

INCOME TAX ORGANIZER FOR TAX YEAR 2011

We're providing this organizer to assist you in compiling your tax information for 2011. The enclosed pages include information from last year's tax return and spaces in which to write current year information and any questions or comments you have for us. We appreciate the opportunity to serve you.

IF YOU HAVE ANY QUESTIONS, PLEASE CALL:

Charles Coker, CPA, LLC
5205 Leesburg Pike Suite 213
Baileys Crossroads, VA 22041
phone: 703-931-3290
fax: 703-931-3690
charles.coker@cpa-coker.com

GENERAL INFORMATION

**2011
(MAIN INFO)**

Taxpayer's First Name _____	M.I. _____	Spouse's First Name _____	Spouse's M.I. _____
Taxpayer's Last Name _____	Suffix _____	Spouse's Last Name (if different) _____	
Taxpayer's Social Security Number _____		Spouse's Social Security Number _____	
Present Home Address _____		City, State, Zip Code _____	
E-Mail Address _____			

Filing Status: Please Check One

Single
 Married Filing Joint
 Married Filing Separately
 Head of Household
 Qualifying Widow(er)

If you selected head of household and have no dependents, list the name _____ and Social Security number _____ of your qualified child who lives with you and qualifies you for this status.

Dependents/Nondependents Qualifying for Child Care and/or EIC

Note: If any children listed below are nondependents then mark an 'X' in the column listed "Non Dep."

First Name	Last Name	Date of Birth	Social Security Number	Relationship	Months in home	Non Dep.
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

If you are claiming as a dependent a child who did not live with you, check the documents that substantiate this claim:

Pre-1985 divorce or separation agreement
 Signed Form 8332
 Post-1984 divorce or separation agreement WITHOUT CONDITIONS

Taxpayer's Birth Date _____	Spouse's Birth Date _____
Taxpayer's Occupation _____	Spouse's Occupation _____
Daytime Phone _____	Daytime Phone _____
Evening Phone _____	Evening Phone _____
Cell/FAX Phone _____	Cell/FAX Phone _____

State of Residency:(2-Letter Abbreviation) State of Part-year Residency 2nd State of Part-year Residency

Please use the following space for any comments you wish to make to your preparer.

W-2 INCOME

2011
(W-2)

Listed below are your employers shown on your last year's income tax return.

Name of employer _____
Street address _____
City, State, Zip Code _____
Employer Identification Number _____
 TAXPAYER SPOUSE

Name of employer _____
Street address _____
City, State, Zip Code _____
Employer Identification Number _____
 TAXPAYER SPOUSE

Name of employer _____
Street address _____
City, State, Zip Code _____
Employer Identification Number _____
 TAXPAYER SPOUSE

Name of employer _____
Street address _____
City, State, Zip Code _____
Employer Identification Number _____
 TAXPAYER SPOUSE

Name of employer _____
Street address _____
City, State, Zip Code _____
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 TAXPAYER SPOUSE

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 TAXPAYER SPOUSE

Name of employer _____
Street address _____
City, State, Zip Code _____
Employer Identification Number _____
 TAXPAYER SPOUSE

Name of employer _____
Street address _____
City, State, Zip Code _____
Employer Identification Number _____
 TAXPAYER SPOUSE

*** Please include a W-2 from each of your 2011 employers.**

W-2G INCOME

**2011
(W-2G)**

Listed below are payers shown on your last year's income tax return.

***Please include any W-2G from each of your 2011 payers.**

Name of payer _____
 Street address _____
 City, State, Zip Code _____
 Federal Identification Number _____

TAXPAYER SPOUSE

Name of payer _____
 Street address _____
 City, State, Zip Code _____
 Federal Identification Number _____

TAXPAYER SPOUSE

Name of payer _____
 Street address _____
 City, State, Zip Code _____
 Federal Identification Number _____

TAXPAYER SPOUSE

ESTIMATED TAX PAID FOR THE 2011 TAX YEAR

(FED/ST TAX)

*** Please enter only the payments to be applied to the current year tax, including any payments made in January of 2011.**

Federal payments

State of ____ payments

Date paid	Amount paid	Date paid	Amount paid
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

State/local income tax balance due for previous years paid in 2011: _____

State/local estimate payment for 2010, due January 15, 2011, paid on or after January 1, 2011: _____

INTEREST AND DIVIDEND INCOME

2011
(SCH B)

INTEREST INCOME		2011	2010
T,S,J*	NAME OF PAYER		
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
If you received any interest income from a seller financed mortgage, please enter the payer's name, address, and their SSN or EIN.			
_____	Name	SSN/EIN	
_____	City, State, Zip	Amount	
_____	Amount of nominee interest	_____	
_____	Amount of accrued interest	_____	
_____	Amount of tax-exempt interest	_____	
_____	Amount of OID adjustment	_____	
_____	Amount of ABP adjustment	_____	
DIVIDEND INCOME		2011	2010
T,S,J*	NAME OF PAYER	ORDINARY	ORDINARY
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
*Taxpayer, Spouse or Joint		Nominee Distribution Dividends	
*Please attach any 1099-INT, 1099-OID, and 1099-DIV forms			

PENSION AND RETIREMENT INCOME

2011
(1099R)

PENSIONS AND IRAS

Listed below are your pension, IRA distributions, and Social Security received last year (if any).

Name of payer _____
Street address _____
City, State, Zip Code _____
Employer Identification Number _____
 TAXPAYER SPOUSE IRA

Name of payer _____
Street address _____
City, State, Zip Code _____
Employer Identification Number _____
 TAXPAYER SPOUSE IRA

Name of payer _____
Street address _____
City, State, Zip Code _____
Employer Identification Number _____
 TAXPAYER SPOUSE IRA

Name of payer _____
Street address _____
City, State, Zip Code _____
Employer Identification Number _____
 TAXPAYER SPOUSE IRA

Name of payer _____
Street address _____
City, State, Zip Code _____
Employer Identification Number _____
 TAXPAYER SPOUSE IRA

Name of payer _____
Street address _____
City, State, Zip Code _____
Employer Identification Number _____
 TAXPAYER SPOUSE IRA

* Please include any 1099's and other 2011 information.

If you ever made non-deductible contributions to your IRA, please provide year-end balances of all your IRA accounts.

SOCIAL SECURITY BENEFITS

(1040 WKT)

2011 AMOUNTS

Taxpayer Amount \$ _____

Spouse Amount \$ _____

2010 TOTAL AMOUNT

ESTATE AND TRUST INCOME

**2011
(K-1 E/T)**

Your 2010 K-1 information is shown below.

K-1 INFORMATION

Name of Estate, Trust _____
Federal ID Number _____
If any rental real estate, are you an active participant? _____

K-1 INFORMATION

Name of Estate, Trust _____
Federal ID Number _____
If any rental real estate, are you an active participant? _____

K-1 INFORMATION

Name of Estate, Trust _____
Federal ID Number _____
If any rental real estate, are you an active participant? _____

K-1 INFORMATION

Name of Estate, Trust _____
Federal ID Number _____
If any rental real estate, are you an active participant? _____

K-1 INFORMATION

Name of Estate, Trust _____
Federal ID Number _____
If any rental real estate, are you an active participant? _____

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Name of Estate, Trust _____
Federal ID Number _____
If any rental real estate, are you an active participant? _____

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K-1 INFORMATION

Name of Estate, Trust _____
Federal ID Number _____
If any rental real estate, are you an active participant? _____

K-1 INFORMATION

Name of Estate, Trust _____
Federal ID Number _____
If any rental real estate, are you an active participant? _____

* Please attach all K-1 schedules received for 2011.

FOREIGN EARNED INCOME

2011
(2555/2555EZ)

Is this your spouse's foreign earned income?

Your foreign address **2010**
2011
 Employer **2010**
2011
 Employer **2010**
 U.S. address **2011**
 Employer **2010**
 foreign address **2011**

Residence	2011	2010
Taxpayer tax home overseas		
Date established		
Bonafide residence began		
Income	2011	2010
Earned Income		
Salary		
Noncash Income		
Home		
Meals		
Car		
Other		
Allowances and Reimbursements		
Cost of living and overseas differential		
Family		
Education		
Home leave		
Quarters		
Other		

Travel History During Tax Year

Country	Date arrived	Date left	Days on business in United States	Amount earned in United States

Miscellaneous Questions

Kind of foreign living quarters Purchased home Rented house or apartment Employer housing

Did your family live with you overseas? Yes No

If so who? _____

And for what period? _____

Have you told the authorities overseas that you are not a resident of their country? Yes No

Are you required to pay income taxes to the country you claim residence? Yes No

How long is your contract to work overseas? _____

What kind of visa are you working under? _____

Describe the length or employment limitations of your visa. _____

If you maintained a home in the U.S. while overseas:

Address: _____

If rented:

Name of occupant: _____ Relationship: _____

PARTNERSHIP AND S-CORPORATION INCOME

2011
(K-1 P/S)

Your 2010 K-1 information is shown below.

K-1 INFORMATION

Name of Partnership or S-Corporation _____
Federal ID Number _____
Enter "P" for partnership or "S" for S-Corp _____

K-1 INFORMATION

Name of Partnership or S-Corporation _____
Federal ID Number _____
Enter "P" for partnership or "S" for S-Corp _____

K-1 INFORMATION

Name of Partnership or S-Corporation _____
Federal ID Number _____
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Federal ID Number _____
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K-1 INFORMATION

Name of Partnership or S-Corporation _____
Federal ID Number _____
Enter "P" for partnership or "S" for S-Corp _____

K-1 INFORMATION

Name of Partnership or S-Corporation _____
Federal ID Number _____
Enter "P" for partnership or "S" for S-Corp _____

* Please attach all K-1 schedules received for 2011.

ITEMIZED DEDUCTIONS			2011 (SCH A)
	*T,S,J	2011	2010
MEDICAL AND DENTAL EXPENSES - Include prescription medicine & drugs, nonprescription medical supplies such as crutches, doctors, dentists, nurses, hospitals, medical insurance premiums, medical miles or actual expense.*			
_____	---	_____	_____
_____	---	_____	_____
_____	---	_____	_____
_____	---	_____	_____
_____	---	_____	_____
_____	---	_____	_____
_____	---	_____	_____
_____	---	_____	_____
Number of medical miles	---	_____	_____
* Do not list amounts paid with pre-tax dollars or that were reimbursed.			
* Taxpayer, Spouse, or Joint			
TAXES PAID			
Real estate taxes	---	_____	_____
Other _____	---	_____	_____
INTEREST PAID			
Home mortgage interest	---	_____	_____
Points paid in purchasing new home	---	_____	_____
Qualified Mortgage Insurance Premium	---	_____	_____
Investment interest expense	---	_____	_____
CONTRIBUTIONS - Receipts required for all contributions			
Cash			
_____	---	_____	_____
_____	---	_____	_____
_____	---	_____	_____
_____	---	_____	_____
_____	---	_____	_____
_____	---	_____	_____
_____	---	_____	_____
_____	---	_____	_____
Non-cash			
Number of charity miles	---	_____	_____
MISCELLANEOUS DEDUCTIONS			
Include union and professional dues, business publications, etc.			
_____	---	_____	_____
_____	---	_____	_____
Tax preparation fee			
Include below items, such as safe deposit box, investment expense.			
_____	---	_____	_____
_____	---	_____	_____
Gambling losses			
_____	---	_____	_____

BUSINESS INCOME AND EXPENSES

2011
(SCH C)

Your principal business or profession _____

Is this your spouse's Schedule C? _____

Business name _____

2010 Business code _____

Business address _____

Employer ID
(Not SSN)

Accounting method: _____

Enter date if you disposed of or sold this business during the year _____

BUSINESS VEHICLE		2011	2010
Date placed in service	_____		
Miles used for: Business	_____		
Commuting	_____		
Other	_____		
PART I INCOME			
Gross receipts or sales	_____		
Returns and allowances	_____		
Other income	_____		
PART II EXPENSES			
Advertising	_____		
Car/Truck expenses	_____		
Commissions	_____		
Contract labor	_____		
Depletion	_____		
Employee benefit programs	_____		
Insurance	_____		
Interest - mortgage	_____		
Interest - other	_____		
Legal and professional services	_____		
Office expense	_____		
Pension and profit sharing	_____		
Rent or lease - vehicles, machinery	_____		
Rent - Other business property	_____		
Repairs and maintenance	_____		
Supplies	_____		
Taxes and licenses	_____		
Travel	_____		
Meals and entertainment	_____		
Utilities	_____		
Wages	_____		
Enter prior year unallowed loss (if any)	_____		
OTHER EXPENSES			(SCH C PG 2)
_____	_____		
_____	_____		
_____	_____		
_____	_____		
_____	_____		
_____	_____		
_____	_____		
Inventory method: <input type="checkbox"/> Cost <input type="checkbox"/> Lower of Cost or Market <input type="checkbox"/> Other			
Inventory at beginning of year	_____		
Purchases less cost of personal items	_____		
Inventory at end of the year	_____		

Part-Year, Part-Rental, or Personal Use Unit

**2011
(Sch. E)**

KIND OF PROPERTY

LOCATION

Rental income

**Percent
(of time, year, or property rented):**

2011

2010

2011

2010

%

%

Expenses:

Rental and personal use

Rental only

2011

2010

2011

2010

Advertising

Auto and travel

Cleaning and maintenance

Commissions

Insurance

Legal and professional fees

Management fees

Mortgage interest

Other interest

Repairs

Supplies

Real estate tax

Taxes other than real estate taxes

Utilities

Other expenses

Personal use unit ONLY:

Fully deductible rental expenses for personal use unit. Include expenses directly related to the operation of the rental activity, such as office supplies.

RENTAL REAL ESTATE AND ROYALTIES

2011
(SCH E)

KIND OF PROPERTY LOCATION OF PROPERTY	Property A		Property B		Property C	
	2011	2010	2011	2010	2011	2010
INCOME						
Rents received						
Royalties received						
EXPENSES						
Advertising						
Auto and travel						
Cleaning and maintenance						
Commissions						
Insurance						
Legal, professional fees						
Management fees						
Mortgage interest						
Other interest						
Repairs						
Supplies						
Taxes						
Utilities						
Miscellaneous Expenses						
Type of misc expense 1						
Amount item 1						
Type of misc expense 2						
Amount item 2						
Type of misc expense 3						
Amount item 3						
Type of misc expense 4						
Amount item 4						
Type of misc expense 5						
Amount item 5						
Enter loss carryover to 2011						
Did you actively participate in this venture?						
Did you use this property for personal use?						

OFFICE IN THE HOME DEDUCTION

**2011
(8829)**

2010

Square footage of area used for business _____

Total square footage in your home _____

Is this your spouse's Schedule C? _____

Day care facilities:

Number of days used for day care _____

Number of hours per day used for day care _____

Enter date if you disposed of or sold this business during the year _____

EXPENSES DIRECTLY RELATING TO YOUR BUSINESS

2011

2010

Casualty losses _____

Deductible mortgage interest _____

Real estate taxes _____

Insurance _____

Rent _____

Repairs and maintenance _____

Utilities _____

Other expenses _____

EXPENSES RELATING TO ENTIRE HOUSEHOLD

Casualty losses _____

Deductible mortgage interest _____

Real estate taxes _____

Insurance _____

Rent _____

Repairs and maintenance _____

Utilities _____

Other expenses _____

Carryover of operating expenses from 2010 Form 8829 line 42 _____

Carryover of excess casualty losses and depreciation from 2010 Form 8829 line 43 _____

Enter the fair market value of your home _____

Enter the cost of your home _____

Enter the value of the land on which your home is placed _____

EMPLOYEE BUSINESS EXPENSES

2011
(2106/2106 EZ)

GENERAL INFORMATION	2011	2010																				
Are these your spouse's business expenses? _____ Occupation in which expense incurred? _____ Were you a qualified performing artist? _____ Were you a fee basis state or local government official? _____ Were you a National Guard reserve member who traveled more than 100 miles from home to perform services as a National Guard or reserve member? _____																						
EXPENSES																						
Parking fees, tolls, and local transportation _____ Travel expenses while away from home overnight _____ Meals and entertainment expenses _____ Are you subject to the hours of service limitation of the Department of Transportation? _____ Other business expenses _____ <table style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr> <th style="width: 15%; text-align: left; font-size: small;">Type</th> <th style="width: 35%;"></th> <th style="width: 15%; text-align: left; font-size: small;">Amount</th> <th style="width: 35%;"></th> </tr> </thead> <tbody> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> </tbody> </table>	Type		Amount		_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____		
Type		Amount																				
_____	_____	_____	_____																			
_____	_____	_____	_____																			
_____	_____	_____	_____																			
_____	_____	_____	_____																			
REIMBURSEMENTS																						
Meals and entertainment _____ Other _____																						
AUTOMOBILE INFORMATION																						
VEHICLE A																						
Date vehicle was placed in service _____ Total mileage vehicle was used during the year _____ Miles that vehicle was used for business _____ Miles that vehicle was used for commuting _____																						
ACTUAL EXPENSES																						
Gas, repairs, insurance, etc. _____ Vehicle rental _____ Cost or other basis of vehicle _____																						
VEHICLE B																						
Date vehicle was placed in service _____ Total mileage vehicle was used during the year _____ Miles that vehicle was used for business _____ Miles that vehicle was used for commuting _____																						
ACTUAL EXPENSES																						
Gas, repairs, insurance, etc. _____ Vehicle rental _____ Cost or other basis of vehicle _____																						
Do you (or your spouse) have another vehicle available for personal use? _____ Was your vehicle available for personal use during off-duty hours? _____ Do you have evidence to support the deduction? _____ If "Yes," is the evidence written? _____																						

CHILD AND DEPENDENT CARE EXPENSES

2011
(2441)

Please list all care providers and the amounts paid to them in 2011. Any information from the prior year is shown below.

Name of provider _____
 Street address _____
 City, State, Zip Code _____
 Social Security Number or EIN _____
 Amount paid \$ _____ 2010 AMOUNT \$ _____

Name of provider _____
 Street address _____
 City, State, Zip Code _____
 Social Security Number or EIN _____
 Amount paid \$ _____ 2010 AMOUNT \$ _____

Name of provider _____
 Street address _____
 City, State, Zip Code _____
 Social Security Number or EIN _____
 Amount paid \$ _____ 2010 AMOUNT \$ _____

Name of provider _____
 Street address _____
 City, State, Zip Code _____
 Social Security Number or EIN _____
 Amount paid \$ _____ 2010 AMOUNT \$ _____

Name of provider _____
 Street address _____
 City, State, Zip Code _____
 Social Security Number or EIN _____
 Amount paid \$ _____ 2010 AMOUNT \$ _____

List name of each child and total amount spent for care of that child.

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

***You may change or delete any information that does not apply to the current year.**