

JOYNER, KIRKHAM, KEEL & ROBERTSON, P.C.
2012 INDIVIDUAL TAX ORGANIZER

Please provide a copy of your 2011 federal and state tax returns, and complete pages 1 through 3.

Other pages: complete only those sections that apply to you.

Your Name _____ SS# _____ Occupation _____ Birth Date _____
 Spouse's Name _____ SS# _____ Occupation _____ Birth Date _____
 Address _____ City _____ State _____ Zip _____ County _____
 Home Tel. No. _____ Business Tel. No. (T*) _____ Business Tel. No. (S*) _____
 Primary E-mail address _____ Secondary E-mail address _____

*T = Taxpayer S = Spouse J = Joint

DEPENDENT CHILDREN WHO LIVED WITH YOU:

Full Name	Social Security Number	Relationship	Birth Date

OTHER DEPENDENTS:

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

Do you want to allow the IRS to discuss your return with the preparer? ___ Yes ___ No

Please answer the following questions and submit details for any questions answered "Yes":

		Yes	No
1.	Were there any births, adoptions, or deaths in your immediate family during the year?		
2.	Did your marital status change during the year?		
3.	Are you entitled to a dependency exemption due to a divorce decree?		
4.	Did any of your dependents have income of \$950 or more? (\$400 if self-employed)		
5.	Did any of your dependents have investment income of over \$1,900? If yes, do you want to include your child's income on your return?		
6.	Are any dependent children married and filing a joint return with their spouse?		
7.	Did any dependent child, ages 19-23, attend school less than 5 months during the year?		
8.	Did you receive funds from any legal proceedings or cancellation of debt during the year?		
9.	Did you make any gifts during the year directly or in trust exceeding \$13,000 per person?		
10.	Did you have any interest in or signature authority over a bank, securities, or other financial account in a foreign country?		
11.	Were you a resident of, or did you earn income in, more than one state during the year?		
12.	Do you wish to contribute to any state fund? If yes, attach list of fund(s) & amount per fund.		
13.	Do you want any overpayment of taxes applied to next year's estimated taxes?		
14.	Do you expect a large fluctuation in your income, deductions or withholding next year?		
15.	Did you contribute to a Roth IRA or convert a regular IRA to a Roth IRA in 2012?		
16.	Did you receive a 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?		
17.	Did you withdraw amounts from your IRA to pay for higher education expenses?		

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		Yes	No
18.	Do you want any federal refund deposited directly into your bank account? If yes, enclose a voided check for the bank account.		
19.	Do you want any balance due directly withdrawn from this same bank account on the due date? If yes, enclose a voided check.		
20.	Did you receive income from tax-exempt securities?		
21.	Did you sell and/or purchase a principal residence or other real estate (provide copies of settlement statements)? <u>If you sold your house</u> , check here if you ever rented it or used it for business? <input type="checkbox"/>		
22.	Did you withdraw any amounts in 2012 from your IRA to acquire a principal residence?		
23.	Did you “convert” IRA funds into a Roth IRA? If yes, provide details. (Form 1099R)		
24.	Did you “convert” IRA funds into a Roth IRA in a prior year? If yes, provide Form 8606.		
25.	Did you have any installment sales during the year or collections from prior year sales?		
26.	Do you have any worthless securities or any loans that became uncollectible this year?		
27.	Did you receive unemployment compensation in 2012? If yes, provide Form 1099-G.		
28.	Did you have any casualty or theft losses during 2012?		
29.	Did you receive any disability payments in 2012?		
30.	Has the IRS or any other taxing agency notified you during 2012 or 2013 of changes to a prior year’s tax return? If yes, please provide a copy of the notice(s).		
31.	Did you receive grants of stock options, exercise any stock options or dispose of any stock acquired from an option exercise or qualified employee stock purchase plan?		
32.	Did you purchase gasoline, oil, or special fuels for off highway business use vehicles?		
33.	If you or your spouse has self-employment income, did you pay any health insurance premiums? If yes, were you or your spouse eligible to participate in an employer’s health insurance plan? If yes, how many months were you covered in 2012: _____		
34.	If you have self-employment income, do you want to contribute to a retirement plan?		
35.	Did you surrender any U.S. savings bonds?		
36.	Did you use the proceeds from Series EE U. S. savings bonds purchased after 1989 to pay for higher education expenses?		
37.	Did you realize a gain on property which was taken from you by destruction, theft, seizure or condemnation?		
38.	Did you pay for any higher education expenses during 2012?		
39.	Did you start a business, or did you purchase rental property?		
40.	Did you acquire interests in any partnerships, LLCs, S corporations, estates or trusts?		
41.	Do you have records to support travel and entertainment expenses? The law requires that adequate records be maintained for travel and entertainment expenses. The documentation should include: amount, time and place, date, business purpose, description of any gift(s), and business relationship of recipient(s)		
42.	Did you make contributions to a College Savings Plan this year or a prior year?		

ESTIMATED TAX PAYMENTS MADE

	Federal	Federal	State (Name)	State
	Date Paid	Amount Paid	Date Paid	Amount Paid
4th Quarter of prior year		\$		\$
Prior year overpayment applied		\$		\$
1st Quarter		\$		\$
2nd Quarter		\$		\$
3rd Quarter		\$		\$
4th Quarter		\$		\$

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Wages, Salaries and Other Employee Compensation - Enclose all W-2 Forms.

Pension and Annuity Income - Enclose all Forms 1099-R.

		Yes	No
1.	Did you receive a lump sum distribution from your employer?		
2.	Did you "roll over" a lump sum distribution into another plan or IRA account?		
3.	Taxpayer: Have you elected a lump sum treatment after 1986?		
4.	Spouse: Have you elected a lump sum treatment after 1986?		

Social Security Benefits Received - Enclose all 1099 SSA Forms.

Interest Income - Enclose all 1099-INT forms and statements of tax exempt interest earned. If not available, complete the following (attach additional pages if needed):

TSJ*	Name of Payor per Form 1099 or Statement	Banks, S & L, Etc.	Seller Fin. Mtg.	U.S. Bonds, T-Bills	Tax-Exempt VA	Tax Exempt Other State
		\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$

Dividend Income - Enclose all 1099-DIV Forms and statements of tax exempt dividends earned. If not available, complete the following (attach additional pages if needed):

TSJ*	Name of Payor per 1099 or statement	Box 1a Ordinary Dividends	Box 1b Qualified Dividends	Total Capital Gains	Non Taxable	Federal Tax Withheld	Foreign Tax Withheld
		\$	\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$	\$

Miscellaneous Income and Adjustments - List and enclose related forms 1099 or other forms.

Description	Amount
State and local income tax refund(s)	\$
Alimony received	\$
Jury fees	\$
Gambling Winnings (Attach W2-G forms)	\$
Other income - Specify:	\$
Student loan Interest paid	\$
Other adjustments - Specify:	\$

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INCOME FROM BUSINESS OR PROFESSION

Who owns this business? Taxpayer Spouse

Principal business or profession _____

Business Name _____

Business taxpayer identification number _____

Business address _____

Check method used to value closing inventory:

_____ Cost _____ Lower of cost or market _____ Other (describe) _____ N/A _____

Check **accounting method**:

_____ Cash _____ Accrual _____ Other (describe) _____

Please answer the following questions about your business:

		Yes	No
1.	Was there any change in determining quantities, costs or valuations between the opening and closing inventory? If "yes," attach explanation		
2.	Do you have expenses for the business use of your home? If "yes," see attached schedule.		
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 during the year? If "yes," then attach list assets sold including date acquired, date sold, sales price, basis and gain or loss.		
6.	Were any assets purchased during the year? If "yes," attach list, including date placed in service and purchase price, including trade-in Include copies of the purchase invoices		
7.	Was this business still in operation at the end of the year?		
8.	List the states in which business was conducted -		
9.	Did you file business license and or personal property tax returns for this business?		
10.	Did you file any required Form 1099s for this business?		

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

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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Part III - Expenses	
Advertising	\$
Car and truck expenses (Complete auto expense schedule starting at page 12)	\$
Commissions and fees	\$
Depreciation and section 179 expense deduction (Provide depreciation schedules)	\$
Description	Amount
Employee benefit programs (other than pension and profit sharing plans shown below)	\$
Insurance (other than health: see below)	\$
Mortgage interest (paid to banks, etc.)	\$
Other interest	\$
Legal and professional services	\$
Office expense	\$
Pension and profit-sharing plans (employee's portion only)	\$
Rent - Vehicles, machinery, and equipment	\$
Rent - Other business property	\$
Repairs and maintenance	\$
Supplies	\$
Payroll taxes (Enclose copies of payroll tax returns)	\$
Other taxes (List type and amount):	\$
	\$
Self employed owner Health insurance premiums	\$
Travel	\$
Meals and entertainment	\$
Utilities	\$
Wages (enclose copies of W-3/W-2 and 941 forms)	\$
Other expenses (list type and amount):	\$
	\$
	\$

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, a place where you meet with clients, or if no other place is available, used by you for substantial administrative activities. If business use of home relates to day care, provide total hours of business operation for the year. Provide the following information:

Business or activity for which you have an office	Total area of the house (Square feet)	Area of business Portion (Square feet)	Business percentage

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I. Office in the Home - Depreciation

	Date Placed in Business Use	Cost/Basis	Method	Life	Prior Depreciation	Current Expense
Home		\$				
Land		\$				
Total Purchase Price		\$				
Improvements (Provide details)		\$				

II. Office in the Home -Expenses To Be Prorated:

Mortgage interest	_____
Real estate taxes	_____
Utilities	_____
Property insurance	_____
Other expenses – itemize (description/amount)	_____

III. Expenses That Apply Directly To Home Office:

Telephone (not to include basic charge for first line into the home)	_____
Maintenance	_____
Other expenses - itemize (description/amount)	_____

Capital Gains and Losses - Enclose all 1099-B and 1099-S Forms.

Even if you wish us to complete the following schedule or provide a worksheet, furnish all your brokerage account statements and transaction slips.

List sales reported to you on Forms 1099-B and 1099-S (**enclose** all Forms 1099-B and 1099-S):

Description	Date Acquired (Very Important)	Date Sold (Very Important)	Gross Sales Price Less Commission	Cost or Basis	Gain (Loss)	Reinvested in SSBIC
			\$	\$	\$	\$
			\$	\$	\$	\$
			\$	\$	\$	\$
			\$	\$	\$	\$
			\$	\$	\$	\$
			\$	\$	\$	\$
			\$	\$	\$	\$
			\$	\$	\$	\$

Enter the sales **NOT** reported on forms 1099-B and 1099-S:

Description	Date Acquired (Very Important)	Date Sold (Very Important)	Sales Proceeds	Cost or Basis	Gain (Loss)	Reinvested in SSBIC
			\$	\$	\$	\$
			\$	\$	\$	\$

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SALE/PURCHASE OF PERSONAL RESIDENCE

Provide closing statements on purchase and sale of old residence and purchase of new residence. If you have previously sold a residence, when was the last sale and provide a copy of the Form 1099-S if possible.

Date you moved into new residence _____ If new to Virginia date moved to Va., if different _____

List below the improvements made and their costs (to the residence sold):

Description	Amount
	\$ _____
	\$ _____
	\$ _____

For sale of personal residence, did you own and live in it for 2 of the 5 years prior to sale? Yes ___ No ___

Did you ever use the residence that was sold for business purposes or as a rental property? Yes ___ No ___

MOVING EXPENSES

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

Did your employer reimburse or pay directly any of your moving expenses? Yes ___ No ___

If "yes," enclose employer-provided itemization of expenses reimbursed 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 \$ _____

RENTAL INCOME - Complete a separate schedule for each property.

1. Description and location of property _____

2. Residential property? Yes ___ No ___

3. Personal use? Yes ___ No ___

If "yes," please complete the information below.

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

 Number of days the property was rented. _____

4. Did you actively participate in the operation of the rental property during the year? Yes ___ No ___

5. a) Were more than half of personal services that you performed during the year performed in real property trades or businesses in which you materially participated? Yes ___ No ___

 b) Did you perform more than 750 hours of services during the year in real property trades or businesses in which you materially participated? Yes ___ No ___

6. a) Were more than half of personal services that your spouse performed during the year performed in real property trades or businesses in which your spouse materially participated? Yes ___ No ___

 b) Did your spouse perform more than 750 hours of services during the year in real property trades or businesses in which your spouse materially participated? Yes ___ No ___

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Enter in the chart below the income and expenses for each rental property (Make Copies for additional properties).

Income:			
Rents received	\$	Other income	\$
Expenses:			
Mortgage interest	\$	Legal	\$
Other interest	\$	Cleaning	\$
Insurance	\$	Assessments	\$
Repairs and maintenance	\$	Utilities	\$
Travel	\$	Other (itemize)	\$
Advertising	\$		\$
Taxes	\$		\$

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

If this is a new property, **provide the closing (settlement) statement.**

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.

INCOME FROM PARTNERSHIPS, ESTATES OR TRUSTS, S CORPORATIONS

Enclose all schedule K-1 forms received to date (if available please provide copies of all prior year schedule K-1's for each entity). If you have not received all of the K-1 forms, please list those K-1s you are waiting for:

Name	Federal ID #

CONTRIBUTIONS TO RETIREMENT PLANS

	Taxpayer	Spouse
Are you covered by a qualified retirement plan? (Y/N)		
Do you want to make the maximum deductible regular IRA contribution? (Y/N)		
Do you want to make an IRA contribution even if part or all of it may not be deducted? (Y/N)		
If "Yes" to question above, how much do you want to contribute?	\$	\$
IRA payments made for this return for non-working spouse.	\$	\$

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	Taxpayer	Spouse
Do you have a Roth IRA? If yes, provide copy of latest Form 8606 "Nondeductible IRAs" (Y/N)		
If eligible, do you want to contribute to, or have you contributed to, a Roth IRA? (Y/N)		
If "Yes" to question above, how much do you want to contribute?	\$	\$
IRA payments made for this return.	\$	\$
Do you want to make the maximum allowable Keogh/SEP contribution? (Y/N)		
KEOGH/SEP payments made for this return.	\$	\$

ALIMONY PAID

Name of Recipient(s): _____ SS# of Recipient(s): _____ Amount(s) Paid: _____

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

MEDICAL AND DENTAL EXPENSES

Description (Do not include expenses for cosmetic surgery)	Amount
Premiums for health and accident insurance including Medicare	\$
Medicine and drugs (prescription only)	\$
Doctors, dentists, nurses	\$
Hospitals, clinics, laboratories	\$
Long term care insurance premiums - Taxpayer	\$
Long term care insurance premiums - Spouse	\$
Other (describe below):	
	\$
Mileage (number of miles)	
Insurance reimbursements received	\$

DEDUCTIBLE TAXES

Description	Amount
State and local income taxes payments made this year for prior year(s)	\$
Real estate taxes: Primary residence	\$
Secondary residence	\$
Other	\$
Personal property tax	\$
Other taxes (itemize)	\$

INTEREST EXPENSE

Mortgage interest (attach 1098 forms)

Payee*	Property**	Amount
		\$
		\$
		\$

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

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

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Unamortized Points

Payee	Purpose	Amount
		\$
		\$

Investment/Passive Interest

Payee	Investment Purpose	Amount
		\$
		\$

Business Interest

Payee	Business Purpose	Amount
		\$
		\$

CONTRIBUTIONS (for which you have receipts, canceled checks, etc.)

NOTE: You must have written acknowledgment, including required language, 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:

Mileage	_____
Parking fees and tolls	\$ _____
Supplies	\$ _____
Meals & Entertainment	\$ _____
Other (itemize)	\$ _____
Actual out-of-pocket expenses for gas, oil, etc.	\$ _____

Other than cash contributions (**enclose receipts**) (**Donations of clothing or household items must be "in good used condition or better". For contributions over \$5,000, include copy of appraisal and confirmation.**)

Organization name and address			
Description of property			
Date acquired			
How acquired			
Cost or basis	\$	\$	\$
Date contributed			
Fair market value (FMV)	\$	\$	\$
How FMV determined			

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MISCELLANEOUS DEDUCTIONS

Description	Amount
Income tax preparation fees	
Legal fees (provide details)	
Safe deposit box rental (if used for storage of documents or items related to income-producing property)	
Uniforms which are not suitable for wear outside work, safety equipment and clothing	
Employment agency fees	
Professional dues	
Unreimbursed cost of business supplies	
Documented gambling losses	
Other miscellaneous deductions - itemize	

EMPLOYEE BUSINESS EXPENSES (Complete a separate schedule or worksheet for each business)

Expenses incurred by: Taxpayer Spouse Occupation _____

Description	Total Expense Incurred	Employer Reimbursement Reported on W-2	Employer Reimbursement Not on W-2
Travel expenses while away from home:			
Travel fares			
Lodging			
Meals and entertainment			
Other employee business expenses - itemize			

AUTOMOBILE EXPENSES - COMPLETE A SEPARATE SCHEDULE FOR EACH VEHICLE

Vehicle description _____	Total business miles _____
Date placed in service _____	Total commuting miles _____
Cost/Fair market value _____	Total other personal miles _____
Lease term, if applicable _____	Total miles this year _____
	Average daily round trip _____
	Commuting distance _____

Enter actual vehicle expenses below:

Actual Vehicle Expenses:

Gas, oil _____	Taxes _____
Repairs _____	Tags & licenses _____
Tires, supplies _____	Interest _____
Insurance _____	Lease payments _____
Parking & tolls _____	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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CHILD CARE EXPENSES and HOME CARE EXPENSES

Did you pay an individual or an organization to perform services in 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 "yes," complete the following information:

Name and relationship of the dependents for whom services were rendered

List individuals or organizations to whom expenses were paid during the year. (Services of a relative may be deductible only if that relative is not a dependent and if the relative's services are considered employment for social security purposes.)

Child Care Provider Name and Address	ID #	AMOUNT FOR, NAME CHILD: _____ _____	AMOUNT FOR, NAME CHILD: _____ _____

If payments of \$1,800 or more during the tax year were made to an individual, were the services performed in your home? Yes _____ No _____

Was the individual who performed the services age 18 or older? Yes _____ No _____

EDUCATIONAL EXPENSES

Did you or any other member of your family pay any post-secondary educational expenses this year? Yes _____ No _____

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

Student Name	Institution	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? \$_____ Submit 1099-Q Yes _____ No _____