

## 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:**

MARK HANNA JR INC  
1718 WEST AVE  
SAN ANTONIO TX 78201  
210-734-6731







# 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 \_\_\_\_\_  
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

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

# OTHER INCOME AND ADJUSTMENTS

2011

## OTHER INCOME

2011

2010

### Seller Financed Mortgages

| Payer | Principal | Interest | Interest |
|-------|-----------|----------|----------|
| _____ | _____     | _____    | _____    |
| _____ | _____     | _____    | _____    |
| _____ | _____     | _____    | _____    |
| _____ | _____     | _____    | _____    |
| _____ | _____     | _____    | _____    |
| _____ | _____     | _____    | _____    |
| _____ | _____     | _____    | _____    |
| _____ | _____     | _____    | _____    |
| _____ | _____     | _____    | _____    |
| _____ | _____     | _____    | _____    |

### State and Local Income Tax Refunds Received in 2011

|                                   |                       |
|-----------------------------------|-----------------------|
| State or Local jurisdiction _____ | Amount received _____ |
| State or Local jurisdiction _____ | Amount received _____ |
| State or Local jurisdiction _____ | Amount received _____ |

### Unemployment (Please attach 1099G(s)).

2011

2010

|                        |       |
|------------------------|-------|
| Amount received: _____ | _____ |
| Amount repaid: _____   | _____ |

### Alimony amount received

### Other Income

Type: \_\_\_\_\_ Amount: \_\_\_\_\_

## ADJUSTMENTS

Taxpayer  
2011

Taxpayer  
2010

Spouse  
2011

Spouse  
2010

|                                     |       |               |       |       |
|-------------------------------------|-------|---------------|-------|-------|
| Educator expense                    | _____ | _____         | _____ | _____ |
| Self-employed retirement plans      | _____ | _____         | _____ | _____ |
| Self-employed health insurance paid | _____ | _____         | _____ | _____ |
| <b>IRA'S</b>                        |       |               |       |       |
| Traditional                         | _____ | _____         | _____ | _____ |
| Roth                                | _____ | _____         | _____ | _____ |
| Student loan interest               | _____ | _____         | _____ | _____ |
| <b>Alimony Paid</b>                 |       |               |       |       |
| To whom paid: _____                 |       | Amount: _____ |       |       |
| SSN: _____                          |       |               |       |       |
| <b>Tuition and Fees</b>             |       | Amount: _____ |       |       |
| <b>Other Adjustments</b>            |       | Amount: _____ |       |       |
| Type: _____                         |       |               |       |       |

# 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: \_\_\_\_\_

# 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

### 2010 TOTAL AMOUNT

Taxpayer Amount \$ \_\_\_\_\_

Spouse Amount \$ \_\_\_\_\_







# 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.

# ITEMIZED DEDUCTIONS

2011  
(SCH A)

|  | *T,S,J | 2011  | 2010  |
|--|--------|-------|-------|
| <b>MEDICAL AND DENTAL EXPENSES</b> - 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   |        |       |       |
| <b>TAXES PAID</b>  |        |       |       |
| Real estate taxes  | _____  | _____ | _____ |
| Other _____  | _____  | _____ | _____ |
| <b>INTEREST PAID</b>   |        |       |       |
| Home mortgage interest   | _____  | _____ | _____ |
| Points paid in purchasing new home   | _____  | _____ | _____ |
| Qualified Mortgage Insurance Premium   | _____  | _____ | _____ |
| Investment interest expense  | _____  | _____ | _____ |
| <b>CONTRIBUTIONS - Receipts required for all contributions</b>   |        |       |       |
| Cash   |        |       |       |
| _____  | _____  | _____ | _____ |
| _____  | _____  | _____ | _____ |
| _____  | _____  | _____ | _____ |
| _____  | _____  | _____ | _____ |
| _____  | _____  | _____ | _____ |
| _____  | _____  | _____ | _____ |
| _____  | _____  | _____ | _____ |
| Non-cash   | _____  | _____ | _____ |
| Number of charity miles  | _____  | _____ | _____ |
| <b>MISCELLANEOUS DEDUCTIONS</b>  |        |       |       |
| Include union and professional dues, business publications, etc.   |        |       |       |
| _____  | _____  | _____ | _____ |
| _____  | _____  | _____ | _____ |
| Tax preparation fee  | _____  | _____ | _____ |
| Include below items, such as safe deposit box, investment expense.   |        |       |       |
| _____  | _____  | _____ | _____ |
| _____  | _____  | _____ | _____ |
| Gambling losses  | _____  | _____ | _____ |

# 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 \_\_\_\_\_

| 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? \_\_\_\_\_

# 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 \_\_\_\_\_

| 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? \_\_\_\_\_

# 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:  Cost  Lower of Cost or Market  Other

Inventory at beginning of year \_\_\_\_\_

Purchases less cost of personal items \_\_\_\_\_

Inventory at end of the year \_\_\_\_\_

# 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 \_\_\_\_\_



# RENTAL REAL ESTATE AND ROYALTIES

2011  
(SCH E)

| KIND OF PROPERTY<br>LOCATION OF PROPERTY      | Property A |      | Property B |      | Property C |      |
|---|------------|------|------------|------|------------|------|
|   | 2011       | 2010 | 2011       | 2010 | 2011       | 2010 |
| <b>INCOME</b>                                 |            |      |            |      |            |      |
| Rents received                                |            |      |            |      |            |      |
| Royalties received                            |            |      |            |      |            |      |
| <b>EXPENSES</b>                               |            |      |            |      |            |      |
| Advertising                                   |            |      |            |      |            |      |
| Auto and travel                               |            |      |            |      |            |      |
| Cleaning and maintenance                      |            |      |            |      |            |      |
| Commissions                                   |            |      |            |      |            |      |
| Insurance                                     |            |      |            |      |            |      |
| Legal, professional fees                      |            |      |            |      |            |      |
| Management fees                               |            |      |            |      |            |      |
| Mortgage interest                             |            |      |            |      |            |      |
| Other interest                                |            |      |            |      |            |      |
| Repairs                                       |            |      |            |      |            |      |
| Supplies                                      |            |      |            |      |            |      |
| Taxes   |            |      |            |      |            |      |
| Utilities                                     |            |      |            |      |            |      |
| <b>Miscellaneous Expenses</b>                 |            |      |            |      |            |      |
| 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?   |            |      |            |      |            |      |