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▼ PLEASE BE SURE TO FILL IN SECTIONS (A) TO (E)

AX DS MC VS CK# _____ / /

(A) STATUS ON 12/31/11	(B) (T) TAXPAYER'S NAME:	(C) (S) SPOUSE'S NAME :
<input type="checkbox"/> SINGLE <input type="checkbox"/> DEPENDENT	SOCIAL SECURITY NUMBER	SOCIAL SECURITY NUMBER
<input type="checkbox"/> MARRIED FILING JOINTLY	OCCUPATION DOB	OCCUPATION DOB
<input type="checkbox"/> MARRIED FIL. SEPARATELY	HOME PHONE	HOME PHONE
<input type="checkbox"/> HEAD OF HOUSEHOLD	WORK PHONE EXT.	WORK PHONE EXT.
<input type="checkbox"/> SAME SEX MARRIED	CELL	CELL
(D) HOW LATE MAY WE CALL YOU? <input type="checkbox"/> AM <input type="checkbox"/> PM	FAX <input type="checkbox"/> PRIVATE FAX	FAX <input type="checkbox"/> PRIVATE FAX
	E-MAIL	E-MAIL

(E) CURRENT ADDRESS: _____ **CITY** _____ **COUNTY (NOT COUNTRY)** _____ **STATE** _____ **ZIP** _____

DID YOU MOVE IN 2011? YES NO WAS IT JOB/BUSINESS RELATED? YES NO DID YOU MOVE MORE THAN 50 MILES? YES NO **IF YES TO ALL, USE SHEET 3903**

DATE MOVED: / / 11 FROM: CITY _____ COUNTY (NOT COUNTRY) _____ STATE _____ ZIP _____

F DEPENDENT'S FULL NAME	DATE OF BIRTH	SOCIAL SECURITY NUMBER	RELATIONSHIP	MOS. LIVED WITH YOU	COLLEGE STUDENT	CHILD CARE EXPENSE *	COLLEGE EDUCAT. COSTS ♦	LEAVE BLANK A L DIS
					<input type="checkbox"/>			
					<input type="checkbox"/>			
					<input type="checkbox"/>			
					<input type="checkbox"/>			

CHECK HERE IF **ADDITIONAL DEPENDENTS** LIST IS ATTACHED

G Did any dependent under 18 years old have interest and/or dividends over **\$950** or receive a 1099-B? Yes No If yes, use a separate Sheet # 1 for each dependent.

H Did any dependent earn more than **\$950** from investments, or more than **\$5,800** in wages and/or investments? Yes No If yes, use a separate Sheet # 1 for each dependent.

* Please complete **Dependent Care** data organizer 2441, which can be found on our website.
 ♦ Please complete **Education Tax Credit** data organizer 8863, which can be found on our website.

7 W-2s WAGES AND WITHHOLDING (Attach All W-2s) FREELANCE INCOME → SHEET #3

Employer's Name	City, State Employed	(T) (S)	Wages BOX #1	Federal Tax BOX #2	SS Wages BOX #3	SS Tax BOX #4	State Tax BOX #17	2nd State Tax BOX #17	City Tax BOX#19	NY&NJ SDI BOX#14	NJ UI CASDI BOX#14	X IN BX#13

CHECK IF W-2 LONG LIST IS ATTACHED CHECK HERE IF W-2 BOX 12 INCLUDES CODE L

8 1099-INT INTEREST INCOME (Attach 1099-INTs + 1099-OIDs) FREELANCE INCOME → SHEET #3

Payer	(T) (S) (J)	Interest Income Amount BOX #1	US Savings/ Treas. BOX #3	Tax Exempt Interest BOX #8	STATE	Non-Taxable Fed. Taxable State LEAVE BLANK	Private Activity BOX #9	Federal Tax BOX #4	Foreign Tax Paid BOX#6	Foreign Country BOX#7

CHECK HERE IF 1099-INT LONG LIST IS ATTACHED

MISCELLANEOUS INCOME		TAXPAYER	SPOUSE	ADJUSTMENTS TO INCOME		TAXPAYER	SPOUSE
10 State/NYC-UBT Refunds ATTACH 1099-G				23 Educator Expenses (maximum \$250 each)			
11 Alimony Received				24 Performing Artists Expenses <input type="checkbox"/> Please use Performing Artists Worksheet			
12 Bus. Freelance Income + Expenses		COMPLETE SHEET #3		25 Health Savings Account			
13 Sale of Stock/mutual fund shares		COMPLETE SHEET #5		26 Moving Expenses COMPLETE FORM 3903			
15 IRA Distributions ATTACH 1099-R ***				28 <input type="checkbox"/> Keogh <input type="checkbox"/> SEP Contributions for 2011 **			
16 Pension Distribution ATTACH 1099-R ***				29 Health Insurance (for self-employed only) * <input type="checkbox"/>			
Taxes Withheld on lines 15+16 (above)				30 Bank Penalty on Withdraw. 1099-INT <small>Box #2</small>			
IRA/Pension Rolled into IRA within 60 days <input type="checkbox"/>			<input type="checkbox"/>	31 Alimony Paid to:			
17 Rental Income + Expenses		COMPLETE SHEET #4		SS#:			
Estate/Trust/Partnership + S Corp Income		ATTACH K-1s		32 Regular IRA Contributions for 2011			
19 Unemployment Comp. ATTACH 1099-G				Roth IRA Contributions for 2011			
20 Social Sec. Benefits ATTACH SSA 1099				33 Student Loan Interest ATTACH 1098-E			
Taxes Withheld on lines 19+20 (above)				34 Tuition and Fees See #50 below			
21 Other Income (including tips not on W-2)							
DESCRIPTION OF OTHER INCOME:							

STATE SALES TAX YOU ARE DECLARING \$
to your state for out-of-state purchases. (SEE TAX INFO ON OUR WEB SITE)

RENTERS RESIDENTIAL CREDIT- CA/NY/NJ/MA/OTHER STATES

ANNUAL RESIDENTIAL RENT: _____ DID YOU SHARE? YES NO

NO. OF PEOPLE YOU SHARED WITH (excluding spouse/kids) _____

NAME: _____ SS# _____

TAX CREDITS FOR TAXPAYER AND DEPENDENTS

249 Long Term Care Insurance (NYS)

50 Education Tax Credit Sheet Please use **Form 8863** on our website

30 College Savings Plan 529	STATE	AMOUNT
Taxpayer's Contribution by December 31st		
Spouse's Contribution by December 31st		

ESTIMATED TAX PAYMENTS MADE FOR CURRENT YEAR

62 Federal		
QTR	DATES PAID	AMOUNT
last year's overpayment applied to this year's est. tax		
1st		
2nd		
3rd		
4th		
Total		
10 Last Year's Itemized 12:		(LEAVE BLANK)
63 Last Year's Tax Liability 8:		(LEAVE BLANK)
Last Year's AGI:		(LEAVE BLANK)
69 This Year's Paid with Extension:		
71 Credit for Prior Year's Min. Tax:		

75 State of:		
QTR	DATES PAID	AMOUNT
last year's overpayment applied to this year's est. tax		
1st		
2nd		
3rd		
4th		
Total		
62 Last Year's Tax Liability 14:		(LEAVE BLANK)
73 This Year's Paid with Extension:		

24 NYC UBT		
QTR	DATES PAID	AMOUNT
last year's overpayment applied to this year's est. tax		
1st		
2nd		
3rd		
4th		
Total		
23 Last Year's Tax Liability		(LEAVE BLANK)
24 Paid with Ext:		

NYS MTA TAX		
QTR	DATES PAID	AMOUNT
last year's overpayment applied to this year's est. tax		
1st		
2nd		
3rd		
4th		
Total		
3 Last Year's Tax Liability		
8 Paid with Ext:		

* If you are not self employed, enter your health insurance payments on Sheet #2, Line 1.

** If you have employees (other than your spouse) who are members of your Keogh plan or if all plan assets plus this year's contribution are valued at \$100,000 or more, you are required to file Form 5500 by July 31st. To file the required form, we will need information about your Keogh/Pension. Call us after April 16th to discuss this. High penalties result for non-filing. **There are no filing requirements for SEP / IRA owners.**

*** If you receive 2 or more 1099-Rs, please download our **1099-R Retirement Income Sheet** Under our Data Organizer and fill it out.

Final Note: If you receive any notices / correspondence from the IRS or any other taxing jurisdiction, email, mail or fax a copy of the notice to us. Many adjustments are erroneous and can be resolved with a single correspondence. Calling the IRS is often frustrating and futile. Send the notice / correspondence to us before you call us.

Please Initial _____