



INDIVIDUAL TAX ORGANIZER LETTER TAX YEAR 2011

We provide this organizer to our tax clients to assist in gathering the information necessary to prepare your individual income tax returns.

The Internal Revenue Service matches information returns with amounts reported on tax returns. A negligence penalty may be assessed if income is underreported or deductions are overstated. Use this organizer to submit all information returns to the Internal Revenue Service. Information returns include forms such as: Form W-2 (or other national wage and tax statement), Form 1099s, Schedule K-1s and any other tax information statements.

For our clients, this organizer will soon be accompanied by an engagement letter, where the services we will provide, our professional policies and standards are clearly stated. You may be assured that all the information you provide us is strictly confidential. In order to deliver quality services on a timely basis, we urge you to collect your information as soon as possible.

If information from “pass-through” entities such as partnerships, trusts and S corporations is the only data you are missing, please first send the data you already have and forward the missing information later as soon as it is available.

Please confirm your filing deadline with us (deadlines may vary!). Your completed tax organizer and all supporting information need to be received at least 5 business days ahead of your deadline. Any information received after that date may require that an extension (or further extension) of time be filed for your tax return. If an extension of time is required, any tax due must be paid with the initial extension. Any taxes not paid by the filing deadline may be subject to late payment penalties and interest.

We look forward to providing excellent services to you. In addition to preparing your tax returns, we also provide tax planning, financial planning, business strategy and consulting, monthly accounting, including payroll & benefits and outsourced CFO. Our goal is to provide proactive solutions to ensure that your financial position continues to improve. Should you have any questions, please do not hesitate to contact us.

Best Regards,

Lunsford Peck, LLC



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If we at Lunsford Peck did not prepare your prior year returns, please provide a copy of your federal and state returns for one or more previous years. (The more information we have, the better we can serve you.) Additionally, please complete pages 1 through 4 and all applicable sections.

Taxpayer's Name _____ SSN _____ Occupation _____

Spouse's Name _____ SSN _____ Occupation _____

Home Address _____

 City, Town, or Post Office County State Zip Code

| | | |
|--------------------------------|--|--|
| Telephone Number Home _____ | Telephone Number (Taxpayer) Office _____ Cell _____ Email _____ | Telephone Number (Spouse) Office _____ Cell _____ Email _____ |
|--------------------------------|--|--|

| | | | | |
|-----------|---------------------|----------|-----|----|
| Taxpayer: | Date of Birth _____ | Blind? – | YES | NO |
| Spouse: | Date of Birth _____ | Blind? – | YES | NO |

Dependent Children Who Lived With You:

| Full Name | Social Security Number | Relationship | Birth Date |
|-----------|------------------------|--------------|------------|
| | | | |
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Other Dependents

| Full Name | Social Security Number | Relationship | Birth Date | Number Months Resided in Your Home | % Support Furnished By You |
|-----------|------------------------|--------------|------------|------------------------------------|----------------------------|
| | | | | | |
| | | | | | |
| | | | | | |

Please answer the following questions and submit details for any question answered “Yes”:

- | | | |
|--|-----|----|
| 1. Did any births, adoptions, marriages, divorces, or deaths occur in your family last year? If yes, provide details. | YES | NO |
| 2. Will the address on your current returns be different from that shown on your prior year returns? If yes, provide the new address and date moved. | YES | NO |
| 3. Were there any changes in dependents from the prior year? If yes, provide details. | YES | NO |
| 4. Are you entitled to a dependency exemption due to a divorce decree? | YES | NO |
| 5. Did any of your dependents have income of \$950 or more? (\$400 if self-employed) | YES | NO |
| 6. Did any of your children under the age of 19 have investment income over \$1,900? If yes, do you want to include your child’s income on your return? | YES | NO |
| 7. Are any dependent children married and filing a joint return with their spouse? | YES | NO |
| 8. Did any dependent child 19-23 years of age attend school less than 5 months during the year? | YES | NO |
| 9. Did you receive income from any legal proceedings, cancellation of student loans or other Indebtedness during the year? If yes, provide details. | YES | NO |
| 10. Did you make any gifts during the year directly or in trust exceeding \$13,000 per person? | YES | NO |



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| | | |
|---|-----|----|
| 11. Did you have interest in, or signature, or other authority over a bank, securities, or other financial account in a foreign country? | YES | NO |
| 12. Were you the grantor, transferor or beneficiary of a foreign trust? | YES | NO |
| 13. Were you a resident of, or did you have income in, more than one state during the year? | YES | NO |
| 14. Do you want any overpayment of taxes applied to next year’s estimated taxes? | YES | NO |
| 15. Do you want any federal or state refunds deposited directly into your bank account? If yes, enclose a voided check. | YES | NO |
| i. Do you want any balance due directly withdrawn from this same bank account on the due date? | YES | NO |
| ii. Do you want next year’s estimated taxes withdrawn from this same bank account on the due dates? | YES | NO |
| 16. Do either you or your spouse have any outstanding child support payments or deferral debt? | YES | NO |
| 17. If you owe federal tax upon completion of your return, are you able to pay the balance due? | YES | NO |
| 18. Do you expect a large fluctuation in your income, deductions or withholding next year? If yes, provide details. | YES | NO |
| 19. Did you receive any distribution from an IRA or other qualified plan that was partially or Totally rolled over into another IRA or qualified plan within 60 days of the distribution? (Form 1099R) | YES | NO |
| 20. If you received an IRA distribution, which you did not roll over provide details. (Form 1099R) | YES | NO |
| 21. Did you “convert” IRA funds into a Roth IRA? If yes, provide details. (Form 1099R) | YES | NO |
| 22. Did you receive any disability payments this year? | YES | NO |
| 23. Did you receive tip income not reported to your employer? | YES | NO |
| 24. Did you sell and/or purchase a principal residence or other real estate? If yes, provide Settlement sheet (HUD-) and Form 1099-S | YES | NO |



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|--|-----|----|
| 25. Did you collect on any installment contract during the year? If yes, provide detail. | YES | NO |
| 26. Did you receive any tax-exempt interest or dividends? (Form 1099-INT) | YES | NO |
| 27. During the year, do you have any securities that became worthless or loans that Became uncollectible? | YES | NO |
| 28. Did you receive unemployment compensation? If yes, provide Form 1099-G | YES | NO |
| 29. Did you have any casualty or theft losses during the year? If yes, provide details. | YES | NO |
| 30. Did you have foreign income, pay any foreign taxes, or file any foreign information reporting or tax return forms? If yes, provide details. | YES | NO |
| 31. If there were dues paid to an association, was any portion not deductible due to political lobbying by the association or benefits received? | YES | NO |
| 32. Has the IRS, or any state or local taxing agency, notified you of changes to a prior year’s tax return? If yes, provide copies of all notices/correspondence received. | YES | NO |
| 33. Are you aware of any changes to your income, deductions and credits reported on any prior years’ returns? | YES | NO |
| 34. Did you purchase gasoline, oil, or special fuels for non-highway vehicles? | YES | NO |
| 35. Did you purchase an energy-efficient or other new vehicle? If yes, provide purchase invoice. | YES | NO |
| 36. If you or your spouse has self-employment income, did you pay any health insurance premiums or long-term care premiums? | YES | NO |
| 37. Were either you or your spouse eligible to participate in an employer’s health insurance or long-term care plan? | YES | NO |
| 38. If you or your spouse has self-employment income, do you want to make a retirement plan contribution? | YES | NO |
| 39. Did you acquire any “qualified small business stock”? | YES | NO |
| 40. Were you granted or did you exercise any stock options? If yes, provide details. | YES | NO |
| 41. Were you granted any restricted stock? If yes, provide details. | YES | NO |



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|---|-----|----|
| 42. Did you pay any household employee over age 18 wages of \$1,600 or more? If yes, provide copy of Form W-2 issued to each household employee. | YES | NO |
| i. If yes, did you pay total wages of \$1,000 or more in any calendar quarter to all household employees? | YES | NO |
| 43. Did you surrender any U.S. savings bonds? | YES | NO |
| 44. Did you use the proceeds from Series EE U.S. savings bonds purchased after 1989 to pay for higher education expenses? | YES | NO |
| 45. Did you realize a gain on property, which was taken from you by destruction, theft, seizure or condemnation? | YES | NO |
| 46. Did you start a business? | YES | NO |
| 47. Did you purchase rental property? | YES | NO |
| 48. Did you acquire any interests in partnerships, LLCs, S corporations, estates or trusts this year? | YES | NO |
| 49. Do you have records to support travel, entertainment, or gift expenses? The law requires that adequate records be maintained for travel, entertainment, and gift expenses. The documentation should include amount, time and place, date, business purpose, description of gift(s) (if any), and business relationship of recipient(s). | YES | NO |
| 50. Has your will or trust been updated within the last three years? | YES | NO |
| 51. Did you incur expenses as an elementary or secondary educator? If so, how much? | YES | NO |
| 52. Did you make any energy-efficient improvements (remodel or new construction) to your home? | YES | NO |
| 53. Can the Internal Revenue Service discuss questions about this return with the preparer? | YES | NO |
| 54. Did you make any large purchases or home improvements? | YES | NO |
| 55. Did you pay real estate taxes on your principal residence? If so, how much? | YES | NO |
| 56. Would you like to benefit by receiving information on our Monthly Value Added Service plans? | YES | NO |



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Estimated Tax Payments

| | Federal | | State (NAME): | |
|--------------------------------|---------|--|---------------|--|
| | | | | |
| Prior year overpayment applied | | | | |
| 1 st Quarter | | | | |
| 2 nd Quarter | | | | |
| 3 rd Quarter | | | | |
| 4 th Quarter | | | | |

Wages, Salaries, and Other Employee Compensation

Enclose all Forms W-2

Pensions, IRA, and Annuity Income

Enclose all Forms 1099-R

- | | | |
|---|-----|----|
| 1. Did you receive a Lump Sum distribution from your employer? | YES | NO |
| 2. Did you “convert” a Lump Sum distribution into another plan or IRA account? | YES | NO |
| 3. Did you transfer IRA funds to a Roth IRA this year? | YES | NO |
| 4. Have you elected a Lump Sum treatment for any retirement distributions after 1986? | YES | NO |

Social Security Benefits Received

Enclose all 1099 SSA Forms



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Interest Income

*Enclose all Forms 1099-INT

*If not available, please discuss with tax professional.

Interest Income (Seller-Financed Mortgage)

| Name of Payer | Social Security Number | Address | Interest Recorded |
|---------------|------------------------|---------|-------------------|
| | | | |
| | | | |

Dividend Income

*Enclose all Forms 1099-DIV

*If not available, please discuss with tax professional.

Miscellaneous Income

| Description | Amount |
|--------------------------------------|--------|
| State and local income tax refund(s) | |
| Alimony received | |
| Jury fees | |
| Finder’s fees | |
| Prizes | |
| Gambling winnings (W2-G) | |
| Other miscellaneous income | |



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Income from a Business or Profession

Who owns this business? Taxpayer Spouse Joint

Principle Business or Profession _____

Business Name _____

Business Taxpayer Identification Number _____

Business Address _____

Method(s) used to value closing inventory:

Cost Accrual Other (describe) _____

Accounting method:

Cash Accrual Other (describe) _____

1. Was there any change in determining quantities, costs or valuations between the opening and closing inventory? If yes, attach explanation.
2. Did you deduct expenses for the business use of your home? If yes, complete office in home schedule provided in this organizer.
3. Did you materially participate in the operation of the business during the year?
4. Was all of your investment in this activity at risk?
5. Were any assets sold, retired or converted to personal use during the year? If yes, list assets sold including date acquired, date sold, sales price, and original cost.
6. Were any assets purchased during the year? If yes, list assets acquired, including date placed in service and purchase price, including trade-in. Include copies of purchase invoices.
7. Was this business still in operation at the end of the year?
8. List the states in which business was conducted and provide income and expense by state.



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Provide copies of certification for employees of target groups and associated wages qualifying for Work Opportunities Tax Credit.

Attach a schedule of income and expenses of the business or complete the following worksheet. Complete a separate schedule for each business.

Business Income and Expenses

| Description | Amount |
|---|--------|
| Part I - Income | |
| Gross receipts or sales | |
| Returns and allowances | |
| Other income (List type and amount.) | |
| | |
| Part II - Cost of Goods Sold | |
| Inventory at beginning of year | |
| Purchases less cost of items withdrawn for personal use | |
| Cost of labor (Do not include salary paid to yourself.) | |
| Materials and supplies | |
| Other costs (List type and amount.) | |
| Inventory at end of year | |
| | |



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Business Income and Expenses Continued

| Description | Amount |
|---|--------|
| Part III - Expenses | |
| Advertising | |
| Bad debts from sales or services | |
| Car and truck expenses (Complete Auto Expense Schedule on Page 21) | |
| Commissions and fees | |
| Depletion | |
| Depreciation and Section 179 expense deduction (provide depreciation schedules) | |
| Employee health insurance and other benefit programs (excluding retirement plans) | |
| Employee retirement contribution (other than owner) | |
| Self employed owner: | |
| a. Health insurance premiums | |
| b. Retirement contribution | |
| c. State income tax | |
| Insurance (other than health) | |
| Interest: | |
| a. Mortgage (paid to banks, etc.) | |
| b. Other | |
| Office expense | |

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Business Income and Expenses Continued

| Description | Amount |
|---|--------|
| Rent or lease: | |
| a. Vehicles, machinery, and equipment | |
| b. Other business property | |
| | |
| | |
| Supplies | |
| Taxes and licenses (Do not include state income tax.) | |
| Travel, meals, and entertainment: | |
| a. Travel | |
| b. Meals and entertainment | |
| Utilities | |
| Wages (Enclose copies of Forms W-3/W-2.) | |
| Lobbying expenses | |
| Club dues: | |
| a. Civic club dues | |
| b. Social or entertainment club dues | |
| Other expenses (List type and amount.) | |
| | |



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Automobile Expenses – Complete a separate schedule for each vehicle.

| | |
|------------------------------|---|
| Vehicle Description _____ | Total Business Miles _____ |
| Date Placed in Service _____ | Total Commuting Miles _____ |
| Cost or FMV \$ _____ | Total Other Personal Miles _____ |
| Lease Term _____ | Total Miles This Year _____ |
| | Average Daily Round-Trip Commuting Distance _____ |

Actual Expenses (*Omit if using mileage method)

| | |
|------------------------|----------------------------|
| Gas, Oil* _____ | Taxes & Registration _____ |
| Repairs* _____ | Interest _____ |
| Tires, Supplies* _____ | Parking _____ |
| Insurance* _____ | Tolls _____ |
| Lease Payments* _____ | Other _____ |

Did you acquire, lease or dispose of a vehicle for business during this year? YES NO
 If yes, enclose purchase and sales contract or lease agreement.

Did you use the above vehicle in this business less than 12 months? YES NO
 If yes, enter the number of months _____.

Do you have another vehicle available for personal purposes? YES NO

Do you have evidence to support your deduction? YES NO

Is the evidence written? YES NO

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Office in Home

To qualify for an office in home deduction, the area must be used exclusively for business purposes on a regular basis in connection with your employer’s business and for your employer’s convenience. If you are self-employed, it must be your principal place of business or you must be able to show that income is actually produced there. If business use of home relates to daycare, provide total hours of business operation for the year.

| Business or activity for which you have an office | Total area of the house (Square feet) | Are of business use (square feet) | Business percentage |
|--|--|--|----------------------------|
| | | | |

I. Depreciation

| | Date placed in Service | Cost/Basis | Method | Life | Prior Depreciation |
|--------------------------------|-------------------------------|-------------------|---------------|-------------|---------------------------|
| House | | | | | |
| Land | | | NA | NA | NA |
| Total Price | | | NA | NA | NA |
| Improvements (Provide details) | | | | | |

II. Expenses to be Reported:

| | |
|--------------------------|-------|
| Mortgage Interest | _____ |
| Real Estate Taxes | _____ |
| Utilities | _____ |
| Property Insurance | _____ |
| Other Expenses – Itemize | _____ |
| | _____ |



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Office in Home Continued

III. Expenses That Apply Directly to Home Office

| | |
|--------------------------|-------|
| Telephone | _____ |
| Maintenance | _____ |
| Other Expenses – Itemize | _____ |
| | _____ |

Capital Gains and Losses

| |
|---|
| *Enclose all Forms 1099-B |
| *Enclose all Forms 1099-S |
| Enclose any HUD- Closing Statements |
| Enclose any Other Gain and/or Loss Statements |

***OR** provide brokerage account statements and transaction slips for sales and purchases.

Enter any Sales **NOT** reported on Forms 1099-B and 1099-S:

| Description | Date Acquired | Date Sold | Sales Proceeds | Cost or Basis | Cost of Sale |
|-------------|---------------|-----------|----------------|---------------|--------------|
| | | | | | |
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Sale/Purchase of Personal Residence

Provide closing statements (HUD-1)

Moving Expenses

1. Did you change your residence during this year incident to a change in, Employment transfer, or self-employment? YES NO

If yes, furnish the following information:

Number of miles from your former residence to your new business location _____ miles

Number of miles from your former residence to your former business location _____ miles

2. Did your employer reimburse or pay directly any of your moving expenses? YES NO

If yes, enclose the employer provided itemization form and note the amount of reimbursement received. \$ _____

Itemize below the total moving costs you paid without reduction for any reimbursement by your employer

Expenses of moving from old to new home:

Transportation expenses in moving household goods and family \$ _____

Cost of storing and insuring household goods \$ _____

Residence Change

If you changed residence during the year, provide period of residence in each location.

Residence # 1 _____ From ____/____/____ To ____/____/____

Residence # 2 _____ From ____/____/____ To ____/____/____



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Rental and Royalty Income – Complete a separate schedule for each property

1. Description and location of property _____

2. Residential Property? YES NO Personal Use? YES NO

If personal use:

Number of days the property was occupied by you, a member of your family, or any individual not paying rent at the fair market value? _____

3. Did you actively participate in the operation of the rental property during the year? YES NO

4. a) Were more than half of personal service that you or your spouse performed during the year performed in real property trades? YES NO

5. b) Did you or your spouse perform more than 750 hours of services during the year in real property trades or business? YES NO

| Income: | Amount | | Amount |
|-------------------|---------------|--------------------------|---------------|
| Rents Received | | Royalties received | |
| Expenses: | | | |
| Mortgage interest | | Legal and professional | |
| Other interest | | Cleaning and maintenance | |
| Insurance | | Commissions | |
| Repairs | | Utilities | |
| Auto and travel | | Management Fees | |
| Advertising | | Supplies | |
| Taxes | | Other (itemize) | |



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Rental and Royalty Income Continued

If this is the first year we are preparing your return, please provide depreciation records.

If this is a new property, please provide the closing statement. (HUD-1)

List below any improvements or assets purchased during the year.

| Description | Date placed in service | Cost |
|-------------|------------------------|------|
| | | |
| | | |
| | | |

If the property was sold during the year, provide the closing statement. (HUD-1)

Income from Partnerships, Estates, LLCs, TRUST, and S Corporations

| |
|---|
| Enclose all Schedules K-1 received to date. |
|---|

List below all Schedules K-1 not yet received:

| Name | Source Code * | Federal ID # |
|------|---------------|--------------|
| | | |
| | | |
| | | |
| | | |

*Source Code: P = Partnership E = Estate/Trust S = S-Corporation



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Contributions to Retirement Plans

| | Taxpayer | Spouse |
|---|-----------------|---------------|
| Are you covered by a qualified retirement plan? (Y/N) | | |
| Do you want to make the maximum deductible IRA contribution (Y/N) | | |
| IRA payments made for this return | \$ | \$ |
| IRA payments made for this return for nonworking spouse | \$ | \$ |
| Do you want to make an IRA contribution even if part or all of it may not be deducted? (Y/N) If yes, provide copy of latest 8606 filed. | | |
| Have you made or do you want to make a Roth IRA contribution (Y/N) If yes, provide ROTH IRA payments made for this return. | \$ | \$ |
| Do you want to make the maximum allowable Keogh/SEP/SIMPLE IRA Contribution? (Y/N) | | |
| Keogh/SEP/SIMPLE IRA payments made for this return | \$ | \$ |
| Date Keogh/SEP/SIMPLE IRA Plan established | | |
| Would you like professional information on retirement financial planning services, offered by Lunsford Peck? (Y/N) | | |

Alimony Paid

Name of Recipient(s) _____

Social Security Number(s) of Recipients(s) _____

Amount(s) Paid _____

If a divorce occurred this year, enclose a copy of the divorce decree and property settlement.



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Deductible Taxes

| Description | Amount |
|---|--------|
| State and local income tax payments made this year for prior year(s). | |
| Real estate taxes: Primary residence | |
| Secondary residence | |
| Other | |
| Personal property or ad valorem taxes | |
| Sales tax on major items (auto, boat, home improvements, etc.) | |
| Other sales taxes paid (if applicable) | |
| Intangible tax | |
| Other taxes (itemize) | |
| Foreign tax withheld (may be used as a credit) | |

Interest Expense

Mortgage Interest (Enclose Forms 1098)

| Payee* | Property** | Amount |
|--------|------------|--------|
| | | |
| | | |
| | | |
| | | |

*Include address and social security number if payee is an individual

**Describe the property securing the related obligation, i.e., principle residence, motor home, boat, etc.



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Unamortized Points on Residence Refinancing

| Date of Refinance | Loan Term | | Total Points |
|--------------------------|------------------|--|---------------------|
| | | | |
| | | | |

Student Loan Interest

| Payee | Amount |
|--------------|---------------|
| | |
| | |

Investment Interest

| Payee | Investment Purpose | Amount |
|--------------|---------------------------|---------------|
| | | |
| | | |
| | | |
| | | |

Business Interest

| Payee | Investment Purpose | Amount |
|--------------|---------------------------|---------------|
| | | |
| | | |
| | | |



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Contributions

Cash contributions, for which you have receipts, canceled checks, etc. NOTE: You need to have written acknowledgment from any charity to which you made individual donations of \$250 or more during the year.

| Donee | Amount | Donee | Amount |
|-------|--------|-------|--------|
| | \$ | | \$ |
| | \$ | | \$ |
| | \$ | | \$ |
| | \$ | | \$ |
| | \$ | | \$ |

Expenses incurred in performing volunteer work for charitable organizations:

| | |
|--------------------------|----------|
| Parking fees and tolls | \$ _____ |
| Supplies | \$ _____ |
| Meals & entertainment | \$ _____ |
| Other (itemize) | \$ _____ |
| Automobile mileage _____ | |

Other than cash contributions (enclose receipt(s)):

| | | | |
|-----------------------------|--|--|--|
| Organization Name & Address | | | |
| Description of Property | | | |
| Date Acquired | | | |
| How Acquired | | | |
| Cost or Basis | | | |
| Date Contributed | | | |
| Fair Market Value (FMV) | | | |
| How FMV was Determined | | | |

For Contributions over \$5,000, please include copy of appraisal and confirmation.



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Miscellaneous Deductions

| Description | Amount |
|---|--------|
| Union dues | |
| Income tax preparation fees | |
| Legal fees (provide details) | |
| Safe deposit box rental | |
| Small tools | |
| Uniforms which are not suitable for wear outside work | |
| Safety equipment and clothing | |
| Professional dues | |
| Business publications | |
| Unreimbursed cost of business supplies | |
| Employment agency fees | |
| Investment expenses | |
| Trustee fees | |
| Other miscellaneous deductions - itemize | |
| Documented gambling losses | |



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Child Care Expenses/Home Care Expenses

Did you pay an individual or an organization to perform services for the care of a dependent under 13 years old in order to enable you to work or attend school on a full-time basis? YES NO

Did you pay an individual to perform in-home health care services for yourself, your spouse, or dependents? YES NO

If the response to either of the questions above is yes, complete the following information:

For Dependents Whom Services Were Rendered.

| First Name | Last Name | Social Security Number |
|------------|-----------|------------------------|
| | | |
| | | |
| | | |
| | | |

Education Expenses

Did you or any other member of your family pay any educational expenses this year? YES NO

If yes, was any tuition paid for either of the first two years of post-secondary education? YES NO

If yes complete the following and provide Form 1098-T from school:

| Student Name | Institution | Grade/Level | Amount Paid | Date Paid |
|--------------|-------------|-------------|-------------|-----------|
| | | | | |
| | | | | |
| | | | | |

Was any of the preceding tuition paid with funds withdrawn from an educational IRA or 529 Plan?
 If yes, how much? \$_____