

From:

To:

L Ballard & Company, PSC, CPA's
906 Main Street
Shelbyville, KY 40065-1313
|.|.|.|.|.|.|.|.|.|.|.|.|.|.|.|.|.|.|.|.|.|.|.|.|.|.|.|.|.|.|.|.|.|.|.|.|.|.|.|.|.|.

2011 Client Organizer

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

Taxpayer signature _____ Date _____

Spouse signature _____ Date _____

L Ballard & Company, PSC, CPA's
906 Main Street
Shelbyville, KY 40065-1313
502-633-1422

Dear :

This Client Organizer is designed to help you gather tax information needed to prepare your 2011 personal income tax return. We have preprinted certain information from your 2010 personal income tax return to help you complete the organizer with minimal time and effort.

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

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

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

We will also need the following information:

- Forms W-2 for wages, salaries and tips.
- All Forms 1099 for interest, dividends, retirement, miscellaneous income, Social Security, state or local refunds, gambling winnings, etc.
- Brokerage statements showing investment transactions for stocks, bonds, etc.
- Schedule K-1 from partnerships, S corporations, estates and trusts.
- Statements supporting deductions for mortgage interest, taxes, and charitable contributions (including any Form 1098-C).
- Legal papers for adoption, divorce, or separation involving custody of your dependent children.
- A copy of your income tax return from last year, if not prepared by this office.

IRS regulations require paid tax preparers who expect to prepare 11 or more federal individual or trust tax returns to file them electronically. To comply with this requirement your return will be electronically filed this year. The benefits of e-filing include a secure way to file tax returns and it provides proof of acceptance, usually within 48 hours, that the IRS has accepted your return for processing. Contact this office if you prefer your return be filed on paper.

Thank you for the opportunity to serve you.

Sincerely,

L Ballard & Company, PSC, CPA's

Questions

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

	Yes	No
Personal Information		
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"/>
Purchases, Sales and Debt Information		
Did you start a new business or purchase rental property during the year?	<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 purchase or sell a principal residence during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you foreclose or abandon a principal residence or real property 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 take out a home equity loan this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you refinance a principal residence or second home this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you sell an existing business, rental, or other property this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you have any debts canceled or forgiven this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you purchase a new hybrid, alternative motor, or electric motor energy efficient vehicle this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay any student loan interest this year?	<input type="checkbox"/>	<input type="checkbox"/>
Income Information		
Did you receive any income from property sold prior to this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any lump-sum payments from a pension, profit sharing or 401(k) plan?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any withdrawals from or contributions to an IRA, Keogh, SIMPLE, SEP, or other qualified retirement plan?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any withdrawals/contributions from/to a retirement plan (including IRA) due to Midwestern Disaster area relief?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any withdrawals from an education savings or 529 Plan account?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any distributions from a Health savings account (HSA), Archer MSA, or Medicare Advantage MSA this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any Social Security benefits during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any unemployment benefits during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Itemized Deduction Information		
Did you incur a casualty or theft loss during the year?	<input type="checkbox"/>	<input type="checkbox"/>

- | | | |
|---|--------------------------|--------------------------|
| Did you have an expense account or allowance during the year? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you use your car on the job, for other than commuting? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you make any major purchases during the year (cars, boats, etc.)? | <input type="checkbox"/> | <input type="checkbox"/> |

Miscellaneous Information

- | | | |
|--|--------------------------|--------------------------|
| Did you make gifts of more than \$13,000 to any individual? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you have any educational expenses during the year? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you make any contributions to an education savings or 529 Plan account? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you make any contributions to a Health savings account (HSA) or Archer MSA? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you pay long-term health care premiums for yourself or your family? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you pay any COBRA health care coverage continuation premiums? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you, your spouse, or your dependents attend a post-secondary school during the year? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you receive correspondence from the State or the Internal Revenue Service? | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, explain: _____. | | |

Residential Energy Credits:

Were any residential improvements made that would qualify for the "Residential Energy Credit". If so please list:_____.

Please note the following items (Per IRS requirements):

Charitable Contributions: All cash contributions in excess of \$250 require a statement from the charity confirming the receipt of the contribution. All other cash contributions require documentation (either cancelled check or cash receipt) to claim the deduction.

Non-cash donations require a receipt from the charity showing the date of the contribution; listing the items contributed, and fair value of the items contributed.

If you have charitable contributions please initial to confirm that you have documentation to conform to the above requirements:_____.

Business Deduction Requirements: For individuals that have deductible business expenses; vehicle, travel, entertainment, etc. The individual is required to have a business log to support deductions taken. A travel log is required to support business documentation. Cancelled checks and receipts should also be retained to support the deductions taken.

If you have business expenses please initial to confirm that you have documentation to conform to the above requirements. _____.

Please list below any other questions or items that need to be discussed:

General: 1040 **Personal Information**

Filing (Marital) status code (1 = Single, 2 = Married filing joint, 3 = Married filing separate, 4 = Head of household, 5 = Qualifying widow(er)) _____

Mark if you were married but living apart all year _____ Mark if your nonresident alien spouse does not have an ITIN _____

Taxpayer **Spouse**

Social security number _____

First name _____

Last name _____

Occupation _____

Designate \$3.00 to the presidential election campaign fund? (1 = Yes, 2 = No, 3=Blank) _____

Mark if legally blind _____

Mark if dependent of another taxpayer _____

Taxpayer between 19 and 23, full-time student, with income less than 1/2 support? (Y, N) _____

Date of birth _____

Date of death _____

Work/daytime telephone number/ext number _____

Do you authorize us to discuss your return with the IRS (Y, N) Y

General: 1040, Contact **Present Mailing Address**

Address _____

Apartment number _____

City/State postal code/Zip code _____

Foreign country name _____

Home/evening telephone number _____

Taxpayer email address _____

Spouse email address _____

General: 1040 **Dependent Information**

First Name	Last Name	Date of Birth	Social Security No.	Relationship	Months in home	Care expenses paid for dependent
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Credits: 2441 **Child and Dependent Care Expenses**

	Provider #1	Provider #2
Provider information:		
Name	_____	_____
Street address	_____	_____
City, state, and zip code	_____	_____
Social security number OR Employer identification number	_____	_____
Tax Exempt or Living Abroad Foreign Care Provider (1 = TE, 2 = LAFCP)	_____	_____
Amount paid to care provider in 2011	_____	_____
	Taxpayer	Spouse
Employer-provided dependent care benefits that were forfeited	_____	_____

General: Info **Direct Deposit/Electronic Funds Withdrawal Information**

If you would like to have a refund deposited directly or a balance due debited directly into/from your bank account, please enter the following information:

Financial institution: Routing transit number _____ Name _____

Your account number _____ Type of account (1 = Savings, 2 = Checking, 3 = IRA*) _____

If you would like to use a refund to purchase U.S. Series I Savings bonds (in increments of \$50), enter a maximum amount up to \$5,000.** _____

*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.

**To purchase U.S. Series I Savings bonds in someone else's name, please contact our office.

Income: W2 **Salary and Wages**

Please provide all copies of Form W-2 that you receive.

Below is a list of the Form(s) W-2 as reported in last year's tax return. If a particular W-2 no longer applies, mark the not applicable box.

T/S	Description	Prior Year Information	Mark if no longer applicable
___	_____	_____	___
___	_____	_____	___
___	_____	_____	___
___	_____	_____	___
___	_____	_____	___

Income: 1099R **Pension, IRA, and Annuity Distributions**

Please provide all copies of Form 1099-R that you receive.

Below is a list of the Form(s) 1099-R as reported in last year's tax return. If a particular 1099-R no longer applies, mark the not applicable box.

T/S	Description	Prior Year Information	Mark if no longer applicable
___	_____	_____	___
___	_____	_____	___
___	_____	_____	___
___	_____	_____	___
___	_____	_____	___
___	_____	_____	___

Income: K1, K1T **Schedules K-1**

Please provide all copies of Schedule K-1 that you receive.

Below is a list of the Schedule(s) K-1 as reported in last year's tax return. If a particular K-1 no longer applies, mark the not applicable box.

T/S/J	Description	Form	Mark if no longer applicable
___	_____	_____	___
___	_____	_____	___
___	_____	_____	___
___	_____	_____	___
___	_____	_____	___
___	_____	_____	___
___	_____	_____	___
___	_____	_____	___
___	_____	_____	___
___	_____	_____	___

Income: W2G **Gambling Income**

Please provide all copies of Form W-2G that you receive.

Below is a list of the Form(s) W-2G as reported in last year's tax return. If a particular W-2G no longer applies, mark the not applicable box.

T/S	Description	Prior Year Information	Mark if no longer applicable
___	_____	_____	___
___	_____	_____	___
___	_____	_____	___

Educate: 1099Q **Qualified Education Plan Distributions**

Please provide all copies of Form 1099-Q that you receive.

Below is a list of the Form(s) 1099-Q as reported in last year's tax return. If a particular 1099-Q no longer applies, mark the not applicable box.

T/S	Description	Prior Year Information	Mark if no longer applicable
___	_____	_____	___
___	_____	_____	___

Income: B1 **Interest Income**

Please provide all copies of Form 1099-INT.

T/S/J	Payer Name	Interest Income	Prior Year Information
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Income: B3 **Seller Financed Mortgage Interest**

T, S, J _____ Payer's name _____
 Payer's address _____ Payer's social security number _____
 Amount received in 2011 _____ Amount received in 2010 _____

Income: B2 **Dividend Income**

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

T/S/J	Payer Name	Ordinary Dividends	Qualified Dividends	Prior Year Information
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Income: D **Sales of Stocks, Securities, and Other Investment Property**

Please provide copies of all Forms 1099-B and 1099-S.

T/S/J	Description of Property	Date Acquired	Date Sold	Gross Sales Price (Less expenses of sale)	Cost or Other Basis
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Income: Income **Other Income**

Please provide copies of all supporting documentation.

	2011 Information		Prior Year Information
	Taxpayer	Spouse	Prior Year Information
State and local income tax refunds	_____	_____	_____
Alimony received	_____	_____	_____
Unemployment compensation	_____	_____	_____
Unemployment compensation repaid	_____	_____	_____
Social security benefits	_____	_____	_____
Medicare premiums to be reported on Schedule A	_____	_____	_____
Railroad retirement benefits	_____	_____	_____

T/S/J	2011 Information	Prior Year Information
Other Income:	_____	_____
_____	_____	_____
_____	_____	_____

1040 Adj: IRA **Adjustments to Income - IRA Contributions**

Please provide year end statements for each account and any Form 8606 not prepared by this office.

	Taxpayer	Spouse
Traditional IRA Contributions for 2011 -		
If you want to contribute the maximum allowable traditional IRA contribution amount, enter the applicable code: (1 = Deductible only, 2 = Both deductible and nondeductible)		
Enter the total traditional IRA contributions made for use in 2011	_____	_____
Roth IRA Contributions for 2011 -		
Mark if you want to contribute the maximum Roth IRA contribution		
Enter the total Roth IRA contributions made for use in 2011	_____	_____

Educate: Educate **Higher Education Deductions and/or Credits**

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.

T/S	Qualified student loan interest paid	2011 Information	Prior Year Information
_____	_____	_____	_____
_____	_____	_____	_____

Complete this section 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.

T/S	Ed Exp Code*	Student's SSN	Student's First Name	Student's Last Name	Qualified Expenses	Prior Year Information
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

*Education Expense Code: 1 = American opportunity credit; 2 = Lifetime learning credit; 3 = Tuition and fees deduction
The student qualifies for the American opportunity credit when enrolled at least half-time in a program leading to a degree, certificate, or recognized credential; has not completed the first 4 years of post-secondary education; has no felony drug convictions on student's record

1040 Adj: 3903 **Job Related Moving Expenses**

Complete this section if you moved to a new home because of a new principal work place.

Description of move _____

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

Mark if the move was due to service in the armed forces _____

Number of miles from old home to new workplace _____

Number of miles from old home to old workplace _____

Mark if move is outside United States or its possessions _____

Transportation and storage expenses _____

Travel and lodging (not including meals) _____

Total amount reimbursed for moving expenses _____

1040 Adj: OtherAdj **Other Adjustments to Income**

Alimony Paid:

T/S	Recipient name	Recipient SSN	2011 Information	Prior Year Information
_____	_____	_____	_____	_____
_____	Address _____	City _____	State _____	Zip code _____
		Taxpayer	Spouse	Prior Year Information

Educator expenses:

_____	_____	_____	_____
_____	_____	_____	_____

Other adjustments:

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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	_____	_____	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>_____</td></tr> <tr><td>_____</td></tr> <tr><td>_____</td></tr> <tr><td>_____</td></tr> </table>	_____	_____	_____	_____

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

KY

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	_____	_____	_____ _____ _____ _____
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 _____

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	_____	_____

	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	_____

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 _____

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	_____	_____

	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	_____

Calculated Amount

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

1 Preparer use only

2011 Information

Prior Year Information

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

Employer identification number _____

Business name _____

Principal business/profession _____

Business code _____

Business address, if different from home address on Organizer Form ID:1040
 Address _____
 City/State/Zip _____

Accounting method (1 = Cash, 2 = Accrual, 3 = Other) _____
 If other: _____

Inventory method (1 = Cost, 2 = LCM, 3 = Other) _____
 If other enter explanation: _____

Enter an explanation if there was a change in determining your inventory:

Did you "materially participate" in this business? (Y, N) _____
 If not, number of hours you did significantly participate _____

Mark if you began or acquired this business in 2011 _____

Did you make any payments in 2011 that require you to file Form(s) 1099? (Y, N) _____
 If "Yes", did you or will you file all required Forms 1099? (Y, N) _____

Mark if this business is considered related to qualified services as a minister or religious worker _____

Did you receive wages as a statutory employee or as a minister? (1 = Statutory employee, 2 = Minister) _____

Medical insurance premiums paid by this activity _____

Long-term care premiums paid by this activity _____

Amount of wages received as a statutory employee _____

Grid area for Prior Year Information.

Business Income

2011 Information

Prior Year Information

Merchant card and third party network receipts and sales (from Form 1099-K)

Gross receipts and sales not from merchant cards and third party networks
 Returns and allowances _____
 Other income:

Grid area for Prior Year Information.

Cost of Goods Sold

2011 Information

Prior Year Information

Beginning inventory _____

Purchases _____

Labor:

Materials _____

Other costs:

Ending inventory _____

Grid area for Prior Year Information.

Preparer use only

Principal business or profession _____

	2011 Information	Prior Year Information
Advertising	_____	_____
Car and truck expenses	_____	_____
Commissions and fees	_____	_____
Contract labor	_____	_____
Depletion	_____	_____
Depreciation	_____	_____
Employee benefit programs (Include Small Employer Health Insurance Premiums credit):	_____	_____
_____	_____	_____
Insurance (Other than health):	_____	_____
_____	_____	_____
Interest:	_____	_____
Mortgage (Paid to banks, etc.)	_____	_____
Other:	_____	_____
_____	_____	_____
Legal and professional services	_____	_____
Office expense	_____	_____
Pension and profit sharing:	_____	_____
_____	_____	_____
Rent or lease:	_____	_____
Vehicles, machinery, and equipment	_____	_____
Other business property	_____	_____
Repairs and maintenance	_____	_____
Supplies	_____	_____
Taxes and licenses:	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
Travel, meals, and entertainment:	_____	_____
Travel	_____	_____
Meals and entertainment	_____	_____
Meals (Enter 100% subject to DOT 80% limit)	_____	_____
Utilities	_____	_____
Wages (Less employment credit):	_____	_____
_____	_____	_____
Other expenses:	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Preparer use only		
Carryovers	Regular	AMT
Operating		
Schedule D - Short-term		
Schedule D - Long-term		
Schedule D - 28% rate		
Form 4797 - Part I		
Form 4797 - Part II		
Section 179		

1 Preparer use only	2011 Information	Prior Year Information
Taxpayer/Spouse/Joint (T, S, J)	_____	<div style="border: 1px solid black; padding: 5px; font-size: 8px;"> [Grid area for Prior Year Information] </div>
Description	_____	
Address	_____	
State postal code	KY	
Type (1 = Single-family, 2 = Multi-family, 3 = Vacation/short-term, 4 = Commercial, 5 = Land, 6 = Royalties, 7 = Self-rental, 8 = Other)	_____	
Description of other type (Type code #8)	_____	
Fair rental days (If not full year) (For types 1, 2, 4, 5, 7 and 8 only) (Use Rent-2 for type 3)	_____	
Percentage of ownership if not 100%	_____	
Business use percentage, if not 100% (Not vacation home percentage)	_____	

Rent and Royalty Income

	2011 Information	Prior Year Information
Merchant card and third party payments (from Form 1099-K)	_____	<div style="border: 1px solid black; padding: 5px; font-size: 8px;"> [Grid area for Prior Year Information] </div>
Rents and royalties NOT from merchant cards/third party payments	_____	

Rent and Royalty Expenses

	2011 Information	Percent if not 100%	Prior Year Information
Advertising	_____	_____	<div style="border: 1px solid black; padding: 5px; font-size: 8px;"> [Grid area for Prior Year Information] </div>
Auto	_____	_____	
Travel	_____	_____	
Cleaning and maintenance	_____	_____	
Commissions:	_____	_____	
_____	_____	_____	
_____	_____	_____	
Insurance:	_____	_____	
_____	_____	_____	
_____	_____	_____	
Legal and professional fees	_____	_____	
Management fees:	_____	_____	
_____	_____	_____	
_____	_____	_____	
Mortgage interest paid to banks, etc (Form 1098)	_____	_____	
Other mortgage interest	_____	_____	
Qualified mortgage insurance premiums	_____	_____	
Other interest:	_____	_____	
_____	_____	_____	
_____	_____	_____	
Repairs	_____	_____	
Supplies	_____	_____	
Taxes:	_____	_____	
_____	_____	_____	
_____	_____	_____	
Utilities	_____	_____	
Depreciation	_____	_____	
Depletion	_____	_____	
Other expenses:	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
Refinancing points paid this year:	_____	_____	
Description	_____	_____	
Total points paid/Current amort (Prep use only)	_____	_____	
Date of Refinance	_____	_____	