

2011 PERSONAL INCOME TAX DATA

The information requested on this form is for the preparation of your personal income tax return and relates to you and your family personally, not to your business operations. Please complete and return this form to us at Gift & Associates, LLC, PO Box 567, Mechanicsburg, PA 17055 or 930 Red Rose Court, Suite 200, Lancaster, PA 17601 as soon as possible but no later than February 17, 2012.

WE MUST HAVE THIS SIGNED DATA SHEET TO PREPARE YOUR INCOME TAX RETURN.

If you need help in preparing this form, please telephone us at (717) 766-3555 or e-mail us at info@giftassoc.com. This form is available as a PDF document on our website at <http://www.giftassoc.com>. Click Tools and Resources, then click on Forms and Tools. Click on See More to view the questionnaire.

You must keep paid bills and cancelled checks supporting the deductions you claim on this form for a period of at least three years to comply with federal and state tax regulations and audit procedures. Do not claim as deductions any bills that have not been paid during the year unless they were charged to your credit card before year-end.

Declaration: I have reviewed the information given to you on this form and to the best of my knowledge it is true, correct, and complete. I have maintained the underlying records required by law to support this information. I authorize Gift & Associates, LLC to prepare my personal income tax return based on this information and to retain copies of appropriate documents.

**PLEASE DO NOT FORGET
YOUR SIGNATURE AND DATE**

Signature _____ Date _____

COMMENTS OR QUESTIONS

GENERAL INFORMATION

PERSONAL INFORMATION

	Full Name	Social Security Number	Date of Birth	Occupation	Legally Blind ✓	Campaign Fund ✓
Taxpayer (T)						
Spouse (S)						

Your marital status as of the end of the year: Single Married Married, but I wish to file separately

Mailing Address: Street _____ City _____ State _____ Zip _____

Home Phone _____ Daytime Phone _____ Cell Phone _____ E-Mail Address _____ Township/School District _____

DEPENDENTS

Full Name	Social Security Number (required)	Date of Birth	Relation-ship	Months Lived with You	Months as Full-Time Student	Percent Support by You	Percent Support by Others

If you have a tax refund, do you want it directly deposited into your bank account? Yes No

If yes, please attach a voided check for the account in which you want the deposit made unless same as last year.



INCOME

WAGES, TIPS, AND COMMISSIONS

Please attach Forms W-2 from employers and Forms 1099-MISC for nonemployee compensation. Number Attached: _____
 Tips Not Included on W-2 \$ _____ Any Other Wages or Commissions \$ _____ Please explain: _____

INTEREST AND DIVIDENDS

Please attach Forms 1099-INT, Forms 1099-DIV, and Brokerage Statements. Number Attached: _____
 Please list any interest or dividends for which you did **NOT** receive a Form 1099-INT, Form 1099-DIV, or Brokerage Statement.

TSJ	Tax Exempt	From Whom Received (and SSN if seller-financed mortgage)	Type (Int/Div)	Amount
	✓			
				\$
				\$

BUSINESS INCOME AND EXPENSES

Please provide a schedule of income and expenses for proprietorship businesses for which we did not provide bookkeeping services.
 Please attach Forms K-1 from Partnerships, LLCs, S-Corporations, Estates, or Trusts. Number Attached: _____

Did you materially participate in the Partnership, LLC, or S-Corporation? Yes No

CAPITAL GAINS AND LOSSES (sales of real estate, stocks, bonds, personal property, etc.)

Please enclose Forms 1099-B, brokerage statements, real estate settlement statements, and original cost of property/investment sold.

TSJ	Item Sold	Date Acquired	Date Sold	Selling Price	Cost	Gain (Loss)
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$

RENT AND ROYALTY INCOME

Description and Address of Property	Address #1	Address #2
RENTS RECEIVED	\$	\$
EXPENSES PAID		
Advertising	\$	\$
Auto/Travel Expense	\$	\$
Number of Miles	miles	miles
Cleaning and Maintenance	\$	\$
Commissions	\$	\$
Insurance	\$	\$
Legal and Professional	\$	\$
Mortgage Interest	\$	\$
(attach Forms 1098)		
Other Interest	\$	\$
Repairs	\$	\$
Improvements (list)	\$	\$
Supplies	\$	\$
Taxes	\$	\$
Utilities	\$	\$
Other (describe)	\$	\$

	Address #1	Address #2
What percent of the property did you occupy during the year?	_____ %	_____ %
If vacation home or condo, days occupied by you during the year?	_____ days	_____ days
Days rented during the year?	_____ days	_____ days
Were you active in managing the rental property during the year?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

SCHEDULE OF IMPROVEMENTS TO RENTAL

Did you improve the property or buy furnishings for it during the year?

Date	Description of Asset Purchased	Cost

PENSION, IRA, SOCIAL SECURITY INCOME

Social Security/Railroad Retirement Income \$ _____ Withholding \$ _____ (please attach Forms SSA/RRB-1099)
 Pension/Profit Sharing Income \$ _____ Withholding \$ _____ Rollover \$ _____ (please attach Forms 1099-R)
 Traditional/Roth IRA Distributions, Rollovers, or Roth IRA Conversions (please attach Forms 1099-R)
 Distributions \$ _____ Withholding \$ _____ Amount Rolled Over \$ _____
 Did you convert any Traditional IRAs into Roth IRAs? Yes No Amount for Taxpayer \$ _____ Spouse \$ _____
 Did you or your spouse ever make any nondeductible IRA contributions? Yes No
 If yes, please provide the end of year value of all traditional IRAs for Taxpayer \$ _____ Spouse \$ _____
 If yes, please also provide a copy of your most recent Form 8606 for you and your spouse if we did not prepare it.

OTHER INCOME

State Income Tax Refund \$ _____ (please attach Forms 1099-G)
Alimony Income \$ _____
Farm Income \$ _____ (please attach detail)
Unemployment Compensation \$ _____ Withholding \$ _____
Installment Sale Income: Total Received This Year \$ _____ Interest Included in Total \$ _____ Year of Sale _____
Please provide a copy of Form 6252 for the year of sale if we did not prepare your return that year.
Lottery, Gambling, or Other Winnings \$ _____ (please attach Form(s) W-2G)
Any Other Income Not Included Above \$ _____ Please explain _____

ADJUSTMENTS TO INCOME

RETIREMENT PLAN CONTRIBUTIONS (Traditional IRA, Roth IRA, SEP IRA, SIMPLE IRA, Keogh Plan)

Please attach statements from Plan Administrators and Forms 5498.
Are you covered by an employer retirement plan? Taxpayer: Yes No Spouse: Yes No
Plan Type _____ Contributions for Taxpayer \$ _____ Contributions for Spouse \$ _____
Plan Type _____ Contributions for Taxpayer \$ _____ Contributions for Spouse \$ _____
Will nondeductible IRA contributions be withdrawn? Yes No

EDUCATION ADJUSTMENTS

College Tuition and Fees Paid \$ _____ (taxpayer, spouse, dependents – please attach Form(s) 1098-T)
Student Loan Interest Paid \$ _____ (please attach Form(s) 1098-E)
Educator Expenses Paid \$ _____ (unreimbursed classroom materials expense by K-12 teacher/counselor/principal/aide)
Qualified Education Expenses \$ _____ (computer, books, software, etc.)

OTHER ADJUSTMENTS

Penalty for Early Withdrawal of Savings \$ _____
Alimony Paid \$ _____ Name and SSN of Recipient _____
Moving Expenses \$ _____ (please attach list, deductible only if moving to a different home due to a change in job location)
Health/Medical Savings Account Contributions \$ _____ HSA MSA Individual Family Coverage
Please attach Forms 5498-SA. Were all distributions used for eligible medical expenses? Yes No
Medical Insurance Premiums Paid by self-employed taxpayers can be deducted as an adjustment if not itemizing. Please fill in below.

BUSINESS USE OF PERSONAL VEHICLE

Do not include expenses of business-owned vehicles here. Report those expenses with business income and expenses.
Do not complete this part if your expenses were reimbursed by your employer and the reimbursement is not reported in your wages.
Did you use your car for business other than for commuting? Yes No Are you an Employee or Proprietor/Partner ?
Vehicle Description _____
Date First Used for Business _____ Lower of Cost or Value on that Date? \$ _____
Odometer at End of Year _____ miles Odometer at Start of Year _____ miles
Total Miles Driven _____ = Business Miles _____ + Commuting Miles _____ + Personal Miles _____
Do you have evidence to support the business miles claimed? Yes No Is the evidence in writing? Yes No
Actual Personal and Business Expenses (gas, repair, lease, insurance) \$ _____ Business Parking and Tolls \$ _____
Interest on Vehicle Loan (if self-employed) \$ _____ Personal Property Tax (vehicle registration) \$ _____
Expenses Reimbursed by Employer \$ _____ Do you have another vehicle available for personal use? Yes No

ITEMIZED DEDUCTIONS (used only if higher than standard deduction)

MEDICAL EXPENSES YOU PAID (deductible only if itemizing and above 7.5% of adjusted gross income)

Medical Insurance Premiums You Paid \$ _____ (do not include pretax employee payments)
Are you / spouse self-employed? Yes No Are you / spouse eligible for an employer health plan? Yes No
For how many months were you covered on an employer health plan? _____
Long-Term Care Insurance Premiums: Taxpayer \$ _____ Spouse \$ _____
Medical Expenses You Paid \$ _____ (do not include expenses paid by insurance/HSA/MSA, include doctors, dentists, nurses, prescription medicine, lab fees, hearing aids, eyeglasses, contact lenses, hospitals, medical transportation and lodging)
Insurance Reimbursements and Health/Medical Savings Account Reimbursements Paid To You \$ _____
Miles Driven for Medical Care _____ miles

TAXES YOU PAID

Real Estate Taxes on Personal Residences and Investment Property \$ _____ (do not include business property taxes here)
Personal Property Tax on Personal Vehicles (Auto Registration) \$ _____ (does not apply to PA residents)
Special Item Sales Tax (i.e. Sales Tax on Car or Boat Purchase) \$ _____
Balance Paid with Prior Year State and Local Income Tax Returns \$ _____ (include tax only, not any interest or penalties)

INTEREST YOU PAID (do not include rental property interest or student loan interest here)

Home Mortgage Loans and Home Equity Loans Please attach Forms 1098. Number Attached: _____

Interest Paid to Financial Institutions \$ _____ Mortgage Insurance Premiums \$ _____

Interest Paid to an Individual \$ _____ Name, Address, SSN: _____

Were all mortgage, refinance, and loan proceeds used to buy, build, or improve your main home and one other? Yes No

If No, Amount Used for Other Purposes? \$ _____ What Other Purposes? _____

Closing Points on New Home Purchase or Current Year Refinance \$ _____ Please provide a copy of settlement papers.

Investment Interest \$ _____ Type of Investment: _____

GIFTS TO CHARITY

Cash or Check Contributions to Charity \$ _____ (monetary gifts to Church and other qualified charities)

Non-Monetary Contributions to Charity \$ _____ (items given to Goodwill, Salvation Army and other qualified charities)

If your nonmonetary contributions total over \$500, please describe the contributed items, indicate the date, charity name, and address of the contributions, the date and cost of the original purchases, the value of contributions, and how you determined those values.

For all contributions, you must keep canceled checks or written receipts. For all contributions over \$250, you must keep written acknowledgement from the charity. For nonmonetary contributions over \$5,000, you must keep a written appraisal.

Miles Driven for Qualified Charity: _____ miles

CASUALTY AND THEFT LOSSESDid any sudden and unexpected event cause loss or damage to any of your property this year? Yes No

If yes, please attach details about each event and each item lost or damaged (description, cost, and value before and after damage).

If yes, did you have insurance? Yes No Did you file a claim? Yes No **MISCELLANEOUS EXPENSES YOU PAID** (deductible only if itemizing and above 2% of adjusted gross income)

Unreimbursed Employee Expenses \$ _____ (tools, uniforms, protective clothing, union/professional dues, travel, publications)

Job-Related Educational Expenses \$ _____ (books, tuition) Miles Driven Directly between Work and School _____ miles

Investment Expenses \$ _____ Please Describe: _____

Job-Related Legal Fees \$ _____ Safe Deposit Box Fees \$ _____

Tax Preparation Fees \$ _____ (if paid personally rather than through your business)

Gambling Losses \$ _____ (up to winnings only, but not subject to 2% threshold)

CREDITS**ENERGY-SAVING HOME IMPROVEMENTS**Did you make any improvements to your home that are considered energy saving (replacement windows, insulation, high efficiency heat pump, etc.)? Yes No If so, please provide detail.

Please provide a copy of previously filed Forms 5695 if we did not prepare.

ADOPTION EXPENSES YOU PAIDDid you adopt a child or begin adoption proceedings during the year? Yes No Adoption Expenses \$ _____**CHILD AND DEPENDENT CARE EXPENSES YOU PAID**Did you pay for child care so that you and your spouse could work or go to school? Yes No If yes, please give details below.

Qualifying Persons Cared For During the Year: Name, Relationship, and Amount Paid for Each: _____

Care Providers: Name, EIN/SSN (Required), Address, and Amount Paid to Each: _____

Did your employer pay for childcare? Yes No If yes, amount of employer provided child care \$ _____

Child Care Expenses Paid in 2011 \$ _____ For whose care were the 2011 expenses paid? _____

ESTIMATED PA/USE TAX PAYMENTS YOU MADE

	Quarter 1 April 15		Quarter 2 June 15		Quarter 3 Sept 15		Quarter 4 Dec/Jan 15		Totals
	Date	Amount	Date	Amount	Date	Amount	Date	Amount	
FEDERAL		\$		\$		\$		\$	\$
STATE		\$		\$		\$		\$	\$
LOCAL		\$		\$		\$		\$	\$

QUESTIONS

	<u>Yes</u>	<u>No</u>
GENERAL INFORMATION		
Did your marital status change during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did your address change during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Were there any changes in dependents from the prior year?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any children under 19, or full-time students 19 – 24, with \$1,900 of unearned income or \$5,700 of earned income during the year?	<input type="checkbox"/>	<input type="checkbox"/>
PURCHASES, SALES, AND DEBTS		
Did you start a new business, purchase a new rental property or farm, or acquire any new interest in any partnership or S Corporation during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you sell an existing business, rental property, farm, or any existing interest in a partnership or S Corporation during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any income from any property or business sold in a prior year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive grants of stock options from your employer, exercise any stock options granted to you, or dispose of any stock acquired under a stock option or qualified employee stock purchase plan?	<input type="checkbox"/>	<input type="checkbox"/>
Did you purchase, sell, refinance, or exchange your home or any real estate during the year? If yes, please attach closing statements.	<input type="checkbox"/>	<input type="checkbox"/>
Did you take out a home equity loan during the year? If yes, please provide closing statement. What were the funds used for? _____	<input type="checkbox"/>	<input type="checkbox"/>
Did you have any debts canceled, forgiven, or refinanced during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Are there any interest-free loans of \$10,000 or more to you or from you? If yes, please provide details.	<input type="checkbox"/>	<input type="checkbox"/>
SALE OF YOUR HOME		
Did you sell your home during the year? If yes, please answer the questions below.	<input type="checkbox"/>	<input type="checkbox"/>
At the time of sale, did the taxpayer, spouse or both own the residence?	<input type="checkbox"/>	<input type="checkbox"/>
Did you, or your spouse if filing jointly, own the home as your principal residence for at least two years of the five-year period prior to the sale?	<input type="checkbox"/>	<input type="checkbox"/>
Did you, and your spouse if filing jointly, occupy the home as your principal residence for at least two years of the five-year period prior to the sale?	<input type="checkbox"/>	<input type="checkbox"/>
Have you or your spouse sold any other principal residence within the last two years?	<input type="checkbox"/>	<input type="checkbox"/>
Was the home acquired through a tax-free (1031) exchange?	<input type="checkbox"/>	<input type="checkbox"/>
Did you ever use any portion of the home for business purposes?	<input type="checkbox"/>	<input type="checkbox"/>
Did this home qualify for one of the Home Buyer credits?	<input type="checkbox"/>	<input type="checkbox"/>
SEVERENCE AND RETIREMENT		
Did you change jobs or retire during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive retirement/severance compensation? If yes, amount and date received \$ _____	<input type="checkbox"/>	<input type="checkbox"/>

QUESTIONS (continued)

	<u>Yes</u>	<u>No</u>
RETIREMENT ACCOUNTS		
Did you or your spouse turn age 70 ½ during the year and have money in an IRA or other retirement account without taking any distributions? If yes, why? _____	<input type="checkbox"/>	<input type="checkbox"/>
Did you withdraw any amounts from your IRA or Roth IRA to acquire a principal residence?	<input type="checkbox"/>	<input type="checkbox"/>
Did you withdraw any amounts from any IRA to pay for higher education expenses incurred by you, your spouse, your children or your grandchildren?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse establish or contribute to any IRA or convert an existing IRA into a Roth IRA?	<input type="checkbox"/>	<input type="checkbox"/>
MISCELLANEOUS		
Were you notified by the IRS or other taxing authority of any changes in prior year returns?	<input type="checkbox"/>	<input type="checkbox"/>
Did you have an interest in or signature authority over any financial account in a foreign country?	<input type="checkbox"/>	<input type="checkbox"/>
Did you create or transfer money or property to a foreign trust?	<input type="checkbox"/>	<input type="checkbox"/>
Did you have any foreign income or pay any foreign taxes during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse establish or contribute to a Health Savings Account (HSA)?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse receive distributions from long term care insurance contracts? If yes, please attach Forms 1099-LTC.	<input type="checkbox"/>	<input type="checkbox"/>
Did you move to a different home because of a change in the location of your job?	<input type="checkbox"/>	<input type="checkbox"/>
Did you engage in any bartering transactions? If yes, please provide details.	<input type="checkbox"/>	<input type="checkbox"/>
Do you owe your state any Use Tax for out of state purchases? If yes, please provide details.	<input type="checkbox"/>	<input type="checkbox"/>
Did you make gifts of more than \$13,000 to any individual?	<input type="checkbox"/>	<input type="checkbox"/>
Have you or your spouse ever filed a Gift Tax return? If yes, please provide a copy of the return.	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay someone \$1,700 or more to work in your home during the year? If yes, please provide details and a copy of any W-2s you issued.	<input type="checkbox"/>	<input type="checkbox"/>
Did you purchase a new “clean fuel” vehicle, electric vehicle or hybrid vehicle during the year? If yes, what kind? _____	<input type="checkbox"/>	<input type="checkbox"/>
Did you use gasoline or special fuels for farm or off-road business purposes during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive an award for punitive damages or for damages other than physical injuries or illness?	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>