any expenses related to the adoption of a child during the year? | <input type="checkbox"/> | <input type="checkbox"/> |
| If you are divorced or separated with child(ren), do you have a divorce decree or other form of separation agreement which establishes custodial responsibilities? | <input type="checkbox"/> | <input type="checkbox"/> |

Principal Residence / Property Information

- | | | |
|--|--------------------------|--------------------------|
| Did you purchase a principal residence during the year? | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, include copy of closing statement | | |
| Did you sell your principal residence during the year? | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, include copy of closing statement. | | |
| If yes, did you own & occupy the home as your principal residence for at least two years of the five-year period prior to the sale? | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, did you ever rent out this property? | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, did you ever use any portion of the home for business purposes? | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, at the time of the sale was the residence owned by: | | |
| <input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Both | | |
| Did you foreclose or abandon a principal residence or real property during the year? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you have an outstanding home equity loan at the end of 2010? If so, please provide the principal balance & interest rate at the beginning & end of the year. | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you refinance a principal residence or second home this year? | <input type="checkbox"/> | <input type="checkbox"/> |
| Are your total mortgages on your first and/or second residence greater than \$1,000,000? If so, please provide the principal balance & interest rate at the beginning & end of the year. | <input type="checkbox"/> | <input type="checkbox"/> |

Purchases, Sales and Debt Information

- | | | |
|---|--------------------------|--------------------------|
| Did you start a new business or purchase rental property during the year? | <input type="checkbox"/> | <input type="checkbox"/> |
| If you were self-employed or owned a farm, did you make any payments in 2011 that require you to file Form(s) 1099? | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, did you or will you file all required Form(s) 1099? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you acquire a new or additional interest in a partnership or S corporation? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you sell, exchange, or purchase any real estate during the year? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you acquire or dispose of any stock during the year? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you engage in any put or call transactions? If Yes, please provide details. | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you sell any securities not reported to you on Form 1099-B? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you sell an existing business, rental, or other property this year? | <input type="checkbox"/> | <input type="checkbox"/> |

Purchases, Sales and Debt Information - Continued

YES NO

- Did you incur any non-business bad debts this year? YES NO
- Did you have any debts canceled or forgiven this year? YES NO
- Did you purchase a new hybrid, alternative motor, or electric motor energy efficient vehicle this year? YES NO

Income Information

- Did you have any foreign income or pay any foreign taxes during the year? YES NO
- Did you receive any income from property sold prior to this year? YES NO
- Did you or your spouse turn age 70 1/2 during the year and have money in an IRA or other retirement account while not taking a distribution? YES NO
- Did you receive any lump-sum payments from a pension, profit sharing or 401(k) plan? YES NO
- Did you make any withdrawals from an IRA, Roth, Keogh, SIMPLE, SEP, 401k or other qualified retirement plan? YES NO
- Did you make any contributions to a retirement plan that are not included on your W-2 or K-1 (IRA, SEP, etc)? YES NO
- Did you make any withdrawals from an education savings or 529 Plan account? YES NO
- Did you receive any distributions from a Health savings account (HSA), Archer MSA, or Medicare Advantage MSA this year that were NOT used for qualified medical expenses? YES NO
- Did you make any contributions to a Health savings account (HSA) or Archer MSA outside of your employer? YES NO
- Did you receive any Social Security benefits during the year? YES NO
- Did you receive any unemployment benefits during the year? YES NO
- Did you receive any disability income during the year? YES NO
- Did you receive tip income not reported to your employer this year? YES NO
- Did any of your life insurance policies mature, or did you surrender any policies? YES NO
- Did you cash any Series EE or I U.S. Savings bonds issued after 1989? YES NO
- Did you receive grants of stock options from your employer, exercise any stock options granted to you or dispose of any stock acquired under a qualified employee stock purchase plan? YES NO

Itemized Deduction Information

- Did you incur a casualty or theft loss during the year? YES NO
- Did you pay out-of-pocket medical expenses (co-pays, prescription drugs, etc.) from a source other than a flex/medical reimbursement plan? YES NO
- Do you have evidence to substantiate charitable contributions? YES NO
- Did you make any non-cash charitable contributions (clothes, furniture, etc.)? YES NO
- Did you donate a vehicle or boat during the year? If yes, attach Form 1098-C. YES NO
- Do you have evidence to substantiate your business expenses - especially travel, meals and entertainment? YES NO
- Did you have an expense account or allowance during the year? YES NO
- Did you use your car on the job (other than for commuting) and were not reimbursed by your employer? YES NO
- Did you work out of town for part of the year and were not reimbursed by your employer for your expenses? YES NO
- Did you have any expenses related to seeking a new job during the year? YES NO
- Did you make any major purchases during the year (cars, boats, etc.)? YES NO
- Did you make any contributions to a Health savings account (HSA) or Archer MSA outside of your employer? YES NO
- Did you pay long-term health care premiums for yourself or your family? YES NO

**** Your return cannot be filed unless you answer this question below ****

Did you make any out-of-state purchases (by telephone, internet, mail, or in person) that the seller did not collect state sales or use tax? YES NO

 If yes, enter total purchase amount: \$ _____

Miscellaneous Information

- Did you make gifts of more than \$13,000 to any individual?
- Did you transfer or was a home transferred from your parents to you?
- Did you make any contributions to a Wisconsin education savings or 529 Plan account?
- Did you pay any COBRA health care coverage continuation premiums?
- Are you a business owner and have paid health insurance premiums for your employees this year?
- Are you self-employed and did you hire any employees in 2010 who are still employed by you?
- Did you utilize an area of your home regularly and exclusively for business purposes?
- Did you engage in any bartering transactions?
- Did you or your spouse own any foreign financial assets?
- Did you create or transfer money or property to a foreign trust?
- Are you an active participant in a pension or retirement plan?
- Did you retire or change jobs this year?
- Did you incur moving costs because of a job change?
- Did you, your spouse, or your dependents attend a post-secondary school during the year, or plan to attend one in the coming year?
- Did you pay any student loan interest this year?
- Did you pay any individual as a household employee during the year?
- Did you make energy efficient improvements to your main home this year?
- Were you a grantor or transferor for a foreign trust, have an interest in or a signature or other authority over a bank account, securities account, or other financial account in a foreign country?
- Did you receive correspondence from the State or the Internal Revenue Service?
 If yes, explain: _____
- Have you been an identity theft victim & have you contacted the IRS?
 If yes, furnish the 6-digit identity protection number issued to you by the IRS: _____
- 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.
- Did you pay state and local real estate property taxes this year? If yes, please attach a supporting statement.
- 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? _____
- Do you want to contribute the maximum Roth IRA contribution?

Did you pay any Federal or state estimates? If yes, enter amount paid and date paid below. If you list the information here, you do not need to list again within the Organizer.

FEDERAL	Date	Amount	STATE	Date	Amount
1	_____	_____		_____	_____
2	_____	_____		_____	_____
3	_____	_____		_____	_____
4	_____	_____		_____	_____

Would you like to receive your Organizer via email next year?

Preparer - Enter on Screen Contact

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

Taxpayer email address _____

Spouse email address _____

Taxpayer

Spouse

Car telephone number _____

Fax telephone number _____

Mobile telephone number _____

Pager number _____

Other: _____

 Telephone number _____

 Extension _____

Preferred method of contact _____

Email, Work phone, Home phone, Fax, Mobile phone, Car phone

NOTES/QUESTIONS:

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

Secondary account #1:

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

Secondary account #2:

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

*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 _____ or Percent (xxx.xx) _____

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 _____ or Percent (xxx.xx) _____
 Owner's name (First Last) _____
 Co-owner or beneficiary (First Last) _____
 Mark if the name listed above is a beneficiary _____

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 _____ or Percent (xxx.xx) _____
 Owner's name (First Last) _____
 Co-owner or beneficiary (First Last) _____
 Mark if the name listed above is a beneficiary _____

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

Refunded ---
 Applied to 2012 estimated tax liability ---

Do you expect a considerable change in your 2012 income? (Y, N) ---

If yes, please explain any differences:

Do you expect a considerable change in your deductions for 2012? (Y, N) ---

If yes, please explain any differences:

Do you expect a considerable change in the amount of your 2012 withholding? (Y, N) ---

If yes, please explain any differences:

Do you expect a change in the number of dependents claimed for 2012? (Y, N) ---

If yes, please explain any differences:

2011 Federal Estimated Tax Payments

2010 overpayment applied to 2011 estimates + _____

Mark if you paid the calculated amounts on the dates due indicated below. Skip the remaining fields. ---

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	_____	+ _____	_____
2nd quarter payment	6/15/11	_____	+ _____	_____
3rd quarter payment	9/15/11	_____	+ _____	_____
4th quarter payment	1/17/12	_____	+ _____	_____
Additional payment		_____	+ _____	_____

NOTES/QUESTIONS:

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

State postal code _____

Amount paid with 2010 return + _____

2010 overpayment applied to '11 estimates + _____

Treat calculated amounts as paid _____

	Date Paid	Amount Paid	Calculated Amount
1st quarter payment	_____	+ _____	<div style="border: 1px solid black; padding: 5px;"> _____ _____ _____ _____ </div>
2nd quarter payment	_____	+ _____	
3rd quarter payment	_____	+ _____	
4th quarter payment	_____	+ _____	
Additional payment	_____	+ _____	

2011 City Estimated Tax Payments

City #1
 City name _____
 Amount paid with 2010 return + _____
 2010 overpayment applied to '11 estimates + _____
 Treat calculated amounts as paid _____

	Date Paid	Amount Paid
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 #2
 City name _____
 Amount paid with 2010 return + _____
 2010 overpayment applied to '11 estimates + _____
 Treat calculated amounts as paid _____

	Date Paid	Amount Paid
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 name _____
 Amount paid with 2010 return + _____
 2010 overpayment applied to '11 estimates + _____
 Treat calculated amounts as paid _____

	Date Paid	Amount Paid
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 #4
 City name _____
 Amount paid with 2010 return + _____
 2010 overpayment applied to '11 estimates + _____
 Treat calculated amounts as paid _____

	Date Paid	Amount Paid
1st quarter payment	_____	+ _____
2nd quarter payment	_____	+ _____
3rd quarter payment	_____	+ _____
4th quarter payment	_____	+ _____

Calculated Amount

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

Interest Income

Please provide copies of all Form 1099-INT or other statements reporting interest income. *Whole numbers will be treated as \$ amounts. Enter percentages in the XXX.XX format. For example, enter 100% as 100.00 or 75.5% as 75.50.

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

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

Dividend Income

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

*Whole numbers will be treated as \$ amounts. Enter percentages in the XXX.XX format. For example, enter 100% as 100.00 or 75.5% as 75.50.

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

**Dividend Codes
 Blank = Other
 3 = Nominee

Pension, Annuity, and IRA Distributions #1

Please provide all Forms 1099-R.

2011 Information

Prior Year Information

Taxpayer/Spouse (T, S) _____

Name of payer _____

State postal code _____

Gross distributions received (Box 1) + _____

Taxable amount received (Box 2a) + _____

Federal withholding (Box 4) + _____

Distribution code (Box 7) _____

Mark if distribution is from an IRA, SEP, SIMPLE retirement plan _____

State withholding (Box 12) + _____

Local withholding (Box 15) + _____

Amount of rollover + _____

Mark if distribution was due to a pre-retirement age disability _____

Mark if distribution was from an inherited IRA _____

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

Pension, Annuity, and IRA Distributions #2

Please provide all Forms 1099-R.

2011 Information

Prior Year Information

Taxpayer/Spouse (T, S) _____

Name of payer _____

State postal code _____

Gross distributions received (Box 1) + _____

Taxable amount received (Box 2a) + _____

Federal withholding (Box 4) + _____

Distribution code (Box 7) _____

Mark if distribution is from an IRA, SEP, SIMPLE retirement plan _____

State withholding (Box 12) + _____

Local withholding (Box 15) + _____

Amount of rollover + _____

Mark if distribution was due to a pre-retirement age disability _____

Mark if distribution was from an inherited IRA _____

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

Pension, Annuity, and IRA Distributions #3

Please provide all Forms 1099-R.

2011 Information

Prior Year Information

Taxpayer/Spouse (T, S) _____

Name of payer _____

State postal code _____

Gross distributions received (Box 1) + _____

Taxable amount received (Box 2a) + _____

Federal withholding (Box 4) + _____

Distribution code (Box 7) _____

Mark if distribution is from an IRA, SEP, SIMPLE retirement plan _____

State withholding (Box 12) + _____

Local withholding (Box 15) + _____

Amount of rollover + _____

Mark if distribution was due to a pre-retirement age disability _____

Mark if distribution was from an inherited IRA _____

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

Social Security, Tier 1 Railroad Benefits

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

Taxpayer/Spouse (T, S) _____

State postal code _____

Social Security Benefits

If you received a Form SSA - 1099, please complete the following information:

Net Benefits for 2011 (Box 3 minus Box 4) (Box 5)	+ _____
Voluntary Federal Income Tax Withheld (Box 6)	+ _____
From the DESCRIPTION OF AMOUNT IN BOX 3 area of Form SSA-1099:	
Medicare premiums	+ _____
Prescription drug (Part D) premiums	+ _____

2011 Information

Prior Year Information

Tier 1 Railroad Benefits

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)	+ _____
Federal Income Tax Withheld (Box 10)	+ _____
Medicare Premium Total (Box 11)	+ _____

2011 Information

Prior Year Information

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.

NOTES/QUESTIONS:

Please provide all Forms 5498-SA.

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

Additional Information

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

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

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

Complete this section if your account is an HSA

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

NOTES/QUESTIONS:

Health, Medical Savings Account Distributions

Please provide all Forms 1099-SA.

2011 Information

Prior Year Information

Taxpayer/Spouse (T, S)	—	
Name of Trustee		_____
State postal code		_____
Gross distributions received (Box 1)	+	_____
Earnings on excess contributions (Box 2)	+	_____
Distribution code (Box 3)		_____
Fair Market Value on date of death (Box 4)	+	_____
Box 5 -		
HSA		_____
Archer MSA		_____
MA MSA		_____
Unreimbursed qualified medical expenses for 2011	+	_____
Withdrawal of excess contributions by the due date of the return	+	_____
Amount of distribution rolled over for 2011	+	_____
If the distribution is due to the death of the account holder, enter the qualified decedent medical expenses paid by the taxpayer	+	_____
If MA (Medicare Advantage) MSA, enter value of account on 12/31/10	+	_____
For HSA accounts:		
Was the high deductible health plan coverage started in 2010 and in effect for the month of December 2010? (Y, N)		_____
Was the high deductible health plan coverage ended before 12/31/11? (Y, N)		_____

Prior Year Information

Long Term Care (LTC) Service and Contracts

Please provide all Forms 1099-LTC.

2011 Information

Prior Year Information

Name of the insured chronically ill individual		_____
Social security number of insured		_____
Gross long-term care (LTC) benefits paid (Box 1)	+	_____
Accelerated death benefits paid (Box 2)	+	_____
Check one (Box 3)		
Per diem		_____
Reimbursed amount		_____
Qualified contract (Box 4)		_____
Check, if applicable (Box 5)		
Chronically ill		_____
Terminally ill		_____
Are there other individuals who received LTC payments during 2011? (Y, N)		_____
If the insured is terminally ill, were payments received on account of terminal illness? (Y, N)		_____
Number of days during the long-term care period		_____
Cost incurred for qualified long-term care services during the long-term care period	+	_____

Prior Year Information

NOTES/QUESTIONS:

Complete this section if you paid interest on a qualified student loan in 2011 for qualified higher education expenses for you, your spouse, or a person who was your dependent when you took out the loan.

	Qualified loan interest you paid		2011 Information	Prior Year Information
TS	_____	+	_____	<div style="border: 1px solid black; padding: 2px;"> _____ _____ _____ </div>
---	_____	+	_____	
---	_____	+	_____	
---	_____	+	_____	

Education Credits and Tuition and Fees Deduction

Complete this form if you paid qualified education expenses for higher education costs in 2011.

Qualified education expenses include tuition and fees required for enrollment or attendance at an eligible educational institution. Please provide all copies of Form 1098-T.

TS	Ed Exp Code*	Student's SSN	Student's First Name	Student's Last Name	Qualified Expenses	Prior Year Information
---	---	_____	_____	_____	+	<div style="border: 1px solid black; padding: 2px;"> _____ _____ _____ _____ _____ _____ _____ _____ _____ </div>
---	---	_____	_____	_____	+	
---	---	_____	_____	_____	+	
---	---	_____	_____	_____	+	
---	---	_____	_____	_____	+	
---	---	_____	_____	_____	+	
---	---	_____	_____	_____	+	
---	---	_____	_____	_____	+	
---	---	_____	_____	_____	+	
---	---	_____	_____	_____	+	

Important: You cannot claim the following for the same student in the same year:

- American opportunity credit and Lifetime learning credit
- Tuition and fees deduction and either the American opportunity credit or the Lifetime learning credit

To qualify for the American opportunity credit, the student must:

- be enrolled at least half-time
- be in a program leading to degree, certificate, or recognized credential
- not have completed first 4 years of post-secondary education
- have no felony drug convictions on record

*Education Expense Code
1 = American opportunity credit
2 = Lifetime learning credit
3 = Tuition and fees deduction

NOTES/QUESTIONS:

Qualified Education Programs

Please provide all copies of Form 1099Q

Taxpayer/Spouse (T, S) _____

Payer name _____

State postal code _____

Type of account (1= Private QTP, 2 = State QTP, 3 = ESA) _____

Relationship to account (1 = Beneficiary, 2 = Account owner, 3 = Both, 4 = Neither) _____

Final distribution _____

Contributions and Basis

Beneficiary's Information (if not taxpayer or spouse)

Social security number _____

First name _____

Last name _____

	2011 Information	Prior Year Information
Amount contributed in current year	+ _____	<div style="border: 1px solid black; padding: 5px; height: 60px;"> _____ _____ _____ _____ </div>
Basis of this account at 12/31/10	+ _____	
Value of this account at 12/31/11	+ _____	
Distribution by beneficiary of previously taxed contributions (if not taxpayer or spouse)	+ _____	

Payments from Qualified Education Programs

	2011 Information	Prior Year Information
Gross distribution (Box 1)	+ _____	<div style="border: 1px solid black; padding: 5px; height: 150px;"> _____ _____ _____ _____ _____ _____ _____ _____ _____ </div>
Earnings (Box 2)	+ _____	
Basis (Box 3)	+ _____	
Trustee-to-trustee rollover (Box 4)	_____	
Trustee-to-trustee rollover amount if different than Box 1	+ _____	
Box 5 -		
Private QTP	_____	
State QTP	_____	
Coverdell ESA	_____	
Check if the recipient is not the designated beneficiary (Box 6)	_____	
Qualified education expenses	+ _____	
Elementary and secondary education expenses	+ _____	

NOTES/QUESTIONS:

Interest Expenses

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

***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				
			+	
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 _____
 Street Address _____
 City/State/Zip code _____

Refinancing Points paid 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 _____
 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:

—	+	—
—	+	—
—	+	—
—	+	—
—	+	—
—	+	—
—	+	—
—	+	—
—	+	—
—	+	—
—	+	—

Control Totals +

Home Mortgage Interest Subject To Limitations #1

Complete this section if you have home acquisition/improvement debt over \$1,000,000 or home equity debt over \$100,000.

Mortgages taken out before 10/14/87 generally qualify as grandfather debt regardless of how the proceeds are used.
 Home acquisition debt is a mortgage taken out after 10/13/87, the proceeds of which are used to buy, build or substantially improve your home.
 Home equity debt is a mortgage taken out after 10/13/87, the proceeds of which are NOT used to buy, build, or substantially improve your home.

	2011 Information	Prior Year Information
Description of loan/property	_____	<div style="border: 1px solid black; height: 100%;"></div>
Taxpayer/Spouse/Joint (T, S, J)	—	
Loan origination date	_____	
Fair market value of home	+ _____	
Number of months loan was outstanding in 2011, if not 12	_____	
Principal paid in 2011	+ _____	
Interest paid during 2011	+ _____	
Points reported on Form 1098 for 2011	+ _____	
Grandfather debt as of 12/31/10 (or first day mortgage was outstanding)	+ _____	
Grandfather debt as of 12/31/11 (or last day mortgage was outstanding)	+ _____	
Home acquisition/improvement debt as of 12/31/10 (or first day mortgage was outstanding)	+ _____	
Home acquisition/improvement debt as of 12/31/11 (or last day mortgage was outstanding)	+ _____	
Home equity debt as of 12/31/10 (or first day mortgage was outstanding)	+ _____	
Home equity debt as of 12/31/11 (or last day mortgage was outstanding)	+ _____	
Average balance in 2011 of grandfather debt	+ _____	
Average balance in 2011 of home acquisition/improvement debt	+ _____	
Average balance for 2011 all types of debt	+ _____	

	Control Totals +	
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Home Mortgage Interest Subject To Limitations #2

Complete this section if you have home acquisition/improvement debt over \$1,000,000 or home equity debt over \$100,000.

Mortgages taken out before 10/14/87 generally qualify as grandfather debt regardless of how the proceeds are used.
 Home acquisition debt is a mortgage taken out after 10/13/87, the proceeds of which are used to buy, build or substantially improve your home.
 Home equity debt is a mortgage taken out after 10/13/87, the proceeds of which are NOT used to buy, build, or substantially improve your home.

	2011 Information	Prior Year Information
Description of loan/property	_____	<div style="border: 1px solid black; height: 100%;"></div>
Taxpayer/Spouse/Joint (T, S, J)	—	
Loan origination date	_____	
Fair market value of home	+ _____	
Number of months loan was outstanding in 2011, if not 12	_____	
Principal paid in 2011	+ _____	
Interest paid during 2011	+ _____	
Points reported on Form 1098 for 2011	+ _____	
Grandfather debt as of 12/31/10 (or first day mortgage was outstanding)	+ _____	
Grandfather debt as of 12/31/11 (or last day mortgage was outstanding)	+ _____	
Home acquisition/improvement debt as of 12/31/10 (or first day mortgage was outstanding)	+ _____	
Home acquisition/improvement debt as of 12/31/11 (or last day mortgage was outstanding)	+ _____	
Home equity debt as of 12/31/10 (or first day mortgage was outstanding)	+ _____	
Home equity debt as of 12/31/11 (or last day mortgage was outstanding)	+ _____	
Average balance in 2011 of grandfather debt	+ _____	
Average balance in 2011 of home acquisition/improvement debt	+ _____	
Average balance for 2011 all types of debt	+ _____	

NOTES/QUESTIONS:

	Control Totals +	
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Noncash Contributions Exceeding \$500

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

Donated property description _____

Name of donee organization _____

Address of donee organization _____

City _____

State postal code _____

Zip code _____

Date contributed _____

Date acquired by donor _____

How was donated property acquired: (P = Purchase, I = Inheritance, G = Gift, E = Exchange) _____

Donor's cost or basis _____ + _____

Fair market value _____ + _____

Method used to determine fair market value (A = Appraisal, C = Catalog, T = Thrift shop value, S = Sales/comparative, O = Other) _____

If other: _____

Control Totals +

Noncash Contributions Exceeding \$500

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

Donated property description _____

Name of donee organization _____

Address of donee organization _____

City _____

State postal code _____

Zip code _____

Date contributed _____

Date acquired by donor _____

How was donated property acquired: (P = Purchase, I = Inheritance, G = Gift, E = Exchange) _____

Donor's cost or basis _____ + _____

Fair market value _____ + _____

Method used to determine fair market value (A = Appraisal, C = Catalog, T = Thrift shop value, S = Sales/comparative, O = Other) _____

If other: _____

Control Totals +

Noncash Contributions Exceeding \$500

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

Donated property description _____

Name of donee organization _____

Address of donee organization _____

City _____

State postal code _____

Zip code _____

Date contributed _____

Date acquired by donor _____

How was donated property acquired: (P = Purchase, I = Inheritance, G = Gift, E = Exchange) _____

Donor's cost or basis _____ + _____

Fair market value _____ + _____

Method used to determine fair market value (A = Appraisal, C = Catalog, T = Thrift shop value, S = Sales/comparative, O = Other) _____

If other: _____

Control Totals +

NOTES/QUESTIONS:

Wisconsin General Information

City of residence _____
 Village of residence _____
 Town of residence _____
 County of residence _____
 School district _____
 Mark if divorce decree _____
 Enter rent paid:
 Heat included _____
 Heat not included _____

Use Tax

Mark if not subject to Use Tax _____

	County	Purchases
Sales and use tax on out-of-state purchases	_____	_____
Sales and use tax on out-of-state purchases	_____	_____
Sales and use tax on out-of-state purchases	_____	_____

Contributions

Amount of charitable contributions you wish to make to:

Breast cancer research	_____	Multiple sclerosis	_____
Endangered resources	_____	Packers football stadium	_____
Feeding America	_____	Prostate cancer research	_____
Fire fighters memorial	_____	Red Cross WI disaster relief	_____
Military family relief	_____	Veterans trust fund	_____

Part-year Resident and Nonresident Information

Residency code _____

Residency code

Blank = Both spouses have the same residency status (Default) 1 = Taxpayer nonresident, spouse resident 2 = Taxpayer resident, spouse nonresident 3 = Taxpayer part-year, spouse nonresident	4 = Taxpayer nonresident, spouse part-year 5 = Taxpayer resident, spouse part-year 6 = Taxpayer part-year, spouse resident
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If you were a part-year resident during the tax year, enter the dates you lived in Wisconsin

	Taxpayer	Spouse
Part-year residency dates:		
From	_____	_____
To	_____	_____
State of residency (Nonresidents only)	_____	_____
Nonresident aliens:		
Mark if not a full-year US citizen	_____	_____
Mark if not a full-year US resident	_____	_____
Resident of:	IL _____	IN _____
	KY _____	MI _____

NOTES/QUESTIONS: