



**HANSEN'S**  
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*"Investing in companies whooo give a hoot"*

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## TAX PREPARATION GUIDELINE FOR YEAR 2011

### 1. Personal Information

Please complete **only** if information has changed or needs to be added.

Name A: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name B: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Phone A: (H) \_\_\_\_\_ Phone B: (H) \_\_\_\_\_

Phone A: (W) \_\_\_\_\_ Phone B: (W) \_\_\_\_\_

E-mail A: \_\_\_\_\_ E-mail B: \_\_\_\_\_

A's Occupation: \_\_\_\_\_ B's Occupation: \_\_\_\_\_

| Dependents | Birth Date | Social Security # | Child Care |
|------------|------------|-------------------|------------|
| _____      | _____      | _____             | _____      |
| _____      | _____      | _____             | _____      |
| _____      | _____      | _____             | _____      |

### 2. Income - information that is not on forms sent to you

Other Income: \_\_\_\_\_ Source: \_\_\_\_\_

### 3. Stocks, bonds, or mutual funds you sold - information that is not on forms sent to you

Name: \_\_\_\_\_ Date Bought: \_\_\_\_\_ Dollars Invested: \_\_\_\_\_  
Date Sold: \_\_\_\_\_ Dollars Received: \_\_\_\_\_

Name: \_\_\_\_\_ Date Bought: \_\_\_\_\_ Dollars Invested: \_\_\_\_\_  
Date Sold: \_\_\_\_\_ Dollars Received: \_\_\_\_\_

Name: \_\_\_\_\_ Date Bought: \_\_\_\_\_ Dollars Invested: \_\_\_\_\_  
Date Sold: \_\_\_\_\_ Dollars Received: \_\_\_\_\_

**4. Deductions from Income**

Home Energy Costs: \_\_\_\_\_

Education expenses for dependents: \_\_\_\_\_

Investments in Traditional and SEP IRAs: \_\_\_\_\_

Alimony paid: \_\_\_\_\_

Moving Expenses – your new workplace must be at least 50 miles farther from your old home than your old workplace was.

Transportation & storage of household goods: \_\_\_\_\_

Travel & lodging: \_\_\_\_\_

**5. Itemized Deductions**

**5a. Medical & dental expenses**

Health Insurance Premiums: \_\_\_\_\_

Long Term Care Insurance Premiums: \_\_\_\_\_

Prescriptions: \_\_\_\_\_

Health Care Practitioners: \_\_\_\_\_

Hospital: \_\_\_\_\_

Eyeglasses or contacts: \_\_\_\_\_

Travel costs & parking: \_\_\_\_\_

Miles: \_\_\_\_\_

Other: \_\_\_\_\_

**5b. Taxes**

Real estate: \_\_\_\_\_ State taxes due on tax return and paid in 2011 for 2010 taxes \_\_\_\_\_

Estimated Taxes Paid: Make sure you have the cancelled checks showing the payments.

| <b>FED</b> |        | <b>STATE</b> |        |
|------------|--------|--------------|--------|
| Date       | Amount | Date         | Amount |
| _____      | _____  | _____        | _____  |
| _____      | _____  | _____        | _____  |
| _____      | _____  | _____        | _____  |
| _____      | _____  | _____        | _____  |

**5c. Interest paid**

Mortgage to an institution: \_\_\_\_\_

Mortgage to other persons: \_\_\_\_\_

Interest on a loan to invest in stocks, bonds, etc.: \_\_\_\_\_

**5d. Gifts to charity**

Cash or check

How much? \_\_\_\_\_ To whom? \_\_\_\_\_

Items given – you'll need a receipt from the charitable organization.

How much? \_\_\_\_\_ To whom? \_\_\_\_\_

**Date:**

Volunteer miles \_\_\_\_\_

**5e. Your Expenses as an Employee**

Transportation costs: \_\_\_\_\_

Travel while away from home overnight (lodging, airplane, car rental, etc.): \_\_\_\_\_

Meals & entertainment: \_\_\_\_\_

**Vehicle**

Model: \_\_\_\_\_

Date first started using for work: \_\_\_\_\_

Total miles driven for the year: \_\_\_\_\_

Business miles driven for the year, only: \_\_\_\_\_

For those not using the standard mileage rate:

Lease cost: \_\_\_\_\_

Gasoline, oil, repairs, insurance, etc.: \_\_\_\_\_

Cost of car: \_\_\_\_\_

**5f. Tax preparation fees:** \_\_\_\_\_

**5g. Other** – education tuition, school supplies, books, periodicals, special clothing not worn outside of work setting, union dues, education travel (# of miles – refer to section 5e), long distance phone or separate line costs

\_\_\_\_\_  
\_\_\_\_\_

**6. Self-Employed Persons**

**Income** – if not reported on Form 1099 misc

From whom? \_\_\_\_\_ How much? \_\_\_\_\_

From whom? \_\_\_\_\_ How much? \_\_\_\_\_

**Expenses**

Advertising: \_\_\_\_\_

Car & truck (fill in details above, under “expenses as employee in Section 5e)

Commissions & fees: \_\_\_\_\_

Insurance (liability): \_\_\_\_\_

Interest

Mortgage: \_\_\_\_\_

On funds borrowed for business purposes: \_\_\_\_\_

Legal & professional services: \_\_\_\_\_

Office expenses (postage, envelopes, etc.): \_\_\_\_\_

Rent: \_\_\_\_\_  
Repairs & maintenance: \_\_\_\_\_  
Supplies (particular to your type of business): \_\_\_\_\_  
Travel (airplane, lodging while over night): \_\_\_\_\_  
Meals & entertainment: \_\_\_\_\_  
Utilities: \_\_\_\_\_ Homeowners Insurance: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Other: \_\_\_\_\_  
Inventory: Cost, amount sold, materials purchased: \_\_\_\_\_

## 7. Rental Real Estate

### Income

Rents received: \_\_\_\_\_

### Expenses

Advertising: \_\_\_\_\_ Auto & Travel: \_\_\_\_\_

Cleaning & maintenance: \_\_\_\_\_ Commissions: \_\_\_\_\_

Insurance: \_\_\_\_\_ Legal & other professional fees: \_\_\_\_\_

Management fees: \_\_\_\_\_ Mortgage interest paid: \_\_\_\_\_

Repairs: \_\_\_\_\_ Supplies: \_\_\_\_\_

Taxes: \_\_\_\_\_ Utilities: \_\_\_\_\_

Other: \_\_\_\_\_

## 8. New York State

Purchases made on the internet or by catalog on which you did not pay New York state sales tax: \_\_\_\_\_

Long Term Care Insurance Premiums: \_\_\_\_\_

529 Contributions: \_\_\_\_\_

### **INFORMATION AND FORMS YOU NEED TO SUPPORT YOUR RETURN**

Last year's tax return

W-2s

Unemployment insurance statement

Other reporting statements (1099, 1098, K-1)

Pension statements

Interest & dividend income statements

Purchase or sale of residence records, closing statements

Childcare expenses with provider's tax ID# and address

Social Security statement

Last month of the year pay stub

Estimated tax cancelled checks from Fed and State

Anything else you think may pertain to your taxes